

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: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/26/2012 3:37 pm
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PART I - COST REPORT STATUS	
Provider use only	1. <input type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.
Date: 1/26/2012 Time: 3:37 pm	
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended
6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	
10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.	

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SAINT JOHN'S HEALTH SYSTEM for the cost reporting period beginning 07/01/2010 and ending 06/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 Hospital	0	-482,345	485,684	0	0
2.00 Subprovider - IPF	0	0	0	0	0
3.00 Subprovider - IRF	0	22,035	0	0	0
4.00 SUBPROVIDER I	0	0	0	0	0
5.00 Swing bed - SNF	0	0	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
7.00 Skilled Nursing Facility	0	0	0	0	0
8.00 Nursing Facility	0	0	0	0	0
9.00 HOME HEALTH AGENCY I	0	1	0	0	0
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00 CMHC I	0	0	0	0	0
200.00 Total	0	-460,309	485,684	0	0

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: 150088		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 1/26/2012 3:35 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 2015 JACKSON STREET				PO Box:				1.00			
2.00 City: ANDERSON				State: IN		Zip Code: 46016-		County: MADISON			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00 Hospital		SAINT JOHN'S HEALTH SYSTEM		150088	11300	1	07/01/1966	N	P	O	3.00
4.00 Subprovider - IPF											4.00
5.00 Subprovider - IRF		BENNETT REHAB. CENTER		15T088	11300	5	06/01/1989	N	P	O	5.00
6.00 Subprovider - (Other)											6.00
7.00 Swing Beds - SNF								N	N	N	7.00
8.00 Swing Beds - NF								N		N	8.00
9.00 Hospital-Based SNF								N	N	N	9.00
10.00 Hospital-Based NF								N		N	10.00
10.01 ICF/MR								N		N	10.01
11.00 Hospital-Based OLTC											11.00
12.00 Hospital-Based HHA		SAINT JOHN'S HOME HEALTH CARE		157059	11300		02/19/1979	N	P	N	12.00
13.00 Separately Certified ASC								N	N	N	13.00
14.00 Hospital-Based Hospice		SAINT JOHN'S HOSPICE		151516	11300		07/02/1992				14.00
15.00 Hospital-Based Health Clinic - RHC								N	N	N	15.00
16.00 Hospital-Based Health Clinic - FQHC								N	N	N	16.00
17.00 Hospital-Based (CMHC) 1								N	N	N	17.00
17.10 Hospital-Based (CORF) 1								N	N	N	17.10
18.00 Renal Dialysis											18.00
19.00 Other											19.00
							From:		To:		
							1.00		2.00		
20.00 Cost Reporting Period (mm/dd/yyyy)							07/01/2010		06/30/2011		20.00
21.00 Type of Control (see instructions)									1		21.00
Inpatient PPS Information											
22.00 Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.							Y		N		22.00
23.00 Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.									3		23.00
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00 If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.				2,993	804	0	2	2,517	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.				163	83	0	0	16	0	25.00	
									1.00		
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.											1 26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.											1 27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.											0 35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/26/2012 3:35 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00	61.00	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
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	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
		1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000		65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
				1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010									
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
		1.00	2.00	3.00	4.00	5.00			
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000		67.00	
						1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)							0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					Y			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			
80.00	Long Term Care Hospital PPS Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.						N		80.00

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				1.00		
<b>TEFRA Providers</b>						
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		
<b>Title V or XIX Inpatient Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00	
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00	
			Physical	Occupational	Speech	Respiratory
			1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		Y	Y	N	Y
					1.00	2.00
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00	
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.			1	119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N		N	
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	
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	

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				1.00		2.00			
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00	
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y				140.00	
				1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:		Contractor's Name:		Contractor's Number:				141.00
142.00	Street:		PO Box:						142.00
143.00	City:		State:		Zip Code:				143.00
						1.00			
144.00	Are provider based physicians' costs included in Worksheet A?					Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.					N		145.00	
				1.00		2.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N				149.00	
				Part A		Part B			
				1.00		2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			Y		N		155.00	
156.00	Subprovider - IPF			Y		N		156.00	
157.00	Subprovider - IRF			N		N		157.00	
158.00	Subprovider - Other			N		N		158.00	
159.00	SNF			N		N		159.00	
160.00	HHA			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	
				0		1.00		2.00	
				Zip Code		CBSA		FTE/Campus	
				3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					N		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150088		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part II Date/Time Prepared: 1/26/2012 3:35 pm		
				Y/N	Date			
				1.00	2.00			
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.								
COMPLETED BY ALL HOSPITALS								
Provider Organization and Operation								
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00	
				Y/N	Date	V/I		
				1.00	2.00	3.00		
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)						3.00	
				Y/N	Type	Date		
				1.00	2.00	3.00		
Financial Data and Reports								
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			N			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.			Y			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.						8.00	
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.						9.00	
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.						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.						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		12/02/2011	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: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/26/2012 3:35 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	N	2.00		21.00
					1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>						
<b>Capital Related Cost</b>						
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
<b>Interest Expense</b>						
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
<b>Purchased Services</b>						
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
<b>Provider-Based Physicians</b>						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				Y	35.00
					Y/N	Date
					1.00	2.00
<b>Home Office Costs</b>						
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.		Y			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		Y			40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet S-2  
Part II  
Date/Time Prepared:  
1/26/2012 3:35 pm

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/02/2011	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part I Date/Time Prepared: 1/26/2012 3:35 pm
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Cost Center Description	Worksheet A	No. of Beds	Bed Days	CAH Hours	
	Line Number		Avai lable		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	244	89,060	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)		244	89,060	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	0.00	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		261	95,265	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		16.00
17.00 SUBPROVIDER - IRF	41.00	13	4,745		17.00
18.00 SUBPROVIDER	42.00	0	0		18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		19.00
20.00 NURSING FACILITY	45.00	0	0		20.00
20.01 ICF/MR	45.01	0	0	0.00	20.01
21.00 OTHER LONG TERM CARE	46.00	0	0		21.00
22.00 HOME HEALTH AGENCY	101.00				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00				23.00
24.00 HOSPICE	116.00	1	1		24.00
25.00 CMHC - CMHC	99.00				25.00
25.10 CMHC - CORF	99.10				25.10
26.00 RURAL HEALTH CLINIC	88.00				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				26.25
27.00 Total (sum of lines 14-26)		275			27.00
28.00 Observation Bed Days					28.00
28.01 SUBPROVIDER - IPF	40.00				28.01
28.02 SUBPROVIDER - IRF	41.00				28.02
28.03 SUBPROVIDER	42.00				28.03
29.00 Ambulance Trips					29.00
30.00 Employee discount days (see instruction)					30.00
31.00 Employee discount days - IRF					31.00
32.00 Labor & delivery days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/26/2012 3:35 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	13,731	5,553	28,445		1.00
2.00 HMO		1,817	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		223	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	13,731	5,553	28,445		7.00
8.00 INTENSIVE CARE UNIT	0	3,693	172	5,599		8.00
9.00 CORONARY CARE UNIT	0	0	0	0		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		0	0		13.00
14.00 Total (see instructions)	0	17,424	5,725	34,044		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	1,994	219	3,350		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY	0		0	0		20.00
20.01 ICF/MR	0	0	0	0		20.01
21.00 OTHER LONG TERM CARE				0		21.00
22.00 HOME HEALTH AGENCY	0	0	0	32,136		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC	0	0	0	0		25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		120	753		28.00
28.01 SUBPROVIDER - IPF	0	0	0	0		28.01
28.02 SUBPROVIDER - IRF	0	0	0	0		28.02
28.03 SUBPROVIDER	0	0	0	0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA	Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part I Date/Time Prepared: 1/26/2012 3:35 pm
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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	3,296	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	1,254.41	0.00	0	3,296	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	18.52	0.00	0	167	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
20.01 ICF/MR	0.00	0.00	0.00	0	0	20.01
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00			21.00
22.00 HOME HEALTH AGENCY	0.00	46.19	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00 HOSPICE	0.00	20.34	0.00			24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	1,339.46	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,447	8,267		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	1,447	8,267		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	19	278		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
20.01 ICF/MR	0	0		20.01
21.00 OTHER LONG TERM CARE		0		21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part II Date/Time Prepared: 1/26/2012 3:35 pm
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	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col .2 ± col . 3)	
	1.00	2.00	2.50	3.00	4.00	
<b>PART II - WAGE DATA</b>						
<b>SALARIES</b>						
1.00	Total salaries (see instructions)	200.00	70,062,658	0	70,062,658	1.00
2.00	Non-physician anesthetist Part A		0	0	0	2.00
3.00	Non-physician anesthetist Part B		0	0	0	3.00
4.00	Physician-Part A		0	0	0	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	4.01
5.00	Physician-Part B		0	0	0	5.00
6.00	Non-physician-Part B		0	0	0	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	7.01
8.00	Home office personnel		0	0	0	8.00
9.00	SNF	44.00	0	0	0	9.00
10.00	Excluded area salaries (see instructions)		10,895,358	0	1,581,524	12,476,882
<b>OTHER WAGES &amp; RELATED COSTS</b>						
11.00	Contract labor (see instructions)		0	0	0	11.00
12.00	Management and administrative services		0	0	0	12.00
13.00	Contract labor: physician-Part A		0	0	0	13.00
14.00	Home office salaries & wage-related costs		5,160,265	0	5,160,265	14.00
15.00	Home office: physician Part A		0	0	0	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	16.00
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		22,292,773	0	22,292,773	17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	18.00
19.00	Excluded areas		3,854,557	0	3,854,557	19.00
20.00	Non-physician anesthetist Part A		0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	21.00
22.00	Physician Part A		0	0	0	22.00
23.00	Physician Part B		0	0	0	23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>						
26.00	Employee Benefits	4.00	327,047	0	327,047	26.00
27.00	Administrative & General	5.00	11,740,546	0	11,740,546	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	28.00
29.00	Maintenance & Repairs	6.00	1,781,794	0	1,781,794	29.00
30.00	Operation of Plant	7.00	0	0	0	30.00
31.00	Laundry & Linen Service	8.00	293,054	0	293,054	31.00
32.00	Housekeeping	9.00	1,457,700	0	1,457,700	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	33.00
34.00	Dietary	10.00	1,458,687	0	-811,055	647,632
35.00	Dietary under contract (see instructions)		0	0	0	0
36.00	Cafeteria	11.00	0	0	811,055	811,055
37.00	Maintenance of Personnel	12.00	0	0	0	0
38.00	Nursing Administration	13.00	650,715	0	0	650,715
39.00	Central Services and Supply	14.00	775,295	0	0	775,295
40.00	Pharmacy	15.00	2,562,866	0	0	2,562,866
41.00	Medical Records & Medical Records Library	16.00	962,824	0	0	962,824
42.00	Social Service	17.00	0	0	0	0
43.00	Other General Service	18.00	0	0	0	0

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part II Date/Time Prepared: 1/26/2012 3:35 pm
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
<b>PART II - WAGE DATA</b>				
<b>SALARIES</b>				
1.00	Total salaries (see instructions)	2,561,399.00	27.35	1.00
2.00	Non-physician anesthetist Part A	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	0.00	3.00
4.00	Physician-Part A	0.00	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	0.00	4.01
5.00	Physician-Part B	0.00	0.00	5.00
6.00	Non-physician-Part B	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	0.00	7.01
8.00	Home office personnel	0.00	0.00	8.00
9.00	SNF	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)	416,957.00	29.92	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>				
11.00	Contract labor (see instructions)	0.00	0.00	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs	131,058.00	39.37	14.00
15.00	Home office: physician Part A	0.00	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>				
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/FQHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>				
26.00	Employee Benefits	17,475.00	18.72	26.00
27.00	Administrative & General	305,130.00	38.48	27.00
28.00	Administrative & General under contract (see inst.)	0.00	0.00	28.00
29.00	Maintenance & Repairs	85,998.00	20.72	29.00
30.00	Operation of Plant	0.00	0.00	30.00
31.00	Laundry & Linen Service	22,297.00	13.14	31.00
32.00	Housekeeping	105,739.00	13.79	32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00	33.00
34.00	Dietary	34,707.00	18.66	34.00
35.00	Dietary under contract (see instructions)	0.00	0.00	35.00
36.00	Cafeteria	57,178.00	14.18	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	18,462.00	35.25	38.00
39.00	Central Services and Supply	51,184.00	15.15	39.00
40.00	Pharmacy	72,315.00	35.44	40.00
41.00	Medical Records & Medical Records Library	50,198.00	19.18	41.00
42.00	Social Service	0.00	0.00	42.00
43.00	Other General Service	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet S-3  
Part III  
Date/Time Prepared:  
1/26/2012 3:35 pm

