

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: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/28/2012 6:54 pm
--	----------------------	---------------------------------------	---

PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/28/2012	Time: 6:54 pm
	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.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH WHITE MEMORIAL HOSPITAL for the cost reporting period beginning 07/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	261,799	240,058	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	116,502	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	378,301	240,058	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.

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: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/28/2012 6:54 pm
--	----------------------	---------------------------------------	---

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: 5/28/2012 Time: 6:54 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH WHITE MEMORIAL HOSPITAL for the cost reporting period beginning 07/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information
ECR: Date: 5/28/2012 Time: 6:54 pm
zG59xB2hMCnvHLWGj MhAT4qOcLVdZO
EzzqZ0vYi 217e6Te.1kwkcdXI JYupJ
Cal: 1cKA0b0CBfkn
PI: Date: 5/28/2012 Time: 6:54 pm
g9uVaC: wkn3UdW5BzhXhKJS63La1n1
.4qt. Od60wn0rmEcdQd4EwFrG8Zol 7
yIGLiX: hfVomLV9Y

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

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	261,799	240,058	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	116,502	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	378,301	240,058	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: 151312			Period: From 07/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/28/2012 11:18 am			
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 47960		4.00 County: WHITE				
1.00	Street: 720 SOUT SIXTH STREET	State: IN		Zip Code: 47960		County: WHITE				
2.00	City: MONTICELLO									
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	IU HEALTH WHITE MEMORIAL HOSPITAL	151312	99915	1	07/01/1966	N	O	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	IU HEALTH WHITE MEMORIAL HOSPITAL	152312	99915		02/16/1990	N	O	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF						N	N	N	9.00
10.00	Hospital-Based NF						N		N	10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	HOME CARE OF WHITE COUNTY	157514	99915		03/01/1997	N	P	N	12.00
13.00	Separately Certified ASC						N	N	N	13.00
14.00	Hospital-Based Hospice									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) 1						N	N	N	17.00
17.10	Hospital-Based (CORF) 1						N	N	N	17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2011	12/31/2011		20.00	
21.00	Type of Control (see instructions)					9			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N		N		22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					3		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0		25.00	
						Urban/Rural	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	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).					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: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/28/2012 11:18 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet S-2
Part I
Date/Time Prepared:
5/28/2012 11:18 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.			0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00	
						1.00	2.00	3.00
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/28/2012 11:18 am		
			1.00	2.00	3.00	
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00	
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00	
			1.00			
Long Term Care Hospital PPS						
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00	
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.			N	86.00	
			V	XIX		
			1.00	2.00		
Title V or XIX Inpatient Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		Y	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)?		Y		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N	N	107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00	
			Physical	Occupational	Speech	Respiratory
			1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		Y	Y	N	N
			1.00		2.00	
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00	
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		250,000	5,000,000	119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00	
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 151312		Period: From 07/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/28/2012 11:18 am	
		1.00	2.00				
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059				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: INDIANA UNIVERSITY HEALTH	Contractor's Name: NATIONAL GOVERNMENT SERVICES, INC.		Contractor's Number: 00130			141.00
142.00	Street: 340 WEST 10TH STREET	PO Box:					142.00
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202			143.00
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y				144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y				145.00
						1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N					147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N					148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N					149.00
				Part A	Part B		
				1.00	2.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N				155.00
156.00	Subprovider - IPF	N	N				156.00
157.00	Subprovider - IRF	N	N				157.00
158.00	SUBPROVIDER	N	N				158.00
159.00	SNF	N	N				159.00
160.00	HOME HEALTH AGENCY	N	N				160.00
161.00	CMHC		N				161.00
161.10	CORF		N				161.10
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N				165.00
		Name	County	State	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
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: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/28/2012 11:18 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)	Y	06/30/2011	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)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/19/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/28/2012 11:18 am
---	--	----------------------	---	---

		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	N	2.00	21.00
					1.00
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				Y 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.				Y 27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				Y 28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				Y 29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				Y 30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N 31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N 32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y 34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				Y 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

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/19/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days	CAH Hours	
	Line Number		Avai lable		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	24	4,416	38,376.00	1.00
2.00 HMO					2.00
3.00 HMO IPF					3.00
4.00 HMO IRF					4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					5.00
6.00 Hospital Adults & Peds. Swing Bed NF					6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		24	4,416	38,376.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	1	184	1,632.00	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		25	4,600	40,008.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		17.00
18.00 SUBPROVIDER	42.00	0	0		18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		19.00
20.00 NURSING FACILITY	45.00	0	0		20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		21.00
22.00 HOME HEALTH AGENCY	101.00				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00				23.00
24.00 HOSPICE	116.00	0	0		24.00
25.00 CMHC - CMHC	99.00				25.00
25.10 CMHC - CORF	99.10				25.10
26.00 RURAL HEALTH CLINIC					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00 Total (sum of lines 14-26)		25			27.00
28.00 Observation Bed Days					28.00
28.01 SUBPROVIDER - IPF	40.00				28.01
28.02 SUBPROVIDER - IRF	41.00				28.02
28.03 SUBPROVIDER	42.00				28.03
29.00 Ambulance Trips					29.00
30.00 Employee discount days (see instruction)					30.00
31.00 Employee discount days - IRF					31.00
32.00 Labor & delivery days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	1,059	208	1,599		1.00
2.00 HMO	0	0	0	0		2.00
3.00 HMO IPF	0	0	0	0		3.00
4.00 HMO IRF	0	0	0	0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	638	0	677		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	1,697	208	2,276		7.00
8.00 INTENSIVE CARE UNIT	0	47	1	68		8.00
9.00 CORONARY CARE UNIT	0	0	0	0		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)	0	0	0	0		12.00
13.00 NURSERY	0	0	195	262		13.00
14.00 Total (see instructions)	0	1,744	404	2,606		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY	0	0	0	0		20.00
21.00 OTHER LONG TERM CARE	0	0	0	0		21.00
22.00 HOME HEALTH AGENCY	0	1,239	0	1,499		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		23.00
24.00 HOSPICE	0	0	0	0		24.00
25.00 CMHC - CMHC	0	0	0	0		25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)	0	0	0	0		27.00
28.00 Observation Bed Days	0	0	0	0		28.00
28.01 SUBPROVIDER - IPF	0	0	0	0		28.01
28.02 SUBPROVIDER - IRF	0	0	0	0		28.02
28.03 SUBPROVIDER	0	0	0	0		28.03
29.00 Ambulance Trips	0	0	0	0		29.00
30.00 Employee discount days (see instruction)	0	0	0	0		30.00
31.00 Employee discount days - IRF	0	0	0	0		31.00
32.00 Labor & delivery days (see instructions)	0	0	0	0		32.00
33.00 LTCH non-covered days	0	0	0	0		33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	290	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	208.67	0.00	0	290	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00			21.00
22.00 HOME HEALTH AGENCY	0.00	5.41	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00 HOSPICE	0.00	0.00	0.00			24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	214.08	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	160	657		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	160	657		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE		0		21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet S-4
		Component CCN: 157514		Date/Time Prepared: 5/28/2012 11:18 am
			Home Health Agency I	PPS

		1.00					
0.00 County		WHITE					0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	57.00	0.00	0.00	0.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total
		0			1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00					3.00
4.00	Director(s) and Assistant Director(s)	0.00					4.00
5.00	Other Administrative Personnel	0.00					5.00
6.00	Direct Nursing Service	0.00					6.00
7.00	Nursing Supervisor	0.00					7.00
8.00	Physical Therapy Service	0.00					8.00
9.00	Physical Therapy Supervisor	0.00					9.00
10.00	Occupational Therapy Service	0.00					10.00
11.00	Occupational Therapy Supervisor	0.00					11.00
12.00	Speech Pathology Service	0.00					12.00
13.00	Speech Pathology Supervisor	0.00					13.00
14.00	Medical Social Service	0.00					14.00
15.00	Medical Social Service Supervisor	0.00					15.00
16.00	Home Health Aide	0.00					16.00
17.00	Home Health Aide Supervisor	0.00					17.00
18.00	Other (specify)	0.00					18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				2		19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	99915					20.00
20.01		29140					20.01
		Full Episodes			LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	407	0	13	54	474	21.00
22.00	Skilled Nursing Visit Charges	39,072	0	1,248	5,184	45,504	22.00
23.00	Physical Therapy Visits	399	0	14	73	486	23.00
24.00	Physical Therapy Visit Charges	43,096	0	1,512	7,884	52,492	24.00
25.00	Occupational Therapy Visits	0	0	0	0	0	25.00
26.00	Occupational Therapy Visit Charges	0	0	0	0	0	26.00
27.00	Speech Pathology Visits	0	0	0	0	0	27.00
28.00	Speech Pathology Visit Charges	0	0	0	0	0	28.00
29.00	Medical Social Service Visits	0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00
31.00	Home Health Aide Visits	213	0	3	63	279	31.00
32.00	Home Health Aide Visit Charges	10,650	0	150	3,150	13,950	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	1,019	0	30	190	1,239	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	92,818	0	2,910	16,218	111,946	35.00
36.00	Total Number of Episodes (standard/non outlier)	47		10	12	69	36.00
37.00	Total Number of Outlier Episodes		0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges	698	0	26	21	745	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/28/2012 11:18 am
---	----------------------	---	---

			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.447326	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		6,035,000	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		11,714,000	6.00	
7.00	Medicaid cost (line 1 times line 6)		5,239,977	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	598,000	0	598,000	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	267,501	0	267,501	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)	267,501	0	267,501	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		1,773,000	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		299,171	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		1,473,829	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		659,282	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		926,783	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		926,783	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet A
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT		7,941	7,941	0	7,941	1.00
1.01 CAP REL COSTS-BLDG & FIXT - HOSPITAL		945,759	945,759	0	945,759	1.01
1.02 CAP REL COSTS-BLDG & FIXT - TLMOB		367,738	367,738	0	367,738	1.02
2.00 CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	29,515	846,222	875,737	0	875,737	4.00
5.00 ADMINISTRATIVE & GENERAL	616,302	746,646	1,362,948	0	1,362,948	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	74,496	0	74,496	0	74,496	7.00
7.01 OPERATION OF PLANT - HOSPITAL	0	345,111	345,111	0	345,111	7.01
7.02 OPERATION OF PLANT - TLMOB	0	123,219	123,219	0	123,219	7.02
8.00 LAUNDRY & LINEN SERVICE	0	52,408	52,408	0	52,408	8.00
9.00 HOUSEKEEPING	135,911	49,129	185,040	0	185,040	9.00
10.00 DIETARY	237,153	167,234	404,387	-131,214	273,173	10.00
11.00 CAFETERIA	0	0	0	131,214	131,214	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	273,033	25,463	298,496	0	298,496	13.00
14.00 CENTRAL SERVICES & SUPPLY	33,114	25,561	58,675	0	58,675	14.00
15.00 PHARMACY	86,825	1,084,397	1,171,222	0	1,171,222	15.00
16.00 MEDICAL RECORDS & LIBRARY	93,606	10,664	104,270	0	104,270	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	631,763	266,395	898,158	-52,801	845,357	30.00
31.00 INTENSIVE CARE UNIT	44,342	18,003	62,345	-1,848	60,497	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	71,429	5,874	77,303	-16,347	60,956	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	350,460	611,892	962,352	-11,464	950,888	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	64,065	64,065	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	197,023	320,686	517,709	-18	517,691	54.00
55.00 RADIOLOGY-THERAPEUTIC	28,246	75,693	103,939	-21,394	82,545	55.00
56.00 RADIOISOTOPE	80,006	126,205	206,211	0	206,211	56.00
57.00 CT SCAN	76,895	224,273	301,168	-1,107	300,061	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	52,739	209,224	261,963	0	261,963	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	291,799	398,924	690,723	-13	690,710	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	156,023	26,666	182,689	-780	181,909	66.00
67.00 OCCUPATIONAL THERAPY	40,985	3,242	44,227	779	45,006	67.00
68.00 SPEECH PATHOLOGY	43,107	763	43,870	0	43,870	68.00
69.00 ELECTROCARDIOLOGY	15,540	26,382	41,922	0	41,922	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,800	8,800	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	54,195	54,195	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 ONCOLOGY	69,170	55,000	124,170	-1,404	122,766	75.01
75.02 CARDIOPULMONARY	168,023	32,466	200,489	-4,006	196,483	75.02
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	45,485	9,061	54,546	-24	54,522	90.00
91.00 EMERGENCY	459,417	447,035	906,452	-15,650	890,802	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	58,379	2,967	61,346	-740	60,606	92.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet A
Date/Time Prepared:
5/28/2012 11:18 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	
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	23,505	40,937	64,442	-228	64,214	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	109,330	15,805	125,135	-15	125,120	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,593,621	7,714,985	12,308,606	0	12,308,606	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 PHYSICIANS' PRIVATE OFFICES	35,227	29,141	64,368	0	64,368	192.01
192.02 TLMOB	0	18,116	18,116	0	18,116	192.02
192.03 OFFSITE RADIOLOGY	3,815	17,002	20,817	0	20,817	192.03
192.04 OCCUPATIONAL MEDICINE	180	4,500	4,680	0	4,680	192.04
192.05 VENDING ROOM	0	0	0	0	0	192.05
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 TOTAL (SUM OF LINES 118-199)	4,632,843	7,783,744	12,416,587	0	12,416,587	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet A
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	160,400	168,341	1.00
1.01	CAP REL COSTS-BLDG & FIXT - HOSPITAL	88,131	1,033,890	1.01
1.02	CAP REL COSTS-BLDG & FIXT - TLMOB	85,416	453,154	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	OTHER CAP REL COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	105,589	981,326	4.00
5.00	ADMINISTRATIVE & GENERAL	710,217	2,073,165	5.00
6.00	MAINTENANCE & REPAIRS	0	0	6.00
7.00	OPERATION OF PLANT	56,393	130,889	7.00
7.01	OPERATION OF PLANT - HOSPITAL	0	345,111	7.01
7.02	OPERATION OF PLANT - TLMOB	0	123,219	7.02
8.00	LAUNDRY & LINEN SERVICE	0	52,408	8.00
9.00	HOUSEKEEPING	13,838	198,878	9.00
10.00	DIETARY	-147,269	125,904	10.00
11.00	CAFETERIA	-42,495	88,719	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	0	298,496	13.00
14.00	CENTRAL SERVICES & SUPPLY	-28,308	30,367	14.00
15.00	PHARMACY	-26,456	1,144,766	15.00
16.00	MEDICAL RECORDS & LIBRARY	-1,183	103,087	16.00
17.00	SOCIAL SERVICE	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-157,427	687,930	30.00
31.00	INTENSIVE CARE UNIT	0	60,497	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IRF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	60,956	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-391,399	559,489	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	64,065	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-116,667	401,024	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	82,545	55.00
56.00	RADIOISOTOPE	0	206,211	56.00
57.00	CT SCAN	-95,250	204,811	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	261,963	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	690,710	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	181,909	66.00
67.00	OCCUPATIONAL THERAPY	0	45,006	67.00
68.00	SPEECH PATHOLOGY	0	43,870	68.00
69.00	ELECTROCARDIOLOGY	0	41,922	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	8,800	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	54,195	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	ONCOLOGY	-42,000	80,766	75.01
75.02	CARDIOPULMONARY	0	196,483	75.02
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0	54,522	90.00
91.00	EMERGENCY	-2,300	888,502	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	60,606	92.01
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet A
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
96.00	DURABLE MEDICAL EQUIP-RENTED	0	64,214	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	125,120	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	169,230	12,477,836	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	PHYSICIANS' PRIVATE OFFICES	0	64,368	192.01
192.02	TLMOB	0	18,116	192.02
192.03	OFFSITE RADIOLOGY	0	20,817	192.03
192.04	OCCUPATIONAL MEDICINE	0	4,680	192.04
192.05	VENDING ROOM	0	0	192.05
193.00	NONPAID WORKERS	0	0	193.00
200.00	TOTAL (SUM OF LINES 118-199)	169,230	12,585,817	200.00

RECLASSIFICATIONS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet A-6

Date/Time Prepared:
5/28/2012 11:18 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	77,382	53,832	1.00	
	TOTALS		77,382	53,832		
B - OB, NURSERY, AND LDR RECLASS						
1.00	NURSERY	43.00	0	5,857	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	51,735	12,330	2.00	
	TOTALS		51,735	18,187		
C - OCCUPATIONAL THERAPY SERVICES RECLASS						
1.00	OCCUPATIONAL THERAPY	67.00	0	779	1.00	
	TOTALS		0	779		
D - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,800	1.00	
	TOTALS		0	8,800		
E - BILLABLE DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	54,195	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	
	TOTALS		0	54,195		
500.00	Grand Total: Increases		129,117	135,793	500.00	

RECLASSIFICATIONS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet A-6
Date/Time Prepared:
5/28/2012 11:18 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - CAFETERIA RECLASS							
1.00	DIETARY	10.00	77,382	53,832	0		1.00
	TOTALS		77,382	53,832			
B - OB, NURSERY, AND LDR RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	29,531	18,187	0		1.00
2.00	NURSERY	43.00	22,204	0	0		2.00
	TOTALS		51,735	18,187			
C - OCCUPATIONAL THERAPY SERVICES RECLASS							
1.00	PHYSICAL THERAPY	66.00	0	779	0		1.00
	TOTALS		0	779			
D - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	8,800	0		1.00
	TOTALS		0	8,800			
E - BILLABLE DRUGS							
1.00	ADULTS & PEDIATRICS	30.00	0	5,083	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	1,848	0		2.00
3.00	OPERATING ROOM	50.00	0	2,664	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	18	0		4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	21,394	0		5.00
6.00	CT SCAN	57.00	0	1,107	0		6.00
7.00	LABORATORY	60.00	0	13	0		7.00
8.00	PHYSICAL THERAPY	66.00	0	1	0		8.00
9.00	ONCOLOGY	75.01	0	1,404	0		9.00
10.00	CARDIOPULMONARY	75.02	0	4,006	0		10.00
11.00	CLINIC	90.00	0	24	0		11.00
12.00	EMERGENCY	91.00	0	15,650	0		12.00
13.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	740	0		13.00
14.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	228	0		14.00
15.00	HOME HEALTH AGENCY	101.00	0	15	0		15.00
	TOTALS		0	54,195			
500.00	Grand Total: Decreases		129,117	135,793			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/28/2012 11:18 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	954,570	0	0	0	1.00
2.00	Land Improvements	1,845,690	136,433	0	136,433	2.00
3.00	Buildings and Fixtures	32,029,417	93,828	0	93,828	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	7,391,491	258,992	0	258,992	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	42,221,168	489,253	0	489,253	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	42,221,168	489,253	0	489,253	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	7,941	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - HOSPITAL	628,444	0	158,331	155,838	1.01
1.02	CAP REL COSTS-BLDG & FIXT - TLMOB	131,535	0	236,203	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	767,920	0	394,534	155,838	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	1.00
1.01	CAP REL COSTS-BLDG & FIXT - HOSPITAL	0	0	0	0.000000	1.01
1.02	CAP REL COSTS-BLDG & FIXT - TLMOB	0	0	0	0.000000	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/28/2012 11:18 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	954,570	0		1.00		
2.00	Land Improvements	1,982,123	0		2.00		
3.00	Buildings and Fixtures	32,123,245	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	7,640,807	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	42,700,745	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	42,700,745	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	7,941		1.00		
1.01	CAP REL COSTS-BLDG & FIXT - HOSPITAL	3,146	945,759		1.01		
1.02	CAP REL COSTS-BLDG & FIXT - TLMOB	0	367,738		1.02		
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	3,146	1,321,438		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	168,341	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - HOSPITAL	0	0	0	658,568	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT - TLMOB	0	0	0	219,591	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1,046,500	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	168,341	1.00
1.01	CAP REL COSTS-BLDG & FIXT - HOSPITAL	167,574	155,838	0	51,910	1,033,890	1.01
1.02	CAP REL COSTS-BLDG & FIXT - TLMOB	233,563	0	0	0	453,154	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	401,137	155,838	0	51,910	1,655,385	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet A-8

Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT		1.00	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT - HOSPITAL (chapter 2)			OCAP REL COSTS-BLDG & FIXT - HOSPITAL		1.01	1.01
1.02 Investment income - CAP REL COSTS-BLDG & FIXT - TLMOB (chapter 2)			OCAP REL COSTS-BLDG & FIXT - TLMOB		1.02	1.02
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP		2.00	2.00
3.00 Investment income - other (chapter 2)		0			0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	7.00
8.00 Television and radio service (chapter 21)	A	-3,406	ADMINISTRATIVE & GENERAL		5.00	8.00
9.00 Parking lot (chapter 21)		0			0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-708,600				10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	1,040,576				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Cafeteria-employees and guests		0			0.00	14.00
15.00 Rental of quarters to employee and others		0			0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	16.00
17.00 Sale of drugs to other than patients		0			0.00	17.00
18.00 Sale of medical records and abstracts		0			0.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	19.00
20.00 Vending machines		0			0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	77,608	CAP REL COSTS-BLDG & FIXT		1.00	26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT - HOSPITAL	A	56,165	CAP REL COSTS-BLDG & FIXT - HOSPITAL		1.01	26.01
26.02 Depreciation - CAP REL COSTS-BLDG & FIXT - TLMOB	A	88,056	CAP REL COSTS-BLDG & FIXT - TLMOB		1.02	26.02
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP		2.00	27.00
28.00 Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS		19.00	28.00
29.00 Physicians' assistant		0			0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0			0.00	32.00
33.00 LOSS ON ASSET DISPOSAL	A	917	CAP REL COSTS-BLDG & FIXT - HOSPITAL		1.01	33.00
33.01 MISCELLANEOUS REVENUE	B	-50	ADMINISTRATIVE & GENERAL		5.00	33.01
33.02 MISCELLANEOUS REVENUE	B	-10,950	DIETARY		10.00	33.02
33.03 ADVERTISING A & G	A	-30,757	ADMINISTRATIVE & GENERAL		5.00	33.03
33.04 CRNA EXPENSE	A	-76,113	OPERATING ROOM		50.00	33.04
33.05 INTEREST INCOME	B	-4,319	CAP REL COSTS-BLDG & FIXT - HOSPITAL		1.01	33.05
33.06 INTEREST INCOME	B	-2,640	CAP REL COSTS-BLDG & FIXT - TLMOB		1.02	33.06
33.07 DOCTORS APPLICATION FEE	B	-4,175	ADMINISTRATIVE & GENERAL		5.00	33.07
33.08 O'CONNOR RENTAL	B	-800	ADMINISTRATIVE & GENERAL		5.00	33.08
33.09 PURCHASE DISCOUNTS	B	-646	ADMINISTRATIVE & GENERAL		5.00	33.09
33.10 CPR	B	-1,055	ADMINISTRATIVE & GENERAL		5.00	33.10

Provider CCN: 151312
 Period: From 07/01/2011 To 12/31/2011
 Worksheet A-8
 Date/Time Prepared: 5/28/2012 11:18 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #
			Cost Center		
			1.00	2.00	
33.11 CASH SHORT OR LONG	B	54	ADMINISTRATIVE & GENERAL	5.00	33.11
33.12 WIC PROGRAM	A	-136,094	DIETARY	10.00	33.12
33.13 DIETARY MISC REVENUE	B	-225	DIETARY	10.00	33.13
33.14 CAFETERIA	B	-44,146	CAFETERIA	11.00	33.14
33.15 MATERIALS MANAGEMENT	B	-28,730	CENTRAL SERVICES & SUPPLY	14.00	33.15
33.16 SALE OF PHARMACY	B	-26,456	PHARMACY	15.00	33.16
33.17 SALE OF MEDICAL RECORDS	B	-1,183	MEDICAL RECORDS & LIBRARY	16.00	33.17
33.18 ACLS	B	-130	ADMINISTRATIVE & GENERAL	5.00	33.18
33.19 ENPC EMERG NURSE	B	-2,300	EMERGENCY	91.00	33.19
33.20 COMMUNITY HEALTH PROGRAM	B	-55	ADMINISTRATIVE & GENERAL	5.00	33.20
33.21 LOSS ON ABANDONMENT	A	48,764	CAP REL COSTS-BLDG & FIXT - HOSPITAL	1.01	33.21
33.22 WIC PROGRAM BENEFITS	A	-15,092	EMPLOYEE BENEFITS	4.00	33.22
33.23 OPERATING ROOM LEASES	A	-14,086	OPERATING ROOM	50.00	33.23
33.24 ROUTINE LEASES	A	-3,944	ADULTS & PEDIATRICS	30.00	33.24
33.25 ROUTINE CAPITAL LEASE	A	-15,713	CAP REL COSTS-BLDG & FIXT - HOSPITAL	1.01	33.25
33.26 DIETARY CAPITAL LEASE	A	-11,245	CAP REL COSTS-BLDG & FIXT - HOSPITAL	1.01	33.26
33.27		0		0.00	33.27
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		169,230			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet A-8

Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT - HOSPITAL (chapter 2)	0	1.01
1.02	Investment income - CAP REL COSTS-BLDG & FIXT - TLMOB (chapter 2)	0	1.02
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	9	26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT - HOSPITAL	9	26.01
26.02	Depreciation - CAP REL COSTS-BLDG & FIXT - TLMOB	9	26.02
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	LOSS ON ASSET DISPOSAL	9	33.00
33.01	MISCELLANEOUS REVENUE	0	33.01
33.02	MISCELLANEOUS REVENUE	0	33.02
33.03	ADVERTISING A & G	0	33.03
33.04	CRNA EXPENSE	0	33.04
33.05	INTEREST INCOME	11	33.05
33.06	INTEREST INCOME	11	33.06
33.07	DOCTORS APPLICATION FEE	0	33.07
33.08	O'CONNOR RENTAL	0	33.08
33.09	PURCHASE DISCOUNTS	0	33.09
33.10	CPR	0	33.10
33.11	CASH SHORT OR LONG	0	33.11
33.12	WIC PROGRAM	0	33.12
33.13	DIETARY MISC REVENUE	0	33.13
33.14	CAFETERIA	0	33.14
33.15	MATERIALS MANAGEMENT	0	33.15
33.16	SALE OF PHARMACY	0	33.16
33.17	SALE OF MEDICAL RECORDS	0	33.17
33.18	ACLS	0	33.18
33.19	ENPC EMERG NURSE	0	33.19

ADJUSTMENTS TO EXPENSES

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet A-8

Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
33.20	COMMUNITY HEALTH PROGRAM	0	33.20
33.21	LOSS ON ABANDONMENT	14	33.21
33.22	WIC PROGRAM BENEFITS	0	33.22
33.23	OPERATING ROOM LEASES	0	33.23
33.24	ROUTINE LEASES	0	33.24
33.25	ROUTINE CAPITAL LEASE	9	33.25
33.26	DIETARY CAPITAL LEASE	9	33.26
33.27		0	33.27
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 151312

Period: From 07/01/2011 To 12/31/2011

Worksheet A-8-1

Date/Time Prepared: 5/28/2012 11:18 am

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1.00	CAP REL COSTS-BLDG & FIXT	BUILDING DEPRECIATION	1.00
2.00	1.01	CAP REL COSTS-BLDG & FIXT - HOSPITAL	INTEREST EXPENSE	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	EQUIPMENT DEPRECIATION	3.00
4.00	4.00	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	NON-PATIENT PHONES	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	DATA PROCESSING	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	OTHER ADMINISTRATIVE & GENERAL	4.03
4.04	7.00	OPERATION OF PLANT	MAINTENANCE & REPAIRS	4.04
4.05	7.00	OPERATION OF PLANT	OPERATION OF PLANT	4.05
4.06	9.00	HOUSEKEEPING	HOUSEKEEPING	4.06
4.07	11.00	CAFETERIA	CAFETERIA	4.07
4.08	14.00	CENTRAL SERVICES & SUPPLY	PURCHASING	4.08
4.09	30.00	ADULTS & PEDIATRICS	OB WEEKEND CALL COVERAGE	4.09
4.10	50.00	OPERATING ROOM	SURGERY WEEKEND CALL COVERAGE	4.10
4.11	57.00	CT SCAN	TELE-RAD WET READS	4.11
4.12	192.01	PHYSICIANS' PRIVATE OFFICES	OB WEEKEND CALL COVERAGE	4.12
4.13	1.01	CAP REL COSTS-BLDG & FIXT - HOSPITAL	INSURANCE	4.13
4.14	4.00	EMPLOYEE BENEFITS	DEFERRED COMP PLAN	4.14
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	

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

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

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

6.00	B	IU HEALTH INC	100.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

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

Provider CCN: 151312

Period: From 07/01/2011 To 12/31/2011

Worksheet A-8-1

Date/Time Prepared: 5/28/2012 11:18 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
						4.00
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	45,649	0	45,649	9	1.00	
2.00	79,911	66,349	13,562	11	2.00	
3.00	37,143	0	37,143	9	3.00	
4.00	141,129	20,448	120,681	0	4.00	
4.01	3,510	0	3,510	0	4.01	
4.02	131,308	0	131,308	0	4.02	
4.03	616,419	0	616,419	0	4.03	
4.04	675	0	675	0	4.04	
4.05	55,718	0	55,718	0	4.05	
4.06	13,838	0	13,838	0	4.06	
4.07	1,651	0	1,651	0	4.07	
4.08	422	0	422	0	4.08	
4.09	16,292	16,292	0	0	4.09	
4.10	32,554	32,554	0	0	4.10	
4.11	82,550	82,550	0	0	4.11	
4.12	5,750	5,750	0	0	4.12	
4.13	65,780	65,780	0	12	4.13	
4.14	86,097	86,097	0	0	4.14	
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	1,416,396	375,820	1,040,576	0	5.00

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

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	IU HEALTH INC	100.00	HEALTHCARE	6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:
5/28/2012 11:18 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	ADULTS & PEDIATRICS	153,483	153,483	1.00
2.00	50.00	OPERATING ROOM	88,500	88,500	2.00
3.00	50.00	OPERATING ROOM	212,700	212,700	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	116,667	116,667	4.00
5.00	57.00	CT SCAN	95,250	95,250	5.00
6.00	60.00	LABORATORY	24,000	0	6.00
7.00	75.01	ONCOLOGY	42,000	42,000	7.00
8.00	91.00	EMERGENCY	348,000	0	8.00
9.00	0.00		0	0	9.00
10.00	0.00		0	0	10.00
200.00			1,080,600	708,600	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:
5/28/2012 11:18 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	24,000	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	348,000	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	372,000					200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:
5/28/2012 11:18 am

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:
5/28/2012 11:18 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	153,483	1.00
2.00	0	88,500	2.00
3.00	0	212,700	3.00
4.00	0	116,667	4.00
5.00	0	95,250	5.00
6.00	0	0	6.00
7.00	0	42,000	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	0	708,600	200.00

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS		Provider CCN: 151312		Period: From 07/01/2011 To 12/31/2011		Worksheet A-8-3 Part	
						Date/Time Prepared: 5/28/2012 11:18 am	
						Physical Therapy	
						Cost	
						1.00	
PART I - GENERAL INFORMATION							
1.00	Total number of weeks worked (excluding aides) (see instructions)					14	1.00
2.00	Line 1 multiplied by 15 hours per week					210	2.00
3.00	Number of unduplicated days in which supervisor or therapist was on provider site (see instructions)					24	3.00
4.00	Number of unduplicated days in which therapy assistant was on provider site but neither supervisor nor therapist was on provider site (see instructions)					20	4.00
5.00	Number of unduplicated offsite visits - supervisors or therapists (see instructions)					0	5.00
6.00	Number of unduplicated offsite visits - therapy assistants (include only visits made by therapy assistant and on which supervisor and/or therapist was not present during the visit(s)) (see instructions)					0	6.00
7.00	Standard travel expense rate					4.85	7.00
8.00	Optional travel expense rate per mile					0.00	8.00
		Supervisors	Therapists	Assistants	Aides	Trainees	
		1.00	2.00	3.00	4.00	5.00	
9.00	Total hours worked	0.00	192.00	120.50	0.00	0.00	9.00
10.00	AHSEA (see instructions)	0.00	64.41	48.31	0.00	0.00	10.00
11.00	Standard travel allowance (columns 1 and 2, one-half of column 2, line 10; column 3, one-half of column 3, line 10)	32.21	32.21	24.16			11.00
12.00	Number of travel hours (provider site)	0	0	0			12.00
12.01	Number of travel hours (offsite)	0	0	0			12.01
13.00	Number of miles driven (provider site)	0	0	0			13.00
13.01	Number of miles driven (offsite)	0	0	0			13.01
						1.00	
Part II - SALARY EQUIVALENCY COMPUTATION							
14.00	Supervisors (column 1, line 9 times column 1, line 10)					0	14.00
15.00	Therapists (column 2, line 9 times column 2, line 10)					12,367	15.00
16.00	Assistants (column 3, line 9 times column 3, line 10)					5,821	16.00
17.00	Subtotal allowance amount (sum of lines 14 and 15 for respiratory therapy or lines 14-16 for all others)					18,188	17.00
18.00	Aides (column 4, line 9 times column 4, line 10)					0	18.00
19.00	Trainees (column 5, line 9 times column 5, line 10)					0	19.00
20.00	Total allowance amount (sum of lines 17-19 for respiratory therapy or lines 17 and 18 for all others)					18,188	20.00
If the sum of columns 1 and 2 for respiratory therapy or columns 1-3 for physical therapy, speech pathology or occupational therapy, line 9, is greater than line 2, make no entries on lines 21 and 22 and enter on line 23 the amount from line 20. Otherwise complete lines 21-23.							
21.00	Weighted average rate excluding aides and trainees (line 17 divided by sum of columns 1 and 2, line 9 for respiratory therapy or columns 1 thru 3, line 9 for all others)					0.00	21.00
22.00	Weighted allowance excluding aides and trainees (line 2 times line 21)					0	22.00
23.00	Total salary equivalency (see instructions)					18,188	23.00
PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE							
Standard Travel Allowance							
24.00	Therapists (line 3 times column 2, line 11)					773	24.00
25.00	Assistants (line 4 times column 3, line 11)					483	25.00
26.00	Subtotal (line 24 for respiratory therapy or sum of lines 24 and 25 for all others)					1,256	26.00
27.00	Standard travel expense (line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others)					213	27.00
28.00	Total standard travel allowance and standard travel expense at the provider site (sum of lines 26 and 27)					1,469	28.00
Optional Travel Allowance and Optional Travel Expense							
29.00	Therapists (column 2, line 10 times the sum of columns 1 and 2, line 12)					0	29.00
30.00	Assistants (column 3, line 10 times column 3, line 12)					0	30.00
31.00	Subtotal (line 29 for respiratory therapy or sum of lines 29 and 30 for all others)					0	31.00
32.00	Optional travel expense (line 8 times columns 1 and 2, line 13 for respiratory therapy or sum of columns 1-3, line 13 for all others)					0	32.00
33.00	Standard travel allowance and standard travel expense (line 28)					1,469	33.00
34.00	Optional travel allowance and standard travel expense (sum of lines 27 and 31)					0	34.00
35.00	Optional travel allowance and optional travel expense (sum of lines 31 and 32)					0	35.00
PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE							
Standard Travel Expense							
36.00	Therapists (line 5 times column 2, line 11)					0	36.00
37.00	Assistants (line 6 times column 3, line 11)					0	37.00
38.00	Subtotal (sum of lines 36 and 37)					0	38.00
39.00	Standard travel expense (line 7 times the sum of lines 5 and 6)					0	39.00
Optional Travel Allowance and Optional Travel Expense							
40.00	Therapists (sum of columns 1 and 2, line 12.01 times column 2, line 10)					0	40.00
41.00	Assistants (column 3, line 12.01 times column 3, line 10)					0	41.00
42.00	Subtotal (sum of lines 40 and 41)					0	42.00
43.00	Optional travel expense (line 8 times the sum of columns 1-3, line 13.01)					0	43.00
Total Travel Allowance and Travel Expense - Offsite Services; Complete one of the following three lines 44, 45, or 46, as appropriate.							
44.00	Standard travel allowance and standard travel expense (sum of lines 38 and 39 - see instructions)					0	44.00
45.00	Optional travel allowance and standard travel expense (sum of lines 39 and 42 - see instructions)					0	45.00

