

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: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/16/2012 6:19 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/16/2012	Time: 6:19 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 04 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

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

 Title

 Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	373,120	168,638	0	3,538,165	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	373,120	168,638	0	3,538,165	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: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/16/2012 6:11 pm
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1.00	2.00	3.00	4.00	1.00	2.00
Hospital and Hospital Health Care Complex Address:					
Street: ONE KINGS DAUGHTERS DRIVE		PO Box: 447	Zip Code: 47250-	County: JEFFERSON	
City: MADISON		State: IN			

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
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	KING'S DAUGHTERS' HOSPITAL	150069	99915	1	06/17/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N			8.00
9.00	Hospital -Based SNF									9.00
10.00	Hospital -Based NF									10.00
11.00	Hospital -Based OLTC									11.00
12.00	Hospital -Based HHA	KING'S DAUGHTERS' HOSPITAL HHA	157141	99915		03/08/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital -Based Hospice	KING'S DAUGHTERS'	151535	99915		09/01/1995				14.00
15.00	Hospital -Based Health Clinic - RHC									15.00
16.00	Hospital -Based Health Clinic - FOHC									16.00
17.00	Hospital -Based (CMHC) 1									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:			
						1.00	2.00			

20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2011	12/31/2011	20.00
21.00	Type of Control (see instructions)	6		21.00

Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					3	N			23.00

	In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	

24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	1,582	447	124	85	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 S	Date of Geogr		
						1.00	2.00		

26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.	2						26.00
27.00	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.	1						35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/16/2012 6:11 pm		
			Beginning: 1.00	Ending: 2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.		01/01/2011	12/31/2011	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	
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	
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	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N	N	
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			
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.					
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.					
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.		N			
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			
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00	61.00	
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	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	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	
		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150069

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

Worksheet S-2
Part I
Date/Time Prepared:
5/16/2012 6:11 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150069		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/16/2012 6:11 pm	
				1.00	2.00	3.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.				N		80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.				N		86.00
				V		XIX	
				1.00		2.00	
Title V or XIX Inpatient Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N			Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N			Y	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			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			97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N				108.00
				Physical		Occupational	
				1.00		2.00	
				Speech		Respiratory	
				3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N		N		109.00
				1.00		2.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N				115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		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.				0		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.				0		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.		Y			Y	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y				121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N				125.00

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		1.00	2.00				
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N				140.00
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:			141.00
142.00	Street:	PO Box:		Zip Code:			142.00
143.00	City:	State:					143.00
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y				144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N				145.00
		1.00	2.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N				146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N				149.00
				Part A	Part B		
				1.00	2.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital		N		N		155.00
156.00	Subprovider - IPF		N		N		156.00
157.00	Subprovider - IRF		N		N		157.00
158.00	SUBPROVIDER		N		N		158.00
159.00	SNF		N		N		159.00
160.00	HOME HEALTH AGENCY		N		N		160.00
161.00	CMHC				N		161.00
						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
							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)						0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/16/2012 6:11 pm
			Y/N	Date
			1.00	2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
			Y/N	Date
			1.00	2.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
			Y/N	Type
			1.00	2.00
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	03/07/2012	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: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/16/2012 6:11 pm
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		Part A				
		Description	Y/N	Date		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00		21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					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.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					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.					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					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					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.					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.					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.					35.00
					Y/N	Date
					1.00	2.00
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150069

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

Worksheet S-2
Part II
Date/Time Prepared:
5/16/2012 6:11 pm

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	03/07/2012	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: 150069

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

Worksheet S-3
Part I
Date/Time Prepared:
5/16/2012 6:11 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	73	26,645	0.00		1.00
2.00 HMO						2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		73	26,645	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	9	3,285	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		82	29,930	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		82				27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150069

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

Worksheet S-3
Part I
Date/Time Prepared:
5/16/2012 6:11 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	5,925	976	10,040		1.00
2.00 HMO		659	656			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	5,925	976	10,040		7.00
8.00 INTENSIVE CARE UNIT	0	746	139	1,230		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		382	769		13.00
14.00 Total (see instructions)	0	6,671	1,497	12,039		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	6,522	777	10,373		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		3,977	4	4,259		24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		501	2,445		28.00
29.00 Ambulance Trips		2,228				29.00
30.00 Employee discount days (see instruction)				128		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			86	116		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150069

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

Worksheet S-3
Part I
Date/Time Prepared:
5/16/2012 6:11 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	1,638	1.00
2.00 HMO					165	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	762.09	0.00	0	1,638	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	19.14	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	2.25	0.00			24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	783.48	0.00			27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150069

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

Worksheet S-3
Part I
Date/Time Prepared:
5/16/2012 6:11 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	218	2,976		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)	218	2,976		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150069

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

Worksheet S-3
Part II
Date/Time Prepared:
5/16/2012 6:11 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	48,314,560	0	48,314,560	1,622,829.25
2.00	Non-physician anesthetist Part A		0	0	0	0.00
3.00	Non-physician anesthetist Part B		359,233	0	359,233	4,180.23
4.00	Physician-Part A		36,000	0	36,000	129.17
4.01	Physicians - Part A - direct teaching		0	0	0	0.00
5.00	Physician-Part B		3,746,572	0	3,746,572	18,486.84
6.00	Non-physician-Part B		0	0	0	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00
8.00	Home office personnel		0	0	0	0.00
9.00	SNF	44.00	0	0	0	0.00
10.00	Excluded area salaries (see instructions)		18,744,171	0	18,744,171	488,375.35
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		0	0	0	0.00
12.00	Management and administrative services		0	0	0	0.00
13.00	Contract labor: physician-Part A		150,000	0	150,000	834.65
14.00	Home office salaries & wage-related costs		0	0	0	0.00
15.00	Home office: physician Part A		0	0	0	0.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		8,428,562	0	8,428,562	
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	
19.00	Excluded areas		3,238,067	0	3,238,067	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		39,891	0	39,891	
22.00	Physician Part A		3,549	0	3,549	
23.00	Physician Part B		383,494	0	383,494	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	
25.00	Interns & residents (in an approved program)		0	0	0	
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	0	0	0	0.00
27.00	Administrative & General	5.00	5,452,839	0	5,452,839	253,358.30
28.00	Administrative & General under contract (see inst.)		811,990	0	811,990	5,330.94
29.00	Maintenance & Repairs	6.00	0	0	0	0.00
30.00	Operation of Plant	7.00	789,187	0	789,187	34,106.85
31.00	Laundry & Linen Service	8.00	183,850	0	183,850	13,637.90
32.00	Housekeeping	9.00	748,599	0	748,599	63,828.75
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00
34.00	Dietary	10.00	700,372	-353,250	347,122	25,782.42
35.00	Dietary under contract (see instructions)		0	0	0	0.00
36.00	Cafeteria	11.00	0	353,250	353,250	26,778.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00
38.00	Nursing Administration	13.00	396,912	0	396,912	10,406.80
39.00	Central Services and Supply	14.00	87,381	0	87,381	10,030.75
40.00	Pharmacy	15.00	708,935	0	708,935	20,240.99
41.00	Medical Records & Medical Records Library	16.00	520,662	0	520,662	30,000.35
42.00	Social Service	17.00	205,792	0	205,792	6,679.97
43.00	Other General Service	18.00	0	0	0	0.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/16/2012 6:11 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	29.77	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	85.94	3.00
4.00	Physician-Part A	278.70	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	202.66	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	38.38	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	0.00	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	179.72	13.00
14.00	Home office salaries & wage-related costs	0.00	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	0.00	26.00
27.00	Administrative & General	21.52	27.00
28.00	Administrative & General under contract (see inst.)	152.32	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	23.14	30.00
31.00	Laundry & Linen Service	13.48	31.00
32.00	Housekeeping	11.73	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	13.46	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	13.19	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	38.14	38.00
39.00	Central Services and Supply	8.71	39.00
40.00	Pharmacy	35.02	40.00
41.00	Medical Records & Medical Records Library	17.36	41.00
42.00	Social Service	30.81	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150069

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

Worksheet S-3
Part III
Date/Time Prepared:
5/16/2012 6:11 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	45,020,745	0	45,020,745	1,605,493.12	1.00
2.00	Excluded area salaries (see instructions)	18,744,171	0	18,744,171	488,375.35	2.00
3.00	Subtotal salaries (line 1 minus line 2)	26,276,574	0	26,276,574	1,117,117.77	3.00
4.00	Subtotal other wages & related costs (see inst.)	150,000	0	150,000	834.65	4.00
5.00	Subtotal wage-related costs (see inst.)	8,432,111	0	8,432,111	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	34,858,685	0	34,858,685	1,117,952.42	6.00
7.00	Total overhead cost (see instructions)	10,606,519	0	10,606,519	500,182.02	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/16/2012 6:11 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	28.04	1.00
2.00	Excluded area salaries (see instructions)	38.38	2.00
3.00	Subtotal salaries (line 1 minus line 2)	23.52	3.00
4.00	Subtotal other wages & related costs (see inst.)	179.72	4.00
5.00	Subtotal wage-related costs (see inst.)	32.09	5.00
6.00	Total (sum of lines 3 thru 5)	31.18	6.00
7.00	Total overhead cost (see instructions)	21.21	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 150069

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/16/2012 6:11 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	2,201,651	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	5,948,499	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	222,218	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	165,352	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	216,501	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,270,385	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	68,957	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	12,093,563	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150069

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

Worksheet S-3
Part V
Date/Time Prepared:
5/16/2012 6:11 pm

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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150069		Period: From 01/01/2011 To 12/31/2011		Worksheet S-4	
		Component CCN: 157141		Home Health Agency I		Date/Time Prepared: 5/16/2012 6:11 pm	
						PPS	
						1.00	
0.00	County			JEFFERSON		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	236.00	34.00	379.00	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		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			6.08	0.00	6.08	5.00
6.00	Direct Nursing Service			7.09	0.00	7.09	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			2.62	0.00	2.62	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.70	0.00	0.70	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.02	0.00	0.02	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.14	0.00	0.14	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.55	0.00	2.55	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99915			20.00
20.01				50036			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	2,564	203	50	85	2,902	21.00
22.00	Skilled Nursing Visit Charges	451,420	35,728	8,800	14,960	510,908	22.00
23.00	Physical Therapy Visits	2,150	2	15	44	2,211	23.00
24.00	Physical Therapy Visit Charges	339,700	316	2,370	6,952	349,338	24.00
25.00	Occupational Therapy Visits	381	0	2	16	399	25.00
26.00	Occupational Therapy Visit Charges	66,294	0	348	2,784	69,426	26.00
27.00	Speech Pathology Visits	3	0	0	0	3	27.00
28.00	Speech Pathology Visit Charges	540	0	0	0	540	28.00
29.00	Medical Social Service Visits	1	0	0	1	2	29.00
30.00	Medical Social Service Visit Charges	239	0	0	239	478	30.00
31.00	Home Health Aide Visits	868	113	2	22	1,005	31.00
32.00	Home Health Aide Visit Charges	89,404	11,639	206	2,266	103,515	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,967	318	69	168	6,522	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)	947,597	47,683	11,724	27,201	1,034,205	35.00
36.00	Total Number of Episodes (standard/non outlier)	301		27	12	340	36.00
37.00	Total Number of Outlier Episodes		7		0	7	37.00
38.00	Total Non-Routine Medical Supply Charges	107,938	15,275	1,844	2,294	127,351	38.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 150069
Component CCN: 151535

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/16/2012 6:11 pm

	Unduplicated Days					All Other	
	Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			
	1.00	2.00	3.00	4.00	5.00		
PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	0	0	0	1	1.00
2.00	Routine Home Care	3,857	0	0	0	278	2.00
3.00	Inpatient Respite Care	29	0	0	0	0	3.00
4.00	General Inpatient Care	91	0	0	0	0	4.00
5.00	Total Hospice Days	3,977	0	0	0	279	5.00
Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	58	4	0	0	9	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00			7.00
8.00	Average Length of Stay (line 5/line 6)	68.57	0.00	0.00	0.00	31.00	8.00
9.00	Unduplicated Census Count	53	4	0	0	8	9.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 5/16/2012 6:11 pm
		Component CCN: 151535	Hospice I	

		Unduplicated Days	
		Total (sum of col.s. 1, 2 & 5)	
		6.00	
PART I - ENROLLMENT DAYS			
1.00	Continuous Home Care	1	1.00
2.00	Routine Home Care	4,135	2.00
3.00	Inpatient Respite Care	29	3.00
4.00	General Inpatient Care	91	4.00
5.00	Total Hospice Days	4,256	5.00
Part II - CENSUS DATA			
6.00	Number of Patients Receiving Hospice Care	71	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare		7.00
8.00	Average Length of Stay (line 5/line 6)	59.94	8.00
9.00	Unduplicated Census Count	65	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/16/2012 6:11 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.312361		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		1,353,856		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?				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		10,411,217		6.00	
7.00	Medicaid cost (line 1 times line 6)		3,252,058		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		1,898,202		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,898,202		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		2,427,463	291,709	2,719,172	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		758,245	91,119	849,364	21.00
22.00	Partial payment by patients approved for charity care		15,779	12,525	28,304	22.00
23.00	Cost of charity care (line 21 minus line 22)		742,466	78,594	821,060	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		13,857,055			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		589,753			27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		13,267,302			28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		4,144,188			29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		4,965,248			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,863,450			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150069

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

Worksheet A
Date/Time Prepared: 5/16/2012 6:11 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		5,017,246	5,017,246	1,034,493	6,051,739	1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT HHA/HO		0	0	17,916	17,916	1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	0	12,350,107	12,350,107	-45,085	12,305,022	4.00
5.00 ADMINISTRATIVE & GENERAL	5,452,839	6,923,599	12,376,438	426,052	12,802,490	5.00
7.00 OPERATION OF PLANT	789,187	1,658,552	2,447,739	81,566	2,529,305	7.00
8.00 LAUNDRY & LINEN SERVICE	183,850	54,373	238,223	-404	237,819	8.00
9.00 HOUSEKEEPING	748,599	198,990	947,589	-6,991	940,598	9.00
10.00 DIETARY	700,372	473,920	1,174,292	-593,959	580,333	10.00
11.00 CAFETERIA	0	0	0	592,283	592,283	11.00
13.00 NURSING ADMINISTRATION	396,912	8,439	405,351	0	405,351	13.00
14.00 CENTRAL SERVICES & SUPPLY	87,381	9,477	96,858	231,197	328,055	14.00
15.00 PHARMACY	708,935	5,237,457	5,946,392	-309,789	5,636,603	15.00
16.00 MEDICAL RECORDS & LIBRARY	520,662	62,091	582,753	0	582,753	16.00
17.00 SOCIAL SERVICE	205,792	2,197	207,989	0	207,989	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	404,318	404,318	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	4,147,282	449,267	4,596,549	-820,199	3,776,350	30.00
31.00 INTENSIVE CARE UNIT	1,004,697	89,231	1,093,928	-84,212	1,009,716	31.00
43.00 NURSERY	0	0	0	308,633	308,633	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,571,889	2,638,354	4,210,243	-2,157,669	2,052,574	50.00
51.00 RECOVERY ROOM	248,244	13,372	261,616	-11,518	250,098	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	126,036	126,036	52.00
53.00 ANESTHESIOLOGY	1,675,611	139,288	1,814,899	-451,241	1,363,658	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,282,887	868,746	4,151,633	-56,672	4,094,961	54.00
54.01 ULTRA SOUND	144,788	50,320	195,108	-3,224	191,884	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	120,614	200,520	321,134	-368	320,766	54.02
55.00 ONCOLOGY	1,376,010	499,597	1,875,607	-65,295	1,810,312	55.00
57.00 CT SCAN	253,580	256,985	510,565	-6,127	504,438	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	131,194	135,857	267,051	-622	266,429	58.00
59.00 CARDIAC CATHETERIZATION	-863	601,246	600,383	-341,724	258,659	59.00
60.00 LABORATORY	1,730,252	2,446,688	4,176,940	-310,131	3,866,809	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	415,581	415,581	0	415,581	62.00
65.00 RESPIRATORY THERAPY	552,577	101,622	654,199	-48,682	605,517	65.00
66.00 PHYSICAL THERAPY	1,551,485	98,610	1,650,095	-40,105	1,609,990	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 SLEEP LAB	123,614	112,503	236,117	-10,375	225,742	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,494,022	2,494,022	71.00
71.01 IV SOLUTIONS	0	0	0	63,770	63,770	71.01
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	520,691	520,691	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 RADIOLOGY	402,350	82,691	485,041	-21,941	463,100	76.00
76.97 CARDIAC REHABILITATION	53,674	7,643	61,317	-1,092	60,225	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	133,354	14,394	147,748	10,217	157,965	90.00
91.00 EMERGENCY	1,272,621	314,957	1,587,578	-164,351	1,423,227	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	1,315,599	211,407	1,527,006	-34,115	1,492,891	95.00
101.00 HOME HEALTH AGENCY	1,083,361	152,606	1,235,967	-783	1,235,184	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE		55,548	55,548	-55,548	0	113.00
116.00 HOSPICE	118,876	93,862	212,738	0	212,738	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	32,088,225	42,047,343	74,135,568	668,972	74,804,540	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	89,186	89,186	190.00
194.00 OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01 MOB	9,617,583	1,412,899	11,030,482	-339,163	10,691,319	194.01
194.02 PHYSICIAN CLINICS	6,608,752	1,173,260	7,782,012	-418,995	7,363,017	194.02
200.00 TOTAL (SUM OF LINES 118-199)	48,314,560	44,633,502	92,948,062	0	92,948,062	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150069