	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	
	1.00	2.00	2.50	3.00	4.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>						
1.00	Net salaries (see instructions)	70,062,658	0	0	70,062,658	1.00
2.00	Excluded area salaries (see instructions)	10,895,358	0	1,581,524	12,476,882	2.00
3.00	Subtotal salaries (line 1 minus line 2)	59,167,300	0	-1,581,524	57,585,776	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,160,265	0	0	5,160,265	4.00
5.00	Subtotal wage-related costs (see inst.)	22,292,773	0	0	22,292,773	5.00
6.00	Total (sum of lines 3 thru 5)	86,620,338	0	-1,581,524	85,038,814	6.00
7.00	Total overhead cost (see instructions)	22,010,528	0	0	22,010,528	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part III Date/Time Prepared: 1/26/2012 3:35 pm
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>				
1.00	Net salaries (see instructions)	2,561,399.00	27.35	1.00
2.00	Excluded area salaries (see instructions)	416,957.00	29.92	2.00
3.00	Subtotal salaries (line 1 minus line 2)	2,144,442.00	26.85	3.00
4.00	Subtotal other wages & related costs (see inst.)	131,058.00	39.37	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	38.71	5.00
6.00	Total (sum of lines 3 thru 5)	2,275,500.00	37.37	6.00
7.00	Total overhead cost (see instructions)	820,683.00	26.82	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 1/26/2012 3:35 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	1,154,038	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	4,500,751	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
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
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	10,497,523	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	120,060	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-190,557	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)	517,057	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	686,848	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
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	3,724,720	17.00
18.00	Medicare Taxes - Employers Portion Only	997,053	18.00
19.00	Unemployment Insurance	101,838	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	183,442	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	22,292,773	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part V Date/Time Prepared: 1/26/2012 3:35 pm
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Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,051,973	0	1.00
2.00	Hospital	1,015,540	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
9.01	Hospital-Based NF	0	0	9.01
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	36,433	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet S-4
		Component CCN: 157059		Date/Time Prepared: 1/26/2012 3:35 pm
			Home Health Agency I	PPS

		1.00					
0.00	County						0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,068.00	28.00	775.00	1,756.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total
		0			1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00					3.00
4.00	Director(s) and Assistant Director(s)	2.01					4.00
5.00	Other Administrative Personnel	4.82					5.00
6.00	Direct Nursing Service	22.10					6.00
7.00	Nursing Supervisor	0.00					7.00
8.00	Physical Therapy Service	9.46					8.00
9.00	Physical Therapy Supervisor	0.00					9.00
10.00	Occupational Therapy Service	3.24					10.00
11.00	Occupational Therapy Supervisor	0.00					11.00
12.00	Speech Pathology Service	1.02					12.00
13.00	Speech Pathology Supervisor	0.00					13.00
14.00	Medical Social Service	1.40					14.00
15.00	Medical Social Service Supervisor	0.00					15.00
16.00	Home Health Aide	4.90					16.00
17.00	Home Health Aide Supervisor	0.00					17.00
18.00	Other (specify)	0.00					18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.	1					19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	11300					20.00
		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	8,658	34	221	148	9,061	21.00
22.00	Skilled Nursing Visit Charges	1,537,390	5,742	41,299	26,523	1,610,954	22.00
23.00	Physical Therapy Visits	6,485	0	55	71	6,611	23.00
24.00	Physical Therapy Visit Charges	1,359,471	0	12,861	15,435	1,387,767	24.00
25.00	Occupational Therapy Visits	2,107	0	8	21	2,136	25.00
26.00	Occupational Therapy Visit Charges	444,229	0	2,064	4,697	450,990	26.00
27.00	Speech Pathology Visits	601	0	6	4	611	27.00
28.00	Speech Pathology Visit Charges	129,173	0	1,458	982	131,613	28.00
29.00	Medical Social Service Visits	567	1	12	16	596	29.00
30.00	Medical Social Service Visit Charges	156,282	265	3,369	4,471	164,387	30.00
31.00	Home Health Aide Visits	2,612	0	13	35	2,660	31.00
32.00	Home Health Aide Visit Charges	291,141	0	1,440	3,924	296,505	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	21,030	35	315	295	21,675	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)	3,917,686	6,007	62,491	56,032	4,042,216	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,134		122	24	1,280	36.00
37.00	Total Number of Outlier Episodes		1		0	1	37.00
38.00	Total Non-Routine Medical Supply Charges	50,749	194	1,398	345	52,686	38.00

HOSPITAL IDENTIFICATION DATA	Provider CCN: 150088	Period:	Worksheet S-9 Parts I & II Date/Time Prepared: 1/26/2012 3:35 pm
	Component CCN: 151516	From 07/01/2010 To 06/30/2011	
			Hospice I

	Unduplicated Days						
	Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other		
	1.00	2.00	3.00	4.00	5.00		
<b>PART I - ENROLLMENT DAYS</b>							
1.00	Continuous Home Care	0	0	0	0	0	1.00
2.00	Routine Home Care	14,458	112	3,154	107	1,306	2.00
3.00	Inpatient Respite Care	49	0	34	0	0	3.00
4.00	General Inpatient Care	489	9	388	9	29	4.00
5.00	Total Hospice Days	14,996	121	3,576	116	1,335	5.00
<b>Part II - CENSUS DATA</b>							
6.00	Number of Patients Receiving Hospice Care	247	3	111	2	26	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)	60.71	40.33	32.22	58.00	51.35	8.00
9.00	Unduplicated Census Count	211	3	99	2	24	9.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150088 Component CCN: 151516	Period: From 07/01/2010 To 06/30/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 1/26/2012 3:35 pm
		Hospice I		

		Unduplicated Days	
		Total (sum of cols. 1, 2 & 5)	
		6.00	
<b>PART I - ENROLLMENT DAYS</b>			
1.00	Continuous Home Care	0	1.00
2.00	Routine Home Care	15,876	2.00
3.00	Inpatient Respite Care	49	3.00
4.00	General Inpatient Care	527	4.00
5.00	Total Hospice Days	16,452	5.00
<b>Part II - CENSUS DATA</b>			
6.00	Number of Patients Receiving Hospice Care	276	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)	59.61	8.00
9.00	Unduplicated Census Count	238	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet S-10 Date/Time Prepared: 1/26/2012 3:35 pm
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			1.00	
<b>Uncompensated and indigent care cost computation</b>				
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.307944	1.00
<b>Medicaid (see instructions for each line)</b>				
2.00	Net revenue from Medicaid		12,133,109	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		69,810,752	6.00
7.00	Medicaid cost (line 1 times line 6)		21,497,802	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)		9,364,693	8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>				
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
<b>Other state or local government indigent care program (see instructions for each line)</b>				
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
<b>Uncompensated care (see instructions for each line)</b>				
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		429,005	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		9,364,693	19.00
			Uninsured patients	Insured patients
			1.00	2.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		28,214,429	197,363
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		8,688,464	60,777
22.00	Partial payment by patients approved for charity care		0	0
23.00	Cost of charity care (line 21 minus line 22)		8,688,464	60,777
			Total (col. 1 + col. 2)	
			1.00	3.00
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?			
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	0
26.00	Total bad debt expense for the entire hospital complex (see instructions)		17,655,409	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		762,995	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		16,892,414	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		5,201,918	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		13,951,159	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		23,315,852	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/26/2012 3:35 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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT		2,300,984	2,300,984	816,447	3,117,431	1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.01
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	327,047	1,049,929	1,376,976	0	1,376,976	4.00
5.01 NONPATIENT TELEPHONES	264,636	539,441	804,077	830	804,907	5.01
5.02 DATA PROCESSING	129,512	286,877	416,389	0	416,389	5.02
5.03 PURCHASING, RECEIVING AND STORES	215,957	87,892	303,849	0	303,849	5.03
5.04 ADMITTING	865,268	534,869	1,400,137	0	1,400,137	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	835,787	2,288,774	3,124,561	0	3,124,561	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	9,429,386	35,493,130	44,922,516	-601,641	44,320,875	5.06
6.00 MAINTENANCE & REPAIRS	1,781,794	5,481,140	7,262,934	20,809	7,283,743	6.00
7.00 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	293,054	293,283	586,337	0	586,337	8.00
9.00 HOUSEKEEPING	1,457,700	1,082,474	2,540,174	0	2,540,174	9.00
10.00 DIETARY	1,458,687	2,052,316	3,511,003	-1,952,178	1,558,825	10.00
11.00 CAFETERIA	0	0	0	1,952,178	1,952,178	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	650,715	190,370	841,085	0	841,085	13.00
14.00 CENTRAL SERVICES & SUPPLY	775,295	2,946,007	3,721,302	-3,521,844	199,458	14.00
15.00 PHARMACY	2,562,866	10,504,763	13,067,629	-14,901,470	-1,833,841	15.00
16.00 MEDICAL RECORDS & LIBRARY	962,824	479,119	1,441,943	0	1,441,943	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMEDICAL PRGM	61,675	32,440	94,115	0	94,115	23.00
23.01 SCH OF RADIOLOGY	80,370	35,707	116,077	0	116,077	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	13,418,943	5,448,168	18,867,111	-2,540,690	16,326,421	30.00
31.00 INTENSIVE CARE UNIT	2,860,658	1,797,279	4,657,937	0	4,657,937	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I/RF	989,358	526,334	1,515,692	0	1,515,692	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	4,121,940	7,765,474	11,887,414	-3,885,269	8,002,145	50.00
50.01 SURGERY CENTER	23,614	7,050,873	7,074,487	-1,355,095	5,719,392	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	59,757	59,757	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,872,430	3,609,654	7,482,084	55,583	7,537,667	54.00
55.00 RADIOLOGY-THERAPEUTIC	883,934	1,487,329	2,371,263	68,797	2,440,060	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,688,087	4,731,955	7,420,042	-935,394	6,484,648	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	919,242	919,242	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	1,122,466	658,159	1,780,625	0	1,780,625	65.00
66.00 PHYSICAL THERAPY	1,474,044	810,915	2,284,959	32,908	2,317,867	66.00
67.00 OCCUPATIONAL THERAPY	978,637	332,890	1,311,527	0	1,311,527	67.00
68.00 SPEECH PATHOLOGY	125,362	223,302	348,664	0	348,664	68.00
69.00 ELECTROCARDIOLOGY	1,241,244	961,411	2,202,655	14,746	2,217,401	69.00
70.00 ELECTROENCEPHALOGRAPHY	463,864	225,034	688,898	0	688,898	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,734,026	3,734,026	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	5,130,335	5,130,335	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	20,578,150	20,578,150	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/26/2012 3:35 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	
76.00 CHEMOTHERAPY	630,584	7,375,226	8,005,810	-5,814,233	2,191,577	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 ANDERSON CENTER OP CLINIC	0	0	0	577,900	577,900	90.01
91.00 EMERGENCY	3,250,965	10,689,391	13,940,356	-11,970	13,928,386	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	2,930,547	1,086,038	4,016,585	0	4,016,585	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	644,636	644,636	-644,636	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	1,035,759	795,709	1,831,468	0	1,831,468	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	64,265,009	121,899,292	186,164,301	-2,202,712	183,961,589	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	203,889	121,148	325,037	0	325,037	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	2,254,071	1,184,756	3,438,827	76,028	3,514,855	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 FOUNDATION	107,425	109,349	216,774	0	216,774	194.00
194.02 CHILDREN'S CLINIC	493,492	223,798	717,290	0	717,290	194.02
194.04 HEALTH RESOURCE CENTER	47,396	16,011	63,407	0	63,407	194.04
194.05 ADOLESCENT RESIDENTIAL	0	0	0	2,174,332	2,174,332	194.05
194.07 COMMUNITY BENEFIT/MISSIION	276,999	166,474	443,473	0	443,473	194.07
194.10 DME	1,448,179	3,129,253	4,577,432	31,287	4,608,719	194.10
194.12 MED ONE/TWO	966,198	876,589	1,842,787	0	1,842,787	194.12
194.13 UNUSED SPACE	0	0	0	0	0	194.13
194.14 ADVERTISING AND MARKETING	0	565	565	0	565	194.14
194.15 PHYSICIANS RECRUITING	0	0	0	154,745	154,745	194.15
194.16 MOB	0	22,635	22,635	-1,143	21,492	194.16
194.17 ASB	0	322,643	322,643	-220,122	102,521	194.17
194.18 MAB	0	50,860	50,860	-12,415	38,445	194.18
200.00 TOTAL (SUM OF LINES 118-199)	70,062,658	128,123,373	198,186,031	0	198,186,031	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/26/2012 3:35 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	801,357	3,918,788	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	1.01
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-2,184,057	-807,081	4.00
5.01	NONPATIENT TELEPHONES	-143,156	661,751	5.01
5.02	DATA PROCESSING	0	416,389	5.02
5.03	PURCHASING, RECEIVING AND STORES	159	304,008	5.03
5.04	ADMINISTRATIVE	-820	1,399,317	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	-230	3,124,331	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-2,507,551	41,813,324	5.06
6.00	MAINTENANCE & REPAIRS	-393,327	6,890,416	6.00
7.00	OPERATION OF PLANT	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	-13,702	572,635	8.00
9.00	HOUSEKEEPING	-10,755	2,529,419	9.00
10.00	DIETARY	-1,226,423	332,402	10.00
11.00	CAFETERIA	0	1,952,178	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	-1,550	839,535	13.00
14.00	CENTRAL SERVICES & SUPPLY	-10	199,448	14.00
15.00	PHARMACY	-105	-1,833,946	15.00
16.00	MEDICAL RECORDS & LIBRARY	-77,115	1,364,828	16.00
17.00	SOCIAL SERVICE	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	NURSING SCHOOL	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	PARAMED PRGM	-451	93,664	23.00
23.01	SCH OF RADIOLOGY	0	116,077	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-97,783	16,228,638	30.00
31.00	INTENSIVE CARE UNIT	0	4,657,937	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - I PF	0	0	40.00
41.00	SUBPROVIDER - I RF	-36,770	1,478,922	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
45.01	ICF/MR	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	-9,875	7,992,270	50.00
50.01	SURGERY CENTER	-14,288	5,705,104	50.01
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	59,757	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-39,022	7,498,645	54.00
55.00	RADIOLOGY-THERAPEUTIC	-23,592	2,416,468	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	-42,357	6,442,291	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	919,242	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	-5,455	1,775,170	65.00
66.00	PHYSICAL THERAPY	-7,748	2,310,119	66.00
67.00	OCCUPATIONAL THERAPY	-100	1,311,427	67.00
68.00	SPEECH PATHOLOGY	0	348,664	68.00
69.00	ELECTROCARDIOLOGY	-2,290	2,215,111	69.00
70.00	ELECTROENCEPHALOGRAPHY	-1,114	687,784	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,734,026	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	5,130,335	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	20,578,150	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	CHEMOTHERAPY	-392	2,191,185	76.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
90.01	ANDERSON CENTER OP CLINIC	0	577,900	90.01
91.00	EMERGENCY	-8,975,168	4,953,218	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	66,712	4,083,297	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
112.00	OTHER ORGAN ACQUISITION	0	0	112.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	-6,375	1,825,093	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-14,953,353	169,008,236	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	RESEARCH	-77,806	247,231	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	-128,381	3,386,474	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	FOUNDATION	0	216,774	194.00
194.02	CHILDREN'S CLINIC	-551	716,739	194.02
194.04	HEALTH RESOURCE CENTER	0	63,407	194.04
194.05	ADOLESCENT RESIDENTIAL	0	2,174,332	194.05
194.07	COMMUNITY BENEFIT/MISSION	0	443,473	194.07
194.10	DME	-263	4,608,456	194.10
194.12	MED ONE/TWO	-242	1,842,545	194.12
194.13	UNUSED SPACE	0	0	194.13
194.14	ADVERTISING AND MARKETING	0	565	194.14
194.15	PHYSICIANS RECRUITING	0	154,745	194.15
194.16	MOB	0	21,492	194.16
194.17	ASB	0	102,521	194.17
194.18	MAB	0	38,445	194.18
200.00	TOTAL (SUM OF LINES 118-199)	-15,160,596	183,025,435	200.00