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS		Provider CCN: 151312				Period: From 07/01/2011 To 12/31/2011		Worksheet A-8-3 Part	
						Physical Therapy		Date/Time Prepared: 5/28/2012 11:18 am	
						Cost			
						1.00			
46.00 Optional travel allowance and optional travel expense (sum of lines 42 and 43 - see instructions)						0		46.00	
		Therapists	Assistants	Aides	Trainees	Total			
		1.00	2.00	3.00	4.00	5.00			
PART V - OVERTIME COMPUTATION									
47.00	Overtime hours worked during reporting period (if column 5, line 47, is zero or equal to or greater than 2,080, do not complete lines 48-55 and enter zero in each column of line 56)	0.00	0.00	0.00	0.00	0.00		47.00	
48.00	Overtime rate (see instructions)	0.00	0.00	0.00	0.00	0.00		48.00	
49.00	Total overtime (including base and overtime allowance) (multiply line 47 times line 48)	0.00	0.00	0.00	0.00	0.00		49.00	
CALCULATION OF LIMIT									
50.00	Percentage of overtime hours by category (divide the hours in each column on line 47 by the total overtime worked - column 5, line 47)	0.00	0.00	0.00	0.00	0.00		50.00	
51.00	Allocation of provider's standard work year for one full-time employee times the percentages on line 50 (see instructions)	0.00	0.00	0.00	0.00	0.00		51.00	
DETERMINATION OF OVERTIME ALLOWANCE									
52.00	Adjusted hourly salary equivalency amount (see instructions)	64.41	48.31	0.00	0.00			52.00	
53.00	Overtime cost limitation (line 51 times line 52)	0	0	0	0			53.00	
54.00	Maximum overtime cost (enter the lesser of line 49 or line 53)	0	0	0	0			54.00	
55.00	Portion of overtime already included in hourly computation at the AHSEA (multiply line 47 times line 52)	0	0	0	0			55.00	
56.00	Overtime allowance (line 54 minus line 55 - if negative enter zero) (Enter in column 5 the sum of columns 1, 3, and 4 for respiratory therapy and columns 1 through 3 for all others.)	0	0	0	0	0		56.00	
						1.00			
Part VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT									
57.00	Salary equivalency amount (from line 23)					18,188		57.00	
58.00	Travel allowance and expense - provider site (from lines 33, 34, or 35))					1,469		58.00	
59.00	Travel allowance and expense - Offsite services (from lines 44, 45, or 46)					0		59.00	
60.00	Overtime allowance (from column 5, line 56)					0		60.00	
61.00	Equipment cost (see instructions)					0		61.00	
62.00	Supplies (see instructions)					0		62.00	
63.00	Total allowance (sum of lines 57-62)					19,657		63.00	
64.00	Total cost of outside supplier services (from your records)					17,415		64.00	
65.00	Excess over limitation (line 64 minus line 63 - if negative, enter zero)					0		65.00	
LINE 33 CALCULATION									
100.00	Line 26 = line 24 for respiratory therapy or sum of lines 24 and 25 for all others					1,256		100.00	
100.01	Line 27 = line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others					213		100.01	
100.02	Line 33 = line 28 = sum of lines 26 and 27					1,469		100.02	
LINE 34 CALCULATION									
101.00	Line 27 = line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others					213		101.00	
101.01	Line 31 = line 29 for respiratory therapy or sum of lines 29 and 30 for all others					0		101.01	
101.02	Line 34 = sum of lines 27 and 31					213		101.02	
LINE 35 CALCULATION									
102.00	Line 31 = line 29 for respiratory therapy or sum of lines 29 and 30 for all others					0		102.00	
102.01	Line 32 = line 8 times columns 1 and 2, line 13 for respiratory therapy or sum of columns 1-3, line 13 for all others					0		102.01	
102.02	Line 35 = sum of lines 31 and 32					0		102.02	

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS		Provider CCN: 151312		Period: From 07/01/2011 To 12/31/2011		Worksheet A-8-3 Par	
				Occupational Therapy		Date/Time Prepared: 5/28/2012 11:18 am	
						Cost	
						1.00	
PART I - GENERAL INFORMATION							
1.00	Total number of weeks worked (excluding aides) (see instructions)					4	1.00
2.00	Line 1 multiplied by 15 hours per week					60	2.00
3.00	Number of unduplicated days in which supervisor or therapist was on provider site (see instructions)					6	3.00
4.00	Number of unduplicated days in which therapy assistant was on provider site but neither supervisor nor therapist was on provider site (see instructions)					0	4.00
5.00	Number of unduplicated offsite visits - supervisors or therapists (see instructions)					0	5.00
6.00	Number of unduplicated offsite visits - therapy assistants (include only visits made by therapy assistant and on which supervisor and/or therapist was not present during the visit(s)) (see instructions)					0	6.00
7.00	Standard travel expense rate					4.85	7.00
8.00	Optional travel expense rate per mile					0.00	8.00
		Supervisors	Therapists	Assistants	Aides	Trainees	
		1.00	2.00	3.00	4.00	5.00	
9.00	Total hours worked	0.00	34.50	0.00	0.00	0.00	9.00
10.00	AHSEA (see instructions)	0.00	64.41	0.00	0.00	0.00	10.00
11.00	Standard travel allowance (columns 1 and 2, one-half of column 2, line 10; column 3, one-half of column 3, line 10)	32.21	32.21	0.00			11.00
12.00	Number of travel hours (provider site)	0	0	0			12.00
12.01	Number of travel hours (offsite)	0	0	0			12.01
13.00	Number of miles driven (provider site)	0	0	0			13.00
13.01	Number of miles driven (offsite)	0	0	0			13.01
						1.00	
Part II - SALARY EQUIVALENCY COMPUTATION							
14.00	Supervisors (column 1, line 9 times column 1, line 10)					0	14.00
15.00	Therapists (column 2, line 9 times column 2, line 10)					2,222	15.00
16.00	Assistants (column 3, line 9 times column 3, line 10)					0	16.00
17.00	Subtotal allowance amount (sum of lines 14 and 15 for respiratory therapy or lines 14-16 for all others)					2,222	17.00
18.00	Aides (column 4, line 9 times column 4, line 10)					0	18.00
19.00	Trainees (column 5, line 9 times column 5, line 10)					0	19.00
20.00	Total allowance amount (sum of lines 17-19 for respiratory therapy or lines 17 and 18 for all others)					2,222	20.00
If the sum of columns 1 and 2 for respiratory therapy or columns 1-3 for physical therapy, speech pathology or occupational therapy, line 9, is greater than line 2, make no entries on lines 21 and 22 and enter on line 23 the amount from line 20. Otherwise complete lines 21-23.							
21.00	Weighted average rate excluding aides and trainees (line 17 divided by sum of columns 1 and 2, line 9 for respiratory therapy or columns 1 thru 3, line 9 for all others)					64.41	21.00
22.00	Weighted allowance excluding aides and trainees (line 2 times line 21)					3,865	22.00
23.00	Total salary equivalency (see instructions)					3,865	23.00
PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE							
Standard Travel Allowance							
24.00	Therapists (line 3 times column 2, line 11)					193	24.00
25.00	Assistants (line 4 times column 3, line 11)					0	25.00
26.00	Subtotal (line 24 for respiratory therapy or sum of lines 24 and 25 for all others)					193	26.00
27.00	Standard travel expense (line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others)					29	27.00
28.00	Total standard travel allowance and standard travel expense at the provider site (sum of lines 26 and 27)					222	28.00
Optional Travel Allowance and Optional Travel Expense							
29.00	Therapists (column 2, line 10 times the sum of columns 1 and 2, line 12)					0	29.00
30.00	Assistants (column 3, line 10 times column 3, line 12)					0	30.00
31.00	Subtotal (line 29 for respiratory therapy or sum of lines 29 and 30 for all others)					0	31.00
32.00	Optional travel expense (line 8 times columns 1 and 2, line 13 for respiratory therapy or sum of columns 1-3, line 13 for all others)					0	32.00
33.00	Standard travel allowance and standard travel expense (line 28)					222	33.00
34.00	Optional travel allowance and standard travel expense (sum of lines 27 and 31)					0	34.00
35.00	Optional travel allowance and optional travel expense (sum of lines 31 and 32)					0	35.00
Part IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE							
Standard Travel Expense							
36.00	Therapists (line 5 times column 2, line 11)					0	36.00
37.00	Assistants (line 6 times column 3, line 11)					0	37.00
38.00	Subtotal (sum of lines 36 and 37)					0	38.00
39.00	Standard travel expense (line 7 times the sum of lines 5 and 6)					0	39.00
Optional Travel Allowance and Optional Travel Expense							
40.00	Therapists (sum of columns 1 and 2, line 12.01 times column 2, line 10)					0	40.00
41.00	Assistants (column 3, line 12.01 times column 3, line 10)					0	41.00
42.00	Subtotal (sum of lines 40 and 41)					0	42.00
43.00	Optional travel expense (line 8 times the sum of columns 1-3, line 13.01)					0	43.00
Total Travel Allowance and Travel Expense - Offsite Services; Complete one of the following three lines 44, 45, or 46, as appropriate.							
44.00	Standard travel allowance and standard travel expense (sum of lines 38 and 39 - see instructions)					0	44.00

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS		Provider CCN: 151312		Period: From 07/01/2011 To 12/31/2011		Worksheet A-8-3 Par	
				Occupational Therapy		Date/Time Prepared: 5/28/2012 11:18 am	
						Cost	
						1.00	
45.00	Optional travel allowance and standard travel expense (sum of lines 39 and 42 - see instructions)					0	45.00
46.00	Optional travel allowance and optional travel expense (sum of lines 42 and 43 - see instructions)					0	46.00
		Therapists	Assistants	Aides	Trainees	Total	
		1.00	2.00	3.00	4.00	5.00	
PART V - OVERTIME COMPUTATION							
47.00	Overtime hours worked during reporting period (if column 5, line 47, is zero or equal to or greater than 2,080, do not complete lines 48-55 and enter zero in each column of line 56)	0.00	0.00	0.00	0.00	0.00	47.00
48.00	Overtime rate (see instructions)	0.00	0.00	0.00	0.00		48.00
49.00	Total overtime (including base and overtime allowance) (multiply line 47 times line 48)	0.00	0.00	0.00	0.00		49.00
CALCULATION OF LIMIT							
50.00	Percentage of overtime hours by category (divide the hours in each column on line 47 by the total overtime worked - column 5, line 47)	0.00	0.00	0.00	0.00	0.00	50.00
51.00	Allocation of provider's standard work year for one full-time employee times the percentages on line 50) (see instructions)	0.00	0.00	0.00	0.00	0.00	51.00
DETERMINATION OF OVERTIME ALLOWANCE							
52.00	Adjusted hourly salary equivalency amount (see instructions)	64.41	0.00	0.00	0.00		52.00
53.00	Overtime cost limitation (line 51 times line 52)	0	0	0	0		53.00
54.00	Maximum overtime cost (enter the lesser of line 49 or line 53)	0	0	0	0		54.00
55.00	Portion of overtime already included in hourly computation at the AHSEA (multiply line 47 times line 52)	0	0	0	0		55.00
56.00	Overtime allowance (line 54 minus line 55 - if negative enter zero) (Enter in column 5 the sum of columns 1, 3, and 4 for respiratory therapy and columns 1 through 3 for all others.)	0	0	0	0	0	56.00
						1.00	
Part VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT							
57.00	Salary equivalency amount (from line 23)					3,865	57.00
58.00	Travel allowance and expense - provider site (from lines 33, 34, or 35))					222	58.00
59.00	Travel allowance and expense - Offsite services (from lines 44, 45, or 46)					0	59.00
60.00	Overtime allowance (from column 5, line 56)					0	60.00
61.00	Equipment cost (see instructions)					0	61.00
62.00	Supplies (see instructions)					0	62.00
63.00	Total allowance (sum of lines 57-62)					4,087	63.00
64.00	Total cost of outside supplier services (from your records)					2,609	64.00
65.00	Excess over limitation (line 64 minus line 63 - if negative, enter zero)					0	65.00
LINE 33 CALCULATION							
100.00	Line 26 = line 24 for respiratory therapy or sum of lines 24 and 25 for all others					193	100.00
100.01	Line 27 = line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others					29	100.01
100.02	Line 33 = line 28 = sum of lines 26 and 27					222	100.02
LINE 34 CALCULATION							
101.00	Line 27 = line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others					29	101.00
101.01	Line 31 = line 29 for respiratory therapy or sum of lines 29 and 30 for all others					0	101.01
101.02	Line 34 = sum of lines 27 and 31					29	101.02
LINE 35 CALCULATION							
102.00	Line 31 = line 29 for respiratory therapy or sum of lines 29 and 30 for all others					0	102.00
102.01	Line 32 = line 8 times columns 1 and 2, line 13 for respiratory therapy or sum of columns 1-3, line 13 for all others					0	102.01
102.02	Line 35 = sum of lines 31 and 32					0	102.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT - HOSPITAL	BLDG & FIXT - TLMOB	MVBLE EQUIP	
		0	1.00	1.01	1.02	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT	168,341	168,341				1.00
1.01 CAP REL COSTS-BLDG & FIXT - HOSPITAL	1,033,890	0	1,033,890			1.01
1.02 CAP REL COSTS-BLDG & FIXT - TLMOB	453,154	0	0	453,154		1.02
2.00 CAP REL COSTS-MVBLE EQUIP	0				0	2.00
4.00 EMPLOYEE BENEFITS	981,326	0	0	0	0	4.00
5.00 ADMINISTRATIVE & GENERAL	2,073,165	19,207	66,691	94,569	0	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	130,889	0	0	0	0	7.00
7.01 OPERATION OF PLANT - HOSPITAL	345,111	5,428	50,814	0	0	7.01
7.02 OPERATION OF PLANT - TLMOB	123,219	1,491	0	11,670	0	7.02
8.00 LAUNDRY & LINEN SERVICE	52,408	0	0	0	0	8.00
9.00 HOUSEKEEPING	198,878	3,939	35,313	1,302	0	9.00
10.00 DIETARY	125,904	3,543	0	27,734	0	10.00
11.00 CAFETERIA	88,719	3,469	0	27,153	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	298,496	255	0	1,999	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	30,367	2,085	19,519	0	0	14.00
15.00 PHARMACY	1,144,766	2,587	24,219	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	103,087	2,341	0	18,319	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	687,930	24,996	233,983	0	0	30.00
31.00 INTENSIVE CARE UNIT	60,497	2,994	28,028	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	60,956	603	5,645	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	559,489	16,072	150,455	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	64,065	1,147	10,733	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	401,024	10,166	95,164	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	82,545	610	5,714	0	0	55.00
56.00 RADIOISOTOPE	206,211	536	5,019	0	0	56.00
57.00 CT SCAN	204,811	734	6,868	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	261,963	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	690,710	4,198	39,303	0	0	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	181,909	3,839	35,939	0	0	66.00
67.00 OCCUPATIONAL THERAPY	45,006	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	43,870	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	41,922	627	5,867	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	8,800	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	54,195	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 ONCOLOGY	80,766	2,782	26,040	0	0	75.01
75.02 CARDIOPULMONARY	196,483	2,361	22,105	0	0	75.02
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	54,522	0	0	0	0	90.00
91.00 EMERGENCY	888,502	12,038	112,695	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT - HOSPITAL	BLDG & FIXT - TLMOB	MVBLE EQUIP	
92.01 OBSERVATION BEDS (DISTINCT PART)	0	1.00	1.01	1.02	2.00	0
OTHER REIMBURSABLE COST CENTERS	60,606	5,744	53,776	0	0	92.01
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0
95.00 AMBULANCE SERVICES	0	0	0	0	0	0
96.00 DURABLE MEDICAL EQUIP-RENTED	64,214	2,548	0	19,946	0	0
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0
99.00 CMHC	0	0	0	0	0	0
99.10 CORF	0	0	0	0	0	0
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0
101.00 HOME HEALTH AGENCY	125,120	1,396	0	10,926	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	0
106.00 HEART ACQUISITION	0	0	0	0	0	0
107.00 LIVER ACQUISITION	0	0	0	0	0	0
108.00 LUNG ACQUISITION	0	0	0	0	0	0
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0
111.00 ISLET ACQUISITION	0	0	0	0	0	0
113.00 INTEREST EXPENSE	0	0	0	0	0	0
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	0
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0
116.00 HOSPICE	0	0	0	0	0	0
118.00 SUBTOTALS (SUM OF LINES 1-117)	12,477,836	137,736	1,033,890	213,618	0	0
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0
191.00 RESEARCH	0	0	0	0	0	0
192.00 PHYSICIANS' PRIVATE OFFICES	0	5,893	0	46,122	0	0
192.01 PHYSICIANS' PRIVATE OFFICES	64,368	2,608	0	20,411	0	0
192.02 TLMOB	18,116	22,030	0	172,422	0	0
192.03 OFFSITE RADIOLOGY	20,817	0	0	0	0	0
192.04 OCCUPATIONAL MEDICINE	4,680	0	0	0	0	0
192.05 VENDING ROOM	0	74	0	581	0	0
193.00 NONPAID WORKERS	0	0	0	0	0	0
200.00 Cross Foot Adjustments	0	0	0	0	0	0
201.00 Negative Cost Centers	0	0	0	0	0	0
202.00 TOTAL (sum lines 118-201)	12,585,817	168,341	1,033,890	453,154	0	0