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

Worksheet A
Date/Time Prepared:
5/16/2012 6:11 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-112,252	5,939,487	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	17,916	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-3,385,224	8,919,798	4.00
5.00	ADMINISTRATIVE & GENERAL	-565,780	12,236,710	5.00
7.00	OPERATION OF PLANT	-10,886	2,518,419	7.00
8.00	LAUNDRY & LINEN SERVICE	0	237,819	8.00
9.00	HOUSEKEEPING	0	940,598	9.00
10.00	DIETARY	0	580,333	10.00
11.00	CAFETERIA	-230,765	361,518	11.00
13.00	NURSING ADMINISTRATION	0	405,351	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	328,055	14.00
15.00	PHARMACY	-5,565	5,631,038	15.00
16.00	MEDICAL RECORDS & LIBRARY	13,512	596,265	16.00
17.00	SOCIAL SERVICE	0	207,989	17.00
19.00	NONPHYSICIAN ANESTHETISTS	-404,318	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	3,776,350	30.00
31.00	INTENSIVE CARE UNIT	0	1,009,716	31.00
43.00	NURSERY	0	308,633	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-310,416	1,742,158	50.00
51.00	RECOVERY ROOM	0	250,098	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	126,036	52.00
53.00	ANESTHESIOLOGY	-1,316,377	47,281	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-1,835,639	2,259,322	54.00
54.01	ULTRA SOUND	0	191,884	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	0	320,766	54.02
55.00	ONCOLOGY	-926,574	883,738	55.00
57.00	CT SCAN	0	504,438	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	266,429	58.00
59.00	CARDIAC CATHETERIZATION	-228,900	29,759	59.00
60.00	LABORATORY	-66,500	3,800,309	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	415,581	62.00
65.00	RESPIRATORY THERAPY	0	605,517	65.00
66.00	PHYSICAL THERAPY	0	1,609,990	66.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
69.01	SLEEP LAB	0	225,742	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,494,022	71.00
71.01	IV SOLUTIONS	0	63,770	71.01
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	520,691	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	CARDIOLOGY	0	463,100	76.00
76.97	CARDIAC REHABILITATION	0	60,225	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0	157,965	90.00
91.00	EMERGENCY	-123,224	1,300,003	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0	1,492,891	95.00
101.00	HOME HEALTH AGENCY	0	1,235,184	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	0	0	113.00
116.00	HOSPICE	0	212,738	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-9,508,908	65,295,632	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	89,186	190.00
194.00	OTHER NON-REIMBURSABLE	0	0	194.00
194.01	MOB	0	10,691,319	194.01
194.02	PHYSICIAN CLINICS	0	7,363,017	194.02
200.00	TOTAL (SUM OF LINES 118-199)	-9,508,908	83,439,154	200.00

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	353,250	239,033	1.00
	TOTALS		353,250	239,033	
B - EQUIPMENT					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	699,185	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
	TOTALS		0	699,185	
C - INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	55,548	1.00
	TOTALS		0	55,548	
D - RADIOLOGY DIRECTOR					
1.00	CLINIC	90.00	11,790	0	1.00
	TOTALS		11,790	0	
E - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FI XT HHA/HO	1.01	0	17,916	1.00
	TOTALS		0	17,916	
F - NUSERY L&D					
1.00	NURSERY	43.00	277,281	31,352	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	113,233	12,803	2.00
	TOTALS		390,514	44,155	
G - IV SOLUTIONS					
1.00	IV SOLUTIONS	71.01	0	63,770	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
	TOTALS		0	63,770	
H - GIFT SHOP					
1.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	190.00	0	89,186	1.00
	TOTALS		0	89,186	
I - SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	231,197	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,494,022	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	53,415	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
	TOTALS		0	2,778,634	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
J - RAD AND PHYS OFC EXP					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	132,512	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	508,397	2.00
3.00	OPERATION OF PLANT	7.00	0	82,381	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
TOTALS			0	723,290	
K - CRNA EXPENSE					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	359,233	45,085	1.00
2.00		0.00	0	0	2.00
TOTALS			359,233	45,085	
L - TELEPHONE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	118,590	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
TOTALS			0	118,590	
N - INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	165,164	1.00
TOTALS			0	165,164	
O - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	520,691	1.00
TOTALS			0	520,691	
500.00	Grand Total: Increases		1,114,787	5,560,247	500.00

RECLASSIFICATIONS

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - CAFETERIA							
1.00	DIETARY	10.00	353,250	239,033	0		1.00
	TOTALS		353,250	239,033			
B - EQUIPMENT							
1.00	PHARMACY	15.00	0	263,081	10		1.00
2.00	OPERATING ROOM	50.00	0	82,836	0		2.00
3.00	SLEEP LAB	69.01	0	1,088	0		3.00
4.00	LABORATORY	60.00	0	83,824	0		4.00
5.00	MOB	194.01	0	4,356	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	264,000	0		6.00
	TOTALS		0	699,185			
C - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	55,548	11		1.00
	TOTALS		0	55,548			
D - RADIOLOGY DIRECTOR							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	11,790	0	0		1.00
	TOTALS		11,790	0			
E - DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	17,916	9		1.00
	TOTALS		0	17,916			
F - NURSERY L&D							
1.00	ADULTS & PEDIATRICS	30.00	390,514	44,155	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		390,514	44,155			
G - IV SOLUTIONS							
1.00	PHARMACY	15.00	0	35,231	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	9,740	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	1,748	0		3.00
4.00	OPERATING ROOM	50.00	0	14,898	0		4.00
5.00	RECOVERY ROOM	51.00	0	362	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	46	0		6.00
7.00	ONCOLOGY	55.00	0	102	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	442	0		8.00
9.00	EMERGENCY	91.00	0	702	0		9.00
10.00	AMBULANCE SERVICES	95.00	0	428	0		10.00
11.00	HOME HEALTH AGENCY	101.00	0	67	0		11.00
12.00	CLINIC	90.00	0	4	0		12.00
	TOTALS		0	63,770			
H - GIFT SHOP							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	89,186	0		1.00
	TOTALS		0	89,186			
I - SUPPLIES							
1.00	OPERATION OF PLANT	7.00	0	213	0		1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	0	404	0		2.00
3.00	HOUSEKEEPING	9.00	0	6,991	0		3.00
4.00	DIETARY	10.00	0	1,676	0		4.00
5.00	PHARMACY	15.00	0	11,477	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	375,790	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	82,464	0		7.00
8.00	OPERATING ROOM	50.00	0	1,539,244	0		8.00
9.00	RECOVERY ROOM	51.00	0	11,156	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	51,273	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,628	0		11.00
12.00	ULTRA SOUND	54.01	0	3,224	0		12.00
13.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	368	0		13.00
14.00	ONCOLOGY	55.00	0	51,135	0		14.00
15.00	CT SCAN	57.00	0	6,127	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	622	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	77,282	0		17.00
18.00	LABORATORY	60.00	0	226,307	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	48,682	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	32,915	0		20.00
21.00	SLEEP LAB	69.01	0	9,287	0		21.00
22.00	CARDIOLOGY	76.00	0	21,941	0		22.00
23.00	CARDIAC REHABILITATION	76.97	0	1,092	0		23.00
24.00	EMERGENCY	91.00	0	163,649	0		24.00
25.00	AMBULANCE SERVICES	95.00	0	33,687	0		25.00
	TOTALS		0	2,778,634			

RECLASSIFICATIONS

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Worksheet A-6

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
J - RAD AND PHYS OFC EXP						
1.00	ANESTHESIOLOGY	53.00	0	40,735	10	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	23,208	0	2.00
3.00	ONCOLOGY	55.00	0	14,058	0	3.00
4.00	PHYSICAL THERAPY	66.00	0	6,762	0	4.00
5.00	MOB	194.01	0	334,807	0	5.00
6.00	PHYSICIAN CLINICS	194.02	0	303,720	0	6.00
	TOTALS		0	723,290		
K - CRNA EXPENSE						
1.00	ANESTHESIOLOGY	53.00	359,233	0	0	1.00
2.00	EMPLOYEE BENEFITS	4.00	0	45,085	0	2.00
	TOTALS		359,233	45,085		
L - TELEPHONE EXPENSE						
1.00	OPERATION OF PLANT	7.00	0	602	0	1.00
2.00	PHYSICAL THERAPY	66.00	0	428	0	2.00
3.00	HOME HEALTH AGENCY	101.00	0	716	0	3.00
4.00	CLINIC	90.00	0	1,569	0	4.00
5.00	PHYSICIAN CLINICS	194.02	0	115,275	0	5.00
	TOTALS		0	118,590		
N - INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	165,164	12	1.00
	TOTALS		0	165,164		
O - IMPLANTABLE DEVICES						
1.00	OPERATING ROOM	50.00	0	520,691	0	1.00
	TOTALS		0	520,691		
500.00	Grand Total : Decreases		1,114,787	5,560,247		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150069

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,657,515	12,620	0	12,620	16,391	1.00
2.00	Land Improvements	784,819	3,625	0	3,625	0	2.00
3.00	Buildings and Fixtures	42,708,291	198,946	0	198,946	287,798	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	38,568,861	3,345,647	0	3,345,647	3,430,897	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	86,719,486	3,560,838	0	3,560,838	3,735,086	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	86,719,486	3,560,838	0	3,560,838	3,735,086	10.00
SUMMARY OF CAPITAL							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	5,017,246	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,017,246	0	0	0	0	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	NEW CAP REL COSTS-BLDG & FIXT	47,273,183	0	47,273,183	0.546225	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	39,272,055	0	39,272,055	0.453775	0	2.00
3.00	Total (sum of lines 1-2)	86,545,238	0	86,545,238	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150069

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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,653,744	0		1.00		
2.00	Land Improvements	788,444	0		2.00		
3.00	Buildings and Fixtures	42,619,439	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	38,483,611	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	86,545,238	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	86,545,238	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	5,017,246		1.00		
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0		1.01		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	5,017,246		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	4,997,792	776,531	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	17,916	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,015,708	776,531	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150069

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Parts I-III
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	165,164	0	0	5,939,487	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0	17,916	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	165,164	0	0	5,957,403	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150069

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-55,548	NEW CAP REL COSTS-BLDG & FIXT		1.00 1.00
1.01 Investment income - NEW CAP REL COSTS-BLDG & FIXT HHA/HO (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT HHA/HO		1.01 1.01
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP		2.00 2.00
3.00 Investment income - other (chapter 2)	B	-72,814	ADMINISTRATIVE & GENERAL		5.00 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)	A	-2,388	ADMINISTRATIVE & GENERAL		5.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)	A	-55,166	NEW CAP REL COSTS-BLDG & FIXT		1.00 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	-10,886	OPERATION OF PLANT		7.00 8.00
9.00 Parking lot (chapter 21)		0			0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-4,770,348			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-37,282	RADIOLOGY-DIAGNOSTIC		54.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			12.00
13.00 Laundry and linen service		0			0.00 13.00
14.00 Cafeteria-employees and guests	B	-230,765	CAFETERIA		11.00 14.00
15.00 Rental of quarters to employee and others		0			0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00 16.00
17.00 Sale of drugs to other than patients		0			0.00 17.00
18.00 Sale of medical records and abstracts	B	13,512	MEDICAL RECORDS & LIBRARY		16.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00 19.00
20.00 Vending machines		0			0.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT		1.00 26.00
26.01 Depreciation - NEW CAP REL COSTS-BLDG & FIXT HHA/HO			NEW CAP REL COSTS-BLDG & FIXT HHA/HO		1.01 26.01
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP		2.00 27.00
28.00 Non-physician Anesthetist	A	-404,318	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		*** Cost Center Deleted ***		67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***		68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0			0.00 32.00
33.00 PATIENT PHONES - SALARY	A	-2,591	ADMINISTRATIVE & GENERAL		5.00 33.00
34.00 PATIENT PHONES - CAPITAL	A	-1,673	NEW CAP REL COSTS-BLDG & FIXT		1.00 34.00
35.00 PHARMACY - SELF INSURANCE	B	-5,565	PHARMACY		15.00 35.00
36.00 DONATIONS EXPENSE	A	-53,989	ADMINISTRATIVE & GENERAL		5.00 36.00
37.00 ADVERTISING	A	-65,490	ADMINISTRATIVE & GENERAL		5.00 37.00
38.00 HOSPITAL ASSOCIATION DUES	A	-8,290	ADMINISTRATIVE & GENERAL		5.00 38.00
39.00 SELF INSURANCE	A	-3,385,224	EMPLOYEE BENEFITS		4.00 39.00
40.00 PHYSICIAN RECRUITING	A	-360,218	ADMINISTRATIVE & GENERAL		5.00 40.00
41.00		0			0.00 41.00
42.00 CARRYFORWARD ADJ 1989 PARKING GARAGE	A	-396	NEW CAP REL COSTS-BLDG & FIXT		1.00 42.00
43.00 CARRYFORWARD ADJ 1994 AHA LIVES	A	531	NEW CAP REL COSTS-BLDG & FIXT		1.00 43.00
44.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00 44.00
45.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00 45.00

Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet A-8 Date/Time Prepared: 5/16/2012 6:11 pm
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,508,908			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150069

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

Worksheet A-8

Date/Time Prepared:
5/16/2012 6:11 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
1.01	Investment income - NEW CAP REL COSTS-BLDG & FIXT HHA/HO (chapter 2)	0	1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	10	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	PATIENT PHONES - SALARY	0	33.00
34.00	PATIENT PHONES - CAPITAL	9	34.00
35.00	PHARMACY - SELF INSURANCE	0	35.00
36.00	DONATIONS EXPENSE	0	36.00
37.00	ADVERTISING	0	37.00
38.00	HOSPITAL ASSOCIATION DUES	0	38.00
39.00	SELF INSURANCE	0	39.00
40.00	PHYSICIAN RECRUITING	0	40.00
41.00		0	41.00
42.00	CARRYFORWARD ADJ 1989 PARKING GARAGE	9	42.00
43.00	CARRYFORWARD ADJ 1994 AHA LIVES	9	43.00
44.00	OTHER ADJUSTMENTS (SPECIFY)	0	44.00
45.00	OTHER ADJUSTMENTS (SPECIFY)	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150069

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

Worksheet A-8-2

Date/Time Prepared:
5/16/2012 6:11 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	50.00	OPERATING ROOM	310,416	310,416	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	184,649	184,649	2.00
3.00	55.00	ONCOLOGY	110,087	110,087	3.00
4.00	60.00	LABORATORY	150,000	0	4.00
5.00	59.00	CARDIAC CATHETERIZATION	228,900	228,900	5.00
6.00	91.00	EMERGENCY	73,005	73,005	6.00
7.00	91.00	EMERGENCY	50,219	50,219	7.00
8.00	53.00	ANESTHESIOLOGY	1,316,377	1,316,377	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	1,613,708	1,613,708	9.00
10.00	55.00	ONCOLOGY	386,448	386,448	10.00
11.00	55.00	ONCOLOGY	430,039	430,039	11.00
200.00			4,853,848	4,703,848	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150069

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

Worksheet A-8-2

Date/Time Prepared:
5/16/2012 6:11 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	182,900	0	0	0	1.00
2.00	0	217,600	0	0	0	2.00
3.00	0	217,600	0	0	0	3.00
4.00	150,000	208,000	835	83,500	4,175	4.00
5.00	0	159,800	0	0	0	5.00
6.00	0	159,800	0	0	0	6.00
7.00	0	159,800	0	0	0	7.00
8.00	0	167,500	0	0	0	8.00
9.00	0	217,600	0	0	0	9.00
10.00	0	217,600	0	0	0	10.00
11.00	0	217,600	0	0	0	11.00
200.00	150,000		835	83,500	4,175	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150069

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

Worksheet A-8-2

Date/Time Prepared:
5/16/2012 6:11 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	83,500	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
11.00	0	0	0	0	0	11.00
200.00	0	0	0	0	83,500	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150069