RECLASSIFICATIONS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-6  
Date/Time Prepared:  
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		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
<b>A - PHARMACY/IV RECLASS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	20,578,150	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	20,578,150	
<b>B - ANESTHESIA RECLASS</b>					
1.00	ANESTHESIOLOGY	53.00	0	59,757	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	59,757	
<b>C - MEDICAL SUPPLIES RECLASS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,004,414	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	256,043	2.00
	TOTALS		0	2,260,457	
<b>D - CAFETERIA/CLASSIC CATERING RECLASS</b>					
1.00	CAFETERIA	11.00	811,055	1,141,123	1.00
	TOTALS		811,055	1,141,123	
<b>E - MAB OTHER EXPENSE</b>					
1.00	NONPATIENT TELEPHONES	5.01	0	830	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	4,956	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,746	3.00
4.00	ELECTROCARDIOLOGY	69.00	0	3,512	4.00
	TOTALS		0	12,044	
<b>F - MAB DEPRECIATION EXPENSE</b>					
1.00	MAINTENANCE & REPAIRS	6.00	0	15,853	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,784	2.00
3.00	ELECTROCARDIOLOGY	69.00	0	11,234	3.00
4.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,656	4.00
	TOTALS		0	38,527	
<b>G - MOB OTHER EXPENSE</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	195	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	946	2.00
	TOTALS		0	1,141	
<b>H - MOB DEPRECIATION EXPENSE</b>					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2	1.00
	TOTALS		0	2	
<b>I - PROPERTY TAX RECLASS</b>					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	85,094	1.00
	TOTALS		0	85,094	
<b>J - INTEREST EXPENSE RECLASS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	644,636	1.00
	TOTALS		0	644,636	
<b>K - ANDERSON CENTER OUTPATIENT RECLASS</b>					
1.00	ANDERSON CENTER OP CLINIC	90.01	420,342	157,558	1.00
	TOTALS		420,342	157,558	
<b>L - WHOLE BLOOD RECLASS</b>					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	94,108	825,134	1.00
	TOTALS		94,108	825,134	
<b>M - CAPITAL RELATED DEPRECIATION RECLASS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,912,101	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	1,912,101	
<b>N - ADOLESCENT RESIDENTIAL RECLASS</b>					
1.00	ADOLESCENT RESIDENTIAL	194.05	1,581,524	592,808	1.00
	TOTALS		1,581,524	592,808	
<b>P - PHYSICIANS RECRUITMENT RECLASS</b>					
1.00	PHYSICIANS RECRUITING	194.15	0	154,745	1.00
	TOTALS		0	154,745	
<b>R - ASB OTHER EXPENSE</b>					
1.00	OPERATING ROOM	50.00	0	15,856	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	44,163	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	62,243	3.00
4.00	PHYSICAL THERAPY	66.00	0	29,773	4.00
5.00	CHEMOTHERAPY	76.00	0	10,613	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	8,197	6.00
7.00	DME	194.10	0	28,306	7.00

RECLASSIFICATIONS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-6

Date/Time Prepared:  
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
TOTALS			0	199,151	
S - ASB DEPRECIATION EXPENSE					
1.00	OPERATING ROOM	50.00	0	1,670	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,650	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	6,554	3.00
4.00	PHYSICAL THERAPY	66.00	0	3,135	4.00
5.00	CHEMOTHERAPY	76.00	0	1,118	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	863	6.00
7.00	DME	194.10	0	2,981	7.00
TOTALS			0	20,971	
T - NURSING PHYSICIAN					
1.00	ADULTS & PEDIATRICS	30.00	0	198,000	1.00
TOTALS			0	198,000	
U - PROPERTY INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	18,734	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	64,385	2.00
TOTALS			0	83,119	
Y - INFECTION CONTROL					
1.00	ADULTS & PEDIATRICS	30.00	0	13,542	1.00
TOTALS			0	13,542	
AB - MEDICAL SUPPLIES & IMPLANTABLE DEVIC					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,769,528	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	4,874,292	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	6,643,820	
500.00	Grand Total: Increases		2,907,029	35,621,880	500.00

RECLASSIFICATIONS

Provider CCN: 150088

Period: From 07/01/2010 To 06/30/2011

Worksheet A-6  
Date/Time Prepared: 1/26/2012 3:35 pm

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - PHARMACY/IV RECLASS</b>							
1.00	PHARMACY	15.00	0	14,752,186	0		1.00
2.00	CHEMOTHERAPY	76.00	0	5,825,964	0		2.00
	TOTALS		0	20,578,150			
<b>B - ANESTHESIA RECLASS</b>							
1.00	LABORATORY	60.00	0	16,152	0		1.00
2.00	SURGERY CENTER	50.01	0	3,689	0		2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	39,916	0		3.00
	TOTALS		0	59,757			
<b>C - MEDICAL SUPPLIES RECLASS</b>							
1.00		0.00	0	0	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,260,457	0		2.00
	TOTALS		0	2,260,457			
<b>D - CAFETERIA/CLASSIC CATERING RECLASS</b>							
1.00	DIETARY	10.00	811,055	1,141,123	0		1.00
	TOTALS		811,055	1,141,123			
<b>E - MAB OTHER EXPENSE</b>							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00	MAB	194.18	0	12,044	0		4.00
	TOTALS		0	12,044			
<b>F - MAB DEPRECIATION EXPENSE</b>							
1.00	MAB	194.18	0	371	0		1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	38,156	9		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	9		4.00
	TOTALS		0	38,527			
<b>G - MOB OTHER EXPENSE</b>							
1.00		0.00	0	0	0		1.00
2.00	MOB	194.16	0	1,141	0		2.00
	TOTALS		0	1,141			
<b>H - MOB DEPRECIATION EXPENSE</b>							
1.00	MOB	194.16	0	2	0		1.00
	TOTALS		0	2			
<b>I - PROPERTY TAX RECLASS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	85,094	9		1.00
	TOTALS		0	85,094			
<b>J - INTEREST EXPENSE RECLASS</b>							
1.00	INTEREST EXPENSE	113.00	0	644,636	11		1.00
	TOTALS		0	644,636			
<b>K - ANDERSON CENTER OUTPATIENT RECLASS</b>							
1.00	ADULTS & PEDIATRICS	30.00	420,342	157,558	0		1.00
	TOTALS		420,342	157,558			
<b>L - WHOLE BLOOD RECLASS</b>							
1.00	LABORATORY	60.00	94,108	825,134	0		1.00
	TOTALS		94,108	825,134			
<b>M - CAPITAL RELATED DEPRECIATION RECLASS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,702,815	9		1.00
2.00	SURGERY CENTER	50.01	0	38,730	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	152,430	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	18,126	0		4.00
	TOTALS		0	1,912,101			
<b>N - ADOLESCENT RESIDENTIAL RECLASS</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,581,524	592,808	0		1.00
	TOTALS		1,581,524	592,808			
<b>P - PHYSICIANS RECRUITMENT RECLASS</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	154,745	0		1.00
	TOTALS		0	154,745			
<b>R - ASB OTHER EXPENSE</b>							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00	ASB	194.17	0	199,151	0		7.00
	TOTALS		0	199,151			

RECLASSIFICATIONS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-6

Date/Time Prepared:  
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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>S - ASB DEPRECIATION EXPENSE</b>							
1.00		0.00	0	0	0	0	1.00
2.00		0.00	0	0	0	0	2.00
3.00		0.00	0	0	0	0	3.00
4.00		0.00	0	0	0	0	4.00
5.00		0.00	0	0	0	0	5.00
6.00		0.00	0	0	0	0	6.00
7.00	ASB	194.17	0	20,971	0	0	7.00
	TOTALS		0	20,971			
<b>T - NURSING PHYSICIAN</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	198,000	0	0	1.00
	TOTALS		0	198,000			
<b>U - PROPERTY INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	83,119	12	0	1.00
2.00		0.00	0	0	12	0	2.00
	TOTALS		0	83,119			
<b>Y - INFECTION CONTROL</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	13,542	0	0	1.00
	TOTALS		0	13,542			
<b>AB - MEDICAL SUPPLIES &amp; IMPLANTABLE DEVIC</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,261,387	0	0	1.00
2.00	PHARMACY	15.00	0	149,284	0	0	2.00
3.00	OPERATING ROOM	50.00	0	3,902,795	0	0	3.00
4.00	SURGERY CENTER	50.01	0	1,312,676	0	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,708	0	0	5.00
6.00	EMERGENCY	91.00	0	11,970	0	0	6.00
	TOTALS		0	6,643,820			
500.00	Grand Total: Decreases		2,907,029	35,621,880			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
1/26/2012 3:35 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,292,602	0	0	0	1.00
2.00	Land Improvements	2,430,620	0	0	0	2.00
3.00	Buildings and Fixtures	44,843,107	6,790	0	6,790	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	40,781,305	85,179	0	85,179	5.00
6.00	Movable Equipment	47,298,716	1,621,535	0	1,621,535	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	140,646,350	1,713,504	0	1,713,504	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	140,646,350	1,713,504	0	1,713,504	10.00
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,300,984	0	0	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	2,300,984	0	0	0	3.00
<b>COMPUTATION OF RATIOS</b>						
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	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	1.01
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	5,292,602	0		1.00		
2.00	Land Improvements	2,430,620	2,009,849		2.00		
3.00	Buildings and Fixtures	44,849,897	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	39,597,129	0		5.00		
6.00	Movable Equipment	45,642,965	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	137,813,213	2,009,849		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	137,813,213	2,009,849		10.00		
<b>SUMMARY OF CAPITAL</b>							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	2,300,984		1.00		
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0		1.01		
3.00	Total (sum of lines 1-2)	0	2,300,984		3.00		
<b>ALLOCATION OF OTHER CAPITAL</b>							
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	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	4,137,130	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	0	0	0	4,137,130	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150088