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 151312		Period: From 07/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/28/2012 11:18 am	
Cost Center Description		EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		4.00	4A	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - HOSPITAL						1.01
1.02	CAP REL COSTS-BLDG & FIXT - TLMOB						1.02
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	981,326					4.00
5.00	ADMINISTRATIVE & GENERAL	172,468	2,426,100	2,426,100			5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	OPERATION OF PLANT	17,451	148,340	35,423	0	183,763	7.00
7.01	OPERATION OF PLANT - HOSPITAL	0	401,353	95,841	0	6,689	7.01
7.02	OPERATION OF PLANT - TLMOB	0	136,380	32,567	0	1,837	7.02
8.00	LAUNDRY & LINEN SERVICE	0	52,408	12,515	0	0	8.00
9.00	HOUSEKEEPING	30,399	269,831	64,435	0	4,853	9.00
10.00	DIETARY	16,863	174,044	41,561	0	4,366	10.00
11.00	CAFETERIA	16,378	135,719	32,409	0	4,275	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	56,954	357,704	85,418	0	315	13.00
14.00	CENTRAL SERVICES & SUPPLY	6,974	58,945	14,076	0	2,569	14.00
15.00	PHARMACY	18,111	1,189,683	284,092	0	3,188	15.00
16.00	MEDICAL RECORDS & LIBRARY	19,526	143,273	34,213	0	2,884	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	125,623	1,072,532	256,116	0	30,799	30.00
31.00	INTENSIVE CARE UNIT	9,250	100,769	24,063	0	3,689	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	10,268	77,472	18,500	0	743	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	62,484	788,500	188,291	0	19,804	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	10,792	86,737	20,712	0	1,413	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	41,098	547,452	130,729	0	12,526	54.00
55.00	RADIOLOGY-THERAPEUTIC	5,892	94,761	22,629	0	752	55.00
56.00	RADIOISOTOPE	16,689	228,455	54,554	0	661	56.00
57.00	CT SCAN	16,040	228,453	54,554	0	904	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	11,001	272,964	65,183	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	60,868	795,079	189,862	0	5,173	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	32,546	254,233	60,710	0	4,730	66.00
67.00	OCCUPATIONAL THERAPY	8,549	53,555	12,789	0	0	67.00
68.00	SPEECH PATHOLOGY	8,992	52,862	12,623	0	0	68.00
69.00	ELECTROCARDIOLOGY	3,242	51,658	12,336	0	772	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	8,800	2,101	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	54,195	12,942	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	ONCOLOGY	14,429	124,017	29,615	0	3,428	75.01
75.02	CARDIOPULMONARY	35,049	255,998	61,131	0	2,910	75.02
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	9,488	64,010	15,285	0	0	90.00
91.00	EMERGENCY	95,833	1,109,068	264,841	0	14,834	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	12,178	132,304	31,594	0	7,078	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	4,903	91,611	21,876	0	3,140	96.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description		EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		4.00	4A	5.00	6.00	7.00	
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	22,806	160,248	38,267	0	1,720	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	973,144	12,199,513	2,333,853	0	146,052	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	52,015	12,421	0	7,261	192.00
192.01	PHYSICIANS' PRIVATE OFFICES	7,348	94,735	22,622	0	3,213	192.01
192.02	TLMOB	0	212,568	50,760	0	27,146	192.02
192.03	OFFSITE RADIOLOGY	796	21,613	5,161	0	0	192.03
192.04	OCCUPATIONAL MEDICINE	38	4,718	1,127	0	0	192.04
192.05	VENDING ROOM	0	655	156	0	91	192.05
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments		0				200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	981,326	12,585,817	2,426,100	0	183,763	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 151312		Period: From 07/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/28/2012 11:18 am	
Cost Center Description		OPERATION OF PLANT - HOSPITAL	OPERATION OF PLANT - TLMOB	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.01	7.02	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - HOSPITAL						1.01
1.02	CAP REL COSTS-BLDG & FIXT - TLMOB						1.02
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT - HOSPITAL	503,883					7.01
7.02	OPERATION OF PLANT - TLMOB	0	170,784				7.02
8.00	LAUNDRY & LINEN SERVICE	0	0	64,923			8.00
9.00	HOUSEKEEPING	19,417	641	273	359,450		9.00
10.00	DIETARY	0	13,653	273	9,729	243,626	10.00
11.00	CAFETERIA	0	13,367	0	9,349	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	984	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	10,733	0	0	1,552	0	14.00
15.00	PHARMACY	13,317	0	0	10,024	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	9,018	0	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	128,658	0	28,876	56,419	238,703	30.00
31.00	INTENSIVE CARE UNIT	15,411	0	2,497	37,381	4,923	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I/RP	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	3,104	0	690	5,223	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	82,729	0	12,971	38,804	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	5,902	0	725	5,489	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	52,327	0	3,820	15,651	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	3,142	0	0	0	0	55.00
56.00	RADIOISOTOPE	2,760	0	0	0	0	56.00
57.00	CT SCAN	3,776	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	21,611	0	170	23,411	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	19,761	0	480	9,830	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	3,226	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	ONCOLOGY	14,318	0	242	0	0	75.01
75.02	CARDIOPULMONARY	12,155	0	384	8,795	0	75.02
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	313	12,029	0	90.00
91.00	EMERGENCY	61,967	0	13,209	35,311	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	29,569	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description		OPERATION OF PLANT - HOSPITAL	OPERATION OF PLANT - TLMOB	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.01	7.02	8.00	9.00	10.00	
96.00	DURABLE MEDICAL EQUIP-RENTED	0	9,819	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	5,379	0	6,144	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	503,883	52,861	64,923	285,141	243,626	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	22,706	0	24,705	0	192.00
192.01	PHYSICIANS' PRIVATE OFFICES	0	10,048	0	2,716	0	192.01
192.02	TLMOB	0	84,883	0	46,888	0	192.02
192.03	OFFSITE RADIOLOGY	0	0	0	0	0	192.03
192.04	OCCUPATIONAL MEDICINE	0	0	0	0	0	192.04
192.05	VENDING ROOM	0	286	0	0	0	192.05
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	503,883	170,784	64,923	359,450	243,626	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
1.01						1.01
1.02						1.02
2.00						2.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
7.01						7.01
7.02						7.02
8.00						8.00
9.00						9.00
10.00						10.00
11.00	195,119					11.00
12.00	0	0				12.00
13.00	10,934	0	455,355			13.00
14.00	2,488	0	0	90,363		14.00
15.00	4,609	0	0	1,435	1,506,348	15.00
16.00	6,730	0	0	206	0	16.00
17.00	0	0	0	0	0	17.00
18.00	0	0	0	0	0	18.00
19.00	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	40,802	0	160,135	6,129	0	30.00
31.00	2,187	0	8,572	687	0	31.00
32.00	0	0	0	0	0	32.00
33.00	0	0	0	0	0	33.00
34.00	0	0	0	0	0	34.00
40.00	0	0	0	0	0	40.00
41.00	0	0	0	0	0	41.00
42.00	0	0	0	0	0	42.00
43.00	2,514	0	9,836	714	0	43.00
44.00	0	0	0	0	0	44.00
45.00	0	0	0	0	0	45.00
46.00	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	15,320	0	60,130	21,704	0	50.00
51.00	0	0	0	0	0	51.00
52.00	2,632	0	10,335	750	0	52.00
53.00	0	0	0	0	0	53.00
54.00	1,283	0	0	912	0	54.00
55.00	1,349	0	0	131	0	55.00
56.00	2,894	0	0	142	0	56.00
57.00	3,130	0	0	837	0	57.00
58.00	2,488	0	0	217	0	58.00
59.00	0	0	0	0	0	59.00
60.00	28,533	0	0	37,681	0	60.00
61.00	0	0	0	0	0	61.00
62.00	0	0	0	0	0	62.00
63.00	0	0	0	0	0	63.00
64.00	0	0	0	0	0	64.00
65.00	0	0	0	0	0	65.00
66.00	6,979	0	27,365	1,081	0	66.00
67.00	1,244	0	0	130	0	67.00
68.00	1,165	0	0	16	0	68.00
69.00	1,323	0	5,197	922	0	69.00
70.00	0	0	0	0	0	70.00
71.00	0	0	0	0	0	71.00
72.00	0	0	0	0	0	72.00
73.00	0	0	0	0	1,506,348	73.00
74.00	0	0	0	0	0	74.00
75.00	0	0	0	0	0	75.00
75.01	3,693	0	14,515	938	0	75.01
75.02	9,572	0	37,567	2,225	0	75.02
OUTPATIENT SERVICE COST CENTERS						
90.00	4,635	0	0	609	0	90.00
91.00	23,936	0	93,923	10,326	0	91.00
92.00						92.00
92.01	3,300	0	0	487	0	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	0	0	0	0	0	94.00
95.00	0	0	0	0	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
96.00	DURABLE MEDICAL EQUIP-RENTED	1,519	0	0	1,782	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	7,084	0	27,780	137	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	192,343	0	455,355	90,198	1,506,348	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	PHYSICIANS' PRIVATE OFFICES	2,763	0	0	0	0	192.01
192.02	TLMOB	0	0	0	164	0	192.02
192.03	OFFSITE RADIOLOGY	0	0	0	1	0	192.03
192.04	OCCUPATIONAL MEDICINE	13	0	0	0	0	192.04
192.05	VENDING ROOM	0	0	0	0	0	192.05
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	195,119	0	455,355	90,363	1,506,348	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	Subtotal	
	16.00	17.00	18.00	19.00	24.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
1.01						1.01
1.02						1.02
2.00						2.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
7.01						7.01
7.02						7.02
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00	196,324					16.00
17.00	0	0				17.00
18.00	0	0	0			18.00
19.00	0	0	0	0		19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	49,236	0	0	0	2,068,405	30.00
31.00	1,351	0	0	0	201,530	31.00
32.00	0	0	0	0	0	32.00
33.00	0	0	0	0	0	33.00
34.00	0	0	0	0	0	34.00
40.00	0	0	0	0	0	40.00
41.00	0	0	0	0	0	41.00
42.00	0	0	0	0	0	42.00
43.00	1,957	0	0	0	120,753	43.00
44.00	0	0	0	0	0	44.00
45.00	0	0	0	0	0	45.00
46.00	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	7,975	0	0	0	1,236,228	50.00
51.00	0	0	0	0	0	51.00
52.00	2,054	0	0	0	136,749	52.00
53.00	0	0	0	0	0	53.00
54.00	50,750	0	0	0	815,450	54.00
55.00	0	0	0	0	122,764	55.00
56.00	0	0	0	0	289,466	56.00
57.00	0	0	0	0	291,654	57.00
58.00	0	0	0	0	340,852	58.00
59.00	0	0	0	0	0	59.00
60.00	19,294	0	0	0	1,120,814	60.00
61.00	0	0	0	0	0	61.00
62.00	0	0	0	0	0	62.00
63.00	0	0	0	0	0	63.00
64.00	0	0	0	0	0	64.00
65.00	0	0	0	0	0	65.00
66.00	1,412	0	0	0	386,581	66.00
67.00	0	0	0	0	67,718	67.00
68.00	0	0	0	0	66,666	68.00
69.00	0	0	0	0	75,434	69.00
70.00	0	0	0	0	0	70.00
71.00	0	0	0	0	0	71.00
72.00	0	0	0	0	10,901	72.00
73.00	0	0	0	0	1,573,485	73.00
74.00	0	0	0	0	0	74.00
75.00	0	0	0	0	0	75.00
75.01	667	0	0	0	191,433	75.01
75.02	4,908	0	0	0	395,645	75.02
OUTPATIENT SERVICE COST CENTERS						
90.00	2,363	0	0	0	99,244	90.00
91.00	54,357	0	0	0	1,681,772	91.00
92.00						92.00
92.01	0	0	0	0	204,332	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	Subtotal	
	16.00	17.00	18.00	19.00	24.00	
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	129,747	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	246,759	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	196,324	0	0	0	11,874,382	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	119,108	192.00
192.01 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	136,097	192.01
192.02 TLMOB	0	0	0	0	422,409	192.02
192.03 OFFSITE RADIOLOGY	0	0	0	0	26,775	192.03
192.04 OCCUPATIONAL MEDICINE	0	0	0	0	5,858	192.04
192.05 VENDING ROOM	0	0	0	0	1,188	192.05
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	196,324	0	0	0	12,585,817	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT			1.00
1.01	CAP REL COSTS-BLDG & FIXT - HOSPITAL			1.01
1.02	CAP REL COSTS-BLDG & FIXT - TLMOB			1.02
2.00	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
7.01	OPERATION OF PLANT - HOSPITAL			7.01
7.02	OPERATION OF PLANT - TLMOB			7.02
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
12.00	MAINTENANCE OF PERSONNEL			12.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)			18.00
19.00	NONPHYSICIAN ANESTHETISTS			19.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	2,068,405	30.00
31.00	INTENSIVE CARE UNIT	0	201,530	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	120,753	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	1,236,228	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	136,749	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	815,450	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	122,764	55.00
56.00	RADIOISOTOPE	0	289,466	56.00
57.00	CT SCAN	0	291,654	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	340,852	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	1,120,814	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	386,581	66.00
67.00	OCCUPATIONAL THERAPY	0	67,718	67.00
68.00	SPEECH PATHOLOGY	0	66,666	68.00
69.00	ELECTROCARDIOLOGY	0	75,434	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	10,901	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,573,485	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	ONCOLOGY	0	191,433	75.01
75.02	CARDIOPULMONARY	0	395,645	75.02
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0	99,244	90.00
91.00	EMERGENCY	0	1,681,772	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	204,332	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	129,747	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	246,759	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	11,874,382	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	119,108	192.00
192.01	PHYSICIANS' PRIVATE OFFICES	0	136,097	192.01
192.02	TLMOB	0	422,409	192.02
192.03	OFFSITE RADIOLOGY	0	26,775	192.03
192.04	OCCUPATIONAL MEDICINE	0	5,858	192.04
192.05	VENDING ROOM	0	1,188	192.05
193.00	NONPAID WORKERS	0	0	193.00
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	12,585,817	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT - HOSPITAL	BLDG & FIXT - TLMOB	MVBLE EQUIP	
		0	1.00	1.01	1.02	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
1.01	CAP REL COSTS-BLDG & FIXT - HOSPITAL					1.01
1.02	CAP REL COSTS-BLDG & FIXT - TLMOB					1.02
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	0	0	0	4.00
5.00	ADMINISTRATIVE & GENERAL	0	19,207	66,691	94,569	0
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	OPERATION OF PLANT	0	0	0	0	0
7.01	OPERATION OF PLANT - HOSPITAL	0	5,428	50,814	0	0
7.02	OPERATION OF PLANT - TLMOB	0	1,491	0	11,670	0
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	HOUSEKEEPING	0	3,939	35,313	1,302	0
10.00	DIETARY	0	3,543	0	27,734	0
11.00	CAFETERIA	0	3,469	0	27,153	0
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	NURSING ADMINISTRATION	0	255	0	1,999	0
14.00	CENTRAL SERVICES & SUPPLY	0	2,085	19,519	0	0
15.00	PHARMACY	0	2,587	24,219	0	0
16.00	MEDICAL RECORDS & LIBRARY	0	2,341	0	18,319	0
17.00	SOCIAL SERVICE	0	0	0	0	0
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	24,996	233,983	0	0
31.00	INTENSIVE CARE UNIT	0	2,994	28,028	0	0
32.00	CORONARY CARE UNIT	0	0	0	0	0
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	SUBPROVIDER - I PF	0	0	0	0	0
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	0	603	5,645	0	0
44.00	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	NURSING FACILITY	0	0	0	0	0
46.00	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	16,072	150,455	0	0
51.00	RECOVERY ROOM	0	0	0	0	0
52.00	DELIVERY ROOM & LABOR ROOM	0	1,147	10,733	0	0
53.00	ANESTHESIOLOGY	0	0	0	0	0
54.00	RADIOLOGY-DIAGNOSTIC	0	10,166	95,164	0	0
55.00	RADIOLOGY-THERAPEUTIC	0	610	5,714	0	0
56.00	RADIOISOTOPE	0	536	5,019	0	0
57.00	CT SCAN	0	734	6,868	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	0	4,198	39,303	0	0
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	0	0	0	0	0
66.00	PHYSICAL THERAPY	0	3,839	35,939	0	0
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	SPEECH PATHOLOGY	0	0	0	0	0
69.00	ELECTROCARDIOLOGY	0	627	5,867	0	0
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	RENAL DIALYSIS	0	0	0	0	0
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	ONCOLOGY	0	2,782	26,040	0	0
75.02	CARDIOPULMONARY	0	2,361	22,105	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	0	0
91.00	EMERGENCY	0	12,038	112,695	0	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	OBSERVATION BEDS (DISTINCT PART)	0	5,744	53,776	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT - HOSPITAL	BLDG & FIXT - TLMOB	MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	2,548	0	19,946	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	1,396	0	10,926	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	137,736	1,033,890	213,618	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	5,893	0	46,122	0	192.00
192.01 PHYSICIANS' PRIVATE OFFICES	0	2,608	0	20,411	0	192.01
192.02 TLMOB	0	22,030	0	172,422	0	192.02
192.03 OFFSITE RADIOLOGY	0	0	0	0	0	192.03
192.04 OCCUPATIONAL MEDICINE	0	0	0	0	0	192.04
192.05 VENDING ROOM	0	74	0	581	0	192.05
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	168,341	1,033,890	453,154	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 151312		Period: From 07/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/28/2012 11:18 am	
Cost Center Description		Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		2A	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - HOSPITAL						1.01
1.02	CAP REL COSTS-BLDG & FIXT - TLMOB						1.02
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	0	0				4.00
5.00	ADMINISTRATIVE & GENERAL	180,467	0	180,467			5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	OPERATION OF PLANT	0	0	2,635	0	2,635	7.00
7.01	OPERATION OF PLANT - HOSPITAL	56,242	0	7,129	0	96	7.01
7.02	OPERATION OF PLANT - TLMOB	13,161	0	2,423	0	26	7.02
8.00	LAUNDRY & LINEN SERVICE	0	0	931	0	0	8.00
9.00	HOUSEKEEPING	40,554	0	4,793	0	70	9.00
10.00	DIETARY	31,277	0	3,092	0	63	10.00
11.00	CAFETERIA	30,622	0	2,411	0	61	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	2,254	0	6,354	0	5	13.00
14.00	CENTRAL SERVICES & SUPPLY	21,604	0	1,047	0	37	14.00
15.00	PHARMACY	26,806	0	21,132	0	46	15.00
16.00	MEDICAL RECORDS & LIBRARY	20,660	0	2,545	0	41	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	258,979	0	19,051	0	441	30.00
31.00	INTENSIVE CARE UNIT	31,022	0	1,790	0	53	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	6,248	0	1,376	0	11	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	166,527	0	14,006	0	284	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	11,880	0	1,541	0	20	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	105,330	0	9,724	0	180	54.00
55.00	RADIOLOGY-THERAPEUTIC	6,324	0	1,683	0	11	55.00
56.00	RADIOISOTOPE	5,555	0	4,058	0	9	56.00
57.00	CT SCAN	7,602	0	4,058	0	13	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	4,849	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	43,501	0	14,123	0	74	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	39,778	0	4,516	0	68	66.00
67.00	OCCUPATIONAL THERAPY	0	0	951	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	939	0	0	68.00
69.00	ELECTROCARDIOLOGY	6,494	0	918	0	11	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	156	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	963	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	ONCOLOGY	28,822	0	2,203	0	49	75.01
75.02	CARDIOPULMONARY	24,466	0	4,547	0	42	75.02
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	1,137	0	0	90.00
91.00	EMERGENCY	124,733	0	19,700	0	213	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	59,520	0	2,350	0	101	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	22,494	0	1,627	0	45	96.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description		Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		2A	4.00	5.00	6.00	7.00	
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	12,322	0	2,846	0	25	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,385,244	0	173,604	0	2,095	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	52,015	0	924	0	104	192.00
192.01	PHYSICIANS' PRIVATE OFFICES	23,019	0	1,683	0	46	192.01
192.02	TLMOB	194,452	0	3,776	0	389	192.02
192.03	OFFSITE RADIOLOGY	0	0	384	0	0	192.03
192.04	OCCUPATIONAL MEDICINE	0	0	84	0	0	192.04
192.05	VENDING ROOM	655	0	12	0	1	192.05
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,655,385	0	180,467	0	2,635	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 151312		Period: From 07/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/28/2012 11:18 am	
Cost Center Description		OPERATION OF PLANT - HOSPITAL	OPERATION OF PLANT - TLMOB	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.01	7.02	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - HOSPITAL						1.01
1.02	CAP REL COSTS-BLDG & FIXT - TLMOB						1.02
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT - HOSPITAL	63,467					7.01
7.02	OPERATION OF PLANT - TLMOB	0	15,610				7.02
8.00	LAUNDRY & LINEN SERVICE	0	0	931			8.00
9.00	HOUSEKEEPING	2,446	59	4	47,926		9.00
10.00	DIETARY	0	1,248	4	1,297	36,981	10.00
11.00	CAFETERIA	0	1,222	0	1,247	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	90	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,352	0	0	207	0	14.00
15.00	PHARMACY	1,677	0	0	1,337	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	824	0	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	16,206	0	415	7,521	36,234	30.00
31.00	INTENSIVE CARE UNIT	1,941	0	36	4,984	747	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I/PF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	391	0	10	696	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	10,420	0	186	5,174	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	743	0	10	732	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,591	0	55	2,087	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	396	0	0	0	0	55.00
56.00	RADIOISOTOPE	348	0	0	0	0	56.00
57.00	CT SCAN	476	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	2,722	0	2	3,121	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	2,489	0	7	1,311	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	406	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	ONCOLOGY	1,803	0	3	0	0	75.01
75.02	CARDIOPULMONARY	1,531	0	6	1,173	0	75.02
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	4	1,604	0	90.00
91.00	EMERGENCY	7,805	0	189	4,708	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	3,724	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	OPERATION OF PLANT - HOSPITAL	OPERATION OF PLANT - TLMOB	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	7.01	7.02	8.00	9.00	10.00	
96.00 DURABLE MEDICAL EQUIP-RENTED	0	897	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	492	0	819	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	63,467	4,832	931	38,018	36,981	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	2,075	0	3,294	0	192.00
192.01 PHYSICIANS' PRIVATE OFFICES	0	918	0	362	0	192.01
192.02 TLMOB	0	7,759	0	6,252	0	192.02
192.03 OFFSITE RADIOLOGY	0	0	0	0	0	192.03
192.04 OCCUPATIONAL MEDICINE	0	0	0	0	0	192.04
192.05 VENDING ROOM	0	26	0	0	0	192.05
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	63,467	15,610	931	47,926	36,981	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
1.01						1.01
1.02						1.02
2.00						2.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
7.01						7.01
7.02						7.02
8.00						8.00
9.00						9.00
10.00						10.00
11.00	35,563					11.00
12.00	0	0				12.00
13.00	1,993	0	10,696			13.00
14.00	453	0	0	24,700		14.00
15.00	840	0	0	392	52,230	15.00
16.00	1,227	0	0	56	0	16.00
17.00	0	0	0	0	0	17.00
18.00	0	0	0	0	0	18.00
19.00	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	7,438	0	3,762	1,675	0	30.00
31.00	399	0	201	188	0	31.00
32.00	0	0	0	0	0	32.00
33.00	0	0	0	0	0	33.00
34.00	0	0	0	0	0	34.00
40.00	0	0	0	0	0	40.00
41.00	0	0	0	0	0	41.00
42.00	0	0	0	0	0	42.00
43.00	458	0	231	195	0	43.00
44.00	0	0	0	0	0	44.00
45.00	0	0	0	0	0	45.00
46.00	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	2,792	0	1,412	5,933	0	50.00
51.00	0	0	0	0	0	51.00
52.00	480	0	243	205	0	52.00
53.00	0	0	0	0	0	53.00
54.00	234	0	0	249	0	54.00
55.00	246	0	0	36	0	55.00
56.00	527	0	0	39	0	56.00
57.00	570	0	0	229	0	57.00
58.00	453	0	0	59	0	58.00
59.00	0	0	0	0	0	59.00
60.00	5,200	0	0	10,301	0	60.00
61.00	0	0	0	0	0	61.00
62.00	0	0	0	0	0	62.00
63.00	0	0	0	0	0	63.00
64.00	0	0	0	0	0	64.00
65.00	0	0	0	0	0	65.00
66.00	1,272	0	643	296	0	66.00
67.00	227	0	0	35	0	67.00
68.00	212	0	0	4	0	68.00
69.00	241	0	122	252	0	69.00
70.00	0	0	0	0	0	70.00
71.00	0	0	0	0	0	71.00
72.00	0	0	0	0	0	72.00
73.00	0	0	0	0	52,230	73.00
74.00	0	0	0	0	0	74.00
75.00	0	0	0	0	0	75.00
75.01	673	0	341	256	0	75.01
75.02	1,745	0	882	608	0	75.02
OUTPATIENT SERVICE COST CENTERS						
90.00	845	0	0	166	0	90.00
91.00	4,363	0	2,206	2,823	0	91.00
92.00						92.00
92.01	601	0	0	133	0	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	0	0	0	0	0	94.00
95.00	0	0	0	0	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
96.00	DURABLE MEDICAL EQUIP-RENTED	277	0	0	487	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	1,291	0	653	38	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	35,057	0	10,696	24,655	52,230	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	PHYSICIANS' PRIVATE OFFICES	504	0	0	0	0	192.01
192.02	TLMOB	0	0	0	45	0	192.02
192.03	OFFSITE RADIOLOGY	0	0	0	0	0	192.03
192.04	OCCUPATIONAL MEDICINE	2	0	0	0	0	192.04
192.05	VENDING ROOM	0	0	0	0	0	192.05
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	35,563	0	10,696	24,700	52,230	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	Subtotal	
	16.00	17.00	18.00	19.00	24.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG & FIXT - HOSPITAL						1.01
1.02 CAP REL COSTS-BLDG & FIXT - TLMOB						1.02
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
7.01 OPERATION OF PLANT - HOSPITAL						7.01
7.02 OPERATION OF PLANT - TLMOB						7.02
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	25,353					16.00
17.00 SOCIAL SERVICE	0	0				17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6,358	0	0		358,080	30.00
31.00 INTENSIVE CARE UNIT	175	0	0		41,536	31.00
32.00 CORONARY CARE UNIT	0	0	0		0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
40.00 SUBPROVIDER - 1PF	0	0	0		0	40.00
41.00 SUBPROVIDER - 1RF	0	0	0		0	41.00
42.00 SUBPROVIDER	0	0	0		0	42.00
43.00 NURSERY	253	0	0		9,869	43.00
44.00 SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00 NURSING FACILITY	0	0	0		0	45.00
46.00 OTHER LONG TERM CARE	0	0	0		0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,030	0	0		207,764	50.00
51.00 RECOVERY ROOM	0	0	0		0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	265	0	0		16,119	52.00
53.00 ANESTHESIOLOGY	0	0	0		0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	6,554	0	0		131,004	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		8,696	55.00
56.00 RADIOISOTOPE	0	0	0		10,536	56.00
57.00 CT SCAN	0	0	0		12,948	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		5,361	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		0	59.00
60.00 LABORATORY	2,492	0	0		81,536	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0		0	64.00
65.00 RESPIRATORY THERAPY	0	0	0		0	65.00
66.00 PHYSICAL THERAPY	182	0	0		50,562	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		1,213	67.00
68.00 SPEECH PATHOLOGY	0	0	0		1,155	68.00
69.00 ELECTROCARDIOLOGY	0	0	0		8,444	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		156	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		53,193	73.00
74.00 RENAL DIALYSIS	0	0	0		0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		0	75.00
75.01 ONCOLOGY	86	0	0		34,236	75.01
75.02 CARDIOPULMONARY	634	0	0		35,634	75.02
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	305	0	0		4,061	90.00
91.00 EMERGENCY	7,019	0	0		173,759	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0		66,429	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	Subtotal	
	16.00	17.00	18.00	19.00	24.00	
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0		0	94.00
95.00 AMBULANCE SERVICES	0	0	0		0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		25,827	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		0	98.00
99.00 CMHC	0	0	0		0	99.00
99.10 CORF	0	0	0		0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0		0	100.00
101.00 HOME HEALTH AGENCY	0	0	0		18,486	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0		0	105.00
106.00 HEART ACQUISITION	0	0	0		0	106.00
107.00 LIVER ACQUISITION	0	0	0		0	107.00
108.00 LUNG ACQUISITION	0	0	0		0	108.00
109.00 PANCREAS ACQUISITION	0	0	0		0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0		0	110.00
111.00 ISLET ACQUISITION	0	0	0		0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		0	115.00
116.00 HOSPICE	0	0	0		0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	25,353	0	0	0	1,356,604	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		0	190.00
191.00 RESEARCH	0	0	0		0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0		58,412	192.00
192.01 PHYSICIANS' PRIVATE OFFICES	0	0	0		26,532	192.01
192.02 TLMOB	0	0	0		212,673	192.02
192.03 OFFSITE RADIOLOGY	0	0	0		384	192.03
192.04 OCCUPATIONAL MEDICINE	0	0	0		86	192.04
192.05 VENDING ROOM	0	0	0		694	192.05
193.00 NONPAID WORKERS	0	0	0		0	193.00
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	25,353	0	0	0	1,655,385	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/28/2012 11:18 am
-------------------------------------	--	----------------------	---	---