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

Worksheet A-8-2

Date/Time Prepared:
5/16/2012 6:11 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	310,416	1.00
2.00	0	184,649	2.00
3.00	0	110,087	3.00
4.00	66,500	66,500	4.00
5.00	0	228,900	5.00
6.00	0	73,005	6.00
7.00	0	50,219	7.00
8.00	0	1,316,377	8.00
9.00	0	1,613,708	9.00
10.00	0	386,448	10.00
11.00	0	430,039	11.00
200.00	66,500	4,770,348	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B
Part I
Date/Time Prepared:
5/16/2012 6:11 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	5,939,487	5,939,487				1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT HHA/HO	17,916	0	17,916			1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP	0			0		2.00
4.00 EMPLOYEE BENEFITS	8,919,798	0	0	0	8,919,798	4.00
5.00 ADMINISTRATIVE & GENERAL	12,236,710	1,119,438	0	0	1,014,239	5.00
7.00 OPERATION OF PLANT	2,518,419	1,489,683	0	0	146,790	7.00
8.00 LAUNDRY & LINEN SERVICE	237,819	56,574	0	0	34,196	8.00
9.00 HOUSEKEEPING	940,598	80,635	0	0	139,241	9.00
10.00 DIETARY	580,333	111,950	0	0	64,565	10.00
11.00 CAFETERIA	361,518	70,953	0	0	65,705	11.00
13.00 NURSING ADMINISTRATION	405,351	5,246	0	0	73,826	13.00
14.00 CENTRAL SERVICES & SUPPLY	328,055	37,338	0	0	16,253	14.00
15.00 PHARMACY	5,631,038	55,991	0	0	131,863	15.00
16.00 MEDICAL RECORDS & LIBRARY	596,265	160,040	0	0	96,844	16.00
17.00 SOCIAL SERVICE	207,989	7,124	0	0	38,278	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	3,776,350	510,431	0	0	698,766	30.00
31.00 INTENSIVE CARE UNIT	1,009,716	92,132	0	0	186,876	31.00
43.00 NURSERY	308,633	21,535	0	0	51,575	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,742,158	374,452	0	0	292,374	50.00
51.00 RECOVERY ROOM	250,098	24,935	0	0	46,174	51.00
52.00 DELIVERY ROOM & LABOR ROOM	126,036	75,940	0	0	21,062	52.00
53.00 ANESTHESIOLOGY	47,281	6,865	0	0	244,849	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,259,322	240,028	0	0	608,270	54.00
54.01 ULTRA SOUND	191,884	0	0	0	26,931	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	320,766	10,849	0	0	22,434	54.02
55.00 ONCOLOGY	883,738	161,918	0	0	255,941	55.00
57.00 CT SCAN	504,438	20,143	0	0	47,166	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	266,429	53,563	0	0	24,402	58.00
59.00 CARDIAC CATHETERIZATION	29,759	44,268	0	0	0	59.00
60.00 LABORATORY	3,800,309	151,717	0	0	321,830	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	415,581	4,080	0	0	0	62.00
65.00 RESPIRATORY THERAPY	605,517	45,888	0	0	102,780	65.00
66.00 PHYSICAL THERAPY	1,609,990	398,708	0	0	288,579	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 SLEEP LAB	225,742	69,074	0	0	22,992	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,494,022	0	0	0	0	71.00
71.01 IV SOLUTIONS	63,770	0	0	0	0	71.01
72.00 IMPL. DEV. CHARGED TO PATIENTS	520,691	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 RADIOLOGY	463,100	74,418	0	0	74,838	76.00
76.97 CARDIAC REHABILITATION	60,225	48,899	0	0	9,983	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	157,965	9,586	0	0	24,804	90.00
91.00 EMERGENCY	1,300,003	135,849	0	0	236,710	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	1,492,891	153,239	0	0	244,704	95.00
101.00 HOME HEALTH AGENCY	1,235,184	0	14,099	0	201,507	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	212,738	0	3,817	0	22,111	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	65,295,632	5,923,489	17,916	0	5,899,458	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	89,186	15,998	0	0	0	190.00
194.00 OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01 MOB	10,691,319	0	0	0	1,788,906	194.01
194.02 PHYSICIAN CLINICS	7,363,017	0	0	0	1,231,434	194.02
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)	83,439,154	5,939,487	17,916	0	8,919,798	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B
Part I
Date/Time Prepared:
5/16/2012 6:11 pm

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	14,370,387	14,370,387				5.00
7.00	OPERATION OF PLANT	4,154,892	864,463	5,019,355			7.00
8.00	LAUNDRY & LINEN SERVICE	328,589	68,366	83,047	480,002		8.00
9.00	HOUSEKEEPING	1,160,474	241,447	118,366	28,191	1,548,478	9.00
10.00	DIETARY	756,848	157,469	164,334	6,963	3,239	10.00
11.00	CAFETERIA	498,176	103,650	104,153	0	0	11.00
13.00	NURSING ADMINISTRATION	484,423	100,789	7,701	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	381,646	79,405	54,810	900	16,193	14.00
15.00	PHARMACY	5,818,892	1,210,673	82,191	0	11,689	15.00
16.00	MEDICAL RECORDS & LIBRARY	853,149	177,505	234,926	0	28,412	16.00
17.00	SOCIAL SERVICE	253,391	52,720	10,458	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,985,547	1,037,288	749,272	160,637	473,171	30.00
31.00	INTENSIVE CARE UNIT	1,288,724	268,131	135,242	20,003	60,770	31.00
43.00	NURSERY	381,743	79,425	31,612	0	2,915	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,408,984	501,211	549,667	97,969	40,042	50.00
51.00	RECOVERY ROOM	321,207	66,830	36,603	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	223,038	46,405	111,474	0	19,785	52.00
53.00	ANESTHESIOLOGY	298,995	62,209	10,078	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,107,620	646,568	352,342	28,874	54,204	54.00
54.01	ULTRA SOUND	218,815	45,526	0	2,928	4,829	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	354,049	73,663	15,925	5,122	4,917	54.02
55.00	ONCOLOGY	1,301,597	270,809	237,684	2,610	23,083	55.00
57.00	CT SCAN	571,747	118,957	29,568	2,795	147	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	344,394	71,654	78,626	0	0	58.00
59.00	CARDIAC CATHETERIZATION	74,027	15,402	64,983	0	6,948	59.00
60.00	LABORATORY	4,273,856	889,214	222,710	162	39,571	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	419,661	87,314	5,990	0	0	62.00
65.00	RESPIRATORY THERAPY	754,185	156,915	67,360	0	0	65.00
66.00	PHYSICAL THERAPY	2,297,277	477,969	585,272	26,040	32,770	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	SLEEP LAB	317,808	66,123	101,396	3,928	8,744	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,494,022	518,904	0	0	0	71.00
71.01	IV SOLUTIONS	63,770	13,268	0	0	0	71.01
72.00	IMPL. DEV. CHARGED TO PATIENTS	520,691	108,334	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	CARDIOLOGY	612,356	127,406	109,239	12,065	18,932	76.00
76.97	CARDIAC REHABILITATION	119,107	24,781	71,780	0	9,157	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	192,355	40,021	14,071	0	1,384	90.00
91.00	EMERGENCY	1,672,562	347,992	199,417	56,536	81,115	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	1,890,834	393,405	224,944	14,284	2,179	95.00
101.00	HOME HEALTH AGENCY	1,450,790	301,850	130,631	70	11,954	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	238,666	49,657	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	62,259,294	9,963,718	4,995,872	470,077	956,150	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	105,184	21,884	23,483	0	5,889	190.00
194.00	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	MOB	12,480,225	2,596,632	0	9,175	234,923	194.01
194.02	PHYSICIAN CLINICS	8,594,451	1,788,153	0	750	351,516	194.02
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)	83,439,154	14,370,387	5,019,355	480,002	1,548,478	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

Period:
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	1,088,853					10.00
11.00 CAFETERIA	0	705,979				11.00
13.00 NURSING ADMINISTRATION	0	9,204	602,117			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	8,872	0	541,826		14.00
15.00 PHARMACY	0	17,902	0	849	7,142,196	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	26,621	0	0	0	16.00
17.00 SOCIAL SERVICE	0	5,908	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,010,564	133,591	286,174	16,625	0	30.00
31.00 INTENSIVE CARE UNIT	78,289	24,416	52,792	1,709	0	31.00
43.00 NURSERY	0	7,298	17,657	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	55,416	119,820	21,668	0	50.00
51.00 RECOVERY ROOM	0	6,758	14,612	434	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	3,104	7,508	0	0	52.00
53.00 ANESTHESIOLOGY	0	14,388	0	1,606	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	71,054	0	1,078	0	54.00
54.01 ULTRA SOUND	0	4,425	0	325	0	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	0	3,525	0	71	0	54.02
55.00 ONCOLOGY	0	22,347	0	772	0	55.00
57.00 CT SCAN	0	8,178	0	267	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	3,672	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	4,706	0	219	0	59.00
60.00 LABORATORY	0	74,132	0	3,323	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0	19,044	0	94	0	65.00
66.00 PHYSICAL THERAPY	0	46,915	0	416	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 SLEEP LAB	0	3,173	0	0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	480,893	0	71.00
71.01 IV SOLUTIONS	0	0	0	0	0	71.01
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	7,142,196	73.00
76.00 RADIOLOGY	0	14,399	0	242	0	76.00
76.97 CARDIAC REHABILITATION	0	2,003	0	12	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	1,490	0	12	0	90.00
91.00 EMERGENCY	0	47,893	103,554	3,467	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	65,545	0	422	0	95.00
101.00 HOME HEALTH AGENCY	0	0	0	595	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,088,853	705,979	602,117	535,099	7,142,196	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
194.00 OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01 MOB	0	0	0	4,520	0	194.01
194.02 PHYSICIAN CLINICS	0	0	0	2,207	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,088,853	705,979	602,117	541,826	7,142,196	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	19.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY	1,320,613					16.00
17.00	SOCIAL SERVICE	0	322,477				17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	67,799	119,163	0	9,039,831	0	30.00
31.00	INTENSIVE CARE UNIT	14,819	11,485	0	1,956,380	0	31.00
43.00	NURSERY	4,885	9,581	0	535,116	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	119,338	0	0	3,914,115	0	50.00
51.00	RECOVERY ROOM	22,516	0	0	468,960	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	5,968	0	0	417,282	0	52.00
53.00	ANESTHESIOLOGY	22,741	0	0	410,017	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	65,943	0	0	4,327,683	0	54.00
54.01	ULTRA SOUND	20,483	0	0	297,331	0	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	32,779	0	0	490,051	0	54.02
55.00	ONCOLOGY	29,978	0	0	1,888,880	0	55.00
57.00	CT SCAN	100,951	0	0	832,610	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	37,634	0	0	535,980	0	58.00
59.00	CARDIAC CATHETERIZATION	12,618	0	0	178,903	0	59.00
60.00	LABORATORY	194,688	0	0	5,697,656	0	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	11,015	0	0	523,980	0	62.00
65.00	RESPIRATORY THERAPY	27,300	0	0	1,024,898	0	65.00
66.00	PHYSICAL THERAPY	58,763	0	0	3,525,422	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	SLEEP LAB	9,867	0	0	511,039	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	46,635	0	0	3,540,454	0	71.00
71.01	IV SOLUTIONS	8,303	0	0	85,341	0	71.01
72.00	IMPL. DEV. CHARGED TO PATIENTS	9,951	0	0	638,976	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	237,206	0	0	7,379,402	0	73.00
76.00	CARDIOLOGY	48,349	0	0	942,988	0	76.00
76.97	CARDIAC REHABILITATION	1,720	0	0	228,560	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	13	0	0	249,346	0	90.00
91.00	EMERGENCY	83,979	0	0	2,596,515	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	24,372	0	0	2,615,985	0	95.00
101.00	HOME HEALTH AGENCY	0	144,348	0	2,040,238	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	0	37,900	0	326,223	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,320,613	322,477	0	57,220,162	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	156,440	0	190.00
194.00	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	MOB	0	0	0	15,325,475	0	194.01
194.02	PHYSICIAN CLINICS	0	0	0	10,737,077	0	194.02
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)	1,320,613	322,477	0	83,439,154	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

Period:
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO		1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.00	ADMINISTRATIVE & GENERAL		5.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
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
19.00	NONPHYSICIAN ANESTHETISTS		19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	9,039,831	30.00
31.00	INTENSIVE CARE UNIT	1,956,380	31.00
43.00	NURSERY	535,116	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	3,914,115	50.00
51.00	RECOVERY ROOM	468,960	51.00
52.00	DELIVERY ROOM & LABOR ROOM	417,282	52.00
53.00	ANESTHESIOLOGY	410,017	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,327,683	54.00
54.01	ULTRA SOUND	297,331	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	490,051	54.02
55.00	ONCOLOGY	1,888,880	55.00
57.00	CT SCAN	832,610	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	535,980	58.00
59.00	CARDIAC CATHETERIZATION	178,903	59.00
60.00	LABORATORY	5,697,656	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	523,980	62.00
65.00	RESPIRATORY THERAPY	1,024,898	65.00
66.00	PHYSICAL THERAPY	3,525,422	66.00
69.00	ELECTROCARDIOLOGY	0	69.00
69.01	SLEEP LAB	511,039	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,540,454	71.00
71.01	IV SOLUTIONS	85,341	71.01
72.00	IMPL. DEV. CHARGED TO PATIENTS	638,976	72.00
73.00	DRUGS CHARGED TO PATIENTS	7,379,402	73.00
76.00	CARDIOLOGY	942,988	76.00
76.97	CARDIAC REHABILITATION	228,560	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	249,346	90.00
91.00	EMERGENCY	2,596,515	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	AMBULANCE SERVICES	2,615,985	95.00
101.00	HOME HEALTH AGENCY	2,040,238	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE		113.00
116.00	HOSPICE	326,223	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	57,220,162	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	156,440	190.00
194.00	OTHER NON-REIMBURSABLE	0	194.00
194.01	MOB	15,325,475	194.01
194.02	PHYSICIAN CLINICS	10,737,077	194.02
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	83,439,154	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	0	0	0	4.00
5.00	ADMINISTRATIVE & GENERAL	0	1,119,438	0	0	5.00
7.00	OPERATION OF PLANT	0	1,489,683	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	56,574	0	0	8.00
9.00	HOUSEKEEPING	0	80,635	0	0	9.00
10.00	DIETARY	0	111,950	0	0	10.00
11.00	CAFETERIA	0	70,953	0	0	11.00
13.00	NURSING ADMINISTRATION	0	5,246	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	37,338	0	0	14.00
15.00	PHARMACY	0	55,991	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	160,040	0	0	16.00
17.00	SOCIAL SERVICE	0	7,124	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	510,431	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	92,132	0	0	31.00
43.00	NURSERY	0	21,535	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	374,452	0	0	50.00
51.00	RECOVERY ROOM	0	24,935	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	75,940	0	0	52.00
53.00	ANESTHESIOLOGY	0	6,865	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	240,028	0	0	54.00
54.01	ULTRA SOUND	0	0	0	0	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	0	10,849	0	0	54.02
55.00	ONCOLOGY	0	161,918	0	0	55.00
57.00	CT SCAN	0	20,143	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	53,563	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	44,268	0	0	59.00
60.00	LABORATORY	0	151,717	0	0	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,080	0	0	62.00
65.00	RESPIRATORY THERAPY	0	45,888	0	0	65.00
66.00	PHYSICAL THERAPY	0	398,708	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	SLEEP LAB	0	69,074	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.01	IV SOLUTIONS	0	0	0	0	71.01
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	CARDIOLOGY	0	74,418	0	0	76.00
76.97	CARDIAC REHABILITATION	0	48,899	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	9,586	0	0	90.00
91.00	EMERGENCY	0	135,849	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	153,239	0	0	95.00
101.00	HOME HEALTH AGENCY	0	0	14,099	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	0	0	3,817	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,923,489	17,916	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	15,998	0	0	190.00
194.00	OTHER NON-REIMBURSABLE	0	0	0	0	194.00
194.01	MOB	0	0	0	0	194.01
194.02	PHYSICIAN CLINICS	0	0	0	0	194.02
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118-201)	0	5,939,487	17,916	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150069		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/16/2012 6:11 pm	
Cost Center Description		EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4.00	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	0					4.00
5.00	ADMINISTRATIVE & GENERAL	0	1,119,438				5.00
7.00	OPERATION OF PLANT	0	67,342	1,557,025			7.00
8.00	LAUNDRY & LINEN SERVICE	0	5,326	25,761	87,661		8.00
9.00	HOUSEKEEPING	0	18,809	36,718	5,149	141,311	9.00
10.00	DIETARY	0	12,267	50,977	1,272	296	10.00
11.00	CAFETERIA	0	8,074	32,309	0	0	11.00
13.00	NURSING ADMINISTRATION	0	7,852	2,389	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	6,186	17,002	164	1,478	14.00
15.00	PHARMACY	0	94,313	25,496	0	1,067	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	13,828	72,875	0	2,593	16.00
17.00	SOCIAL SERVICE	0	4,107	3,244	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	80,806	232,428	29,335	43,178	30.00
31.00	INTENSIVE CARE UNIT	0	20,888	41,953	3,653	5,546	31.00
43.00	NURSERY	0	6,187	9,806	0	266	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	39,045	170,509	17,892	3,654	50.00
51.00	RECOVERY ROOM	0	5,206	11,354	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	3,615	34,580	0	1,806	52.00
53.00	ANESTHESIOLOGY	0	4,846	3,126	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	50,368	109,298	5,273	4,947	54.00
54.01	ULTRA SOUND	0	3,547	0	535	441	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	0	5,738	4,940	935	449	54.02
55.00	ONCOLOGY	0	21,096	73,730	477	2,107	55.00
57.00	CT SCAN	0	9,267	9,172	510	13	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	5,582	24,390	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	1,200	20,158	0	634	59.00
60.00	LABORATORY	0	69,271	69,085	30	3,611	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,802	1,858	0	0	62.00
65.00	RESPIRATORY THERAPY	0	12,224	20,895	0	0	65.00
66.00	PHYSICAL THERAPY	0	37,234	181,554	4,756	2,990	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	SLEEP LAB	0	5,151	31,453	717	798	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	40,423	0	0	0	71.00
71.01	IV SOLUTIONS	0	1,034	0	0	0	71.01
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	8,439	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	CARDIOLOGY	0	9,925	33,887	2,203	1,728	76.00
76.97	CARDIAC REHABILITATION	0	1,930	22,267	0	836	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	3,118	4,365	0	126	90.00
91.00	EMERGENCY	0	27,109	61,860	10,325	7,402	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	30,647	69,779	2,609	199	95.00
101.00	HOME HEALTH AGENCY	0	23,514	40,522	13	1,091	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	0	3,868	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	776,184	1,549,740	85,848	87,256	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	1,705	7,285	0	537	190.00
194.00	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	MOB	0	202,250	0	1,676	21,439	194.01
194.02	PHYSICIAN CLINICS	0	139,299	0	137	32,079	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	1,119,438	1,557,025	87,661	141,311	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B
Part II
Date/Time Prepared:
5/16/2012 6:11 pm

Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	176,762					10.00
11.00 CAFETERIA	0	111,336				11.00
13.00 NURSING ADMINISTRATION	0	1,452	16,939			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	1,399	0	63,567		14.00
15.00 PHARMACY	0	2,823	0	100	179,790	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	4,198	0	0	0	16.00
17.00 SOCIAL SERVICE	0	932	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	164,053	21,068	8,051	1,950	0	30.00
31.00 INTENSIVE CARE UNIT	12,709	3,851	1,485	201	0	31.00
43.00 NURSERY	0	1,151	497	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	8,739	3,371	2,542	0	50.00
51.00 RECOVERY ROOM	0	1,066	411	51	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	489	211	0	0	52.00
53.00 ANESTHESIOLOGY	0	2,269	0	188	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	11,205	0	126	0	54.00
54.01 ULTRA SOUND	0	698	0	38	0	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	0	556	0	8	0	54.02
55.00 ONCOLOGY	0	3,524	0	91	0	55.00
57.00 CT SCAN	0	1,290	0	31	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	579	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	742	0	26	0	59.00
60.00 LABORATORY	0	11,691	0	390	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0	3,003	0	11	0	65.00
66.00 PHYSICAL THERAPY	0	7,399	0	49	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 SLEEP LAB	0	500	0	0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	56,419	0	71.00
71.01 IV SOLUTIONS	0	0	0	0	0	71.01
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	179,790	73.00
76.00 RADIOLOGY	0	2,271	0	28	0	76.00
76.97 CARDIAC REHABILITATION	0	316	0	1	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	235	0	1	0	90.00
91.00 EMERGENCY	0	7,553	2,913	407	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	10,337	0	50	0	95.00
101.00 HOME HEALTH AGENCY	0	0	0	70	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	176,762	111,336	16,939	62,778	179,790	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
194.00 OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01 MOB	0	0	0	530	0	194.01
194.02 PHYSICIAN CLINICS	0	0	0	259	0	194.02
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)	176,762	111,336	16,939	63,567	179,790	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B
Part II
Date/Time Prepared:
5/16/2012 6:11 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	19.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY	253,534					16.00
17.00	SOCIAL SERVICE	0	15,407				17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	13,017	5,693		1,110,010	0	30.00
31.00	INTENSIVE CARE UNIT	2,845	549		185,812	0	31.00
43.00	NURSERY	938	458		40,838	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	22,913	0		643,117	0	50.00
51.00	RECOVERY ROOM	4,323	0		47,346	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,146	0		117,787	0	52.00
53.00	ANESTHESIOLOGY	4,366	0		21,660	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	12,661	0		433,906	0	54.00
54.01	ULTRA SOUND	3,933	0		9,192	0	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	6,293	0		29,768	0	54.02
55.00	ONCOLOGY	5,756	0		268,699	0	55.00
57.00	CT SCAN	19,382	0		59,808	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	7,226	0		91,340	0	58.00
59.00	CARDIAC CATHETERIZATION	2,423	0		69,451	0	59.00
60.00	LABORATORY	37,379	0		343,174	0	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,115	0		14,855	0	62.00
65.00	RESPIRATORY THERAPY	5,242	0		87,263	0	65.00
66.00	PHYSICAL THERAPY	11,282	0		643,972	0	66.00
69.00	ELECTROCARDIOLOGY	0	0		0	0	69.00
69.01	SLEEP LAB	1,895	0		109,588	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,954	0		105,796	0	71.00
71.01	IV SOLUTIONS	1,594	0		2,628	0	71.01
72.00	IMPL. DEV. CHARGED TO PATIENTS	1,911	0		10,350	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	45,521	0		225,311	0	73.00
76.00	CARDIOLOGY	9,283	0		133,743	0	76.00
76.97	CARDIAC REHABILITATION	330	0		74,579	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	3	0		17,434	0	90.00
91.00	EMERGENCY	16,124	0		269,542	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	4,679	0		271,539	0	95.00
101.00	HOME HEALTH AGENCY	0	6,896		86,205	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	0	1,811		9,496	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	253,534	15,407	0	5,534,209	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0		25,525	0	190.00
194.00	OTHER NON-REIMBURSABLE	0	0		0	0	194.00
194.01	MOB	0	0		225,895	0	194.01
194.02	PHYSICIAN CLINICS	0	0		171,774	0	194.02
200.00	Cross Foot Adjustments			0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	253,534	15,407	0	5,957,403	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B
Part II
Date/Time Prepared:
5/16/2012 6:11 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO		1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.00	ADMINISTRATIVE & GENERAL		5.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
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
19.00	NONPHYSICIAN ANESTHETISTS		19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	1,110,010	30.00
31.00	INTENSIVE CARE UNIT	185,812	31.00
43.00	NURSERY	40,838	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	643,117	50.00
51.00	RECOVERY ROOM	47,346	51.00
52.00	DELIVERY ROOM & LABOR ROOM	117,787	52.00
53.00	ANESTHESIOLOGY	21,660	53.00
54.00	RADIOLOGY-DIAGNOSTIC	433,906	54.00
54.01	ULTRA SOUND	9,192	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	29,768	54.02
55.00	ONCOLOGY	268,699	55.00
57.00	CT SCAN	59,808	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	91,340	58.00
59.00	CARDIAC CATHETERIZATION	69,451	59.00
60.00	LABORATORY	343,174	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	14,855	62.00
65.00	RESPIRATORY THERAPY	87,263	65.00
66.00	PHYSICAL THERAPY	643,972	66.00
69.00	ELECTROCARDIOLOGY	0	69.00
69.01	SLEEP LAB	109,588	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	105,796	71.00
71.01	IV SOLUTIONS	2,628	71.01
72.00	IMPL. DEV. CHARGED TO PATIENTS	10,350	72.00
73.00	DRUGS CHARGED TO PATIENTS	225,311	73.00
76.00	CARDIOLOGY	133,743	76.00
76.97	CARDIAC REHABILITATION	74,579	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	17,434	90.00
91.00	EMERGENCY	269,542	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	AMBULANCE SERVICES	271,539	95.00
101.00	HOME HEALTH AGENCY	86,205	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE		113.00
116.00	HOSPICE	9,496	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,534,209	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	25,525	190.00
194.00	OTHER NON-REIMBURSABLE	0	194.00
194.01	MOB	225,895	194.01
194.02	PHYSICIAN CLINICS	171,774	194.02
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	5,957,403	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1
Date/Time Prepared:
5/16/2012 6:11 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	5A
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	183,410					1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	3,492				1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP			186,902			2.00
4.00 EMPLOYEE BENEFITS	0	0	0	47,955,327		4.00
5.00 ADMINISTRATIVE & GENERAL	34,568	0	34,568	5,452,839	-14,370,387	5.00
7.00 OPERATION OF PLANT	46,001	0	46,001	789,187	0	7.00
8.00 LAUNDRY & LINEN SERVICE	1,747	0	1,747	183,850	0	8.00
9.00 HOUSEKEEPING	2,490	0	2,490	748,599	0	9.00
10.00 DIETARY	3,457	0	3,457	347,122	0	10.00
11.00 CAFETERIA	2,191	0	2,191	353,250	0	11.00
13.00 NURSING ADMINISTRATION	162	0	162	396,912	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,153	0	1,153	87,381	0	14.00
15.00 PHARMACY	1,729	0	1,729	708,935	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	4,942	0	4,942	520,662	0	16.00
17.00 SOCIAL SERVICE	220	0	220	205,792	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	15,762	0	15,762	3,756,768	0	30.00
31.00 INTENSIVE CARE UNIT	2,845	0	2,845	1,004,697	0	31.00
43.00 NURSERY	665	0	665	277,281	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	11,563	0	11,563	1,571,889	0	50.00
51.00 RECOVERY ROOM	770	0	770	248,244	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,345	0	2,345	113,233	0	52.00
53.00 ANESTHESIOLOGY	212	0	212	1,316,378	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	7,412	0	7,412	3,270,234	0	54.00
54.01 ULTRA SOUND	0	0	0	144,788	0	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	335	0	335	120,614	0	54.02
55.00 ONCOLOGY	5,000	0	5,000	1,376,010	0	55.00
57.00 CT SCAN	622	0	622	253,580	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,654	0	1,654	131,194	0	58.00
59.00 CARDIAC CATHETERIZATION	1,367	0	1,367	0	0	59.00
60.00 LABORATORY	4,685	0	4,685	1,730,252	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	126	0	126	0	0	62.00
65.00 RESPIRATORY THERAPY	1,417	0	1,417	552,577	0	65.00
66.00 PHYSICAL THERAPY	12,312	0	12,312	1,551,485	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 SLEEP LAB	2,133	0	2,133	123,614	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.01 IV SOLUTIONS	0	0	0	0	0	71.01
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
76.00 RADIOLOGY	2,298	0	2,298	402,350	0	76.00
76.97 CARDIAC REHABILITATION	1,510	0	1,510	53,674	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	296	0	296	133,354	0	90.00
91.00 EMERGENCY	4,195	0	4,195	1,272,621	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	4,732	0	4,732	1,315,599	0	95.00
101.00 HOME HEALTH AGENCY	0	2,748	2,748	1,083,361	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	0	744	744	118,876	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	182,916	3,492	186,408	31,717,202	-14,370,387	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	494	0	494	0	0	190.00
194.00 OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01 MOB	0	0	0	9,617,583	0	194.01
194.02 PHYSICIAN CLINICS	0	0	0	6,620,542	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	5,939,487	17,916	0	8,919,798		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	32.383660	5.130584	0.000000	0.186002		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: 150069

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL	69,068,767					5.00
7.00 OPERATION OF PLANT	4,154,892	105,589				7.00
8.00 LAUNDRY & LINEN SERVICE	328,589	1,747	478,274			8.00
9.00 HOUSEKEEPING	1,160,474	2,490	28,090	52,593		9.00
10.00 DIETARY	756,848	3,457	6,938	110	48,317	10.00
11.00 CAFETERIA	498,176	2,191	0	0	0	11.00
13.00 NURSING ADMINISTRATION	484,423	162	0	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	381,646	1,153	897	550	0	14.00
15.00 PHARMACY	5,818,892	1,729	0	397	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	853,149	4,942	0	965	0	16.00
17.00 SOCIAL SERVICE	253,391	220	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	4,985,547	15,762	160,058	16,071	44,843	30.00
31.00 INTENSIVE CARE UNIT	1,288,724	2,845	19,931	2,064	3,474	31.00
43.00 NURSERY	381,743	665	0	99	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,408,984	11,563	97,616	1,360	0	50.00
51.00 RECOVERY ROOM	321,207	770	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	223,038	2,345	0	672	0	52.00
53.00 ANESTHESIOLOGY	298,995	212	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,107,620	7,412	28,770	1,841	0	54.00
54.01 ULTRA SOUND	218,815	0	2,917	164	0	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	354,049	335	5,104	167	0	54.02
55.00 ONCOLOGY	1,301,597	5,000	2,601	784	0	55.00
57.00 CT SCAN	571,747	622	2,785	5	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	344,394	1,654	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	74,027	1,367	0	236	0	59.00
60.00 LABORATORY	4,273,856	4,685	161	1,344	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	419,661	126	0	0	0	62.00
65.00 RESPIRATORY THERAPY	754,185	1,417	0	0	0	65.00
66.00 PHYSICAL THERAPY	2,297,277	12,312	25,946	1,113	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 SLEEP LAB	317,808	2,133	3,914	297	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,494,022	0	0	0	0	71.00
71.01 IV SOLUTIONS	63,770	0	0	0	0	71.01
72.00 IMPL. DEV. CHARGED TO PATIENTS	520,691	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 RADIOLOGY	612,356	2,298	12,022	643	0	76.00
76.97 CARDIAC REHABILITATION	119,107	1,510	0	311	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	192,355	296	0	47	0	90.00
91.00 EMERGENCY	1,672,562	4,195	56,332	2,755	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	1,890,834	4,732	14,233	74	0	95.00
101.00 HOME HEALTH AGENCY	1,450,790	2,748	70	406	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	238,666	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	47,888,907	105,095	468,385	32,475	48,317	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	105,184	494	0	200	0	190.00
194.00 OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01 MOB	12,480,225	0	9,142	7,979	0	194.01
194.02 PHYSICIAN CLINICS	8,594,451	0	747	11,939	0	194.02
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)	14,370,387	5,019,355	480,002	1,548,478	1,088,853	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.208059	47.536723	1.003613	29.442663	22.535609	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,119,438	1,557,025	87,661	141,311	176,762	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.016208	14.746091	0.183286	2.686878	3.658381	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	798,217					11.00
13.00 NURSING ADMINISTRATION	10,407	314,857				13.00
14.00 CENTRAL SERVICES & SUPPLY	10,031	0	2,810,036			14.00
15.00 PHARMACY	20,241	0	4,402	100		15.00
16.00 MEDICAL RECORDS & LIBRARY	30,099	0	0	0	184,145,525	16.00
17.00 SOCIAL SERVICE	6,680	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	151,043	149,645	86,222	0	9,453,270	30.00
31.00 INTENSIVE CARE UNIT	27,606	27,606	8,865	0	2,066,257	31.00
43.00 NURSERY	8,252	9,233	0	0	681,120	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	62,656	62,656	112,373	0	16,639,462	50.00
51.00 RECOVERY ROOM	7,641	7,641	2,253	0	3,139,476	51.00
52.00 DELIVERY ROOM & LABOR ROOM	3,509	3,926	0	0	832,183	52.00
53.00 ANESTHESIOLOGY	16,268	0	8,328	0	3,170,859	53.00
54.00 RADIOLOGY-DIAGNOSTIC	80,337	0	5,592	0	9,194,515	54.00
54.01 ULTRA SOUND	5,003	0	1,685	0	2,855,918	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	3,986	0	368	0	4,570,360	54.02
55.00 ONCOLOGY	25,267	0	4,003	0	4,179,803	55.00
57.00 CT SCAN	9,247	0	1,385	0	14,075,754	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	4,152	0	0	0	5,247,296	58.00
59.00 CARDIAC CATHETERIZATION	5,321	0	1,138	0	1,759,362	59.00
60.00 LABORATORY	83,817	0	17,235	0	27,145,575	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	1,535,790	62.00
65.00 RESPIRATORY THERAPY	21,532	0	489	0	3,806,520	65.00
66.00 PHYSICAL THERAPY	53,045	0	2,155	0	8,193,378	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 SLEEP LAB	3,588	0	0	0	1,375,836	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,494,022	0	6,502,354	71.00
71.01 IV SOLUTIONS	0	0	0	0	1,157,724	71.01
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,387,531	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	100	33,084,539	73.00
76.00 RADIOLOGY	16,280	0	1,256	0	6,741,413	76.00
76.97 CARDIAC REHABILITATION	2,265	0	64	0	239,882	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	1,685	0	61	0	1,868	90.00
91.00 EMERGENCY	54,150	54,150	17,979	0	11,709,242	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	74,109	0	2,190	0	3,398,238	95.00
101.00 HOME HEALTH AGENCY	0	0	3,085	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	798,217	314,857	2,775,150	100	184,145,525	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
194.00 OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01 MOB	0	0	23,441	0	0	194.01
194.02 PHYSICIAN CLINICS	0	0	11,445	0	0	194.02
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)	705,979	602,117	541,826	7,142,196	1,320,613	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.884445	1.912351	0.192818	71,421.960000	0.007172	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	111,336	16,939	63,567	179,790	253,534	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.139481	0.053799	0.022621	1,797.900000	0.001377	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1
Date/Time Prepared:
5/16/2012 6:11 pm

Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
	(TIME SPENT)	(ASSIGNED TIME)	
	17.00	19.00	
GENERAL SERVICE COST CENTERS			
1.00 NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT HHA/HO			1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00 EMPLOYEE BENEFITS			4.00
5.00 ADMINISTRATIVE & GENERAL			5.00
7.00 OPERATION OF PLANT			7.00
8.00 LAUNDRY & LINEN SERVICE			8.00
9.00 HOUSEKEEPING			9.00
10.00 DIETARY			10.00
11.00 CAFETERIA			11.00
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	31,167		17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	11,517		30.00
31.00 INTENSIVE CARE UNIT	1,110		31.00
43.00 NURSERY	926		43.00
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
54.01 ULTRA SOUND	0	0	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	54.02
55.00 ONCOLOGY	0	0	55.00
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
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
69.01 SLEEP LAB	0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
71.01 IV SOLUTIONS	0	0	71.01
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00 RADIOLOGY	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	76.97
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)			92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 AMBULANCE SERVICES	0	0	95.00
101.00 HOME HEALTH AGENCY	13,951	0	101.00
SPECIAL PURPOSE COST CENTERS			
113.00 INTEREST EXPENSE			113.00
116.00 HOSPICE	3,663	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	31,167	0	118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.00
194.00 OTHER NON-REIMBURSABLE	0	0	194.00
194.01 MOB	0	0	194.01
194.02 PHYSICIAN CLINICS	0	0	194.02
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)	322,477	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	10.346745	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	15,407	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.494337	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C
Part I
Date/Time Prepared:
5/16/2012 6:11 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		9,039,831	0	9,039,831	30.00	
31.00	INTENSIVE CARE UNIT		1,956,380	0	1,956,380	31.00	
43.00	NURSERY		535,116	0	535,116	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		3,914,115	0	3,914,115	50.00	
51.00	RECOVERY ROOM		468,960	0	468,960	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		417,282	0	417,282	52.00	
53.00	ANESTHESIOLOGY		410,017	0	410,017	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		4,327,683	0	4,327,683	54.00	
54.01	ULTRA SOUND		297,331	0	297,331	54.01	
54.02	NUCLEAR MEDICINE - DIAGNOSTIC		490,051	0	490,051	54.02	
55.00	ONCOLOGY		1,888,880	0	1,888,880	55.00	
57.00	CT SCAN		832,610	0	832,610	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		535,980	0	535,980	58.00	
59.00	CARDIAC CATHETERIZATION		178,903	0	178,903	59.00	
60.00	LABORATORY		5,697,656	66,500	5,764,156	60.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		523,980	0	523,980	62.00	
65.00	RESPIRATORY THERAPY	0	1,024,898	0	1,024,898	65.00	
66.00	PHYSICAL THERAPY	0	3,525,422	0	3,525,422	66.00	
69.00	ELECTROCARDIOLOGY		0	0	0	69.00	
69.01	SLEEP LAB		511,039	0	511,039	69.01	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,540,454	0	3,540,454	71.00	
71.01	IV SOLUTIONS		85,341	0	85,341	71.01	
72.00	IMPL. DEV. CHARGED TO PATIENTS		638,976	0	638,976	72.00	
73.00	DRUGS CHARGED TO PATIENTS		7,379,402	0	7,379,402	73.00	
76.00	CARDIOLOGY		942,988	0	942,988	76.00	
76.97	CARDIAC REHABILITATION		228,560	0	228,560	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC		249,346	0	249,346	90.00	
91.00	EMERGENCY		2,596,515	0	2,596,515	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,770,327	0	1,770,327	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES		2,615,985	0	2,615,985	95.00	
101.00	HOME HEALTH AGENCY		2,040,238	0	2,040,238	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE					113.00	
116.00	HOSPICE		326,223		326,223	116.00	
200.00	Subtotal (see instructions)	0	58,990,489	66,500	59,056,989	200.00	
201.00	Less Observation Beds		1,770,327		1,770,327	201.00	
202.00	Total (see instructions)	0	57,220,162	66,500	57,286,662	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C
Part I
Date/Time Prepared:
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		Title XVIIII			Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	9,453,270		9,453,270		30.00
31.00	INTENSIVE CARE UNIT	2,066,257		2,066,257		31.00
43.00	NURSERY	681,120		681,120		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	3,238,536	13,400,925	16,639,461	0.235231	50.00
51.00	RECOVERY ROOM	748,903	2,390,572	3,139,475	0.149375	51.00
52.00	DELIVERY ROOM & LABOR ROOM	827,000	5,183	832,183	0.501431	52.00
53.00	ANESTHESIOLOGY	869,734	2,301,125	3,170,859	0.129308	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,247,134	7,947,381	9,194,515	0.470681	54.00
54.01	ULTRA SOUND	252,899	2,603,020	2,855,919	0.104110	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	503,145	4,067,216	4,570,361	0.107224	54.02
55.00	ONCOLOGY	72,138	4,107,665	4,179,803	0.451906	55.00
57.00	CT SCAN	2,791,230	11,284,524	14,075,754	0.059152	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	483,821	4,763,475	5,247,296	0.102144	58.00
59.00	CARDIAC CATHETERIZATION	584,828	1,174,534	1,759,362	0.101686	59.00
60.00	LABORATORY	5,662,536	21,483,039	27,145,575	0.209893	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	809,219	726,572	1,535,791	0.341179	62.00
65.00	RESPIRATORY THERAPY	3,019,833	786,687	3,806,520	0.269248	65.00
66.00	PHYSICAL THERAPY	1,131,872	7,061,506	8,193,378	0.430277	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	SLEEP LAB	0	1,375,836	1,375,836	0.371439	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,583,022	3,919,332	6,502,354	0.544488	71.00
71.01	IV SOLUTIONS	674,955	482,768	1,157,723	0.073715	71.01
72.00	IMPL. DEV. CHARGED TO PATIENTS	493,551	893,980	1,387,531	0.460513	72.00
73.00	DRUGS CHARGED TO PATIENTS	14,278,262	18,806,277	33,084,539	0.223047	73.00
76.00	CARDIOLOGY	1,858,054	4,883,349	6,741,403	0.139880	76.00
76.97	CARDIAC REHABILITATION	1,379	238,503	239,882	0.952802	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	915	95,566	96,481	2.584405	90.00
91.00	EMERGENCY	2,334,277	9,374,966	11,709,243	0.221749	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	469,936	1,456,893	1,926,829	0.918777	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	23,902	3,374,336	3,398,238	0.769806	95.00
101.00	HOME HEALTH AGENCY	0	2,077,329	2,077,329		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	0	609,474	609,474		116.00
200.00	Subtotal (see instructions)	57,161,728	131,692,033	188,853,761		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	57,161,728	131,692,033	188,853,761		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C
Part I
Date/Time Prepared:
5/16/2012 6:11 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.235231			50.00
51.00	RECOVERY ROOM	0.149375			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.501431			52.00
53.00	ANESTHESIOLOGY	0.129308			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.470681			54.00
54.01	ULTRA SOUND	0.104110			54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	0.107224			54.02
55.00	ONCOLOGY	0.451906			55.00
57.00	CT SCAN	0.059152			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.102144			58.00
59.00	CARDIAC CATHETERIZATION	0.101686			59.00
60.00	LABORATORY	0.212342			60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.341179			62.00
65.00	RESPIRATORY THERAPY	0.269248			65.00
66.00	PHYSICAL THERAPY	0.430277			66.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
69.01	SLEEP LAB	0.371439			69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.544488			71.00
71.01	IV SOLUTIONS	0.073715			71.01
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.460513			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.223047			73.00
76.00	CARDIOLOGY	0.139880			76.00
76.97	CARDIAC REHABILITATION	0.952802			76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	2.584405			90.00
91.00	EMERGENCY	0.221749			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.918777			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	0.769806			95.00
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
113.00	INTEREST EXPENSE				113.00
116.00	HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C
Part I
Date/Time Prepared:
5/16/2012 6:11 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		9,039,831	0	0	30.00	
31.00	INTENSIVE CARE UNIT		1,956,380	0	0	31.00	
43.00	NURSERY		535,116	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		3,914,115	0	0	50.00	
51.00	RECOVERY ROOM		468,960	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		417,282	0	0	52.00	
53.00	ANESTHESIOLOGY		410,017	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		4,327,683	0	0	54.00	
54.01	ULTRA SOUND		297,331	0	0	54.01	
54.02	NUCLEAR MEDICINE - DIAGNOSTIC		490,051	0	0	54.02	
55.00	ONCOLOGY		1,888,880	0	0	55.00	
57.00	CT SCAN		832,610	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		535,980	0	0	58.00	
59.00	CARDIAC CATHETERIZATION		178,903	0	0	59.00	
60.00	LABORATORY		5,697,656	0	0	60.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		523,980	0	0	62.00	
65.00	RESPIRATORY THERAPY	0	1,024,898	0	0	65.00	
66.00	PHYSICAL THERAPY	0	3,525,422	0	0	66.00	
69.00	ELECTROCARDIOLOGY		0	0	0	69.00	
69.01	SLEEP LAB		511,039	0	0	69.01	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,540,454	0	0	71.00	
71.01	IV SOLUTIONS		85,341	0	0	71.01	
72.00	IMPL. DEV. CHARGED TO PATIENTS		638,976	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		7,379,402	0	0	73.00	
76.00	CARDIOLOGY		942,988	0	0	76.00	
76.97	CARDIAC REHABILITATION		228,560	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC		249,346	0	0	90.00	
91.00	EMERGENCY		2,596,515	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,770,327	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES		2,615,985	0	0	95.00	
101.00	HOME HEALTH AGENCY		2,040,238	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE					113.00	
116.00	HOSPICE		326,223		0	116.00	
200.00	Subtotal (see instructions)	0	58,990,489	0	0	200.00	
201.00	Less Observation Beds		1,770,327		0	201.00	
202.00	Total (see instructions)	0	57,220,162	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C
Part I
Date/Time Prepared:
5/16/2012 6:11 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,453,270		9,453,270			30.00
31.00	INTENSIVE CARE UNIT	2,066,257		2,066,257			31.00
43.00	NURSERY	681,120		681,120			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	3,238,536	13,400,925	16,639,461	0.235231	0.000000	50.00
51.00	RECOVERY ROOM	748,903	2,390,572	3,139,475	0.149375	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	827,000	5,183	832,183	0.501431	0.000000	52.00
53.00	ANESTHESIOLOGY	869,734	2,301,125	3,170,859	0.129308	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,247,134	7,947,381	9,194,515	0.470681	0.000000	54.00
54.01	ULTRA SOUND	252,899	2,603,020	2,855,919	0.104110	0.000000	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	503,145	4,067,216	4,570,361	0.107224	0.000000	54.02
55.00	ONCOLOGY	72,138	4,107,665	4,179,803	0.451906	0.000000	55.00
57.00	CT SCAN	2,791,230	11,284,524	14,075,754	0.059152	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	483,821	4,763,475	5,247,296	0.102144	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	584,828	1,174,534	1,759,362	0.101686	0.000000	59.00
60.00	LABORATORY	5,662,536	21,483,039	27,145,575	0.209893	0.000000	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	809,219	726,572	1,535,791	0.341179	0.000000	62.00
65.00	RESPIRATORY THERAPY	3,019,833	786,687	3,806,520	0.269248	0.000000	65.00
66.00	PHYSICAL THERAPY	1,131,872	7,061,506	8,193,378	0.430277	0.000000	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01	SLEEP LAB	0	1,375,836	1,375,836	0.371439	0.000000	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,583,022	3,919,332	6,502,354	0.544488	0.000000	71.00
71.01	IV SOLUTIONS	674,955	482,768	1,157,723	0.073715	0.000000	71.01
72.00	IMPL. DEV. CHARGED TO PATIENTS	493,551	893,980	1,387,531	0.460513	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	14,278,262	18,806,277	33,084,539	0.223047	0.000000	73.00
76.00	CARDIOLOGY	1,858,054	4,883,349	6,741,403	0.139880	0.000000	76.00
76.97	CARDIAC REHABILITATION	1,379	238,503	239,882	0.952802	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	915	95,566	96,481	2.584405	0.000000	90.00
91.00	EMERGENCY	2,334,277	9,374,966	11,709,243	0.221749	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	469,936	1,456,893	1,926,829	0.918777	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	23,902	3,374,336	3,398,238	0.769806	0.000000	95.00
101.00	HOME HEALTH AGENCY	0	2,077,329	2,077,329			101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	0	609,474	609,474			116.00
200.00	Subtotal (see instructions)	57,161,728	131,692,033	188,853,761			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	57,161,728	131,692,033	188,853,761			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C
Part I
Date/Time Prepared:
5/16/2012 6:11 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000			50.00
51.00	RECOVERY ROOM	0.000000			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	ANESTHESIOLOGY	0.000000			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	ULTRA SOUND	0.000000			54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000			54.02
55.00	ONCOLOGY	0.000000			55.00
57.00	CT SCAN	0.000000			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.000000			60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
65.00	RESPIRATORY THERAPY	0.000000			65.00
66.00	PHYSICAL THERAPY	0.000000			66.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
69.01	SLEEP LAB	0.000000			69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
71.01	IV SOLUTIONS	0.000000			71.01
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	CARDIOLOGY	0.000000			76.00
76.97	CARDIAC REHABILITATION	0.000000			76.97
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
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	0.000000			95.00
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
113.00	INTEREST EXPENSE				113.00
116.00	HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150069

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

Worksheet C Part II Date/Time Prepared: 5/16/2012 6:11 pm

Cost Center Description		Title XIX Hospital Cost				
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	3,914,115	643,117	3,270,998	0	0
51.00	RECOVERY ROOM	468,960	47,346	421,614	0	0
52.00	DELIVERY ROOM & LABOR ROOM	417,282	117,787	299,495	0	0
53.00	ANESTHESIOLOGY	410,017	21,660	388,357	0	0
54.00	RADIOLOGY-DIAGNOSTIC	4,327,683	433,906	3,893,777	0	0
54.01	ULTRA SOUND	297,331	9,192	288,139	0	0
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	490,051	29,768	460,283	0	0
55.00	ONCOLOGY	1,888,880	268,699	1,620,181	0	0
57.00	CT SCAN	832,610	59,808	772,802	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	535,980	91,340	444,640	0	0
59.00	CARDIAC CATHETERIZATION	178,903	69,451	109,452	0	0
60.00	LABORATORY	5,697,656	343,174	5,354,482	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	523,980	14,855	509,125	0	0
65.00	RESPIRATORY THERAPY	1,024,898	87,263	937,635	0	0
66.00	PHYSICAL THERAPY	3,525,422	643,972	2,881,450	0	0
69.00	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	SLEEP LAB	511,039	109,588	401,451	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,540,454	105,796	3,434,658	0	0
71.01	IV SOLUTIONS	85,341	2,628	82,713	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	638,976	10,350	628,626	0	0
73.00	DRUGS CHARGED TO PATIENTS	7,379,402	225,311	7,154,091	0	0
76.00	CARDIOLOGY	942,988	133,743	809,245	0	0
76.97	CARDIAC REHABILITATION	228,560	74,579	153,981	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	249,346	17,434	231,912	0	0
91.00	EMERGENCY	2,596,515	269,542	2,326,973	0	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,770,327	217,380	1,552,947	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	2,615,985	271,539	2,344,446	0	0
101.00	HOME HEALTH AGENCY	2,040,238	86,205	1,954,033	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					
116.00	HOSPICE	326,223	9,496	316,727	0	0
200.00	Subtotal (sum of lines 50 thru 199)	47,459,162	4,414,929	43,044,233	0	0
201.00	Less Observation Beds	1,770,327	217,380	1,552,947	0	0
202.00	Total (line 200 minus line 201)	45,688,835	4,197,549	41,491,286	0	0