Period:  
From 07/01/2010  
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Worksheet A-7  
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	-301,461	83,119	0	0	3,918,788	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	-301,461	83,119	0	0	3,918,788	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-8

Date/Time Prepared:  
1/26/2012 3:35 pm

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
1.00	Investment income - buildings and fixtures (chapter 2)	B	-499,427	NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	Investment income - movable equipment (chapter 2)		0	*** Cost Center Deleted ***	2.00
3.00	Investment income - other (chapter 2)	B	-145,321	NEW CAP REL COSTS-BLDG & FIXT	1.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-86,223	NONPATIENT TELEPHONES	5.01
8.00	Television and radio service (chapter 21)	A	-1,532	MAINTENANCE & REPAIRS	6.00
9.00	Parking lot (chapter 21)		0		0.00
10.00	Provider-based physician adjustment	A-8-2	-9,136,262		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00
12.00	Related organization transactions (chapter 10)	A-8-1	14,204,788		12.00
13.00	Laundry and linen service		0		0.00
14.00	Cafeteria-employees and guests	A	-1,189,317	DIETARY	10.00
15.00	Rental of quarters to employee and others		0		0.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00
17.00	Sale of drugs to other than patients		0		0.00
18.00	Sale of medical records and abstracts	B	-77,115	MEDICAL RECORDS & LIBRARY	16.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00
20.00	Vending machines	B	-12,590	DIETARY	10.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00
25.00	Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF	114.00
26.00	Depreciation - buildings and fixtures			NEW CAP REL COSTS-BLDG & FIXT	1.00
27.00	Depreciation - movable equipment			*** Cost Center Deleted ***	2.00
28.00	Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS	19.00
29.00	Physicians' assistant				0.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00
32.00	CAH HIT Adjustment for Depreciation and Interest				0.00
33.00	MISC. INCOME	B	162	PURCHASING, RECEIVING AND STORES	5.03
33.04	MISC. INCOME	B	-230	CASHIERING/ACCOUNTS RECEIVABLE	5.05
33.06	MISC. INCOME	B	-820	ADMITTING	5.04
33.07	MISC. INCOME	B	-190,919	OTHER ADMINISTRATIVE AND GENERAL	5.06
33.11	MISC. INCOME	B	-793	MAINTENANCE & REPAIRS	6.00
33.14	MISC. INCOME	B	-13,702	LAUNDRY & LINEN SERVICE	8.00
33.18	MISC. INCOME	B	397	HOUSEKEEPING	9.00
34.00	MISC. INCOME	B	-17,310	DIETARY	10.00
35.00	MISC. INCOME	B	-1,550	NURSING ADMINISTRATION	13.00
35.03	MISC. INCOME	B	-10	CENTRAL SERVICES & SUPPLY	14.00
35.08	MISC. INCOME	B	-388	PARAMEDICAL PRGM	23.00
35.09	MISC. INCOME	B	-288	ADULTS & PEDIATRICS	30.00
35.11	MISC. INCOME	B	-8,857	OPERATING ROOM	50.00
35.13	MISC. INCOME	B	-13,270	SURGERY CENTER	50.01
35.14	MISC. INCOME	B	-39,022	RADIOLOGY-DIAGNOSTIC	54.00
35.15	MISC. INCOME	B	-164	RADIOLOGY-THERAPEUTIC	55.00
35.16	MISC. INCOME	B	-42,357	LABORATORY	60.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-8

Date/Time Prepared:  
1/26/2012 3:35 pm

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
35.17	MISC INCOME	B	-5,455	RESPIRATORY THERAPY	65.00 35.17
35.18	MISC INCOME	B	-7,748	PHYSICAL THERAPY	66.00 35.18
35.20	MISC INCOME	B	-100	OCCUPATIONAL THERAPY	67.00 35.20
35.21	MISC INCOME	B	-392	CHEMOTHERAPY	76.00 35.21
35.22	MISC INCOME	B	-1,780	HOME HEALTH AGENCY	101.00 35.22
35.23	MISC INCOME	B	-77,806	RESEARCH	191.00 35.23
35.24	MISC INCOME	B	-12,661	PHYSICIANS' PRIVATE OFFICES	192.00 35.24
35.25	MISC INCOME	B	-551	CHILDREN'S CLINIC	194.02 35.25
35.26	MISC INCOME	B	98	DME	194.10 35.26
35.27	MISC INCOME	B	-200	MED ONE/TWO	194.12 35.27
36.00	PHYSICIANS' PHONE SERVICE	A	-55,344	NONPATIENT TELEPHONES	5.01 36.00
36.01	BAD DEBT & RECOVERIES	A	-16,810,564	OTHER ADMINISTRATIVE AND GENERAL	5.06 36.01
36.02	BAD DEBT & RECOVERIES	A	68,492	HOME HEALTH AGENCY	101.00 36.02
36.06	BAD DEBT & RECOVERIES	A	-99,088	PHYSICIANS' PRIVATE OFFICES	192.00 36.06
36.07	BAD DEBT & RECOVERIES	A	-6,375	HOSPICE	116.00 36.07
36.08	INCOME/SALES TAX	A	-1,018	SURGERY CENTER	50.01 36.08
36.09	INCOME/SALES TAX	A	-42	EMPLOYEE BENEFITS	4.00 36.09
36.10	INCOME/SALES TAX	A	-3	PURCHASING, RECEIVING AND STORES	5.03 36.10
36.11	INCOME/SALES TAX	A	-750	OTHER ADMINISTRATIVE AND GENERAL	5.06 36.11
36.12	INCOME/SALES TAX	A	-7,206	DIETARY	10.00 36.12
36.13	INCOME/SALES TAX	A	-105	PHARMACY	15.00 36.13
36.14	INCOME/SALES TAX	A	-63	PARAMED ED PRGM	23.00 36.14
36.15	INCOME/SALES TAX	A	-1,018	OPERATING ROOM	50.00 36.15
36.16	INCOME/SALES TAX	A	-3	ELECTROCARDIOLOGY	69.00 36.16
36.17	INCOME/SALES TAX	A	-361	DME	194.10 36.17
37.00	INCOME/SALES TAX	A	-42	MED ONE/TWO	194.12 37.00
37.01	CARRYFORWARD ADJUSTMENTS	A	-10,542	NEW CAP REL COSTS-BLDG & FIXT	1.00 37.01
37.02	CARRYFORWARD ADJUSTMENTS	A	-3,879	NEW CAP REL COSTS-BLDG & FIXT	1.00 37.02
37.03	PHYSICIAN OFFICE DEPRECIATION	A	-1,746	NEW CAP REL COSTS-BLDG & FIXT	1.00 37.03
37.04	PHYSICIAN OFFICE DEPRECIATION	A	-11,018	NEW CAP REL COSTS-BLDG & FIXT	1.00 37.04
37.09	MAB DEPRECIATION IN CAP REL	A	-119,296	NEW CAP REL COSTS-BLDG & FIXT	1.00 37.09
38.00			0		0.00 38.00
38.04	BILLING FEES	A	2,340	OTHER ADMINISTRATIVE AND GENERAL	5.06 38.04
38.06	BILLING FEES	A	-16,632	PHYSICIANS' PRIVATE OFFICES	192.00 38.06
38.09	A&G MISCELLANEOUS EXPENSE	A	-373,365	OTHER ADMINISTRATIVE AND GENERAL	5.06 38.09
38.10	A&G DUES & MEMBERSHIP	A	-5,383	OTHER ADMINISTRATIVE AND GENERAL	5.06 38.10
39.00	A&G PURCHASED SERVICES	A	-32,440	OTHER ADMINISTRATIVE AND GENERAL	5.06 39.00
39.01	CORPORATION ADMINISTRATION TRAVEL &	A	-14,214	OTHER ADMINISTRATIVE AND GENERAL	5.06 39.01
40.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00 40.00
41.00	ADVERTISING&MARKETING	A	-940	OTHER ADMINISTRATIVE AND GENERAL	5.06 41.00
42.00	MISC REVENUE LEASED BLDGS	B	-960	NONPATIENT TELEPHONES	5.01 42.00
43.00	MISC REVENUE LEASED BLDGS	B	-14,806	OTHER ADMINISTRATIVE AND GENERAL	5.06 43.00
44.00	MISC REVENUE LEASED BLDGS	B	-242,172	MAINTENANCE & REPAIRS	6.00 44.00
44.03	MISC REVENUE LEASED BLDGS	B	-11,152	HOUSEKEEPING	9.00 44.03
44.09	PATIENT PHONE DEPRECIATION	A	-629	NONPATIENT TELEPHONES	5.01 44.09
45.04	IHHA LOBBY DUES	A	-11,557	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.04
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,160,596		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-8

Date/Time Prepared:  
1/26/2012 3:35 pm

		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - buildings and fixtures (chapter 2)	11	1.00
2.00	Investment income - movable equipment (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	11	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - buildings and fixtures	0	26.00
27.00	Depreciation - movable equipment	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	MI SC. INCOME	0	33.00
33.04	MI SC. INCOME	0	33.04
33.06	MI SC. INCOME	0	33.06
33.07	MI SC. INCOME	0	33.07
33.11	MI SC. INCOME	0	33.11
33.14	MI SC. INCOME	0	33.14
33.18	MI SC. INCOME	0	33.18
34.00	MI SC. INCOME	0	34.00
35.00	MI SC INCOME	0	35.00
35.03	MI SC INCOME	0	35.03
35.08	MI SC INCOME	0	35.08
35.09	MI SC INCOME	0	35.09
35.11	MI SC INCOME	0	35.11
35.13	MI SC INCOME	0	35.13
35.14	MI SC INCOME	0	35.14
35.15	MI SC INCOME	0	35.15
35.16	MI SC INCOME	0	35.16
35.17	MI SC INCOME	0	35.17
35.18	MI SC INCOME	0	35.18
35.20	MI SC INCOME	0	35.20
35.21	MI SC INCOME	0	35.21
35.22	MI SC INCOME	0	35.22
35.23	MI SC INCOME	0	35.23
35.24	MI SC INCOME	0	35.24
35.25	MI SC INCOME	0	35.25
35.26	MI SC INCOME	0	35.26
35.27	MI SC INCOME	0	35.27
36.00	PHYSICIANS' PHONE SERVICE	0	36.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-8