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT			1.00
1.01 CAP REL COSTS-BLDG & FIXT - HOSPITAL			1.01
1.02 CAP REL COSTS-BLDG & FIXT - TLMOB			1.02
2.00 CAP REL COSTS-MVBLE EQUIP			2.00
4.00 EMPLOYEE BENEFITS			4.00
5.00 ADMINISTRATIVE & GENERAL			5.00
6.00 MAINTENANCE & REPAIRS			6.00
7.00 OPERATION OF PLANT			7.00
7.01 OPERATION OF PLANT - HOSPITAL			7.01
7.02 OPERATION OF PLANT - TLMOB			7.02
8.00 LAUNDRY & LINEN SERVICE			8.00
9.00 HOUSEKEEPING			9.00
10.00 DIETARY			10.00
11.00 CAFETERIA			11.00
12.00 MAINTENANCE OF PERSONNEL			12.00
13.00 NURSING ADMINISTRATION			13.00
14.00 CENTRAL SERVICES & SUPPLY			14.00
15.00 PHARMACY			15.00
16.00 MEDICAL RECORDS & LIBRARY			16.00
17.00 SOCIAL SERVICE			17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)			18.00
19.00 NONPHYSICIAN ANESTHETISTS			19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	0	358,080	30.00
31.00 INTENSIVE CARE UNIT	0	41,536	31.00
32.00 CORONARY CARE UNIT	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	9,869	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
45.00 NURSING FACILITY	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	207,764	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	16,119	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	131,004	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	8,696	55.00
56.00 RADIOISOTOPE	0	10,536	56.00
57.00 CT SCAN	0	12,948	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	5,361	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	81,536	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	50,562	66.00
67.00 OCCUPATIONAL THERAPY	0	1,213	67.00
68.00 SPEECH PATHOLOGY	0	1,155	68.00
69.00 ELECTROCARDIOLOGY	0	8,444	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	156	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	53,193	73.00
74.00 RENAL DIALYSIS	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
75.01 ONCOLOGY	0	34,236	75.01
75.02 CARDIOPULMONARY	0	35,634	75.02
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	0	4,061	90.00
91.00 EMERGENCY	0	173,759	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	66,429	92.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/28/2012 11:18 am
-------------------------------------	--	----------------------	---	---