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150069

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

Worksheet C Part II Date/Time Prepared: 5/16/2012 6:11 pm

Cost Center Description		Title XIX			Hospital	Cost
		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	3,914,115	16,639,461	0.235231		50.00
51.00	RECOVERY ROOM	468,960	3,139,475	0.149375		51.00
52.00	DELIVERY ROOM & LABOR ROOM	417,282	832,183	0.501431		52.00
53.00	ANESTHESIOLOGY	410,017	3,170,859	0.129308		53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,327,683	9,194,515	0.470681		54.00
54.01	ULTRA SOUND	297,331	2,855,919	0.104110		54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	490,051	4,570,361	0.107224		54.02
55.00	ONCOLOGY	1,888,880	4,179,803	0.451906		55.00
57.00	CT SCAN	832,610	14,075,754	0.059152		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	535,980	5,247,296	0.102144		58.00
59.00	CARDIAC CATHETERIZATION	178,903	1,759,362	0.101686		59.00
60.00	LABORATORY	5,697,656	27,145,575	0.209893		60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	523,980	1,535,791	0.341179		62.00
65.00	RESPIRATORY THERAPY	1,024,898	3,806,520	0.269248		65.00
66.00	PHYSICAL THERAPY	3,525,422	8,193,378	0.430277		66.00
69.00	ELECTROCARDIOLOGY	0	0	0.000000		69.00
69.01	SLEEP LAB	511,039	1,375,836	0.371439		69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,540,454	6,502,354	0.544488		71.00
71.01	IV SOLUTIONS	85,341	1,157,723	0.073715		71.01
72.00	IMPL. DEV. CHARGED TO PATIENTS	638,976	1,387,531	0.460513		72.00
73.00	DRUGS CHARGED TO PATIENTS	7,379,402	33,084,539	0.223047		73.00
76.00	CARDIOLOGY	942,988	6,741,403	0.139880		76.00
76.97	CARDIAC REHABILITATION	228,560	239,882	0.952802		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	249,346	96,481	2.584405		90.00
91.00	EMERGENCY	2,596,515	11,709,243	0.221749		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,770,327	1,926,829	0.918777		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	2,615,985	3,398,238	0.769806		95.00
101.00	HOME HEALTH AGENCY	2,040,238	2,077,329	0.982145		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	326,223	609,474	0.535253		116.00
200.00	Subtotal (sum of lines 50 thru 199)	47,459,162	0			200.00
201.00	Less Observation Beds	1,770,327	0			201.00
202.00	Total (line 200 minus line 201)	45,688,835	176,653,114			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150069		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/16/2012 6:11 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,110,010	0	1,110,010	12,485	88.91	30.00
31.00	INTENSIVE CARE UNIT	185,812		185,812	1,230	151.07	31.00
43.00	NURSERY	40,838		40,838	769	53.11	43.00
200.00	Total (lines 30-199)	1,336,660		1,336,660	14,484		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150069		Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/16/2012 6:11 pm
		Title XVIII		Hospital	PPS
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	5,925	526,792		30.00
31.00	INTENSIVE CARE UNIT	746	112,698		31.00
43.00	NURSERY	0	0		43.00
200.00	Total (Lines 30-199)	6,671	639,490		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/16/2012 6:11 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	643,117	16,639,461	0.038650	1,254,698	48,494	50.00
51.00	RECOVERY ROOM	47,346	3,139,475	0.015081	426,130	6,426	51.00
52.00	DELIVERY ROOM & LABOR ROOM	117,787	832,183	0.141540	0	0	52.00
53.00	ANESTHESIOLOGY	21,660	3,170,859	0.006831	393,020	2,685	53.00
54.00	RADIOLOGY-DIAGNOSTIC	433,906	9,194,515	0.047192	893,459	42,164	54.00
54.01	ULTRA SOUND	9,192	2,855,919	0.003219	129,445	417	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	29,768	4,570,361	0.006513	210,556	1,371	54.02
55.00	ONCOLOGY	268,699	4,179,803	0.064285	41,481	2,667	55.00
57.00	CT SCAN	59,808	14,075,754	0.004249	1,691,860	7,189	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	91,340	5,247,296	0.017407	312,188	5,434	58.00
59.00	CARDIAC CATHETERIZATION	69,451	1,759,362	0.039475	261,285	10,314	59.00
60.00	LABORATORY	343,174	27,145,575	0.012642	3,709,241	46,892	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	14,855	1,535,791	0.009673	421,402	4,076	62.00
65.00	RESPIRATORY THERAPY	87,263	3,806,520	0.022925	1,235,040	28,313	65.00
66.00	PHYSICAL THERAPY	643,972	8,193,378	0.078597	859,567	67,559	66.00
69.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	SLEEP LAB	109,588	1,375,836	0.079652	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	105,796	6,502,354	0.016270	1,995,839	32,472	71.00
71.01	IV SOLUTIONS	2,628	1,157,723	0.002270	631,032	1,432	71.01
72.00	IMPL. DEV. CHARGED TO PATIENTS	10,350	1,387,531	0.007459	359,145	2,679	72.00
73.00	DRUGS CHARGED TO PATIENTS	225,311	33,084,539	0.006810	9,128,544	62,165	73.00
76.00	CARDIOLOGY	133,743	6,741,403	0.019839	1,303,117	25,853	76.00
76.97	CARDIAC REHABILITATION	74,579	239,882	0.310899	181	56	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	17,434	96,481	0.180699	0	0	90.00
91.00	EMERGENCY	269,542	11,709,243	0.023020	1,547,620	35,626	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	217,380	1,926,829	0.112817	253,346	28,582	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	4,047,689	170,568,073		27,058,196	462,866	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150069		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/16/2012 6:11 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (Lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150069		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/16/2012 6:11 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	12,485	0.00	5,925	0	30.00	
31.00	INTENSIVE CARE UNIT	1,230	0.00	746	0	31.00	
43.00	NURSERY	769	0.00	0	0	43.00	
200.00	Total (lines 30-199)	14,484		6,671	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/16/2012 6:11 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
54.01 ULTRA SOUND	0	0	0	0	0	0	0	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	0	54.02
55.00 ONCOLOGY	0	0	0	0	0	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
69.01 SLEEP LAB	0	0	0	0	0	0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
71.01 IV SOLUTIONS	0	0	0	0	0	0	0	71.01
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
76.00 RADIOLOGY	0	0	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00 CLINIC	0	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00 AMBULANCE SERVICES								95.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/16/2012 6:11 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	16,639,461	0.000000	0.000000	1,254,698	50.00
51.00	RECOVERY ROOM	0	3,139,475	0.000000	0.000000	426,130	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	832,183	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	3,170,859	0.000000	0.000000	393,020	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	9,194,515	0.000000	0.000000	893,459	54.00
54.01	ULTRA SOUND	0	2,855,919	0.000000	0.000000	129,445	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	0	4,570,361	0.000000	0.000000	210,556	54.02
55.00	ONCOLOGY	0	4,179,803	0.000000	0.000000	41,481	55.00
57.00	CT SCAN	0	14,075,754	0.000000	0.000000	1,691,860	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	5,247,296	0.000000	0.000000	312,188	58.00
59.00	CARDIAC CATHETERIZATION	0	1,759,362	0.000000	0.000000	261,285	59.00
60.00	LABORATORY	0	27,145,575	0.000000	0.000000	3,709,241	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,535,791	0.000000	0.000000	421,402	62.00
65.00	RESPIRATORY THERAPY	0	3,806,520	0.000000	0.000000	1,235,040	65.00
66.00	PHYSICAL THERAPY	0	8,193,378	0.000000	0.000000	859,567	66.00
69.00	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
69.01	SLEEP LAB	0	1,375,836	0.000000	0.000000	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,502,354	0.000000	0.000000	1,995,839	71.00
71.01	IV SOLUTIONS	0	1,157,723	0.000000	0.000000	631,032	71.01
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	1,387,531	0.000000	0.000000	359,145	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	33,084,539	0.000000	0.000000	9,128,544	73.00
76.00	CARDIOLOGY	0	6,741,403	0.000000	0.000000	1,303,117	76.00
76.97	CARDIAC REHABILITATION	0	239,882	0.000000	0.000000	181	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	96,481	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	11,709,243	0.000000	0.000000	1,547,620	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,926,829	0.000000	0.000000	253,346	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	170,568,073			27,058,196	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/16/2012 6:11 pm
Title XVIII		Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	3,147,402	0	50.00
51.00 RECOVERY ROOM	0	692,373	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	470,578	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	3,007,505	0	54.00
54.01 ULTRA SOUND	0	503,860	0	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	0	1,440,057	0	54.02
55.00 ONCOLOGY	0	2,392,773	0	55.00
57.00 CT SCAN	0	3,819,201	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	1,434,684	0	58.00
59.00 CARDIAC CATHETERIZATION	0	554,052	0	59.00
60.00 LABORATORY	0	697,409	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	288,015	0	62.00
65.00 RESPIRATORY THERAPY	0	309,136	0	65.00
66.00 PHYSICAL THERAPY	0	174	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
69.01 SLEEP LAB	0	0	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	986,943	0	71.00
71.01 IV SOLUTIONS	0	206,551	0	71.01
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	575,076	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	10,040,734	0	73.00
76.00 RADIOLOGY	0	2,756,829	0	76.00
76.97 CARDIAC REHABILITATION	0	116,263	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0	0	90.00
91.00 EMERGENCY	0	3,668,280	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	393,916	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	0	37,501,811	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/16/2012 6:11 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.235231	3,147,402	0	0	50.00
51.00	RECOVERY ROOM	0.149375	692,373	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.501431	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.129308	470,578	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.470681	3,007,505	0	0	54.00
54.01	ULTRA SOUND	0.104110	503,860	0	0	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	0.107224	1,440,057	0	0	54.02
55.00	ONCOLOGY	0.451906	2,392,773	0	0	55.00
57.00	CT SCAN	0.059152	3,819,201	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.102144	1,434,684	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.101686	554,052	0	0	59.00
60.00	LABORATORY	0.209893	697,409	0	0	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.341179	288,015	0	0	62.00
65.00	RESPIRATORY THERAPY	0.269248	309,136	0	0	65.00
66.00	PHYSICAL THERAPY	0.430277	174	0	0	66.00
69.00	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
69.01	SLEEP LAB	0.371439	0	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.544488	986,943	0	0	71.00
71.01	IV SOLUTIONS	0.073715	206,551	0	0	71.01
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.460513	575,076	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.223047	10,040,734	-6,214	26,838	73.00
76.00	CARDIOLOGY	0.139880	2,756,829	0	0	76.00
76.97	CARDIAC REHABILITATION	0.952802	116,263	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	2.584405	0	0	0	90.00
91.00	EMERGENCY	0.221749	3,668,280	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.918777	393,916	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0.769806		0		95.00
200.00	Subtotal (see instructions)		37,501,811	-6,214	26,838	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		37,501,811	-6,214	26,838	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/16/2012 6:11 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	740,367	0	0		50.00
51.00 RECOVERY ROOM	103,423	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	60,850	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,415,575	0	0		54.00
54.01 ULTRA SOUND	52,457	0	0		54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	154,409	0	0		54.02
55.00 ONCOLOGY	1,081,308	0	0		55.00
57.00 CT SCAN	225,913	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	146,544	0	0		58.00
59.00 CARDIAC CATHETERIZATION	56,339	0	0		59.00
60.00 LABORATORY	146,381	0	0		60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	98,265	0	0		62.00
65.00 RESPIRATORY THERAPY	83,234	0	0		65.00
66.00 PHYSICAL THERAPY	75	0	0		66.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
69.01 SLEEP LAB	0	0	0		69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	537,379	0	0		71.00
71.01 IV SOLUTIONS	15,226	0	0		71.01
72.00 IMPL. DEV. CHARGED TO PATIENTS	264,830	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	2,239,556	-1,386	5,986		73.00
76.00 RADIOLOGY	385,625	0	0		76.00
76.97 CARDIAC REHABILITATION	110,776	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	813,437	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	361,921	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES		0			95.00
200.00 Subtotal (see instructions)	9,093,890	-1,386	5,986		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	9,093,890	-1,386	5,986		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/16/2012 6:11 pm
	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		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.235231	0	0	882,026		50.00
51.00 RECOVERY ROOM	0.149375	0	0	187,388		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.501431	0	0	0		52.00
53.00 ANESTHESIOLOGY	0.129308	0	0	186,313		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.470681	0	0	451,548		54.00
54.01 ULTRA SOUND	0.104110	0	0	248,785		54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	0.107224	0	0	156,128		54.02
55.00 ONCOLOGY	0.451906	0	0	56,929		55.00
57.00 CT SCAN	0.059152	0	0	598,274		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.102144	0	0	295,491		58.00
59.00 CARDIAC CATHETERIZATION	0.101686	0	0	58,372		59.00
60.00 LABORATORY	0.209893	0	0	1,386,866		60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.341179	0	0	29,102		62.00
65.00 RESPIRATORY THERAPY	0.269248	0	0	53,424		65.00
66.00 PHYSICAL THERAPY	0.430277	0	0	25,609		66.00
69.00 ELECTROCARDIOLOGY	0.000000	0	0	0		69.00
69.01 SLEEP LAB	0.371439	0	0	67,572		69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.544488	0	0	92,179		71.00
71.01 IV SOLUTIONS	0.073715	0	0	38,262		71.01
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.460513	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.223047	0	0	417,332		73.00
76.00 RADIOLOGY	0.139880	0	0	219,499		76.00
76.97 CARDIAC REHABILITATION	0.952802	0	0	5,952		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	2.584405	0	0	149		90.00
91.00 EMERGENCY	0.221749	0	0	803,704		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.918777	0	0	341,513		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0.769806	0	0			95.00
200.00 Subtotal (see instructions)		0	0	6,602,417		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	6,602,417		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/16/2012 6:11 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	207,480		50.00
51.00 RECOVERY ROOM	0	0	27,991		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	24,092		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	212,535		54.00
54.01 ULTRASOUND	0	0	25,901		54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	16,741		54.02
55.00 ONCOLOGY	0	0	25,727		55.00
57.00 CT SCAN	0	0	35,389		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	30,183		58.00
59.00 CARDIAC CATHETERIZATION	0	0	5,936		59.00
60.00 LABORATORY	0	0	291,093		60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	9,929		62.00
65.00 RESPIRATORY THERAPY	0	0	14,384		65.00
66.00 PHYSICAL THERAPY	0	0	11,019		66.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
69.01 SLEEP LAB	0	0	25,099		69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	50,190		71.00
71.01 IV SOLUTIONS	0	0	2,820		71.01
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	93,085		73.00
76.00 RADIOLOGY	0	0	30,704		76.00
76.97 CARDIAC REHABILITATION	0	0	5,671		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	0	385		90.00
91.00 EMERGENCY	0	0	178,221		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	313,774		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES		0			95.00
200.00 Subtotal (see instructions)	0	0	1,638,349		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	1,638,349		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/16/2012 6:11 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,485	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,485	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)		12,485	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		5,925	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		9,039,831	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		9,039,831	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		9,453,270	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		9,453,270	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.956265	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)		757.17	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)		9,039,831	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)		724.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,290,056	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,290,056	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/16/2012 6:11 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	1,956,380	1,230	1,590.55	746	1,186,550	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,770,387	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,246,993	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)					639,490	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					462,866	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,102,356	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,144,637	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)					2,445	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					724.06	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,770,327	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/16/2012 6:11 pm	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,110,010	9,039,831	0.122791	1,770,327	217,380	90.00
91.00	Nursing School cost	0	9,039,831	0.000000	1,770,327	0	91.00
92.00	Allied health cost	0	9,039,831	0.000000	1,770,327	0	92.00
93.00	All other Medical Education	0	9,039,831	0.000000	1,770,327	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/16/2012 6:11 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,485	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,485	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)		12,485	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		976	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)		769	15.00
16.00	Nursery days (title V or XIX only)		382	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		9,039,831	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		9,039,831	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		9,453,270	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		9,453,270	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.956265	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)		757.17	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)		9,039,831	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)		724.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		706,683	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)		706,683	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/16/2012 6:11 pm		
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
42.00	NURSERY (title V & XIX only)	535,116	769	695.86	382	265,819	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	1,956,380	1,230	1,590.55	139	221,086	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					706,228	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,899,816	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)					2,445	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					724.06	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,770,327	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/16/2012 6:11 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	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: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/16/2012 6:11 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		4,258,663		30.00
31.00	INTENSIVE CARE UNIT		1,025,964		31.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.235231	1,254,698	295,144	50.00
51.00	RECOVERY ROOM	0.149375	426,130	63,653	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.501431	0	0	52.00
53.00	ANESTHESIOLOGY	0.129308	393,020	50,821	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.470681	893,459	420,534	54.00
54.01	ULTRA SOUND	0.104110	129,445	13,477	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	0.107224	210,556	22,577	54.02
55.00	ONCOLOGY	0.451906	41,481	18,746	55.00
57.00	CT SCAN	0.059152	1,691,860	100,077	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.102144	312,188	31,888	58.00
59.00	CARDIAC CATHETERIZATION	0.101686	261,285	26,569	59.00
60.00	LABORATORY	0.212342	3,709,241	787,628	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.341179	421,402	143,774	62.00
65.00	RESPIRATORY THERAPY	0.269248	1,235,040	332,532	65.00
66.00	PHYSICAL THERAPY	0.430277	859,567	369,852	66.00
69.00	ELECTROCARDIOLOGY	0.000000	0	0	69.00
69.01	SLEEP LAB	0.371439	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.544488	1,995,839	1,086,710	71.00
71.01	IV SOLUTIONS	0.073715	631,032	46,517	71.01
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.460513	359,145	165,391	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.223047	9,128,544	2,036,094	73.00
76.00	CARDIOLOGY	0.139880	1,303,117	182,280	76.00
76.97	CARDIAC REHABILITATION	0.952802	181	172	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	2.584405	0	0	90.00
91.00	EMERGENCY	0.221749	1,547,620	343,183	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.918777	253,346	232,768	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		27,058,196	6,770,387	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)		27,058,196		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/16/2012 6:11 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		583,523		30.00
31.00	INTENSIVE CARE UNIT		119,768		31.00
43.00	NURSERY		196,984		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.235231	272,451	64,089	50.00
51.00	RECOVERY ROOM	0.149375	61,325	9,160	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.501431	227,661	114,156	52.00
53.00	ANESTHESIOLOGY	0.129308	57,470	7,431	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.470681	52,422	24,674	54.00
54.01	ULTRA SOUND	0.104110	15,046	1,566	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	0.107224	31,590	3,387	54.02
55.00	ONCOLOGY	0.451906	6,628	2,995	55.00
57.00	CT SCAN	0.059152	113,276	6,701	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.102144	20,313	2,075	58.00
59.00	CARDIAC CATHETERIZATION	0.101686	45,060	4,582	59.00
60.00	LABORATORY	0.209893	353,857	74,272	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.341179	24,697	8,426	62.00
65.00	RESPIRATORY THERAPY	0.269248	171,864	46,274	65.00
66.00	PHYSICAL THERAPY	0.430277	31,323	13,478	66.00
69.00	ELECTROCARDIOLOGY	0.000000	0	0	69.00
69.01	SLEEP LAB	0.371439	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.544488	179,726	97,859	71.00
71.01	IV SOLUTIONS	0.073715	43,923	3,238	71.01
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.460513	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.223047	834,236	186,074	73.00
76.00	CARDIOLOGY	0.139880	66,759	9,338	76.00
76.97	CARDIAC REHABILITATION	0.952802	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	2.584405	0	0	90.00
91.00	EMERGENCY	0.221749	119,293	26,453	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.918777	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		2,728,920	706,228	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)		2,728,920		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/16/2012 6:11 pm
		Title XVII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		10,025,619	1.00
2.00	Outlier payments for discharges. (see instructions)		69,705	2.00
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		75.30	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.76	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		18.22	31.00
32.00	Sum of lines 30 and 31		21.98	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.35	33.00
34.00	Disproportionate share adjustment (see instructions)		736,883	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		10,832,207	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		11,013,142	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		11,013,142	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		822,736	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/16/2012 6:11 pm
		Title XVIII	Hospital	PPS
		1.00		
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			11,835,878 59.00
60.00	Primary payer payments			14,917 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			11,820,961 61.00
62.00	Deductibles billed to program beneficiaries			1,287,736 62.00
63.00	Coinsurance billed to program beneficiaries			13,301 63.00
64.00	Allowable bad debts (see instructions)			394,304 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			276,013 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			223,371 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			10,795,937 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			10,795,937 71.00
72.00	Interim payments			10,422,817 72.00
73.00	Tentative settlement (for contractor use only)			0 73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)			373,120 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			208,000 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/16/2012 6:11 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		4,600	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,093,890	2.00
3.00	PPS payments		9,152,490	3.00
4.00	Outlier payment (see instructions)		866	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.921	5.00
6.00	Line 2 times line 5		8,375,473	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)		4,600	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		20,624	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)		20,624	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)		20,624	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		16,024	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		4,600	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)		9,153,356	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,135,962	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)		7,021,994	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)		7,021,994	30.00
31.00	Primary payer payments		1,321	31.00
32.00	Subtotal (line 30 minus line 31)		7,020,673	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)		448,200	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		313,740	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		285,410	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		7,334,413	37.00
38.00	MSP-LCC reconciliation amount from PS&R		752	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)		7,333,661	40.00
41.00	Interim payments		7,165,023	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)		168,638	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 150069		Period: From 01/01/2011 To 12/31/2011		Worksheet E-1 Part I Date/Time Prepared: 5/16/2012 6:11 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		10,335,968		7,167,372	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	07/11/2011	86,849		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0	07/11/2011	2,349	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)		86,849		-2,349	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)		10,422,817		7,165,023	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		373,120		168,638	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		10,795,937		7,333,661	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/16/2012 6:11 pm
		Title XIX	Hospital	Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		1,899,816	1.00
2.00	Medical and other services		1,638,349	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		3,538,165	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		3,538,165	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		900,275	8.00
9.00	Ancillary service charges		9,331,337	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		10,231,612	12.00
CUSTOMARY CHRGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		10,231,612	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		6,693,447	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		3,538,165	21.00
PROSPECTIVE PAYMENT AMOUNT				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		3,538,165	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		3,538,165	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		3,538,165	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		3,538,165	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		3,538,165	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus 41)		3,538,165	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