Date/Time Prepared:  
1/26/2012 3:35 pm

		Wkst. A-7 Ref.	
		5.00	
36.01	BAD DEBT & RECOVERIES	0	36.01
36.02	BAD DEBT & RECOVERIES	0	36.02
36.06	BAD DEBT & RECOVERIES	0	36.06
36.07	BAD DEBT & RECOVERIES	0	36.07
36.08	INCOME/SALES TAX	0	36.08
36.09	INCOME/SALES TAX	0	36.09
36.10	INCOME/SALES TAX	0	36.10
36.11	INCOME/SALES TAX	0	36.11
36.12	INCOME/SALES TAX	0	36.12
36.13	INCOME/SALES TAX	0	36.13
36.14	INCOME/SALES TAX	0	36.14
36.15	INCOME/SALES TAX	0	36.15
36.16	INCOME/SALES TAX	0	36.16
36.17	INCOME/SALES TAX	0	36.17
37.00	INCOME/SALES TAX	0	37.00
37.01	CARRYFORWARD ADJUSTMENTS	9	37.01
37.02	CARRYFORWARD ADJUSTMENTS	9	37.02
37.03	PHYSICIAN OFFICE DEPRECIATION	9	37.03
37.04	PHYSICIAN OFFICE DEPRECIATION	9	37.04
37.09	MAB DEPRECIATION IN CAP REL	9	37.09
38.00		0	38.00
38.04	BILLING FEES	0	38.04
38.06	BILLING FEES	0	38.06
38.09	A&G MISCELLANEOUS EXPENSE	0	38.09
38.10	A&G DUES & MEMBERSHIP	0	38.10
39.00	A&G PURCHASED SERVICES	0	39.00
39.01	CORPORATION ADMINISTRATION TRAVEL &	0	39.01
40.00	OTHER ADJUSTMENTS (SPECIFY)	0	40.00
41.00	ADVERTISING&MARKETING	0	41.00
42.00	MISC REVENUE LEASED BLDGS	0	42.00
43.00	MISC REVENUE LEASED BLDGS	0	43.00
44.00	MISC REVENUE LEASED BLDGS	0	44.00
44.03	MISC REVENUE LEASED BLDGS	0	44.03
44.09	PATIENT PHONE DEPRECIATION	0	44.09
45.04	IHHA LOBBY DUES	0	45.04
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet A-8-1 Date/Time Prepared: 1/26/2012 3:35 pm
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	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	6.00	MAINTENANCE & REPAIRS	SVHEALTH TRIMEDIX	1.00
2.00	4.00	EMPLOYEE BENEFITS	SVHEALTH-HOME OFFICE-SELF INS	2.00
3.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	SVHEALTH-HOME OFFICE-NEW	3.00
4.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	SVHEALTH-HOME OFFICE-A&G	4.00
4.60	1.00	NEW CAP REL COSTS-BLDG & FIXT	SVHEALTH-I INTEREST	4.60
4.70	5.06	OTHER ADMINISTRATIVE AND GENERAL	SVHEALTH-CAP INTEREST	4.70
4.80	4.00	EMPLOYEE BENEFITS	SVHEALTH-PENSION COST	4.80
4.90	0.00			4.90
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	
<b>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS  
 Provider CCN: 150088  
 Period: From 07/01/2010 To 06/30/2011  
 Worksheet A-8-1  
 Date/Time Prepared: 1/26/2012 3:35 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1,989,565	2,138,395	-148,830	0	1.00
2.00	10,235,792	9,942,801	292,991	0	2.00
3.00	1,893,935	0	1,893,935	9	3.00
4.00	15,056,541	0	15,056,541	0	4.00
4.60	152,206	453,555	-301,349	11	4.60
4.70	56,313	167,807	-111,494	0	4.70
4.80	1,803,767	4,280,773	-2,477,006	0	4.80
4.90	0	0	0	0	4.90
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	31,188,119	16,983,331	14,204,788	5.00