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	25,827	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	18,486	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,356,604	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	58,412	192.00
192.01	PHYSICIANS' PRIVATE OFFICES	0	26,532	192.01
192.02	TLMOB	0	212,673	192.02
192.03	OFFSITE RADIOLOGY	0	384	192.03
192.04	OCCUPATIONAL MEDICINE	0	86	192.04
192.05	VENDING ROOM	0	694	192.05
193.00	NONPAID WORKERS	0	0	193.00
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	1,655,385	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - HOSPITAL (SQUARE FEET)	BLDG & FIXT - TLMOB (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	113,352					1.00
1.01	CAP REL COSTS-BLDG & FIXT - HOSPITAL	0	74,366				1.01
1.02	CAP REL COSTS-BLDG & FIXT - TLMOB	0	0	38,986			1.02
2.00	CAP REL COSTS-MVBLE EQUIP				0		2.00
4.00	EMPLOYEE BENEFITS	0	0	0	0	4,704,434	4.00
5.00	ADMINISTRATIVE & GENERAL	12,933	4,797	8,136	0	826,819	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	0	0	0	0	83,660	7.00
7.01	OPERATION OF PLANT - HOSPITAL	3,655	3,655	0	0	0	7.01
7.02	OPERATION OF PLANT - TLMOB	1,004	0	1,004	0	0	7.02
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	HOUSEKEEPING	2,652	2,540	112	0	145,733	9.00
10.00	DIETARY	2,386	0	2,386	0	80,841	10.00
11.00	CAFETERIA	2,336	0	2,336	0	78,514	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	172	0	172	0	273,033	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,404	1,404	0	0	33,431	14.00
15.00	PHARMACY	1,742	1,742	0	0	86,825	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,576	0	1,576	0	93,606	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	16,830	16,830	0	0	602,232	30.00
31.00	INTENSIVE CARE UNIT	2,016	2,016	0	0	44,342	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	406	406	0	0	49,225	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	10,822	10,822	0	0	299,544	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	772	772	0	0	51,735	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,845	6,845	0	0	197,023	54.00
55.00	RADIOLOGY-THERAPEUTIC	411	411	0	0	28,246	55.00
56.00	RADIOISOTOPE	361	361	0	0	80,006	56.00
57.00	CT SCAN	494	494	0	0	76,895	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	52,739	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	2,827	2,827	0	0	291,799	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	2,585	2,585	0	0	156,023	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	40,985	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	43,107	68.00
69.00	ELECTROCARDIOLOGY	422	422	0	0	15,540	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	ONCOLOGY	1,873	1,873	0	0	69,170	75.01
75.02	CARDIOPULMONARY	1,590	1,590	0	0	168,023	75.02
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0	0	45,485	90.00
91.00	EMERGENCY	8,106	8,106	0	0	459,417	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	3,868	3,868	0	0	58,379	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	
	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - HOSPITAL (SQUARE FEET)	BLDG & FIXT - TLMOB (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)		
	1.00	1.01	1.02	2.00		
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	1,716	0	1,716	0	23,505	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	940	0	940	0	109,330	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	92,744	74,366	18,378	0	4,665,212	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	3,968	0	3,968	0	0	192.00
192.01 PHYSICIANS' PRIVATE OFFICES	1,756	0	1,756	0	35,227	192.01
192.02 TLMOB	14,834	0	14,834	0	0	192.02
192.03 OFFSITE RADIOLOGY	0	0	0	0	3,815	192.03
192.04 OCCUPATIONAL MEDICINE	0	0	0	0	180	192.04
192.05 VENDING ROOM	50	0	50	0	0	192.05
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	168,341	1,033,890	453,154	0	981,326	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.485117	13.902724	11.623506	0.000000	0.208596	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)					0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)					0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT - HOSPITAL (SQUARE FEET)	
	5A	5.00	6.00	7.00	7.01	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG & FIXT - HOSPITAL						1.01
1.02 CAP REL COSTS-BLDG & FIXT - TLMOB						1.02
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL	-2,426,100	10,159,717				5.00
6.00 MAINTENANCE & REPAIRS	0	0	100,419			6.00
7.00 OPERATION OF PLANT	0	148,340	0	100,419		7.00
7.01 OPERATION OF PLANT - HOSPITAL	0	401,353	3,655	3,655	65,914	7.01
7.02 OPERATION OF PLANT - TLMOB	0	136,380	1,004	1,004	0	7.02
8.00 LAUNDRY & LINEN SERVICE	0	52,408	0	0	0	8.00
9.00 HOUSEKEEPING	0	269,831	2,652	2,652	2,540	9.00
10.00 DIETARY	0	174,044	2,386	2,386	0	10.00
11.00 CAFETERIA	0	135,719	2,336	2,336	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	0	357,704	172	172	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	58,945	1,404	1,404	1,404	14.00
15.00 PHARMACY	0	1,189,683	1,742	1,742	1,742	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	143,273	1,576	1,576	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	1,072,532	16,830	16,830	16,830	30.00
31.00 INTENSIVE CARE UNIT	0	100,769	2,016	2,016	2,016	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	77,472	406	406	406	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	788,500	10,822	10,822	10,822	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	86,737	772	772	772	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	547,452	6,845	6,845	6,845	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	94,761	411	411	411	55.00
56.00 RADIOISOTOPE	0	228,455	361	361	361	56.00
57.00 CT SCAN	0	228,453	494	494	494	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	272,964	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	795,079	2,827	2,827	2,827	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	254,233	2,585	2,585	2,585	66.00
67.00 OCCUPATIONAL THERAPY	0	53,555	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	52,862	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	51,658	422	422	422	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	8,800	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	54,195	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 ONCOLOGY	0	124,017	1,873	1,873	1,873	75.01
75.02 CARDIOPULMONARY	0	255,998	1,590	1,590	1,590	75.02
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	64,010	0	0	0	90.00
91.00 EMERGENCY	0	1,109,068	8,106	8,106	8,106	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	132,304	3,868	3,868	3,868	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT - HOSPITAL (SQUARE FEET)	
	5A	5.00	6.00	7.00	7.01	
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	91,611	1,716	1,716	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	160,248	940	940	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	-2,426,100	9,773,413	79,811	79,811	65,914	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	52,015	3,968	3,968	0	192.00
192.01 PHYSICIANS' PRIVATE OFFICES	0	94,735	1,756	1,756	0	192.01
192.02 TLMOB	0	212,568	14,834	14,834	0	192.02
192.03 OFFSITE RADIOLOGY	0	21,613	0	0	0	192.03
192.04 OCCUPATIONAL MEDICINE	0	4,718	0	0	0	192.04
192.05 VENDING ROOM	0	655	50	50	0	192.05
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)		2,426,100	0	183,763	503,883	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)		0.238796	0.000000	1.829962	7.644552	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		180,467	0	2,635	63,467	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)		0.017763	0.000000	0.026240	0.962876	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B-1
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	OPERATION OF PLANT - TLMOB (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
	7.02	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG & FIXT - HOSPITAL						1.01
1.02 CAP REL COSTS-BLDG & FIXT - TLMOB						1.02
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
7.01 OPERATION OF PLANT - HOSPITAL						7.01
7.02 OPERATION OF PLANT - TLMOB	29,846					7.02
8.00 LAUNDRY & LINEN SERVICE	0	16,382				8.00
9.00 HOUSEKEEPING	112	69	138,950			9.00
10.00 DIETARY	2,386	69	3,761	9,847		10.00
11.00 CAFETERIA	2,336	0	3,614	0	14,901	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	172	0	0	0	835	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	600	0	190	14.00
15.00 PHARMACY	0	0	3,875	0	352	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,576	0	0	0	514	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	7,286	21,809	9,648	3,116	30.00
31.00 INTENSIVE CARE UNIT	0	630	14,450	199	167	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	174	2,019	0	192	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	3,273	15,000	0	1,170	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	183	2,122	0	201	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	964	6,050	0	98	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	103	55.00
56.00 RADIOISOTOPE	0	0	0	0	221	56.00
57.00 CT SCAN	0	0	0	0	239	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	190	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	43	9,050	0	2,179	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	121	3,800	0	533	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	95	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	89	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	101	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 ONCOLOGY	0	61	0	0	282	75.01
75.02 CARDIOPULMONARY	0	97	3,400	0	731	75.02
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	79	4,650	0	354	90.00
91.00 EMERGENCY	0	3,333	13,650	0	1,828	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	252	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description		OPERATION OF PLANT - TLMOB (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.02	8.00	9.00	10.00	11.00	
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	1,716	0	0	0	116	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	940	0	2,375	0	541	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,238	16,382	110,225	9,847	14,689	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	3,968	0	9,550	0	0	192.00
192.01	PHYSICIANS' PRIVATE OFFICES	1,756	0	1,050	0	211	192.01
192.02	TLMOB	14,834	0	18,125	0	0	192.02
192.03	OFFSITE RADIOLOGY	0	0	0	0	0	192.03
192.04	OCCUPATIONAL MEDICINE	0	0	0	0	1	192.04
192.05	VENDING ROOM	50	0	0	0	0	192.05
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	170,784	64,923	359,450	243,626	195,119	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5.722174	3.963069	2.586902	24.741139	13.094356	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	15,610	931	47,926	36,981	35,563	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.523018	0.056831	0.344915	3.755560	2.386618	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - HOSPITAL						1.01
1.02	CAP REL COSTS-BLDG & FIXT - TLMOB						1.02
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT - HOSPITAL						7.01
7.02	OPERATION OF PLANT - TLMOB						7.02
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL	0					12.00
13.00	NURSING ADMINISTRATION	0	92,169				13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	542,536			14.00
15.00	PHARMACY	0	0	8,613	100		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	1,237	0	32,398	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	32,413	36,796	0	8,125	30.00
31.00	INTENSIVE CARE UNIT	0	1,735	4,122	0	223	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	1,991	4,287	0	323	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	12,171	130,312	0	1,316	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	2,092	4,505	0	339	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	5,477	0	8,375	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	787	0	0	55.00
56.00	RADIOISOTOPE	0	0	852	0	0	56.00
57.00	CT SCAN	0	0	5,028	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,304	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	226,236	0	3,184	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	5,539	6,492	0	233	66.00
67.00	OCCUPATIONAL THERAPY	0	0	778	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	97	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,052	5,533	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	100	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	ONCOLOGY	0	2,938	5,630	0	110	75.01
75.02	CARDIOPULMONARY	0	7,604	13,357	0	810	75.02
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	3,655	0	390	90.00
91.00	EMERGENCY	0	19,011	61,998	0	8,970	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	2,924	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		12.00	13.00	14.00	15.00	16.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	10,697	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	5,623	824	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	92,169	541,541	100	32,398	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02	TLMOB	0	0	987	0	0	192.02
192.03	OFFSITE RADIOLOGY	0	0	8	0	0	192.03
192.04	OCCUPATIONAL MEDICINE	0	0	0	0	0	192.04
192.05	VENDING ROOM	0	0	0	0	0	192.05
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	455,355	90,363	1,506,348	196,324	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	4.940436	0.166557	15,063.480000	6.059757	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	10,696	24,700	52,230	25,353	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.116048	0.045527	522.300000	0.782548	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B-1
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	
	(TIME SPENT)	(SPECIFY) (TIME SPENT)	(ASSIGNED TIME)	
	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS				
1.00 CAP REL COSTS-BLDG & FIXT				1.00
1.01 CAP REL COSTS-BLDG & FIXT - HOSPITAL				1.01
1.02 CAP REL COSTS-BLDG & FIXT - TLMOB				1.02
2.00 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 EMPLOYEE BENEFITS				4.00
5.00 ADMINISTRATIVE & GENERAL				5.00
6.00 MAINTENANCE & REPAIRS				6.00
7.00 OPERATION OF PLANT				7.00
7.01 OPERATION OF PLANT - HOSPITAL				7.01
7.02 OPERATION OF PLANT - TLMOB				7.02
8.00 LAUNDRY & LINEN SERVICE				8.00
9.00 HOUSEKEEPING				9.00
10.00 DIETARY				10.00
11.00 CAFETERIA				11.00
12.00 MAINTENANCE OF PERSONNEL				12.00
13.00 NURSING ADMINISTRATION				13.00
14.00 CENTRAL SERVICES & SUPPLY				14.00
15.00 PHARMACY				15.00
16.00 MEDICAL RECORDS & LIBRARY				16.00
17.00 SOCIAL SERVICE	0			17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0		18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
32.00 CORONARY CARE UNIT	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00 SUBPROVIDER - I PF	0	0		40.00
41.00 SUBPROVIDER - I RF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
46.00 OTHER LONG TERM CARE	0	0		46.00
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	56.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01 ONCOLOGY	0	0	0	75.01
75.02 CARDIOPULMONARY	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0	0	90.00
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	
	(TIME SPENT)	(SPECIFY) (TIME SPENT)	(ASSIGNED TIME)	
	17.00	18.00	19.00	
OTHER REIMBURSABLE COST CENTERS				
94.00 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
99.00 CMHC	0	0	0	99.00
99.10 CORF	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00 KIDNEY ACQUISITION	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	111.00
113.00 INTEREST EXPENSE				113.00
114.00 UTILIZATION REVIEW-SNF				114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00 HOSPICE	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00 RESEARCH	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.01
192.02 TLMOB	0	0	0	192.02
192.03 OFFSITE RADIOLOGY	0	0	0	192.03
192.04 OCCUPATIONAL MEDICINE	0	0	0	192.04
192.05 VENDING ROOM	0	0	0	192.05
193.00 NONPAID WORKERS	0	0	0	193.00
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/28/2012 11:18 am	
		Title XVIII	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		2,068,405	0	0
31.00	INTENSIVE CARE UNIT		201,530	0	0
32.00	CORONARY CARE UNIT		0	0	0
33.00	BURN INTENSIVE CARE UNIT		0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0
40.00	SUBPROVIDER - I PF		0	0	0
41.00	SUBPROVIDER - I RF		0	0	0
42.00	SUBPROVIDER		0	0	0
43.00	NURSERY		120,753	0	0
44.00	SKILLED NURSING FACILITY		0	0	0
45.00	NURSING FACILITY		0	0	0
46.00	OTHER LONG TERM CARE		0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM		1,236,228	0	0
51.00	RECOVERY ROOM		0	0	0
52.00	DELIVERY ROOM & LABOR ROOM		136,749	0	0
53.00	ANESTHESIOLOGY		0	0	0
54.00	RADIOLOGY-DIAGNOSTIC		815,450	0	0
55.00	RADIOLOGY-THERAPEUTIC		122,764	0	0
56.00	RADIOISOTOPE		289,466	0	0
57.00	CT SCAN		291,654	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)		340,852	0	0
59.00	CARDIAC CATHETERIZATION		0	0	0
60.00	LABORATORY		1,120,814	0	0
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0
64.00	INTRAVENOUS THERAPY		0	0	0
65.00	RESPIRATORY THERAPY	0	0	0	0
66.00	PHYSICAL THERAPY	386,581	386,581	0	0
67.00	OCCUPATIONAL THERAPY	67,718	67,718	0	0
68.00	SPEECH PATHOLOGY	66,666	66,666	0	0
69.00	ELECTROCARDIOLOGY	75,434	75,434	0	0
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	10,901	10,901	0	0
73.00	DRUGS CHARGED TO PATIENTS	1,573,485	1,573,485	0	0
74.00	RENAL DIALYSIS	0	0	0	0
75.00	ASC (NON-DISTINCT PART)	0	0	0	0
75.01	ONCOLOGY	191,433	191,433	0	0
75.02	CARDIOPULMONARY	395,645	395,645	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC		99,244	0	0
91.00	EMERGENCY		1,681,772	0	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0
92.01	OBSERVATION BEDS (DISTINCT PART)		204,332	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS		0	0	0
95.00	AMBULANCE SERVICES		0	0	0
96.00	DURABLE MEDICAL EQUIP-RENTED		129,747	0	0
97.00	DURABLE MEDICAL EQUIP-SOLD		0	0	0
98.00	OTHER REIMBURSABLE COST CENTERS		0	0	0
99.00	CMHC		0	0	0
99.10	CORF		0	0	0
100.00	I&R SERVICES-NOT APPRVD PRGM		0	0	0
101.00	HOME HEALTH AGENCY		246,759	0	0
SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION		0	0	0
106.00	HEART ACQUISITION		0	0	0
107.00	LIVER ACQUISITION		0	0	0
108.00	LUNG ACQUISITION		0	0	0
109.00	PANCREAS ACQUISITION		0	0	0
110.00	INTESTINAL ACQUISITION		0	0	0
111.00	ISLET ACQUISITION		0	0	0
113.00	INTEREST EXPENSE		0	0	113.00
114.00	UTILIZATION REVIEW-SNF		0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)		0	0	115.00
116.00	HOSPICE		0	0	116.00
200.00	Subtotal (see instructions)		11,874,382	0	200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet C
Part I
Date/Time Prepared:
5/28/2012 11:18 am

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	
201.00 Less Observation Beds	0		0		0	201.00
202.00 Total (see instructions)	11,874,382	0	11,874,382	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet C
Part I
Date/Time Prepared:
5/28/2012 11:18 am

		Title XVIII			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,562,337		1,562,337			30.00
31.00	INTENSIVE CARE UNIT	95,447		95,447			31.00
32.00	CORONARY CARE UNIT	0		0			32.00
33.00	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	SUBPROVIDER - I PF	0		0			40.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	126,517		126,517			43.00
44.00	SKILLED NURSING FACILITY	0		0			44.00
45.00	NURSING FACILITY	0		0			45.00
46.00	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	404,433	1,781,203	2,185,636	0.565615	0.000000	50.00
51.00	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	132,968	0	132,968	1.028435	0.000000	52.00
53.00	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	93,450	1,738,928	1,832,378	0.445023	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	18,110	228,480	246,590	0.497847	0.000000	55.00
56.00	RADIOISOTOPE	117,267	1,054,546	1,171,813	0.247024	0.000000	56.00
57.00	CT SCAN	135,279	4,444,841	4,580,120	0.063678	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	82,438	685,610	768,048	0.443790	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	LABORATORY	587,792	3,068,297	3,656,089	0.306561	0.000000	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.00	PHYSICAL THERAPY	168,180	506,136	674,316	0.573294	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	47,146	65,119	112,265	0.603198	0.000000	67.00
68.00	SPEECH PATHOLOGY	9,317	56,196	65,513	1.017600	0.000000	68.00
69.00	ELECTROCARDIOLOGY	51,322	640,497	691,819	0.109037	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	19,806	19,806	0.550389	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	757,904	2,961,460	3,719,364	0.423052	0.000000	73.00
74.00	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	ONCOLOGY	0	243,477	243,477	0.786247	0.000000	75.01
75.02	CARDIOPULMONARY	449,463	173,755	623,218	0.634842	0.000000	75.02
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	18,952	18,952	5.236598	0.000000	90.00
91.00	EMERGENCY	19,093	3,524,791	3,543,884	0.474556	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	327,080	327,080	0.624716	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	147,636	147,636	0.878830	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	CMHC	0	0	0	0.000000	0.000000	99.00
99.10	CORF	0	0	0	0.000000	0.000000	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0			105.00
106.00	HEART ACQUISITION	0	0	0			106.00
107.00	LIVER ACQUISITION	0	0	0			107.00
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE	0	0	0			113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	HOSPICE	0	0	0			116.00
200.00	Subtotal (see instructions)	4,858,463	21,686,810	26,545,273			200.00
201.00	Less Observation Beds						201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/28/2012 11:18 am	
			Title XVIII	Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
202.00 Total (see instructions)	4,858,463	21,686,810	26,545,273			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/28/2012 11:18 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	ONCOLOGY	0.000000		75.01
75.02	CARDIOPULMONARY	0.000000		75.02
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/28/2012 11:18 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	ADULTS & PEDIATRICS		2,068,405	0	0
31.00	INTENSIVE CARE UNIT		201,530	0	0
32.00	CORONARY CARE UNIT		0	0	0
33.00	BURN INTENSIVE CARE UNIT		0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0
40.00	SUBPROVIDER - I PF		0	0	0
41.00	SUBPROVIDER - I RF		0	0	0
42.00	SUBPROVIDER		0	0	0
43.00	NURSERY		120,753	0	0
44.00	SKILLED NURSING FACILITY		0	0	0
45.00	NURSING FACILITY		0	0	0
46.00	OTHER LONG TERM CARE		0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM		1,236,228	0	0
51.00	RECOVERY ROOM		0	0	0
52.00	DELIVERY ROOM & LABOR ROOM		136,749	0	0
53.00	ANESTHESIOLOGY		0	0	0
54.00	RADIOLOGY-DIAGNOSTIC		815,450	0	0
55.00	RADIOLOGY-THERAPEUTIC		122,764	0	0
56.00	RADIOISOTOPE		289,466	0	0
57.00	CT SCAN		291,654	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)		340,852	0	0
59.00	CARDIAC CATHETERIZATION		0	0	0
60.00	LABORATORY		1,120,814	0	0
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0
64.00	INTRAVENOUS THERAPY		0	0	0
65.00	RESPIRATORY THERAPY	0	0	0	0
66.00	PHYSICAL THERAPY	0	386,581	0	0
67.00	OCCUPATIONAL THERAPY	0	67,718	0	0
68.00	SPEECH PATHOLOGY	0	66,666	0	0
69.00	ELECTROCARDIOLOGY		75,434	0	0
70.00	ELECTROENCEPHALOGRAPHY		0	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS		10,901	0	0
73.00	DRUGS CHARGED TO PATIENTS		1,573,485	0	0
74.00	RENAL DIALYSIS		0	0	0
75.00	ASC (NON-DISTINCT PART)		0	0	0
75.01	ONCOLOGY		191,433	0	0
75.02	CARDIOPULMONARY		395,645	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC		99,244	0	0
91.00	EMERGENCY		1,681,772	0	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0
92.01	OBSERVATION BEDS (DISTINCT PART)		204,332	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS		0	0	0
95.00	AMBULANCE SERVICES		0	0	0
96.00	DURABLE MEDICAL EQUIP-RENTED		129,747	0	0
97.00	DURABLE MEDICAL EQUIP-SOLD		0	0	0
98.00	OTHER REIMBURSABLE COST CENTERS		0	0	0
99.00	CMHC		0	0	0
99.10	CORF		0	0	0
100.00	I&R SERVICES-NOT APPRVD PRGM		0	0	0
101.00	HOME HEALTH AGENCY		246,759	0	0
SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION	0	0	0	0
106.00	HEART ACQUISITION	0	0	0	0
107.00	LIVER ACQUISITION	0	0	0	0
108.00	LUNG ACQUISITION	0	0	0	0
109.00	PANCREAS ACQUISITION	0	0	0	0
110.00	INTESTINAL ACQUISITION	0	0	0	0
111.00	ISLET ACQUISITION	0	0	0	0
113.00	INTEREST EXPENSE				113.00
114.00	UTILIZATION REVIEW-SNF				114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0
116.00	HOSPICE	0	0	0	0
200.00	Subtotal (see instructions)		11,874,382	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet C
Part I
Date/Time Prepared:
5/28/2012 11:18 am

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	
201.00 Less Observation Beds	0		0		0	201.00
202.00 Total (see instructions)	11,874,382	0	11,874,382	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/28/2012 11:18 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			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,562,337		1,562,337		30.00
31.00	INTENSIVE CARE UNIT	95,447		95,447		31.00
32.00	CORONARY CARE UNIT	0		0		32.00
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	SUBPROVIDER - I PF	0		0		40.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	126,517		126,517		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
45.00	NURSING FACILITY	0		0		45.00
46.00	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	404,433	1,781,203	2,185,636	0.565615	50.00
51.00	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	132,968	0	132,968	1.028435	52.00
53.00	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	93,450	1,738,928	1,832,378	0.445023	54.00
55.00	RADIOLOGY-THERAPEUTIC	18,110	228,480	246,590	0.497847	55.00
56.00	RADIOISOTOPE	117,267	1,054,546	1,171,813	0.247024	56.00
57.00	CT SCAN	135,279	4,444,841	4,580,120	0.063678	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	82,438	685,610	768,048	0.443790	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	587,792	3,068,297	3,656,089	0.306561	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0.000000	65.00
66.00	PHYSICAL THERAPY	168,180	506,136	674,316	0.573294	66.00
67.00	OCCUPATIONAL THERAPY	47,146	65,119	112,265	0.603198	67.00
68.00	SPEECH PATHOLOGY	9,317	56,196	65,513	1.017600	68.00
69.00	ELECTROCARDIOLOGY	51,322	640,497	691,819	0.109037	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	19,806	19,806	0.550389	72.00
73.00	DRUGS CHARGED TO PATIENTS	757,904	2,961,460	3,719,364	0.423052	73.00
74.00	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	ONCOLOGY	0	243,477	243,477	0.786247	75.01
75.02	CARDIOPULMONARY	449,463	173,755	623,218	0.634842	75.02
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	18,952	18,952	5.236598	90.00
91.00	EMERGENCY	19,093	3,524,791	3,543,884	0.474556	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	327,080	327,080	0.624716	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	147,636	147,636	0.878830	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	CMHC	0	0	0	0.000000	99.00
99.10	CORF	0	0	0	0.000000	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE	0	0	0		113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	HOSPICE	0	0	0		116.00
200.00	Subtotal (see instructions)	4,858,463	21,686,810	26,545,273		200.00
201.00	Less Observation Beds					201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/28/2012 11:18 am	
			Title XIX	Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
202.00 Total (see instructions)	4,858,463	21,686,810	26,545,273			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/28/2012 11:18 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	ONCOLOGY	0.000000		75.01
75.02	CARDIOPULMONARY	0.000000		75.02
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/28/2012 11:18 am
--	--	----------------------	---	---