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

Provider CCN: 150069

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

Worksheet G

Date/Time Prepared:
5/16/2012 6:11 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	7,459,837	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	10,973,022	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,113,551	0	0	0	7.00
8.00	Prepaid expenses	969,902	0	0	0	8.00
9.00	Other current assets	239,296	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)	21,755,608	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,442,188	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	87,925,548	0	0	0	15.00
16.00	Accumulated depreciation	-55,777,117	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	38,483,611	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	76,074,230	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,000,000	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	130,199,228	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	131,199,228	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	229,029,066	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,300,774	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,096,656	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	8,668,858	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	15,066,288	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	98,253,087	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	993,354	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	99,246,441	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	114,312,729	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	114,716,337				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)	114,716,337	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	229,029,066	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150069

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

Worksheet G-1

Date/Time Prepared:
5/16/2012 6:11 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		114,169,289	
2.00	Net income (loss) (From Wkst. G-3, line 29)		547,048			2.00
3.00	Total (sum of line 1 and line 2)		114,716,337		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)		114,716,337		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		114,716,337		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150069

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

Worksheet G-1

Date/Time Prepared:
5/16/2012 6:11 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150069

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

Worksheet G-2 Parts

Date/Time Prepared:
5/16/2012 6:11 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	12,590,016		12,590,016	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	12,590,016		12,590,016	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,345,342		2,345,342	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,345,342		2,345,342	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	14,935,358		14,935,358	17.00
18.00	Ancillary services	42,110,253	116,818,783	158,929,036	18.00
19.00	Outpatient services	2,358,816	9,468,107	11,826,923	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		2,112,088	2,112,088	22.00
23.00	AMBULANCE SERVICES	23,902	3,389,414	3,413,316	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	609,474	609,474	26.00
27.00	OTHER (SPECIFY)	23,695	57,106,123	57,129,818	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	59,452,024	189,503,989	248,956,013	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		92,948,062		29.00
30.00	BAD DEBTS	13,857,055			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)		13,857,055		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		106,805,117		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150069

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

Worksheet G-3

Date/Time Prepared:
5/16/2012 6:11 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	248,956,013	1.00
2.00	Less contractual allowances and discounts on patients' accounts	139,807,966	2.00
3.00	Net patient revenues (line 1 minus line 2)	109,148,047	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	106,805,117	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,342,930	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	1,367,085	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	255,585	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	86,493	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	61,607	22.00
23.00	Governmental appropriations	0	23.00
24.00	RADIOLOGY SCHOOL	37,282	24.00
24.01	NON-PT	29,695	24.01
25.00	Total other income (sum of lines 6-24)	1,837,747	25.00
26.00	Total (line 5 plus line 25)	4,180,677	26.00
27.00	GAIN/LOSS	3,633,629	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	3,633,629	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	547,048	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150069

Period: From 01/01/2011

Worksheet H

HHA CCN: 157141

To 12/31/2011

Date/Time Prepared: 5/16/2012 6:11 pm

Home Health Agency I

PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	1.00
2.00	Capital Related - Movable Equipment			0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	333,486	0	317	0	17,358	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	414,544	0	41,242	0	0	6.00
7.00	Physical Therapy	209,320	0	28,543	0	0	7.00
8.00	Occupational Therapy	54,135	0	5,391	0	0	8.00
9.00	Speech Pathology	1,721	0	130	0	0	9.00
10.00	Medical Social Services	7,753	0	65	0	0	10.00
11.00	Home Health Aide	62,402	0	19,402	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	40,091	12.00
13.00	Drugs	0	0	0	0	67	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)	1,083,361	0	95,090	0	57,516	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.
 5/16/2012 6:11 pm J:\50445000 King's Daughters' Hospital \2011\Hfs\KDH2011 (2).mcrx

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150069

Period: From 01/01/2011

Worksheet H

HHA CCN: 157141

To 12/31/2011

Date/Time Prepared: 5/16/2012 6:11 pm

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	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	351,161	-716	350,445	0	350,445 5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	455,786	0	455,786	0	455,786 6.00
7.00	Physical Therapy	237,863	0	237,863	0	237,863 7.00
8.00	Occupational Therapy	59,526	0	59,526	0	59,526 8.00
9.00	Speech Pathology	1,851	0	1,851	0	1,851 9.00
10.00	Medical Social Services	7,818	0	7,818	0	7,818 10.00
11.00	Home Health Aide	81,804	0	81,804	0	81,804 11.00
12.00	Supplies (see instructions)	40,091	0	40,091	0	40,091 12.00
13.00	Drugs	67	-67	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)	1,235,967	-783	1,235,184	0	1,235,184 24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.
 5/16/2012 6:11 pm J:\50445000 King's Daughters' Hospital \2011\Hfs\KDH2011 (2).mcrx

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150069	Period: From 01/01/2011	Worksheet H-1
		HHA CCN: 157141	To 12/31/2011	Part I
			Home Health Agency I	Date/Time Prepared: 5/16/2012 6:11 pm
				PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0		3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	350,445	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	455,786	0	0	0	6.00
7.00	Physical Therapy	237,863	0	0	0	7.00
8.00	Occupational Therapy	59,526	0	0	0	8.00
9.00	Speech Pathology	1,851	0	0	0	9.00
10.00	Medical Social Services	7,818	0	0	0	10.00
11.00	Home Health Aide	81,804	0	0	0	11.00
12.00	Supplies (see instructions)	40,091	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,235,184	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150069	Period: From 01/01/2011	Worksheet H-1
		HHA CCN: 157141	To 12/31/2011	Part I
			Home Health Agency I	Date/Time Prepared: 5/16/2012 6:11 pm
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	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related - Bldg. & Fixtures	0		1.00
2.00	Capital Related - Movable Equipment	0		2.00
3.00	Plant Operation & Maintenance	0		3.00
4.00	Transportation			4.00
5.00	Administrative and General	350,445	350,445	5.00
HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	455,786	180,536	636,322
7.00	Physical Therapy	237,863	94,218	332,081
8.00	Occupational Therapy	59,526	23,578	83,104
9.00	Speech Pathology	1,851	733	2,584
10.00	Medical Social Services	7,818	3,097	10,915
11.00	Home Health Aide	81,804	32,403	114,207
12.00	Supplies (see instructions)	40,091	15,880	55,971
13.00	Drugs	0	0	0
14.00	DME	0	0	0
HHA NONREIMBURSABLE SERVICES				
15.00	Home Dialysis Aide Services	0	0	0
16.00	Respiratory Therapy	0	0	0
17.00	Private Duty Nursing	0	0	0
18.00	Clinic	0	0	0
19.00	Health Promotion Activities	0	0	0
20.00	Day Care Program	0	0	0
21.00	Home Delivered Meals Program	0	0	0
22.00	Homemaker Service	0	0	0
23.00	All Others (specify)	0	0	0
24.00	Total (sum of lines 1-23)	884,739		1,235,184

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150069
HHA CCN: 157141

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

Worksheet H-1
Part II
Date/Time Prepared:
5/16/2012 6:11 pm

		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	2,748				0	1.00
2.00	Capital Related - Movable Equipment		2,748			0	2.00
3.00	Plant Operation & Maintenance	0	0	2,748		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	2,748	2,748	2,748	0	-350,445	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)	2,748	2,748	2,748	0	-350,445	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: 150069	Period: From 01/01/2011	Worksheet H-1 Part II Date/Time Prepared: 5/16/2012 6:11 pm
	HHA CCN: 157141	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	884,739	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	455,786	6.00
7.00	Physical Therapy	237,863	7.00
8.00	Occupational Therapy	59,526	8.00
9.00	Speech Pathology	1,851	9.00
10.00	Medical Social Services	7,818	10.00
11.00	Home Health Aide	81,804	11.00
12.00	Supplies (see instructions)	40,091	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	884,739	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	350,445	25.00
26.00	Unit Cost Multiplier	0.396100	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part I Date/Time Prepared: 5/16/2012 6:11 pm
		HHA CCN: 157141	Home Health Agency I	PPS

		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS	
		HHA Trial Balance (1)	NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
		0	1.00	1.01	2.00	4.00	
1.00	Administrative and General	0	0	14,099	0	62,029	1.00
2.00	Skilled Nursing Care	636,322	0	0	0	77,106	2.00
3.00	Physical Therapy	332,081	0	0	0	38,934	3.00
4.00	Occupational Therapy	83,104	0	0	0	10,069	4.00
5.00	Speech Pathology	2,584	0	0	0	320	5.00
6.00	Medical Social Services	10,915	0	0	0	1,442	6.00
7.00	Home Health Aide	114,207	0	0	0	11,607	7.00
8.00	Supplies (see instructions)	55,971	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)	1,235,184	0	14,099	0	201,507	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: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part I Date/Time Prepared: 5/16/2012 6:11 pm
		HHA CCN: 157141	Home Health Agency I	PPS

		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
1.00	Administrative and General	76,128	15,839	130,631	70	11,954	1.00
2.00	Skilled Nursing Care	713,428	148,436	0	0	0	2.00
3.00	Physical Therapy	371,015	77,193	0	0	0	3.00
4.00	Occupational Therapy	93,173	19,385	0	0	0	4.00
5.00	Speech Pathology	2,904	604	0	0	0	5.00
6.00	Medical Social Services	12,357	2,571	0	0	0	6.00
7.00	Home Health Aide	125,814	26,177	0	0	0	7.00
8.00	Supplies (see instructions)	55,971	11,645	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)	1,450,790	301,850	130,631	70	11,954	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: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part I Date/Time Prepared: 5/16/2012 6:11 pm
		HHA CCN: 157141	Home Health Agency I	PPS

	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	595	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	0	595	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: 150069 HHA CCN: 157141		Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part I Date/Time Prepared: 5/16/2012 6:11 pm PPS		
		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Home Health Agency I	Intern & Residents Cost & Post Stepdown Adjustments
		16.00	17.00	19.00	24.00		25.00
1.00	Administrative and General	0	0	0	234,622		0 1.00
2.00	Skilled Nursing Care	0	0	0	861,864		0 2.00
3.00	Physical Therapy	0	0	0	448,208		0 3.00
4.00	Occupational Therapy	0	0	0	112,558		0 4.00
5.00	Speech Pathology	0	0	0	3,508		0 5.00
6.00	Medical Social Services	0	0	0	14,928		0 6.00
7.00	Home Health Aide	0	0	0	151,991		0 7.00
8.00	Supplies (see instructions)	0	144,348	0	212,559		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	144,348	0	2,040,238		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: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part I Date/Time Prepared: 5/16/2012 6:11 pm
		HHA CCN: 157141	Home Health Agency I	PPS

		Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		26.00	27.00	28.00	
1.00	Administrative and General	234,622			1.00
2.00	Skilled Nursing Care	861,864	111,990	973,854	2.00
3.00	Physical Therapy	448,208	58,240	506,448	3.00
4.00	Occupational Therapy	112,558	14,626	127,184	4.00
5.00	Speech Pathology	3,508	456	3,964	5.00
6.00	Medical Social Services	14,928	1,940	16,868	6.00
7.00	Home Health Aide	151,991	19,750	171,741	7.00
8.00	Supplies (see instructions)	212,559	27,620	240,179	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) (2)	2,040,238	234,622	2,040,238	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.		0.129940		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: 150069 HHA CCN: 157141	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/16/2012 6:11 pm PPS
		Home Health Agency I	

	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	1.01	2.00	4.00			
1.00 Administrative and General	0	2,748	2,748	333,486	5A	0	1.00
2.00 Skilled Nursing Care	0	0	0	414,544		0	2.00
3.00 Physical Therapy	0	0	0	209,320		0	3.00
4.00 Occupational Therapy	0	0	0	54,135		0	4.00
5.00 Speech Pathology	0	0	0	1,721		0	5.00
6.00 Medical Social Services	0	0	0	7,753		0	6.00
7.00 Home Health Aide	0	0	0	62,402		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	2,748	2,748	1,083,361			20.00
21.00 Total cost to be allocated	0	14,099	0	201,507			21.00
22.00 Unit cost multiplier	0.000000	5.130640	0.000000	0.186002			22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150069 HHA CCN: 157141	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/16/2012 6:11 pm PPS
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	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	5.00	7.00	8.00	9.00	10.00	
1.00 Administrative and General	76,128	2,748	70	406	0	1.00
2.00 Skilled Nursing Care	713,428	0	0	0	0	2.00
3.00 Physical Therapy	371,015	0	0	0	0	3.00
4.00 Occupational Therapy	93,173	0	0	0	0	4.00
5.00 Speech Pathology	2,904	0	0	0	0	5.00
6.00 Medical Social Services	12,357	0	0	0	0	6.00
7.00 Home Health Aide	125,814	0	0	0	0	7.00
8.00 Supplies (see instructions)	55,971	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)	1,450,790	2,748	70	406	0	20.00
21.00 Total cost to be allocated	301,850	130,631	70	11,954	0	21.00
22.00 Unit cost multiplier	0.208059	47.536754	1.000000	29.443350	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 150069 HHA CCN: 157141	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/16/2012 6:11 pm PPS
			Home Health Agency I	

	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
	11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	3,085	0	8.00
9.00	Drugs	0	0	0	0	9.00
10.00	DME	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	3,085	0	20.00
21.00	Total cost to be allocated	0	0	595	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.192869	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150069 HHA CCN: 157141	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/16/2012 6:11 pm PPS
		Home Health Agency I	

		SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
1.00	Administrative and General	0	0	1.00
2.00	Skilled Nursing Care	0	0	2.00
3.00	Physical Therapy	0	0	3.00
4.00	Occupational Therapy	0	0	4.00
5.00	Speech Pathology	0	0	5.00
6.00	Medical Social Services	0	0	6.00
7.00	Home Health Aide	0	0	7.00
8.00	Supplies (see instructions)	13,951	0	8.00
9.00	Drugs	0	0	9.00
10.00	DME	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	11.00
12.00	Respiratory Therapy	0	0	12.00
13.00	Private Duty Nursing	0	0	13.00
14.00	Clinic	0	0	14.00
15.00	Health Promotion Activities	0	0	15.00
16.00	Day Care Program	0	0	16.00
17.00	Home Delivered Meals Program	0	0	17.00
18.00	Homemaker Service	0	0	18.00
19.00	All Others (specify)	0	0	19.00
20.00	Total (sum of lines 1-19)	13,951	0	20.00
21.00	Total cost to be allocated	144,348	0	21.00
22.00	Unit cost multiplier	10.346785	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150069 HHA CCN: 157141		Period: From 01/01/2011 To 12/31/2011		Worksheet H-3 Parts I-II Date/Time Prepared: 5/16/2012 6:11 pm	
		Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	973,854		973,854	5,023	1.00
2.00	Physical Therapy	3.00	506,448	0	506,448	2,364	2.00
3.00	Occupational Therapy	4.00	127,184	0	127,184	685	3.00
4.00	Speech Pathology	5.00	3,964	0	3,964	26	4.00
5.00	Medical Social Services	6.00	16,868		16,868	7	5.00
6.00	Home Health Aide	7.00	171,741		171,741	2,268	6.00
7.00	Total (sum of lines 1-6)		1,800,059	0	1,800,059	10,373	7.00
				Program Visits			
				Part B			
				Not Subject to Deductibles & Coinsurance			
				Subject to Deductibles			
		0	1.00	2.00	3.00	4.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		99915	1,445	1,457		8.00
8.01	Skilled Nursing Care		50036	0	0		8.01
9.00	Physical Therapy		99915	1,032	1,174		9.00
9.01	Physical Therapy		50036	0	5		9.01
10.00	Occupational Therapy		99915	228	171		10.00
10.01	Occupational Therapy		50036	0	0		10.01
11.00	Speech Pathology		99915	0	3		11.00
11.01	Speech Pathology		50036	0	0		11.01
12.00	Medical Social Services		99915	1	1		12.00
12.01	Medical Social Services		50036	0	0		12.01
13.00	Home Health Aide		99915	300	705		13.00
13.01	Home Health Aide		50036	0	0		13.01
14.00	Total (sum of lines 8-13)			3,006	3,516		14.00
				Total Charges (from HHA Record)			
				Total HHA Costs (cols. 1 + 2)			
		0	1.00	2.00	3.00	4.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	240,179	0	240,179	145,693	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	16.00
				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	0.430277	0	0	1.00
2.00	Occupational Therapy						2.00
3.00	Speech Pathology						3.00
4.00	Cost of Medical Supplies		71.00	0.544488	0	0	4.00
4.01	Cost of Medical Supplies 1		71.01	0.073715	0	0	4.01
5.00	Cost of Drugs		73.00	0.223047	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150069
HHA CCN: 157141

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

Worksheet H-3
Parts I-III
Date/Time Prepared:
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Title XVIII

Home Health Agency I

Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	5.00	6.00	7.00	8.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	193.88	1,445	1,457		1.00
2.00	Physical Therapy	214.23	1,032	1,179		2.00
3.00	Occupational Therapy	185.67	228	171		3.00
4.00	Speech Pathology	152.46	0	3		4.00
5.00	Medical Social Services	2,409.71	1	1		5.00
6.00	Home Health Aide	75.72	300	705		6.00
7.00	Total (sum of lines 1-6)		3,006	3,516		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	7.00	8.00		
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	1.648528	0	127,351	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					2.00
3.00	Speech Pathology					3.00
4.00	Cost of Medical Supplies	col. 2, line 15.00				4.00
4.01	Cost of Medical Supplies 1	col. 2, line 15.01				4.01
5.00	Cost of Drugs	col. 2, line 16.00				5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150069
HHA CCN: 157141

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

Worksheet H-3
Parts I-III
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Title XVII

Home Health
Agency I

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	280,157	282,483	562,640	1.00
2.00	Physical Therapy	221,085	252,577	473,662	2.00
3.00	Occupational Therapy	42,333	31,750	74,083	3.00
4.00	Speech Pathology	0	457	457	4.00
5.00	Medical Social Services	2,410	2,410	4,820	5.00
6.00	Home Health Aide	22,716	53,383	76,099	6.00
7.00	Total (sum of lines 1-6)	568,701	623,060	1,191,761	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	209,942	0	15.00
16.00	Cost of Drugs	0	0	0	16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150069 HHA CCN: 157141	Period: From 01/01/2011 To 12/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 5/16/2012 6:11 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		444,848	482,970
12.00	Total PPS Reimbursement - Full Episodes with Outliers		1,342	13,232
13.00	Total PPS Reimbursement - LUPA Episodes		2,328	5,832
14.00	Total PPS Reimbursement - PEP Episodes		4,503	9,515
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		70	1,449
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		453,091	512,998
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		453,091	512,998
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		453,091	512,998
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)		453,091	512,998
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		453,091	512,998
32.00	Interim payments (see instructions)		453,091	512,998
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: 150069
HHA CCN: 157141

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

Worksheet H-5
Date/Time Prepared:
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		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		453,091		512,998	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)		453,091		512,998	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)		453,091		512,998	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150069

Period: From 01/01/2011

Worksheet K

Hospice CCN: 151535

To 12/31/2011

Date/Time Prepared: 5/16/2012 6:11 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	8,334	0	1,212	0	13,205	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	58,635	0	9,475	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	609	0	499	0	0	12.00
13.00	Occupational Therapy	161	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	40,741	0	2,615	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	10,397	0	4,706	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	37,784	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	24,365	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	118,877	0	18,507	0	75,354	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150069

Period: From 01/01/2011

Worksheet K

Hospice CCN: 151535

To 12/31/2011

Date/Time Prepared: 5/16/2012 6:11 pm

		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Hospice I Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	22,751	0	22,751	0	22,751	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	68,110	0	68,110	0	68,110	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	1,108	0	1,108	0	1,108	12.00
13.00	Occupational Therapy	161	0	161	0	161	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	43,356	0	43,356	0	43,356	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	15,103	0	15,103	0	15,103	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	37,784	0	37,784	0	37,784	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	24,365	0	24,365	0	24,365	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	212,738	0	212,738	0	212,738	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150069

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 151535

To 12/31/2011

Date/Time Prepared: 5/16/2012 6:11 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	58,635	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	58,635	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150069

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 151535

To 12/31/2011

Date/Time Prepared: 5/16/2012 6:11 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	8,334	8,334	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	58,635	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	609	0	0	609	12.00
13.00	Occupational Therapy	161	0	0	161	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	40,741	40,741	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		10,397	0	10,397	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	770	10,397	49,075	118,877	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150069

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151535

To 12/31/2011

Part I
Date/Time Prepared:
5/16/2012 6:11 pm

		CAPITAL RELATED COST					
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	22,751	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	68,110	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	1,108	0	0	0	0	12.00
13.00	Occupational Therapy	161	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	43,356	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	15,103	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	37,784	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	24,365	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	212,738	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150069

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151535

To 12/31/2011

Part I
Date/Time Prepared:
5/16/2012 6:11 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	Hospice I	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00		7.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.		0				1.00
2.00	Capital Related Costs-Movable Equip.		0				2.00
3.00	Plant Operation and Maintenance		0				3.00
4.00	Transportation - Staff		0				4.00
5.00	Volunteer Service Coordination	0					5.00
6.00	Administrative and General	0	22,751				6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	68,110	8,155		76,265	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0		0	11.00
12.00	Physical Therapy	0	1,108	133		1,241	12.00
13.00	Occupational Therapy	0	161	19		180	13.00
14.00	Speech/ Language Pathology	0	0	0		0	14.00
15.00	Medical Social Services	0	43,356	5,192		48,548	15.00
16.00	Spiritual Counseling	0	0	0		0	16.00
17.00	Dietary Counseling	0	0	0		0	17.00
18.00	Counseling - Other	0	0	0		0	18.00
19.00	Home Health Aide and Homemaker	0	15,103	1,809		16,912	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		0	20.00
21.00	Other	0	0	0		0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	37,784	4,525		42,309	22.00
23.00	Analgesics	0	0	0		0	23.00
24.00	Sedatives / Hypnotics	0	0	0		0	24.00
25.00	Other - Specify	0	0	0		0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0		0	26.00
27.00	Patient Transportation	0	0	0		0	27.00
28.00	Imaging Services	0	0	0		0	28.00
29.00	Labs and Diagnostics	0	0	0		0	29.00
30.00	Medical Supplies	0	24,365	2,918		27,283	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0		0	31.00
32.00	Radiation Therapy	0	0	0		0	32.00
33.00	Chemotherapy	0	0	0		0	33.00
34.00	Other	0	0	0		0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0		0	35.00
36.00	Volunteer Program Costs	0	0	0		0	36.00
37.00	Fundraising	0	0	0		0	37.00
38.00	Other Program Costs	0	0	0		0	38.00
39.00	Total (sum of lines 1 thru 38)	0	189,987	22,751		212,738	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151535

To 12/31/2011

Part II
Date/Time Prepared:
5/16/2012 6:11 pm

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151535

To 12/31/2011

Part II
Date/Time Prepared:
5/16/2012 6:11 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-22,751	189,987	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	68,110	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	1,108	12.00
13.00	Occupational Therapy	0	161	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	43,356	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	15,103	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	37,784	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	24,365	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		22,751	39.00
40.00	Unit Cost Multiplier		0.119750	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet K-5 Part I Date/Time Prepared: 5/16/2012 6:11 pm
		Hospice CCN: 151535	Hospice I	

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
1.00 Administrative and General	0	0	3,817	0	1,550	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	76,265	0	0	0	10,906	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	1,241	0	0	0	113	7.00
8.00 Occupational Therapy	180	0	0	0	30	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	48,548	0	0	0	7,578	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	16,912	0	0	0	1,934	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	42,309	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	27,283	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	212,738	0	3,817	0	22,111	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151535

To 12/31/2011

Part I
Date/Time Prepared:
5/16/2012 6:11 pm

Cost Center Description		Subtotal	Hospice I				
			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
1.00	Administrative and General	5,367	1,117	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	87,171	18,135	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	1,354	282	0	0	0	7.00
8.00	Occupational Therapy	210	44	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	56,126	11,678	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	18,846	3,921	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	42,309	8,803	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	27,283	5,677	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	238,666	49,657	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151535

To 12/31/2011

Part I
Date/Time Prepared:
5/16/2012 6:11 pm

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151535

To 12/31/2011

Part I
Date/Time Prepared:
5/16/2012 6:11 pm

Cost Center Description		Hospice I				Intern & Residents Cost & Post Stepdown Adjustments	
		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal (col s. 4A-23)		
		16.00	17.00	19.00	24.00	25.00	
1.00	Administrative and General	0	37,900	0	44,384	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	105,306	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	1,636	0	7.00
8.00	Occupational Therapy	0	0	0	254	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	67,804	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	22,767	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	51,112	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	32,960	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	37,900	0	326,223	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151535

To 12/31/2011

Part I
Date/Time Prepared:
5/16/2012 6:11 pm

Cost Center Description		Subtotal	Allocated	Total Hospice	Hospice I	
		(col s. 24 ± 25)	Hospice A&G (See Part II)	Costs (col s. 26 ± 27)		
		26.00	27.00	28.00		
1.00	Administrative and General					1.00
2.00	Inpatient - General Care	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0		3.00
4.00	Physician Services	0	0	0		4.00
5.00	Nursing Care	105,306	16,583	121,889		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0		6.00
7.00	Physical Therapy	1,636	258	1,894		7.00
8.00	Occupational Therapy	254	40	294		8.00
9.00	Speech/ Language Pathology	0	0	0		9.00
10.00	Medical Social Services	67,804	10,678	78,482		10.00
11.00	Spiritual Counseling	0	0	0		11.00
12.00	Dietary Counseling	0	0	0		12.00
13.00	Counseling - Other	0	0	0		13.00
14.00	Home Health Aide and Homemaker	22,767	3,585	26,352		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00	Other	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	51,112	8,049	59,161		17.00
18.00	Analgesics	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0		19.00
20.00	Other - Specify	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0		21.00
22.00	Patient Transportation	0	0	0		22.00
23.00	Imaging Services	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0		24.00
25.00	Medical Supplies	32,960	5,191	38,151		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0		26.00
27.00	Radiation Therapy	0	0	0		27.00
28.00	Chemotherapy	0	0	0		28.00
29.00	Other	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0		31.00
32.00	Fundraising	0	0	0		32.00
33.00	Other Program Costs	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	326,223		326,223		34.00
35.00	Unit Cost Multiplier (see instructions)		0.157480			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150069

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151535

To 12/31/2011

Part II
Date/Time Prepared:
5/16/2012 6:11 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	
		NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
		1.00	1.01	2.00			
1.00	Administrative and General	0	744	744	8,334	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	58,635	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	608	0	7.00
8.00	Occupational Therapy	0	0	0	161	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	40,741	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	10,397	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	744	744	118,876	0	34.00
35.00	Total cost to be allocated	0	3,817	0	22,111	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	5.130376	0.000000	0.186001	0	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150069

Period:

Worksheet K-5

Hospice CCN: 151535

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

Part II
Date/Time Prepared:
5/16/2012 6:11 pm

Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	5,367	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	87,171	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	1,354	0	0	0	0	7.00
8.00	Occupational Therapy	210	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	56,126	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	18,846	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	42,309	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	27,283	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	238,666	0	0	0	0	34.00
35.00	Total cost to be allocated	49,657	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.208061	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150069
Hospice CCN: 151535

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

Worksheet K-5
Part II
Date/Time Prepared:
5/16/2012 6:11 pm

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet K-5
Part II
Date/Time Prepared:
5/16/2012 6:11 pm

Cost Center Description		Hospice I		
		SOCIAL SERVICE (TIME SPENT) 17.00	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME) 19.00	
1.00	Administrative and General	3,663	0	1.00
2.00	Inpatient - General Care	0	0	2.00
3.00	Inpatient - Respite Care	0	0	3.00
4.00	Physician Services	0	0	4.00
5.00	Nursing Care	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	6.00
7.00	Physical Therapy	0	0	7.00
8.00	Occupational Therapy	0	0	8.00
9.00	Speech/ Language Pathology	0	0	9.00
10.00	Medical Social Services	0	0	10.00
11.00	Spiritual Counseling	0	0	11.00
12.00	Dietary Counseling	0	0	12.00
13.00	Counseling - Other	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	15.00
16.00	Other	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	17.00
18.00	Analgesics	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	19.00
20.00	Other - Specify	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	21.00
22.00	Patient Transportation	0	0	22.00
23.00	Imaging Services	0	0	23.00
24.00	Labs and Diagnostics	0	0	24.00
25.00	Medical Supplies	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	26.00
27.00	Radiation Therapy	0	0	27.00
28.00	Chemotherapy	0	0	28.00
29.00	Other	0	0	29.00
30.00	Bereavement Program Costs	0	0	30.00
31.00	Volunteer Program Costs	0	0	31.00
32.00	Fundraising	0	0	32.00
33.00	Other Program Costs	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	3,663	0	34.00
35.00	Total cost to be allocated	37,900	0	35.00
36.00	Unit Cost Multiplier (see instructions)	10.346710	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150069

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151535

To 12/31/2011

Part III
Date/Time Prepared:
5/16/2012 6:11 pm

Cost Center Description		Hospice I			
		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCI LLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.430277	0	0
2.00	OCCUPATIONAL THERAPY	67.00		0	0
3.00	SPEECH PATHOLOGY	68.00		0	0
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.223047	0	0
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00		0	0
6.00	LABORATORY	60.00	0.212342	0	0
6.01	BLOOD LABORATORY	60.01		0	0
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.544488	0	0
7.01	IV SOLUTIONS	71.01	0.073715	0	0
8.00	CONVENIENT CARE	93.00		0	0
9.00	ONCOLOGY	55.00	0.451906	0	0
10.00	CARDIOLOGY	76.00	0.139880	0	0
10.97	CARDIAC REHABILITATION	76.97	0.952802	0	0
11.00	Totals (sum of lines 1-10)			0	0

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150069

Period:

Worksheet K-6

Hospice CCN: 151535

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

Date/Time Prepared:
5/16/2012 6:11 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				326,223	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				4,256	2.00
3.00	Average cost per diem (line 1 divided by line 2)				76.65	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	3,977				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	304,837				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		0			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		0			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			279		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			21,385		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150069	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/16/2012 6:11 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		811,464	1.00
2.00	Capital DRG outlier payments		11,272	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		31.23	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		822,736	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00