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

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

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

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

6.00		ST VINCENT HEALTH	100.00	HEALTH SYSTEM	6.00
7.00			0.00		7.00
8.00			0.00		8.00
9.00			0.00		9.00
10.00			0.00		10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:  
1/26/2012 3:35 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	31.00	CRITICAL CARE	271,466	0	1.00
2.00	41.00	SUB PROVIDER-BENNETT REHAB	105,000	0	2.00
3.00	55.00	RADIATION THERAPY	68,750	0	3.00
4.00	60.00	LABORATORY	186,986	0	4.00
5.00	69.00	CARDIAC CATH LAB	13,000	0	5.00
6.00	70.00	SLEEP LAB	9,000	0	6.00
7.00	91.00	EMERGENCY ROOM PHYSICIANS	9,064,247	8,577,587	7.00
8.00	30.00	ADULTS & PEDIATRICS	13,542	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	198,000	0	9.00
10.00	0.00		0	0	10.00
200.00		TOTAL (lines 1.00 through 199.00)	9,929,991	8,577,587	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:  
1/26/2012 3:35 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	271,466	136,700	5,800	381,183	19,059	1.00
2.00	105,000	171,400	828	68,230	3,412	2.00
3.00	68,750	171,400	550	45,322	2,266	3.00
4.00	186,986	219,500	1,953	206,098	10,305	4.00
5.00	13,000	171,400	130	10,713	536	5.00
6.00	9,000	136,700	120	7,886	394	6.00
7.00	486,660	171,400	1,081	89,079	4,454	7.00
8.00	13,542	171,400	64	5,274	264	8.00
9.00	198,000	171,400	1,320	108,773	5,439	9.00
10.00	0	0	0	0	0	10.00
200.00	1,352,404		11,846	922,558	46,129	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:  
1/26/2012 3:35 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	381,183	1.00
2.00	0	0	0	0	68,230	2.00
3.00	0	0	0	0	45,322	3.00
4.00	0	0	0	0	206,098	4.00
5.00	0	0	0	0	10,713	5.00
6.00	0	0	0	0	7,886	6.00
7.00	0	0	0	0	89,079	7.00
8.00	0	0	0	0	5,274	8.00
9.00	0	0	0	0	108,773	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	922,558	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:  
1/26/2012 3:35 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	0	1.00
2.00	36,770	36,770	2.00
3.00	23,428	23,428	3.00
4.00	0	0	4.00
5.00	2,287	2,287	5.00
6.00	1,114	1,114	6.00
7.00	397,581	8,975,168	7.00
8.00	8,268	8,268	8.00
9.00	89,227	89,227	9.00
10.00	0	0	10.00
200.00	558,675	9,136,262	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
	0	1.00	1.01	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	3,918,788	3,918,788				1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT	0	0	0			1.01
4.00 EMPLOYEE BENEFITS	-807,081	33,895	0	-773,186		4.00
5.01 NONPATIENT TELEPHONES	661,751	0	0	0	661,751	5.01
5.02 DATA PROCESSING	416,389	48,415	0	0	5,482	5.02
5.03 PURCHASING, RECEIVING AND STORES	304,008	98,039	0	0	7,048	5.03
5.04 ADMINISTRATION	1,399,317	62,873	0	0	12,530	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	3,124,331	55,995	0	0	18,795	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	41,813,324	308,294	0	0	72,832	5.06
6.00 MAINTENANCE & REPAIRS	6,890,416	496,126	0	0	23,494	6.00
7.00 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	572,635	64,293	0	0	2,349	8.00
9.00 HOUSEKEEPING	2,529,419	46,925	0	0	8,615	9.00
10.00 DIETARY	332,402	117,063	0	0	2,349	10.00
11.00 CAFETERIA	1,952,178	91,370	0	0	6,265	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	839,535	20,321	0	0	8,615	13.00
14.00 CENTRAL SERVICES & SUPPLY	199,448	68,701	0	0	4,699	14.00
15.00 PHARMACY	-1,833,946	34,105	0	0	17,229	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,364,828	82,660	0	0	31,325	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM	93,664	1,139	0	0	0	23.00
23.01 SCH OF RADIOLOGY	116,077	964	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	16,228,638	885,337	0	0	79,883	30.00
31.00 INTENSIVE CARE UNIT	4,657,937	81,398	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - 1PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - 1RF	1,478,922	92,369	0	0	10,181	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	7,992,270	134,343	0	0	48,555	50.00
50.01 SURGERY CENTER	5,705,104	0	0	0	15,663	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	59,757	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	7,498,645	171,322	0	0	58,735	54.00
55.00 RADIOLOGY-THERAPEUTIC	2,416,468	0	0	0	11,747	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	6,442,291	113,654	0	0	36,024	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	919,242	0	0	0	1,566	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	1,775,170	17,526	0	0	4,699	65.00
66.00 PHYSICAL THERAPY	2,310,119	76,132	0	0	15,663	66.00
67.00 OCCUPATIONAL THERAPY	1,311,427	55,416	0	0	14,096	67.00
68.00 SPEECH PATHOLOGY	348,664	0	0	0	2,349	68.00
69.00 ELECTROCARDIOLOGY	2,215,111	25,070	0	0	14,880	69.00
70.00 ELECTROENCEPHALOGRAPHY	687,784	21,232	0	0	18,795	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,734,026	0	0	0	1,566	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	5,130,335	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	20,578,150	0	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
	0	1.00	1.01	4.00	5.01	
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 CHEMOTHERAPY	2,191,185	0	0	0	7,831	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 ANDERSON CENTER OP CLINIC	577,900	30,670	0	0	0	90.01
91.00 EMERGENCY	4,953,218	186,561	0	0	11,747	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	4,083,297	77,227	0	0	7,048	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	1,825,093	0	0	0	6,265	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	169,008,236	3,599,435	0	0	588,920	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,865	0	0	0	190.00
191.00 RESEARCH	247,231	0	0	0	783	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	3,386,474	130,558	0	0	42,289	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 FOUNDATION	216,774	0	0	0	1,566	194.00
194.02 CHILDREN'S CLINIC	716,739	0	0	0	0	194.02
194.04 HEALTH RESOURCE CENTER	63,407	0	0	0	0	194.04
194.05 ADOLESCENT RESIDENTIAL	2,174,332	88,426	0	0	0	194.05
194.07 COMMUNITY BENEFIT/MISSION	443,473	0	0	0	0	194.07
194.10 DME	4,608,456	81,389	0	0	8,615	194.10
194.12 MED ONE/TWO	1,842,545	0	0	0	12,530	194.12
194.13 UNUSED SPACE	0	0	0	0	0	194.13
194.14 ADVERTISING AND MARKETING	565	7,115	0	0	7,048	194.14
194.15 PHYSICIANS RECRUITING	154,745	0	0	0	0	194.15
194.16 MOB	21,492	0	0	0	0	194.16
194.17 ASB	102,521	0	0	0	0	194.17
194.18 MAB	38,445	0	0	0	0	194.18
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	-773,186	0	201.00
202.00 TOTAL (sum lines 118-201)	183,025,435	3,918,788	0	-773,186	661,751	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description		DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING	470,286					5.02
5.03	PURCHASING, RECEIVING AND STORES	0	409,095				5.03
5.04	ADMINITTING	0	551	1,475,271			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	324	0	3,199,445		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	1	5,551	5	10	42,200,017	5.06
6.00	MAINTENANCE & REPAIRS	0	151	0	0	7,410,187	6.00
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	2,307	0	0	641,584	8.00
9.00	HOUSEKEEPING	0	2,678	0	0	2,587,637	9.00
10.00	DIETARY	9	7,972	27	60	459,882	10.00
11.00	CAFETERIA	0	9,984	0	0	2,059,797	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	76	0	0	868,547	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	4,503	0	0	277,351	14.00
15.00	PHARMACY	0	0	0	0	-1,782,612	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	470	0	0	1,479,283	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED PRGM	0	102	0	0	94,905	23.00
23.01	SCH OF RADIOLOGY	0	0	0	0	117,041	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	27,346	11,674	85,787	186,002	17,504,667	30.00
31.00	INTENSIVE CARE UNIT	7,713	5,414	24,196	52,461	4,829,119	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	2,644	891	8,294	17,982	1,611,283	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
45.01	ICF/MR	0	0	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	47,221	82,278	148,138	321,192	8,773,997	50.00
50.01	SURGERY CENTER	26,893	33,510	84,367	182,924	6,048,461	50.01
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	6,243	0	19,586	42,466	128,052	53.00
54.00	RADIOLOGY-DIAGNOSTIC	74,539	13,677	233,837	507,004	8,557,759	54.00
55.00	RADIOLOGY-THERAPEUTIC	14,441	546	45,302	98,224	2,586,728	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	54,162	60,372	169,911	368,400	7,244,814	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	920,808	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	10,649	3,703	33,406	72,432	1,917,585	65.00
66.00	PHYSICAL THERAPY	7,709	725	24,184	52,437	2,486,969	66.00
67.00	OCCUPATIONAL THERAPY	5,832	28	18,296	39,668	1,444,763	67.00
68.00	SPEECH PATHOLOGY	783	3,126	2,457	5,327	362,706	68.00
69.00	ELECTROCARDIOLOGY	16,562	4,933	51,957	112,654	2,441,167	69.00
70.00	ELECTROENCEPHALOGRAPHY	4,669	308	14,646	31,755	779,189	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,569	20,213	45,706	99,099	3,915,179	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	11,862	20,972	37,214	80,686	5,281,069	72.00
73.00	DRUGS CHARGED TO PATIENTS	76,724	24,264	240,622	522,492	21,442,252	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	CHEMOTHERAPY	2,750	24,339	8,626	18,703	2,253,434	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
	5.02	5.03	5.04	5.05	5A.05	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 ANDERSON CENTER OP CLINIC	711	0	2,232	4,839	616,352	90.01
91.00 EMERGENCY	41,079	8,230	128,870	279,415	5,609,120	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	4,720	1,323	14,806	32,101	4,220,522	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	2,500	4,712	7,843	17,004	1,863,417	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	462,331	359,907	1,450,315	3,145,337	169,253,031	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	11,865	190.00
191.00 RESEARCH	0	29	0	0	248,043	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	2,985	44,053	9,364	20,303	3,636,026	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 FOUNDATION	0	175	0	0	218,515	194.00
194.02 CHILDREN'S CLINIC	800	750	2,509	5,440	726,238	194.02
194.04 HEALTH RESOURCE CENTER	0	2	0	0	63,409	194.04
194.05 ADOLESCENT RESIDENTIAL	2,044	543	6,413	13,904	2,285,662	194.05
194.07 COMMUNITY BENEFIT/MISSION	18	118	56	121	443,786	194.07
194.10 DME	20	755	62	134	4,699,431	194.10
194.12 MED ONE/TWO	2,088	2,673	6,552	14,206	1,880,594	194.12
194.13 UNUSED SPACE	0	0	0	0	0	194.13
194.14 ADVERTISING AND MARKETING	0	0	0	0	14,728	194.14
194.15 PHYSICIANS RECRUITING	0	0	0	0	154,745	194.15
194.16 MOB	0	1	0	0	21,493	194.16
194.17 ASB	0	88	0	0	102,609	194.17
194.18 MAB	0	1	0	0	38,446	194.18
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers	0	0	0	0	-773,186	201.00
202.00 TOTAL (sum lines 118-201)	470,286	409,095	1,475,271	3,199,445	183,025,435	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	42,200,017					5.06
6.00	MAINTENANCE & REPAIRS	2,180,966	9,591,153				6.00
7.00	OPERATION OF PLANT	0	0	0			7.00
8.00	LAUNDRY & LINEN SERVICE	188,831	219,045	0	1,049,460		8.00
9.00	HOUSEKEEPING	761,593	159,872	0	0	3,509,102	9.00
10.00	DIETARY	135,352	398,830	0	0	90,586	10.00
11.00	CAFETERIA	606,239	311,296	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	255,631	69,233	0	0	12,663	13.00
14.00	CENTRAL SERVICES & SUPPLY	81,630	234,062	0	9,196	45,196	14.00
15.00	PHARMACY	0	116,195	0	0	18,078	15.00
16.00	MEDICAL RECORDS & LIBRARY	435,383	281,620	0	0	18,702	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED PRGM	27,932	3,881	0	0	0	23.00
23.01	SCH OF RADIOLOGY	34,448	3,284	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	5,151,974	3,016,320	0	415,342	1,647,076	30.00
31.00	INTENSIVE CARE UNIT	1,421,306	277,321	0	125,235	203,965	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	474,233	314,699	0	49,956	113,379	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
45.01	ICF/MR	0	0	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	2,582,363	457,704	0	112,718	313,409	50.00
50.01	SURGERY CENTER	1,780,183	0	0	70,899	140,886	50.01
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	37,688	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,518,720	583,691	0	70,269	140,068	54.00
55.00	RADIOLOGY-THERAPEUTIC	761,326	0	0	19,477	24,936	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	2,132,294	387,217	0	0	87,469	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	271,012	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	564,384	59,710	0	0	17,922	65.00
66.00	PHYSICAL THERAPY	731,965	259,379	0	30,675	80,846	66.00
67.00	OCCUPATIONAL THERAPY	425,223	188,802	0	0	4,403	67.00
68.00	SPEECH PATHOLOGY	106,752	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	718,484	85,415	0	166	43,598	69.00
70.00	ELECTROENCEPHALOGRAPHY	229,331	72,338	0	2,405	101,106	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,152,315	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,554,324	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	6,310,940	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	CHEMOTHERAPY	663,231	0	0	5,805	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description	OTHER	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
	ADMINISTRATIVE	REPAIRS	PLANT	LINEN SERVICE		
	AND GENERAL					
	5.06	6.00	7.00	8.00	9.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	90.00
90.01	ANDERSON CENTER OP CLINIC	181,405	104,492	0	0	90.01
91.00	EMERGENCY	1,650,876	635,609	0	134,537	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				263,499	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	CMHC	0	0	0	0	99.00
99.10	CORF	0	0	0	0	99.10
100.00	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	1,242,184	263,110	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	111.00
112.00	OTHER ORGAN ACQUISITION	0	0	0	0	112.00
113.00	INTEREST EXPENSE	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	HOSPICE	548,441	0	0	15,195	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	37,918,959	8,503,125	0	1,046,680	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,492	40,423	0	0	190.00
191.00	RESEARCH	73,004	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,070,155	444,807	0	210	192.00
193.00	NONPAID WORKERS	0	0	0	0	193.00
194.00	FOUNDATION	64,313	0	0	0	194.00
194.02	CHILDREN'S CLINIC	213,746	0	0	298	194.02
194.04	HEALTH RESOURCE CENTER	18,663	0	0	0	194.04
194.05	ADOLESCENT RESIDENTIAL	672,716	301,265	0	0	194.05
194.07	COMMUNITY BENEFIT/MISSION	130,615	0	0	0	194.07
194.10	DME	1,383,137	0	0	0	194.10
194.12	MED ONE/TWO	553,496	277,291	0	1,129	194.12
194.13	UNUSED SPACE	0	0	0	0	194.13
194.14	ADVERTISING AND MARKETING	4,335	24,242	0	0	194.14
194.15	PHYSICIANS RECRUITING	45,545	0	0	0	194.15
194.16	MOB	6,326	0	0	0	194.16
194.17	ASB	30,200	0	0	0	194.17
194.18	MAB	11,315	0	0	1,143	194.18
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)	42,200,017	9,591,153	0	1,049,460	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	1,084,650					10.00
11.00 CAFETERIA	0	2,977,332				11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00 NURSING ADMINISTRATION	0	29,341	0	1,235,415		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	82,415	0	0	729,850	14.00
15.00 PHARMACY	0	117,525	0	0	13,459	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	81,204	0	0	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED PRGM	0	3,673	0	0	27	23.00
23.01 SCH OF RADIOLOGY	0	4,043	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	745,635	639,089	0	524,064	41,201	30.00
31.00 INTENSIVE CARE UNIT	146,768	156,728	0	128,519	22,155	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I RF	87,814	61,211	0	50,194	2,946	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	241,492	0	198,027	366,179	50.00
50.01 SURGERY CENTER	0	0	0	0	147,563	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	251,185	0	0	27,189	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	49,166	0	0	863	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	182,236	0	0	4,927	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	6,611	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	63,652	0	0	16,593	65.00
66.00 PHYSICAL THERAPY	0	87,275	0	0	2,508	66.00
67.00 OCCUPATIONAL THERAPY	0	50,896	0	0	25	67.00
68.00 SPEECH PATHOLOGY	0	5,160	0	0	14,421	68.00
69.00 ELECTROCARDIOLOGY	0	62,576	0	0	7,407	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	28,036	0	0	1,077	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 CHEMOTHERAPY	0	37,791	0	0	10,137	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 ANDERSON CENTER OP CLINIC	0	27,204	0	0	0	90.01