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	207,764	2,185,636	0.095059	85,058	8,086	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	16,119	132,968	0.121225	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	131,004	1,832,378	0.071494	65,334	4,671	54.00
55.00	RADIOLOGY-THERAPEUTIC	8,696	246,590	0.035265	12,860	454	55.00
56.00	RADIOISOTOPE	10,536	1,171,813	0.008991	85,195	766	56.00
57.00	CT SCAN	12,948	4,580,120	0.002827	98,799	279	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	5,361	768,048	0.006980	55,787	389	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	81,536	3,656,089	0.022301	322,844	7,200	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0.000000	0	0	65.00
66.00	PHYSICAL THERAPY	50,562	674,316	0.074983	43,134	3,234	66.00
67.00	OCCUPATIONAL THERAPY	1,213	112,265	0.010805	14,777	160	67.00
68.00	SPEECH PATHOLOGY	1,155	65,513	0.017630	3,484	61	68.00
69.00	ELECTROCARDIOLOGY	8,444	691,819	0.012206	26,919	329	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	156	19,806	0.007876	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	53,193	3,719,364	0.014302	400,472	5,728	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	ONCOLOGY	34,236	243,477	0.140613	0	0	75.01
75.02	CARDIOPULMONARY	35,634	623,218	0.057177	286,781	16,397	75.02
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	4,061	18,952	0.214278	0	0	90.00
91.00	EMERGENCY	173,759	3,543,884	0.049031	3,238	159	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	66,429	327,080	0.203097	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	25,827	147,636	0.174937	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	928,633	24,760,972		1,504,682	47,913	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 11:18 am
--	----------------------	---	---

Cost Center Description	Title XVIII				Hospital	Cost	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 ONCOLOGY	0	0	0	0	0	0	75.01
75.02 CARDIOPULMONARY	0	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS							
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet D
Part IV
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description		Title XVIII			Hospital		Cost
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	2,185,636	0.000000	0.000000	85,058	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	132,968	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,832,378	0.000000	0.000000	65,334	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	246,590	0.000000	0.000000	12,860	55.00
56.00	RADIOISOTOPE	0	1,171,813	0.000000	0.000000	85,195	56.00
57.00	CT SCAN	0	4,580,120	0.000000	0.000000	98,799	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	768,048	0.000000	0.000000	55,787	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	3,656,089	0.000000	0.000000	322,844	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0.000000	0.000000	0	65.00
66.00	PHYSICAL THERAPY	0	674,316	0.000000	0.000000	43,134	66.00
67.00	OCCUPATIONAL THERAPY	0	112,265	0.000000	0.000000	14,777	67.00
68.00	SPEECH PATHOLOGY	0	65,513	0.000000	0.000000	3,484	68.00
69.00	ELECTROCARDIOLOGY	0	691,819	0.000000	0.000000	26,919	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	19,806	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	3,719,364	0.000000	0.000000	400,472	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	ONCOLOGY	0	243,477	0.000000	0.000000	0	75.01
75.02	CARDIOPULMONARY	0	623,218	0.000000	0.000000	286,781	75.02
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	18,952	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	3,543,884	0.000000	0.000000	3,238	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	327,080	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	147,636	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (Lines 50-199)	0	24,760,972			1,504,682	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet D
Part IV
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description		Title XVIII			Hospital		Cost
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	ONCOLOGY	0	0	0	0	0	75.01
75.02	CARDIOPULMONARY	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet D
Part IV
Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	ONCOLOGY	0	0	75.01
75.02	CARDIOPULMONARY	0	0	75.02
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0	0	90.00
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/28/2012 11:18 am		
		Title XVIII	Hospital	Cost		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.565615	0	593,557	0	50.00
51.00	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.028435	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.445023	0	594,253	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.497847	0	95,886	0	55.00
56.00	RADIOISOTOPE	0.247024	0	326,936	0	56.00
57.00	CT SCAN	0.063678	0	1,661,083	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.443790	0	223,076	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.306561	0	1,155,456	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00	PHYSICAL THERAPY	0.573294	0	223,687	0	66.00
67.00	OCCUPATIONAL THERAPY	0.603198	0	17,122	0	67.00
68.00	SPEECH PATHOLOGY	1.017600	0	5,218	0	68.00
69.00	ELECTROCARDIOLOGY	0.109037	0	287,693	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.550389	0	14,344	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.423052	0	1,636,783	529	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.01	ONCOLOGY	0.786247	0	74,595	0	75.01
75.02	CARDIOPULMONARY	0.634842	0	130,556	0	75.02
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	5.236598	0	12,894	0	90.00
91.00	EMERGENCY	0.474556	0	986,298	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.624716	0	171,096	0	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00
95.00	AMBULANCE SERVICES	0.000000	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.878830	0	85,212	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		0	8,295,745	529	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)		0	8,295,745	529	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/28/2012 11:18 am
	Title XVIII	Hospital	Cost

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	335,725	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	264,456	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	47,737	0		55.00
56.00 RADIOISOTOPE	0	80,761	0		56.00
57.00 CT SCAN	0	105,774	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	98,999	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	354,218	0		60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	128,238	0		66.00
67.00 OCCUPATIONAL THERAPY	0	10,328	0		67.00
68.00 SPEECH PATHOLOGY	0	5,310	0		68.00
69.00 ELECTROCARDIOLOGY	0	31,369	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	7,895	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	692,444	224		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 ONCOLOGY	0	58,650	0		75.01
75.02 CARDIOPULMONARY	0	82,882	0		75.02
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	67,521	0		90.00
91.00 EMERGENCY	0	468,054	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	106,886	0		92.01
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS		0	0		94.00
95.00 AMBULANCE SERVICES		0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	74,887	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00 Subtotal (see instructions)	0	3,022,134	224		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	3,022,134	224		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 151312 Component CCN: 15Z312	Period: From 07/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/28/2012 11:18 am
	Title XVIII	Swing Beds - SNF	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Cost	
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.565615	0	0	0	50.00
51.00	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.028435	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.445023	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.497847	0	0	0	55.00
56.00	RADIOISOTOPE	0.247024	0	0	0	56.00
57.00	CT SCAN	0.063678	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.443790	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.306561	0	0	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00	PHYSICAL THERAPY	0.573294	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.603198	0	0	0	67.00
68.00	SPEECH PATHOLOGY	1.017600	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.109037	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.550389	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.423052	0	0	0	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.01	ONCOLOGY	0.786247	0	0	0	75.01
75.02	CARDIOPULMONARY	0.634842	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	5.236598	0	0	0	90.00
91.00	EMERGENCY	0.474556	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.624716	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00
95.00	AMBULANCE SERVICES	0.000000	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.878830	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		0	0	0	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)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/28/2012 11:18 am
		Component CCN: 15Z312		
Title XVIII			Swing Beds - SNF	Cost

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 ONCOLOGY	0	0	0		75.01
75.02 CARDIOPULMONARY	0	0	0		75.02
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS		0	0		94.00
95.00 AMBULANCE SERVICES		0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00 Subtotal (see instructions)	0	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/28/2012 11:18 am		
		Title XIX	Hospital	Cost		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.565615	0	107,620	0	50.00
51.00	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.028435	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.445023	0	80,232	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.497847	0	6,000	0	55.00
56.00	RADIOISOTOPE	0.247024	0	69,002	0	56.00
57.00	CT SCAN	0.063678	0	175,047	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.443790	0	29,296	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.306561	0	158,455	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00	PHYSICAL THERAPY	0.573294	0	37,500	0	66.00
67.00	OCCUPATIONAL THERAPY	0.603198	0	1,942	0	67.00
68.00	SPEECH PATHOLOGY	1.017600	0	14,615	0	68.00
69.00	ELECTROCARDIOLOGY	0.109037	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.550389	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.423052	0	125,880	0	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.01	ONCOLOGY	0.786247	0	8,543	0	75.01
75.02	CARDIOPULMONARY	0.634842	0	36,508	0	75.02
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	5.236598	0	695	0	90.00
91.00	EMERGENCY	0.474556	0	191,469	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.624716	0	46,392	0	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00
95.00	AMBULANCE SERVICES	0.000000	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.878830	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		0	1,089,196	0	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)		0	1,089,196	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/28/2012 11:18 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	60,871	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	35,705	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	2,987	0		55.00
56.00 RADIOISOTOPE	0	17,045	0		56.00
57.00 CT SCAN	0	11,147	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	13,001	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	48,576	0		60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	21,499	0		66.00
67.00 OCCUPATIONAL THERAPY	0	1,171	0		67.00
68.00 SPEECH PATHOLOGY	0	14,872	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	53,254	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 ONCOLOGY	0	6,717	0		75.01
75.02 CARDIOPULMONARY	0	23,177	0		75.02
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	3,639	0		90.00
91.00 EMERGENCY	0	90,863	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	28,982	0		92.01
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS		0	0		94.00
95.00 AMBULANCE SERVICES		0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00 Subtotal (see instructions)	0	433,506	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	433,506	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2012 11:18 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)		2,276	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,599	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,599	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)		677	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)		1,059	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)		638	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			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		145.00	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)		2,068,405	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)		615,251	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,453,154	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		2,148,902	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,148,902	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.676231	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,343.90	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)		1,453,154	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)		908.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		962,409	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)		962,409	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 151312		Period: From 07/01/2011 To 12/31/2011		Worksheet D-1	
Title XVIII		Hospital		Cost		Date/Time Prepared: 5/28/2012 11:18 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	201,530	68	2,963.68	47	139,293		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					627,791		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,729,493		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)						579,808	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						579,808	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: 151312		Period: From 07/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/28/2012 11:18 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/28/2012 11:18 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)		2,276	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,599	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,599	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)		677	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)		208	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)		262	15.00
16.00	Nursery days (title V or XIX only)		195	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			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		145.00	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)		2,068,405	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)		615,251	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,453,154	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		2,148,902	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,148,902	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.676231	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,343.90	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)		1,453,154	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)		908.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		189,028	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)		189,028	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 151312		Period: From 07/01/2011 To 12/31/2011		Worksheet D-1	
Date/Time Prepared: 5/28/2012 11:18 am		Title XIX		Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	120,753	262	460.89	195	89,874		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	201,530	68	2,963.68	1	2,964		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					68,290		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					350,156		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: 151312		Period: From 07/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/28/2012 11:18 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: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet D-3	
		Title XVIII		Hospital	
				Date/Time Prepared: 5/28/2012 11:18 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		657,639		30.00
31.00	INTENSIVE CARE UNIT		53,110		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - I PF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.565615	85,058	48,110	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.028435	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.445023	65,334	29,075	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.497847	12,860	6,402	55.00
56.00	RADIOISOTOPE	0.247024	85,195	21,045	56.00
57.00	CT SCAN	0.063678	98,799	6,291	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.443790	55,787	24,758	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.306561	322,844	98,971	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.000000	0	0	65.00
66.00	PHYSICAL THERAPY	0.573294	43,134	24,728	66.00
67.00	OCCUPATIONAL THERAPY	0.603198	14,777	8,913	67.00
68.00	SPEECH PATHOLOGY	1.017600	3,484	3,545	68.00
69.00	ELECTROCARDIOLOGY	0.109037	26,919	2,935	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.550389	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.423052	400,472	169,420	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	ONCOLOGY	0.786247	0	0	75.01
75.02	CARDIOPULMONARY	0.634842	286,781	182,061	75.02
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	5.236598	0	0	90.00
91.00	EMERGENCY	0.474556	3,238	1,537	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.624716	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.878830	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		1,504,682	627,791	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		1,504,682		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15Z312		Date/Time Prepared: 5/28/2012 11:18 am	
		Title XVIII	Swing Beds - SNF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		223,300		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - I PF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.565615	0	0	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.028435	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.445023	6,596	2,935	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.497847	3,315	1,650	55.00
56.00	RADIOISOTOPE	0.247024	9,189	2,270	56.00
57.00	CT SCAN	0.063678	11,216	714	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.443790	2,307	1,024	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.306561	69,511	21,309	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.000000	0	0	65.00
66.00	PHYSICAL THERAPY	0.573294	116,066	66,540	66.00
67.00	OCCUPATIONAL THERAPY	0.603198	31,028	18,716	67.00
68.00	SPEECH PATHOLOGY	1.017600	5,636	5,735	68.00
69.00	ELECTROCARDIOLOGY	0.109037	23,041	2,512	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.550389	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.423052	171,127	72,396	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	ONCOLOGY	0.786247	0	0	75.01
75.02	CARDIOPULMONARY	0.634842	97,385	61,824	75.02
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	5.236598	0	0	90.00
91.00	EMERGENCY	0.474556	349	166	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.624716	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.878830	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		546,766	257,791	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		546,766		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/28/2012 11:18 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		96,731		30.00
31.00	INTENSIVE CARE UNIT		53		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - I PF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		16,443		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.565615	37,857	21,412	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.028435	12,475	12,830	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.445023	5,599	2,492	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.497847	0	0	55.00
56.00	RADIOISOTOPE	0.247024	5,322	1,315	56.00
57.00	CT SCAN	0.063678	6,603	420	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.443790	5,637	2,502	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.306561	31,602	9,688	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.000000	0	0	65.00
66.00	PHYSICAL THERAPY	0.573294	527	302	66.00
67.00	OCCUPATIONAL THERAPY	0.603198	0	0	67.00
68.00	SPEECH PATHOLOGY	1.017600	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.109037	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.550389	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.423052	27,564	11,661	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	ONCOLOGY	0.786247	0	0	75.01
75.02	CARDIOPULMONARY	0.634842	3,888	2,468	75.02
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	5.236598	0	0	90.00
91.00	EMERGENCY	0.474556	6,744	3,200	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.624716	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.878830	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		143,818	68,290	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		143,818		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/28/2012 11:18 am
		Title XVIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			3,022,358 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			3,022,358 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
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)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			3,052,582 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			14,171 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			1,420,253 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			1,618,158 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)			1,618,158 30.00
31.00	Primary payer payments			1,496 31.00
32.00	Subtotal (line 30 minus line 31)			1,616,662 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)			270,434 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			270,434 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			217,968 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			1,887,096 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			1,887,096 40.00
41.00	Interim payments			1,647,038 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)			240,058 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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/28/2012 11:18 am
		Title XVIII	Hospital
			Cost
			Overrides
			1.00
112.00	WORKSHEET OVERRIDE VALUES Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2012 11:18 am

		Title XVIII		Hospital		Cost	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		1,563,736		1,968,447	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	08/25/2011	295,747	08/25/2011	321,409	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)		-295,747		-321,409	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)		1,267,989		1,647,038	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		261,799		240,058	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		1,529,788		1,887,096	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 151312

Period: From 07/01/2011

Worksheet E-1

Component CCN: 15Z312

To 12/31/2011

Part I
Date/Time Prepared:
5/28/2012 11:18 am

Title XVIII

Swing Beds - SNF

Cost

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		857,723		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	08/25/2011	150,041		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-150,041		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		707,682		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		116,502		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		824,184		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet E-2	
		Component CCN: 15Z312		Date/Time Prepared: 5/28/2012 11:18 am	
		Title XVIII	Swing Beds - SNF	Cost	
			Part A	Part B	
			1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient routine services - swing bed-SNF (see instructions)		585,606	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)				2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 5 and 7, line 202 for Part B) (For CAH, see instructions)		260,369	0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)			0.00	4.00
5.00	Program days		638	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)			0	6.00
7.00	Utilization review - physician compensation - SNF optional method only		0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		845,975	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		845,975	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	0	11.00
12.00	Subtotal (line 10 minus line 11)		845,975	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		21,791	0	13.00
14.00	80% of Part B costs (line 12 x 80%)			0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)		824,184	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	16.00
17.00	Reimbursable bad debts (see instructions)		0	0	17.00
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	18.00
19.00	Total (sum of lines 15 and 17, plus/minus line 16)		824,184	0	19.00
20.00	Interim payments		707,682	0	20.00
21.00	Tentative settlement (for contractor use only)		0	0	21.00
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)		116,502	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet E-3 Part V Date/Time Prepared: 5/28/2012 11:18 am
		Title XVIII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT (CAHs)				
1.00	Inpatient services			1,729,493 1.00
2.00	Nursing and Allied Health Managed Care payment (see instruction)			0 2.00
3.00	Organ acquisition			0 3.00
4.00	Subtotal (sum of lines 1 thru 3)			1,729,493 4.00
5.00	Primary payer payments			0 5.00
6.00	Total cost (line 4 less line 5) . For CAH (see instructions)			1,746,788 6.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
7.00	Routine service charges			0 7.00
8.00	Ancillary service charges			0 8.00
9.00	Organ acquisition charges, net of revenue			0 9.00
10.00	Total reasonable charges			0 10.00
Customary charges				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 11.00
12.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)			0.000000 13.00
14.00	Total customary charges (see instructions)			0 14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)			0 15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)			0 16.00
17.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)			1,746,788 19.00
20.00	Deductibles (exclude professional component)			239,511 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20)			1,507,277 22.00
23.00	Coinsurance			6,226 23.00
24.00	Subtotal (line 22 minus line 23)			1,501,051 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			28,737 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			28,737 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			26,317 27.00
28.00	Subtotal (sum of lines 24 and 25 or 26)			1,529,788 28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 29.00
29.99	Recovery of Accelerated Depreciation			0 29.99
30.00	Subtotal (line 28, plus or minus lines 29)			1,529,788 30.00
31.00	Interim payments			1,267,989 31.00
32.00	Tentative settlement (for contractor use only)			0 32.00
33.00	Balance due provider/program (line 30 minus the sum of lines 31, and 32)			261,799 33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 34.00

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

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet G
Date/Time Prepared:
5/28/2012 11:18 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	5,955,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	9,025,000	0	0	0	4.00
5.00	Other receivable	545,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-6,560,000	0	0	0	6.00
7.00	Inventory	641,000	0	0	0	7.00
8.00	Prepaid expenses	191,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	9,797,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	973,000	0	0	0	12.00
13.00	Land improvements	136,000	0	0	0	13.00
14.00	Accumulated depreciation	-8,000	0	0	0	14.00
15.00	Buildings	30,686,000	0	0	0	15.00
16.00	Accumulated depreciation	-421,000	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	1,557,000	0	0	0	19.00
20.00	Accumulated depreciation	-97,000	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	2,049,000	0	0	0	23.00
24.00	Accumulated depreciation	-241,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	34,634,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	864,000	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	272,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,136,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	45,567,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	47,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	426,000	0	0	0	38.00
39.00	Payroll taxes payable	242,000	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	2,527,000	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	90,000	0	0	0	43.00
44.00	Other current liabilities	3,905,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	7,237,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	24,354,000	0	0	0	46.00
47.00	Notes payable	7,157,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	66,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	31,577,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	38,814,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	6,753,000				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)	6,753,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	45,567,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet G-1