91.00 EMERGENCY	0	188,129	0	154,269	32,912	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	152,685	0	125,204	3,935	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	67,241	0	55,138	10,879	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	980,217	2,676,564	0	1,235,415	726,403	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	11,015	0	0	3	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	42	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 FOUNDATION	0	6,621	0	0	0	194.00
194.02 CHILDREN'S CLINIC	0	24,925	0	0	580	194.02
194.04 HEALTH RESOURCE CENTER	0	3,337	0	0	1	194.04
194.05 ADOLESCENT RESIDENTIAL	104,433	102,351	0	0	0	194.05
194.07 COMMUNITY BENEFIT/MISSION	0	26,582	0	0	350	194.07
194.10 DME	0	125,937	0	0	266	194.10
194.12 MED ONE/TWO	0	0	0	0	1,796	194.12
194.13 UNUSED SPACE	0	0	0	0	0	194.13
194.14 ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16 MOB	0	0	0	0	0	194.16
194.17 ASB	0	0	0	0	409	194.17
194.18 MAB	0	0	0	0	0	194.18
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)	1,084,650	2,977,332	0	1,235,415	729,850	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY	-1,517,355					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	2,296,192				16.00
17.00	SOCIAL SERVICE	0	0	0			17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED PRGM	0	0	0	0	0	23.00
23.01	SCH OF RADIOLOGY	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	0	133,516	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	37,657	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	0	12,908	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
45.01	ICF/MR	0	0	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	230,558	0	0	0	50.00
50.01	SURGERY CENTER	0	131,306	0	0	0	50.01
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	30,483	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	363,937	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	70,507	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	264,444	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	51,993	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	37,640	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	28,475	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	3,824	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	80,865	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	22,794	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71,135	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	57,918	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	374,675	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	CHEMOTHERAPY	0	13,425	0	0	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	ANDERSON CENTER OP CLINIC	0	3,474	0	0	0	90.01
91.00	EMERGENCY	0	200,569	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	23,043	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	12,206	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	2,257,352	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	14,574	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	FOUNDATION	0	0	0	0	0	194.00
194.02	CHILDREN'S CLINIC	0	3,905	0	0	0	194.02
194.04	HEALTH RESOURCE CENTER	0	0	0	0	0	194.04
194.05	ADOLESCENT RESIDENTIAL	0	9,981	0	0	0	194.05
194.07	COMMUNITY BENEFIT/MISSION	0	87	0	0	0	194.07
194.10	DME	0	96	0	0	0	194.10
194.12	MED ONE/TWO	0	10,197	0	0	0	194.12
194.13	UNUSED SPACE	0	0	0	0	0	194.13
194.14	ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15	PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	MOB	0	0	0	0	0	194.16
194.17	ASB	0	0	0	0	0	194.17
194.18	MAB	0	0	0	0	0	194.18
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	-1,517,355	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	-1,517,355	2,296,192	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	SCH OF RADIOLOGY	Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 PARAMED PRGM	0	0	130,418			23.00
23.01 SCH OF RADIOLOGY	0	0	0	158,816		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	0	0	0	29,818,884	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	7,348,773	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	2,778,623	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	13,276,447	50.00
50.01 SURGERY CENTER	0	0	0	0	8,319,298	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	196,223	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	130,418	158,816	12,802,052	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	3,513,003	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	10,303,401	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,198,431	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	2,691,839	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	3,717,257	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	2,142,587	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	492,863	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	3,439,678	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	1,236,276	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,138,629	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	6,893,311	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	28,127,867	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 CHEMOTHERAPY	0	0	0	0	2,983,823	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	SCH OF RADIOLOGY	Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 ANDERSON CENTER OP CLINIC	0	0	0	0	932,927	90.01
91.00 EMERGENCY	0	0	0	0	8,869,520	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	6,030,683	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	2,572,517	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	130,418	158,816	164,824,912	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	55,780	190.00
191.00 RESEARCH	0	0	0	0	332,065	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	5,212,257	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 FOUNDATION	0	0	0	0	293,930	194.00
194.02 CHILDREN'S CLINIC	0	0	0	0	1,009,238	194.02
194.04 HEALTH RESOURCE CENTER	0	0	0	0	85,410	194.04
194.05 ADOLESCENT RESIDENTIAL	0	0	0	0	3,476,408	194.05
194.07 COMMUNITY BENEFIT/MISSION	0	0	0	0	606,875	194.07
194.10 DME	0	0	0	0	6,218,607	194.10
194.12 MED ONE/TWO	0	0	0	0	2,724,503	194.12
194.13 UNUSED SPACE	0	0	0	0	0	194.13
194.14 ADVERTISING AND MARKETING	0	0	0	0	52,656	194.14
194.15 PHYSICIANS RECRUITING	0	0	0	0	200,290	194.15
194.16 MOB	0	0	0	0	33,663	194.16
194.17 ASB	0	0	0	0	133,218	194.17
194.18 MAB	0	0	0	0	56,164	194.18
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	-2,290,541	201.00
202.00 TOTAL (sum lines 118-201)	0	0	130,418	158,816	183,025,435	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part I  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT			1.01
4.00	EMPLOYEE BENEFITS			4.00
5.01	NONPATIENT TELEPHONES			5.01
5.02	DATA PROCESSING			5.02
5.03	PURCHASING, RECEIVING AND STORES			5.03
5.04	ADMITTING			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
12.00	MAINTENANCE OF PERSONNEL			12.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
19.00	NONPHYSICIAN ANESTHETISTS			19.00
20.00	NURSING SCHOOL			20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	PARAMED PRGM			23.00
23.01	SCH OF RADIOLOGY			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	0	29,818,884	30.00
31.00	INTENSIVE CARE UNIT	0	7,348,773	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - I/PF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	2,778,623	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
45.01	ICF/MR	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	13,276,447	50.00
50.01	SURGERY CENTER	0	8,319,298	50.01
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	196,223	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	12,802,052	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	3,513,003	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	10,303,401	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	1,198,431	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	2,691,839	65.00
66.00	PHYSICAL THERAPY	0	3,717,257	66.00
67.00	OCCUPATIONAL THERAPY	0	2,142,587	67.00
68.00	SPEECH PATHOLOGY	0	492,863	68.00
69.00	ELECTROCARDIOLOGY	0	3,439,678	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,236,276	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,138,629	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	6,893,311	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	28,127,867	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/26/2012 3:35 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
76.00	CHEMOTHERAPY	25.00	26.00	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
90.01	ANDERSON CENTER OP CLINIC	0	932,927	90.01
91.00	EMERGENCY	0	8,869,520	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	6,030,683	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
112.00	OTHER ORGAN ACQUISITION	0	0	112.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	2,572,517	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	164,824,912	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	55,780	190.00
191.00	RESEARCH	0	332,065	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	5,212,257	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	FOUNDATION	0	293,930	194.00
194.02	CHILDREN'S CLINIC	0	1,009,238	194.02
194.04	HEALTH RESOURCE CENTER	0	85,410	194.04
194.05	ADOLESCENT RESIDENTIAL	0	3,476,408	194.05
194.07	COMMUNITY BENEFIT/MISSION	0	606,875	194.07
194.10	DME	0	6,218,607	194.10
194.12	MED ONE/TWO	0	2,724,503	194.12
194.13	UNUSED SPACE	0	0	194.13
194.14	ADVERTISING AND MARKETING	0	52,656	194.14
194.15	PHYSICIANS RECRUITING	0	200,290	194.15
194.16	MOB	0	33,663	194.16
194.17	ASB	0	133,218	194.17
194.18	MAB	0	56,164	194.18
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	-2,290,541	201.00
202.00	TOTAL (sum lines 118-201)	0	183,025,435	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
		1.00	1.01			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT					1.01
4.00	EMPLOYEE BENEFITS	3,039	33,895	0	36,934	36,934 4.00
5.01	NONPATIENT TELEPHONES	52,631	0	0	52,631	0 5.01
5.02	DATA PROCESSING	227,922	48,415	0	276,337	0 5.02
5.03	PURCHASING, RECEIVING AND STORES	1,434	98,039	0	99,473	0 5.03
5.04	ADMINISTRATIVE	30	62,873	0	62,903	0 5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	1,759	55,995	0	57,754	0 5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	12,659	308,294	0	320,953	0 5.06
6.00	MAINTENANCE & REPAIRS	29,846	496,126	0	525,972	0 6.00
7.00	OPERATION OF PLANT	0	0	0	0	0 7.00
8.00	LAUNDRY & LINEN SERVICE	2,204	64,293	0	66,497	0 8.00
9.00	HOUSEKEEPING	18,363	46,925	0	65,288	0 9.00
10.00	DIETARY	7,751	117,063	0	124,814	0 10.00
11.00	CAFETERIA	9,706	91,370	0	101,076	0 11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	NURSING ADMINISTRATION	306	20,321	0	20,627	0 13.00
14.00	CENTRAL SERVICES & SUPPLY	125,196	68,701	0	193,897	0 14.00
15.00	PHARMACY	316,724	34,105	0	350,829	0 15.00
16.00	MEDICAL RECORDS & LIBRARY	15,610	82,660	0	98,270	0 16.00
17.00	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00	PARAMEDICAL PRGM	673	1,139	0	1,812	0 23.00
23.01	SCH OF RADIOLOGY	966	964	0	1,930	0 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	223,775	885,337	0	1,109,112	0 30.00
31.00	INTENSIVE CARE UNIT	241,185	81,398	0	322,583	0 31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0 40.00
41.00	SUBPROVIDER - I RF	23,760	92,369	0	116,129	0 41.00
42.00	SUBPROVIDER	0	0	0	0	0 42.00
43.00	NURSERY	0	0	0	0	0 43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	NURSING FACILITY	0	0	0	0	0 45.00
45.01	ICF/MR	0	0	0	0	0 45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	778,502	134,343	0	912,845	0 50.00
50.01	SURGERY CENTER	287,035	0	0	287,035	0 50.01
51.00	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	ANESTHESIOLOGY	10,413	0	0	10,413	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	935,177	171,322	0	1,106,499	0 54.00
55.00	RADIOLOGY-THERAPEUTIC	546,827	0	0	546,827	0 55.00
56.00	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	CT SCAN	0	0	0	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	LABORATORY	195,959	113,654	0	309,613	0 60.00
60.01	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	RESPIRATORY THERAPY	71,550	17,526	0	89,076	0 65.00
66.00	PHYSICAL THERAPY	212,714	76,132	0	288,846	0 66.00
67.00	OCCUPATIONAL THERAPY	2,565	55,416	0	57,981	0 67.00
68.00	SPEECH PATHOLOGY	13,865	0	0	13,865	0 68.00
69.00	ELECTROCARDIOLOGY	263,749	25,070	0	288,819	0 69.00
70.00	ELECTROENCEPHALOGRAPHY	46,234	21,232	0	67,466	0 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	RENAL DIALYSIS	0	0	0	0	0 74.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
		1.00	1.01			
	0			2A	4.00	
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 CHEMOTHERAPY	32,541	0	0	32,541	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 ANDERSON CENTER OP CLINIC	449	30,670	0	31,119	0	90.01
91.00 EMERGENCY	104,012	186,561	0	290,573	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	29,636	77,227	0	106,863	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	1,393	0	0	1,393	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,848,160	3,599,435	0	8,447,595	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,865	0	11,865	0	190.00
191.00 RESEARCH	16,527	0	0	16,527	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	122,440	130,558	0	252,998	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 FOUNDATION	3,960	0	0	3,960	0	194.00
194.02 CHILDREN'S CLINIC	17,789	0	0	17,789	0	194.02
194.04 HEALTH RESOURCE CENTER	0	0	0	0	0	194.04
194.05 ADOLESCENT RESIDENTIAL	1,690	88,426	0	90,116	0	194.05
194.07 COMMUNITY BENEFIT/MISSION	52,760	0	0	52,760	0	194.07
194.10 DME	54,388	81,389	0	135,777	0	194.10
194.12 MED ONE/TWO	154,265	0	0	154,265	0	194.12
194.13 UNUSED SPACE	0	0	0	0	0	194.13
194.14 ADVERTISING AND MARKETING	565	7,115	0	7,680	0	194.14
194.15 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16 MOB	11,156	0	0	11,156	0	194.16
194.17 ASB	9,766	0	0	9,766	0	194.17
194.18 MAB	13,532	0	0	13,532	0	194.18
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	36,934	201.00
202.00 TOTAL (sum lines 118-201)	5,306,998	3,918,788	0	9,225,786	36,934	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/26/2012 3:35 pm
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Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE		
	5.01	5.02	5.03	5.04	5.05		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	NEW CAP REL COSTS-BLDG & FIXT					1.01	
4.00	EMPLOYEE BENEFITS					4.00	
5.01	NONPATIENT TELEPHONES	52,631				5.01	
5.02	DATA PROCESSING	436	276,773			5.02	
5.03	PURCHASING, RECEIVING AND STORES	561	0	100,034		5.03	
5.04	ADMINISTRATIVE	997	0	135	64,035	5.04	
5.05	CASHIERING/ACCOUNTS RECEIVABLE	1,495	0	79	0	5.05	
5.06	OTHER ADMINISTRATIVE AND GENERAL	5,793	1	1,358	0	5.06	
6.00	MAINTENANCE & REPAIRS	1,869	0	37	0	6.00	
7.00	OPERATION OF PLANT	0	0	0	0	7.00	
8.00	LAUNDRY & LINEN SERVICE	187	0	564	0	8.00	
9.00	HOUSEKEEPING	685	0	655	0	9.00	
10.00	DIETARY	187	5	1,949	1	10.00	
11.00	CAFETERIA	498	0	2,441	0	11.00	
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	NURSING ADMINISTRATION	685	0	19	0	13.00	
14.00	CENTRAL SERVICES & SUPPLY	374	0	1,101	0	14.00	
15.00	PHARMACY	1,370	0	0	0	15.00	
16.00	MEDICAL RECORDS & LIBRARY	2,491	0	115	0	16.00	
17.00	SOCIAL SERVICE	0	0	0	0	17.00	
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	NURSING SCHOOL	0	0	0	0	20.00	
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00	
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00	
23.00	PARAMED PRGM	0	0	25	0	23.00	
23.01	SCH OF RADIOLOGY	0	0	0	0	23.01	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	6,350	16,099	2,855	3,718	3,434	30.00
31.00	INTENSIVE CARE UNIT	0	4,541	1,324	1,049	969	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	810	1,556	218	359	332	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
45.01	ICF/MR	0	0	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	3,862	27,800	20,115	6,419	5,930	50.00
50.01	SURGERY CENTER	1,246	15,832	8,194	3,656	3,377	50.01
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	3,675	0	849	784	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,671	43,882	3,345	10,133	9,360	54.00
55.00	RADIOLOGY-THERAPEUTIC	934	8,501	133	1,963	1,813	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	2,865	31,886	14,763	7,363	6,801	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	125	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	374	6,269	905	1,448	1,337	65.00