Date/Time Prepared:
5/28/2012 11:18 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		6,804,321	
2.00	Net income (loss) (From Wkst. G-3, line 29)		5,530,679			2.00
3.00	Total (sum of line 1 and line 2)		12,335,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		12,335,000		0	11.00
12.00	INHERENT CONTRIBUTION	4,627,000		0		12.00
13.00	PAID IN CAPITAL - IUH	955,000		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		5,582,000		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		6,753,000		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet G-1

Date/Time Prepared:
5/28/2012 11:18 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet G-2 Parts

Date/Time Prepared:
5/28/2012 11:18 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	2,148,902		2,148,902	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	2,148,902		2,148,902	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	95,447		95,447	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	95,447		95,447	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	2,244,349		2,244,349	17.00
18.00	Ancillary services	2,928,006	11,666,528	14,594,534	18.00
19.00	Outpatient services	0	9,893,613	9,893,613	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		181,261	181,261	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OFFSITE RADIOLOGY	0	28,053	28,053	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	5,172,355	21,769,455	26,941,810	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		12,416,587		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	PHARMACY SALES	26,456			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)		26,456		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		12,390,131		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 151312

Period:
From 07/01/2011
To 12/31/2011

Worksheet G-3

Date/Time Prepared:
5/28/2012 11:18 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	26,941,810	1.00
2.00	Less contractual allowances and discounts on patients' accounts	14,630,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	12,311,810	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	12,390,131	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-78,321	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	480,000	6.00
7.00	Income from investments	7,000	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	44,000	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 (SPECIFY)	5,078,000	24.00
25.00	Total other income (sum of lines 6-24)	5,609,000	25.00
26.00	Total (line 5 plus line 25)	5,530,679	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	5,530,679	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 151312

Period: From 07/01/2011

Worksheet H

HHA CCN: 157514

To 12/31/2011

Date/Time Prepared:
5/28/2012 11:18 am

Home Health Agency I

PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	1.00
2.00	Capital Related - Movable Equipment			0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	28,941	0	0	0	15,465	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	27,373	0	0	0	0	6.00
7.00	Physical Therapy	34,187	0	0	325	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	15,366	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	733	0	0	0	0	22.00
23.00	All Others (specify)	2,730	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	109,330	0	0	325	15,465	24.00

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

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 151312

Period: From 07/01/2011

Worksheet H

HHA CCN: 157514

To 12/31/2011

Date/Time Prepared: 5/28/2012 11:18 am

Home Health Agency I

PPS

	Total (sum of col.s. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00 Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00 Transportation	0	0	0	0	0	4.00
5.00 Administrative and General	44,406	0	44,406	0	44,406	5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	27,373	0	27,373	0	27,373	6.00
7.00 Physical Therapy	34,512	0	34,512	0	34,512	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Home Health Aide	15,366	0	15,366	0	15,366	11.00
12.00 Supplies (see instructions)	0	0	0	0	0	12.00
13.00 Drugs	0	0	0	0	0	13.00
14.00 DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	16.00
17.00 Private Duty Nursing	0	0	0	0	0	17.00
18.00 Clinic	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	21.00
22.00 Homemaker Service	733	0	733	0	733	22.00
23.00 All Others (specify)	2,730	0	2,730	0	2,730	23.00
24.00 Total (sum of lines 1-23)	125,120	0	125,120	0	125,120	24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST	Provider CCN: 151312	Period: From 07/01/2011	Worksheet H-1 Part I Date/Time Prepared: 5/28/2012 11:18 am
	HHA CCN: 157514	To 12/31/2011	
		Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	44,406	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	27,373	0	0	0	6.00
7.00	Physical Therapy	34,512	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	10.00
11.00	Home Health Aide	15,366	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	733	0	0	0	22.00
23.00	All Others (specify)	2,730	0	0	0	23.00
24.00	Total (sum of lines 1-23)	125,120	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 151312	Period: From 07/01/2011	Worksheet H-1
		HHA CCN: 157514	To 12/31/2011	Part I
			Home Health Agency I	Date/Time Prepared: 5/28/2012 11:18 am
				PPS

	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related - Bldg. & Fixtures	0		1.00
2.00	Capital Related - Movable Equipment	0		2.00
3.00	Plant Operation & Maintenance	0		3.00
4.00	Transportation			4.00
5.00	Administrative and General	44,406	44,406	5.00
HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	27,373	15,060	42,433
7.00	Physical Therapy	34,512	18,987	53,499
8.00	Occupational Therapy	0	0	0
9.00	Speech Pathology	0	0	0
10.00	Medical Social Services	0	0	0
11.00	Home Health Aide	15,366	8,454	23,820
12.00	Supplies (see instructions)	0	0	0
13.00	Drugs	0	0	0
14.00	DME	0	0	0
HHA NONREIMBURSABLE SERVICES				
15.00	Home Dialysis Aide Services	0	0	0
16.00	Respiratory Therapy	0	0	0
17.00	Private Duty Nursing	0	0	0
18.00	Clinic	0	0	0
19.00	Health Promotion Activities	0	0	0
20.00	Day Care Program	0	0	0
21.00	Home Delivered Meals Program	0	0	0
22.00	Homemaker Service	733	403	1,136
23.00	All Others (specify)	2,730	1,502	4,232
24.00	Total (sum of lines 1-23)	80,714		125,120

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 151312 HHA CCN: 157514		Period: From 07/01/2011 To 12/31/2011		Worksheet H-1 Part II Date/Time Prepared: 5/28/2012 11:18 am	
				Home Health Agency I		PPS	
		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-44,406	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-44,406	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 151312	Period: From 07/01/2011	Worksheet H-1 Part II Date/Time Prepared: 5/28/2012 11:18 am
	HHA CCN: 157514	To 12/31/2011	
		Home Health Agency I	PPS

		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	80,714	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	27,373	6.00
7.00	Physical Therapy	34,512	7.00
8.00	Occupational Therapy	0	8.00
9.00	Speech Pathology	0	9.00
10.00	Medical Social Services	0	10.00
11.00	Home Health Aide	15,366	11.00
12.00	Supplies (see instructions)	0	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	733	22.00
23.00	All Others (specify)	2,730	23.00
24.00	Total (sum of lines 1-23)	80,714	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	44,406	25.00
26.00	Unit Cost Multiplier	0.550165	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 151312

Period: From 07/01/2011

Worksheet H-2

HHA CCN: 157514

To 12/31/2011

Part I
Date/Time Prepared:
5/28/2012 11:18 am

Home Health
Agency I

PPS

		CAPITAL RELATED COSTS					
		HHA Trial Balance (1)	BLDG & FIXT	BLDG & FIXT - HOSPITAL	BLDG & FIXT - TLMOB	MVBLE EQUIP	
		0	1.00	1.01	1.02	2.00	
1.00	Administrative and General	0	1,396	0	10,926	0	1.00
2.00	Skilled Nursing Care	42,433	0	0	0	0	2.00
3.00	Physical Therapy	53,499	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	23,820	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	1,136	0	0	0	0	18.00
19.00	All Others (specify)	4,232	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	125,120	1,396	0	10,926	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 151312

Period: From 07/01/2011

Worksheet H-2

HHA CCN: 157514

To 12/31/2011

Part I
Date/Time Prepared:
5/28/2012 11:18 am

Home Health Agency I

PPS

	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
	4.00	4A	5.00	6.00	7.00	
1.00 Administrative and General	6,037	18,359	4,384	0	1,720	1.00
2.00 Skilled Nursing Care	5,710	48,143	11,497	0	0	2.00
3.00 Physical Therapy	7,132	60,631	14,478	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	3,205	27,025	6,454	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	153	1,289	308	0	0	18.00
19.00 All Others (specify)	569	4,801	1,146	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	22,806	160,248	38,267	0	1,720	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000				21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 151312

Period: From 07/01/2011

Worksheet H-2

HHA CCN: 157514

To 12/31/2011

Part I
Date/Time Prepared:
5/28/2012 11:18 am

Home Health
Agency I

PPS

		OPERATION OF PLANT - HOSPITAL	OPERATION OF PLANT - TLMOB	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.01	7.02	8.00	9.00	10.00	
1.00	Administrative and General	0	5,379	0	6,144	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	5,379	0	6,144	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 151312

Period: From 07/01/2011

Worksheet H-2

HHA CCN: 157514

To 12/31/2011

Part I
Date/Time Prepared:
5/28/2012 11:18 am

Home Health Agency I

PPS

	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	11.00	12.00	13.00	14.00	15.00	
1.00 Administrative and General	7,084	0	27,780	137	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	7,084	0	27,780	137	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 151312

Period: From 07/01/2011

Worksheet H-2

HHA CCN: 157514

To 12/31/2011

Part I
Date/Time Prepared:
5/28/2012 11:18 am

Home Health Agency I

PPS

		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	Subtotal	
		16.00	17.00	18.00	19.00	24.00	
1.00	Administrative and General	0	0	0	0	70,987	1.00
2.00	Skilled Nursing Care	0	0	0	0	59,640	2.00
3.00	Physical Therapy	0	0	0	0	75,109	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	33,479	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	1,597	18.00
19.00	All Others (specify)	0	0	0	0	5,947	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	246,759	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 151312	Period: From 07/01/2011	Worksheet H-2
		HHA CCN: 157514	To 12/31/2011	Part I
				Date/Time Prepared: 5/28/2012 11:18 am
			Home Health Agency I	PPS

	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	70,987		1.00
2.00	Skilled Nursing Care	0	59,640	24,086	2.00
3.00	Physical Therapy	0	75,109	30,333	3.00
4.00	Occupational Therapy	0	0	0	4.00
5.00	Speech Pathology	0	0	0	5.00
6.00	Medical Social Services	0	0	0	6.00
7.00	Home Health Aide	0	33,479	13,521	7.00
8.00	Supplies (see instructions)	0	0	0	8.00
9.00	Drugs	0	0	0	9.00
10.00	DME	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	13.00
14.00	Clinic	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	15.00
16.00	Day Care Program	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	17.00
18.00	Homemaker Service	0	1,597	645	18.00
19.00	All Others (specify)	0	5,947	2,402	19.00
20.00	Total (sum of lines 1-19) (2)	0	246,759	70,987	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.403858	21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 151312
HHA CCN: 157514

Period:
From 07/01/2011
To 12/31/2011

Worksheet H-2
Part II
Date/Time Prepared:
5/28/2012 11:18 am

Home Health Agency I PPS

		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - HOSPITAL (SQUARE FEET)	BLDG & FIXT - TLMOB (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00	4.00	
1.00	Administrative and General	940	0	940	0	28,941	1.00
2.00	Skilled Nursing Care	0	0	0	0	27,373	2.00
3.00	Physical Therapy	0	0	0	0	34,187	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	15,366	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	733	18.00
19.00	All Others (specify)	0	0	0	0	2,730	19.00
20.00	Total (sum of lines 1-19)	940	0	940	0	109,330	20.00
21.00	Total cost to be allocated	1,396	0	10,926	0	22,806	21.00
22.00	Unit cost multiplier	1.485106	0.000000	11.623404	0.000000	0.208598	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 151312 HHA CCN: 157514	Period: From 07/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/28/2012 11:18 am PPS
		Home Health Agency I	

	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT - HOSPITAL (SQUARE FEET)	
	5A	5.00	6.00	7.00	7.01	
1.00 Administrative and General	0	18,359	940	940	0	1.00
2.00 Skilled Nursing Care	0	48,143	0	0	0	2.00
3.00 Physical Therapy	0	60,631	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	27,025	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	1,289	0	0	0	18.00
19.00 All Others (specify)	0	4,801	0	0	0	19.00
20.00 Total (sum of lines 1-19)		160,248	940	940	0	20.00
21.00 Total cost to be allocated		38,267	0	1,720	0	21.00
22.00 Unit cost multiplier		0.238799	0.000000	1.829787	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 151312 HHA CCN: 157514	Period: From 07/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/28/2012 11:18 am PPS
		Home Health Agency I	

	OPERATION OF PLANT - TLMOB (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
	7.02	8.00	9.00	10.00	11.00	
1.00 Administrative and General	940	0	2,375	0	541	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	940	0	2,375	0	541	20.00
21.00 Total cost to be allocated	5,379	0	6,144	0	7,084	21.00
22.00 Unit cost multiplier	5.722340	0.000000	2.586947	0.000000	13.094270	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 151312 HHA CCN: 157514	Period: From 07/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/28/2012 11:18 am PPS
		Home Health Agency I	

	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
	12.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	0	5,623	824	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	5,623	824	0	0	20.00
21.00 Total cost to be allocated	0	27,780	137	0	0	21.00
22.00 Unit cost multiplier	0.000000	4.940423	0.166262	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 151312	Period: From 07/01/2011 To 12/31/2011	Worksheet H-2 Part II
	HHA CCN: 157514		Date/Time Prepared: 5/28/2012 11:18 am
		Home Health Agency I	PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 151312 HHA CCN: 157514		Period: From 07/01/2011 To 12/31/2011		Worksheet H-3 Parts I-II Date/Time Prepared: 5/28/2012 11:18 am	
		Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	83,726		83,726	374	1.00
2.00	Physical Therapy	3.00	105,442	0	105,442	506	2.00
3.00	Occupational Therapy	4.00	0	0	0	0	3.00
4.00	Speech Pathology	5.00	0	0	0	0	4.00
5.00	Medical Social Services	6.00	0		0	0	5.00
6.00	Home Health Aide	7.00	47,000		47,000	619	6.00
7.00	Total (sum of lines 1-6)		236,168	0	236,168	1,499	7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits		
					Part B		
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		99915	277	119		8.00
8.01	Skilled Nursing Care		29140	78	0		8.01
9.00	Physical Therapy		99915	308	133		9.00
9.01	Physical Therapy		29140	34	11		9.01
10.00	Occupational Therapy		99915	0	0		10.00
10.01	Occupational Therapy		29140	0	0		10.01
11.00	Speech Pathology		99915	0	0		11.00
11.01	Speech Pathology		29140	0	0		11.01
12.00	Medical Social Services		99915	0	0		12.00
12.01	Medical Social Services		29140	0	0		12.01
13.00	Home Health Aide		99915	130	149		13.00
13.01	Home Health Aide		29140	0	0		13.01
14.00	Total (sum of lines 8-13)			827	412		14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	
		0	1.00	2.00	3.00	4.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	0	0	0	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	16.00
Cost Center Description		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy		66.00	0.573294	0	0	1.00
2.00	Occupational Therapy		67.00	0.603198	0	0	2.00
3.00	Speech Pathology		68.00	1.017600	0	0	3.00
4.00	Cost of Medical Supplies		71.00	0.000000	0	0	4.00
5.00	Cost of Drugs		73.00	0.423052	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 151312	Period: From 07/01/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 5/28/2012 11:18 am
	HHA CCN: 157514	To 12/31/2011	
	Title XVIII	Home Health Agency I	PPS

Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits			
			Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	5.00	6.00	7.00	8.00		

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation						
Cost Center Description	5.00	6.00	7.00	8.00	9.00	
1.00 Skilled Nursing Care	223.87	355	119			1.00
2.00 Physical Therapy	208.38	342	144			2.00
3.00 Occupational Therapy	0.00	0	0			3.00
4.00 Speech Pathology	0.00	0	0			4.00
5.00 Medical Social Services	0.00	0	0			5.00
6.00 Home Health Aide	75.93	130	149			6.00
7.00 Total (sum of lines 1-6)		827	412			7.00
Cost Center Description	5.00	6.00	7.00	8.00	9.00	

Limitation Cost Computation

8.00 Skilled Nursing Care						8.00
8.01 Skilled Nursing Care						8.01
9.00 Physical Therapy						9.00
9.01 Physical Therapy						9.01
10.00 Occupational Therapy						10.00
10.01 Occupational Therapy						10.01
11.00 Speech Pathology						11.00
11.01 Speech Pathology						11.01
12.00 Medical Social Services						12.00
12.01 Medical Social Services						12.01
13.00 Home Health Aide						13.00
13.01 Home Health Aide						13.01
14.00 Total (sum of lines 8-13)						14.00

Program Covered Charges

Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
			5.00	6.00		
Supplies and Drugs Cost Computations						
15.00 Cost of Medical Supplies	0.000000	292	453	0		15.00
16.00 Cost of Drugs	0.000000	0	0	0		16.00
Cost Center Description		Transfer to Part I as Indicated				
		4.00				

Supplies and Drugs Cost Computations

15.00 Cost of Medical Supplies	0.000000	292	453	0		15.00
16.00 Cost of Drugs	0.000000	0	0	0		16.00
Cost Center Description		Transfer to Part I as Indicated				
		4.00				

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

1.00 Physical Therapy		col. 2, line 2.00				1.00
2.00 Occupational Therapy		col. 2, line 3.00				2.00
3.00 Speech Pathology		col. 2, line 4.00				3.00
4.00 Cost of Medical Supplies		col. 2, line 15.00				4.00
5.00 Cost of Drugs		col. 2, line 16.00				5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 151312	Period: From 07/01/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 5/28/2012 11:18 am
	HHA CCN: 157514	To 12/31/2011	
	Title XVIII	Home Health Agency I	PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)		
	Part A	Part B				
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance			
	9.00	10.00	11.00	12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	79,474	26,641		106,115	1.00
2.00	Physical Therapy	71,266	30,007		101,273	2.00
3.00	Occupational Therapy	0	0		0	3.00
4.00	Speech Pathology	0	0		0	4.00
5.00	Medical Social Services	0	0		0	5.00
6.00	Home Health Aide	9,871	11,314		21,185	6.00
7.00	Total (sum of lines 1-6)	160,611	67,962		228,573	7.00
Cost Center Description						
		10.00	11.00	12.00		
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
14.00	Total (sum of lines 8-13)					14.00
Cost of Services						
Cost Center Description	Part A	Part B				
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance			
	9.00	10.00	11.00			
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0	0	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 151312 HHA CCN: 157514	Period: From 07/01/2011 To 12/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 5/28/2012 11:18 am
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
		Part A Services	Part B Services	
		1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		104,160	35,383
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0
13.00	Total PPS Reimbursement - LUPA Episodes		2,118	1,198
14.00	Total PPS Reimbursement - PEP Episodes		4,591	13,663
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		110,869	50,244
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		110,869	50,244
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		110,869	50,244
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		110,869	50,244
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		110,869	50,244
32.00	Interim payments (see instructions)		110,869	50,244
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 151312	Period: From 07/01/2011	Worksheet H-5
	HHA CCN: 157514	To 12/31/2011	Date/Time Prepared: 5/28/2012 11:18 am
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		110,869		50,244	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		110,869		50,244	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		110,869		50,244	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00