66.00	PHYSICAL THERAPY	1,246	4,538	177	1,048	968	66.00
67.00	OCCUPATIONAL THERAPY	1,121	3,433	7	793	732	67.00
68.00	SPEECH PATHOLOGY	187	461	765	106	98	68.00
69.00	ELECTROCARDIOLOGY	1,183	9,750	1,206	2,252	2,080	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,495	2,748	75	635	586	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	125	8,577	4,943	1,981	1,830	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	6,984	5,128	1,613	1,490	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	45,079	5,934	10,529	9,908	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	CHEMOTHERAPY	623	1,619	5,952	374	345	76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
	5.01	5.02	5.03	5.04	5.05	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 ANDERSON CENTER OP CLINIC	0	419	0	97	89	90.01
91.00 EMERGENCY	934	24,184	2,013	5,585	5,159	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	561	2,778	323	642	593	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	498	1,472	1,152	340	314	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	46,838	272,089	88,005	62,953	58,330	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	62	0	7	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	3,363	1,757	10,772	406	375	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 FOUNDATION	125	0	43	0	0	194.00
194.02 CHILDREN'S CLINIC	0	471	184	109	100	194.02
194.04 HEALTH RESOURCE CENTER	0	0	0	0	0	194.04
194.05 ADOLESCENT RESIDENTIAL	0	1,203	133	278	257	194.05
194.07 COMMUNITY BENEFIT/MISSION	0	11	29	2	2	194.07
194.10 DME	685	12	185	3	2	194.10
194.12 MED ONE/TWO	997	1,230	654	284	262	194.12
194.13 UNUSED SPACE	0	0	0	0	0	194.13
194.14 ADVERTISING AND MARKETING	561	0	0	0	0	194.14
194.15 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16 MOB	0	0	0	0	0	194.16
194.17 ASB	0	0	22	0	0	194.17
194.18 MAB	0	0	0	0	0	194.18
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)	52,631	276,773	100,034	64,035	59,328	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	328,105					5.06
6.00	MAINTENANCE & REPAIRS	16,955	544,833				6.00
7.00	OPERATION OF PLANT	0	0	0			7.00
8.00	LAUNDRY & LINEN SERVICE	1,468	12,443	0	81,159		8.00
9.00	HOUSEKEEPING	5,921	9,082	0	0	81,631	9.00
10.00	DIETARY	1,052	22,656	0	0	2,107	10.00
11.00	CAFETERIA	4,713	17,683	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	1,987	3,933	0	0	295	13.00
14.00	CENTRAL SERVICES & SUPPLY	635	13,296	0	711	1,051	14.00
15.00	PHARMACY	0	6,601	0	0	421	15.00
16.00	MEDICAL RECORDS & LIBRARY	3,385	15,998	0	0	435	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED PRGM	217	220	0	0	0	23.00
23.01	SCH OF RADIOLOGY	268	187	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	40,051	171,344	0	32,122	38,316	30.00
31.00	INTENSIVE CARE UNIT	11,049	15,753	0	9,685	4,745	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	3,687	17,877	0	3,863	2,637	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
45.01	ICF/MR	0	0	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	20,075	26,000	0	8,717	7,291	50.00
50.01	SURGERY CENTER	13,839	0	0	5,483	3,277	50.01
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	293	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	19,580	33,157	0	5,434	3,258	54.00
55.00	RADIOLOGY-THERAPEUTIC	5,918	0	0	1,506	580	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	16,576	21,996	0	0	2,035	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	2,107	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	4,387	3,392	0	0	417	65.00
66.00	PHYSICAL THERAPY	5,690	14,734	0	2,372	1,881	66.00
67.00	OCCUPATIONAL THERAPY	3,306	10,725	0	0	102	67.00
68.00	SPEECH PATHOLOGY	830	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	5,585	4,852	0	13	1,014	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,783	4,109	0	186	2,352	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,958	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	12,083	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	49,106	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	CHEMOTHERAPY	5,156	0	0	449	0	76.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 150088		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/26/2012 3:35 pm	
Cost Center Description		OTHER ADMINI STRATI VE AND GENERAL	MAI NTENANCE & REPAI RS	OPERATI ON OF PLANT	LAUNDRY & LIN EN SERVI CE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALI FIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	ANDERSON CENTER OP CLINIC	1,410	5,936	0	0	0	90.01
91.00	EMERGENCY	12,834	36,106	0	10,404	6,130	91.00
92.00	OBSERVATION BEDS (NON-DISTI NCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DI ALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVI CES	0	0	0	0	0	95.00
96.00	DURABLE MEDI CAL EQUI P-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDI CAL EQUI P-SOLD	0	0	0	0	0	97.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I & R SERVI CES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	9,657	14,946	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	KI DNEY ACQUI SITI ON	0	0	0	0	0	105.00
106.00	HEART ACQUI SITI ON	0	0	0	0	0	106.00
107.00	LI VER ACQUI SITI ON	0	0	0	0	0	107.00
108.00	LUNG ACQUI SITI ON	0	0	0	0	0	108.00
109.00	PANCREAS ACQUI SITI ON	0	0	0	0	0	109.00
110.00	INTESTI NAL ACQUI SITI ON	0	0	0	0	0	110.00
111.00	ISLET ACQUI SITI ON	0	0	0	0	0	111.00
112.00	OTHER ORGAN ACQUI SITI ON	0	0	0	0	0	112.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTI LI ZATI ON REVI EW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGI CAL CENTER (D. P. )	0	0	0	0	0	115.00
116.00	HOSPICE	4,263	0	0	0	353	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	294,824	483,026	0	80,945	78,697	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	27	2,296	0	0	0	190.00
191.00	RESEARCH	568	0	0	0	0	191.00
192.00	PHYSI CI ANS' PRI VATE OFFICES	8,319	25,268	0	16	1,080	192.00
193.00	NONPAI D WORKERS	0	0	0	0	0	193.00
194.00	FOUNDATI ON	500	0	0	0	104	194.00
194.02	CHI LDREN' S CLINIC	1,662	0	0	23	920	194.02
194.04	HEALTH RESOURCE CENTER	145	0	0	0	0	194.04
194.05	ADOLESCENT RESI DENTI AL	5,230	17,114	0	0	0	194.05
194.07	COMMUNI TY BENEFI T/MI SSI ON	1,015	0	0	0	127	194.07
194.10	DME	10,752	0	0	0	227	194.10
194.12	MED ONE/TWO	4,303	15,752	0	87	0	194.12
194.13	UNUSED SPACE	0	0	0	0	0	194.13
194.14	ADVERTSI SING AND MARKETI NG	34	1,377	0	0	218	194.14
194.15	PHYSI CI ANS RECRUI TI NG	354	0	0	0	0	194.15
194.16	MOB	49	0	0	0	136	194.16
194.17	ASB	235	0	0	0	0	194.17
194.18	MAB	88	0	0	88	122	194.18
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)	328,105	544,833	0	81,159	81,631	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150088			Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/26/2012 3:35 pm	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT							1.01
4.00	EMPLOYEE BENEFITS							4.00
5.01	NONPATIENT TELEPHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING, RECEIVING AND STORES							5.03
5.04	ADMINISTRATIVE							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL							5.06
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING							9.00
10.00	DIETARY	152,772						10.00
11.00	CAFETERIA	0	126,411					11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0				12.00
13.00	NURSING ADMINISTRATION	0	1,246	0	28,792			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	3,499	0	0	214,564		14.00
15.00	PHARMACY	0	4,990	0	0	3,957		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	3,448	0	0	0		16.00
17.00	SOCIAL SERVICE	0	0	0	0	0		17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0		22.00
23.00	PARAMED PRGM	0	156	0	0	0		23.00
23.01	SCH OF RADIOLOGY	0	172	0	0	0		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	ADULTS & PEDIATRICS	105,022	27,132	0	12,214	12,113		30.00
31.00	INTENSIVE CARE UNIT	20,672	6,654	0	2,995	6,513		31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0		40.00
41.00	SUBPROVIDER - I RF	12,369	2,599	0	1,170	866		41.00
42.00	SUBPROVIDER	0	0	0	0	0		42.00
43.00	NURSERY	0	0	0	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0		44.00
45.00	NURSING FACILITY	0	0	0	0	0		45.00
45.01	ICF/MR	0	0	0	0	0		45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	OPERATING ROOM	0	10,253	0	4,615	107,648		50.00
50.01	SURGERY CENTER	0	0	0	0	43,382		50.01
51.00	RECOVERY ROOM	0	0	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0		52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	10,665	0	0	7,993		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	2,087	0	0	254		55.00
56.00	RADIOISOTOPE	0	0	0	0	0		56.00
57.00	CT SCAN	0	0	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00	LABORATORY	0	7,737	0	0	1,449		60.00
60.01	BLOOD LABORATORY	0	0	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	281	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0	2,703	0	0	4,878		65.00
66.00	PHYSICAL THERAPY	0	3,705	0	0	737		66.00
67.00	OCCUPATIONAL THERAPY	0	2,161	0	0	7		67.00
68.00	SPEECH PATHOLOGY	0	219	0	0	4,240		68.00
69.00	ELECTROCARDIOLOGY	0	2,657	0	0	2,178		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,190	0	0	317		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
76.00	CHEMOTHERAPY	0	1,605	0	0	2,980		76.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 150088			Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/26/2012 3:35 pm	
Cost Center Description	DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY			
	10.00	11.00	12.00	13.00	14.00			
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	0	90.00
90.01	ANDERSON CENTER OP CLINIC	0	1,155	0	0	0	0	90.01
91.00	EMERGENCY	0	7,988	0	3,595	9,676	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
99.00	CMHC	0	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	0	99.10
100.00	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	6,483	0	2,918	1,157	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	0	111.00
112.00	OTHER ORGAN ACQUISITION	0	0	0	0	0	0	112.00
113.00	INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00	HOSPICE	0	2,855	0	1,285	3,198	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	138,063	113,640	0	28,792	213,551	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00	RESEARCH	0	468	0	0	1	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	12	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00	FOUNDATION	0	281	0	0	0	0	194.00
194.02	CHILDREN'S CLINIC	0	1,058	0	0	171	0	194.02
194.04	HEALTH RESOURCE CENTER	0	142	0	0	0	0	194.04
194.05	ADOLESCENT RESIDENTIAL	14,709	4,346	0	0	0	0	194.05
194.07	COMMUNITY BENEFIT/MISSION	0	1,129	0	0	103	0	194.07
194.10	DME	0	5,347	0	0	78	0	194.10
194.12	MED ONE/TWO	0	0	0	0	528	0	194.12
194.13	UNUSED SPACE	0	0	0	0	0	0	194.13
194.14	ADVERTISING AND MARKETING	0	0	0	0	0	0	194.14
194.15	PHYSICIANS RECRUITING	0	0	0	0	0	0	194.15
194.16	MOB	0	0	0	0	0	0	194.16
194.17	ASB	0	0	0	0	120	0	194.17
194.18	MAB	0	0	0	0	0	0	194.18
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	152,772	126,411	0	28,792	214,564	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY	368,168					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	124,142				16.00
17.00	SOCIAL SERVICE	0	0	0			17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0		0		19.00
20.00	NURSING SCHOOL	0	0			0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00	PARAMED PRGM	0	0	0			23.00
23.01	SCH OF RADIOLOGY	0	0	0			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	0	7,215	0			30.00
31.00	INTENSIVE CARE UNIT	0	2,035	0			31.00
32.00	CORONARY CARE UNIT	0	0	0			32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			34.00
40.00	SUBPROVIDER - I PF	0	0	0			40.00
41.00	SUBPROVIDER - I RF	0	697	0			41.00
42.00	SUBPROVIDER	0	0	0			42.00
43.00	NURSERY	0	0	0			43.00
44.00	SKILLED NURSING FACILITY	0	0	0			44.00
45.00	NURSING FACILITY	0	0	0			45.00
45.01	ICF/MR	0	0	0			45.01
46.00	OTHER LONG TERM CARE	0	0	0			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	12,458	0			50.00
50.01	SURGERY CENTER	0	7,095	0			50.01
51.00	RECOVERY ROOM	0	0	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	ANESTHESIOLOGY	0	1,647	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	19,665	0			54.00
55.00	RADIOLOGY-THERAPEUTIC	0	3,810	0			55.00
56.00	RADIOISOTOPE	0	0	0			56.00
57.00	CT SCAN	0	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	LABORATORY	0	14,289	0			60.00
60.01	BLOOD LABORATORY	0	0	0			60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0			63.00
64.00	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	RESPIRATORY THERAPY	0	2,809	0			65.00
66.00	PHYSICAL THERAPY	0	2,034	0			66.00
67.00	OCCUPATIONAL THERAPY	0	1,539	0			67.00
68.00	SPEECH PATHOLOGY	0	207	0			68.00
69.00	ELECTROCARDIOLOGY	0	4,370	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,232	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,844	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	3,130	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	20,312	0			73.00
74.00	RENAL DIALYSIS	0	0	0			74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0			75.00
76.00	CHEMOTHERAPY	0	725	0			76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B  
Part II  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	0	0			90.00
90.01	ANDERSON CENTER OP CLINIC	0	188	0			90.01
91.00	EMERGENCY	0	10,838	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00	AMBULANCE SERVICES	0	0	0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
100.00	I & R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	HOME HEALTH AGENCY	0	1,245	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	KIDNEY ACQUISITION	0	0	0			105.00
106.00	HEART ACQUISITION	0	0	0			106.00
107.00	LIVER ACQUISITION	0	0	0			107.00
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
112.00	OTHER ORGAN ACQUISITION	0	0	0			112.00
113.00	INTEREST EXPENSE	0	0	0			113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	HOSPICE	0	660	0			116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	122,044	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00	RESEARCH	0	0	0			191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	787	0			192.00
193.00	NONPAID WORKERS	0	0	0			193.00
194.00	FOUNDATION	0	0	0			194.00
194.02	CHILDREN'S CLINIC	0	211	0			194.02
194.04	HEALTH RESOURCE CENTER	0	0	0			194.04
194.05	ADOLESCENT RESIDENTIAL	0	539	0			194.05
194.07	COMMUNITY BENEFIT/MISSION	0	5	0			194.07
194.10	DME	0	5	0			194.10
194.12	MED ONE/TWO	0	551	0			194.12
194.13	UNUSED SPACE	0	0	0			194.13
194.14	ADVERTISING AND MARKETING	0	0	0			194.14
194.15	PHYSICIANS RECRUITING	0	0	0			194.15
194.16	MOB	0	0	0			194.16
194.17	ASB	0	0	0			194.17
194.18	MAB	0	0	0			194.18
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	368,168	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	368,168	124,142	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/26/2012 3:35 pm
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	SCH OF RADIOLOGY	Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00 PARAMED PRGM			2,438			23.00
23.01 SCH OF RADIOLOGY				2,557		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS					1,587,097	30.00
31.00 INTENSIVE CARE UNIT					410,567	31.00
32.00 CORONARY CARE UNIT					0	32.00
33.00 BURN INTENSIVE CARE UNIT					0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00 SUBPROVIDER - IPF					0	40.00
41.00 SUBPROVIDER - IRF					165,169	41.00
42.00 SUBPROVIDER					0	42.00
43.00 NURSERY					0	43.00
44.00 SKILLED NURSING FACILITY					0	44.00
45.00 NURSING FACILITY					0	45.00
45.01 ICF/MR					0	45.01
46.00 OTHER LONG TERM CARE					0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM					1,174,028	50.00
50.01 SURGERY CENTER					392,416	50.01
51.00 RECOVERY ROOM					0	51.00
52.00 DELIVERY ROOM & LABOR ROOM					0	52.00
53.00 ANESTHESIOLOGY					17,661	53.00
54.00 RADIOLOGY-DIAGNOSTIC					1,277,642	54.00
55.00 RADIOLOGY-THERAPEUTIC					574,326	55.00
56.00 RADIOISOTOPE					0	56.00
57.00 CT SCAN					0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)					0	58.00
59.00 CARDIAC CATHETERIZATION					0	59.00
60.00 LABORATORY					437,373	60.00
60.01 BLOOD LABORATORY					0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS					0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.					2,513	63.00
64.00 INTRAVENOUS THERAPY					0	64.00
65.00 RESPIRATORY THERAPY					117,995	65.00
66.00 PHYSICAL THERAPY					327,976	66.00
67.00 OCCUPATIONAL THERAPY					81,907	67.00
68.00 SPEECH PATHOLOGY					20,978	68.00
69.00 ELECTROCARDIOLOGY					325,959	69.00
70.00 ELECTROENCEPHALOGRAPHY					84,174	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS					30,258	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT					30,428	72.00
73.00 DRUGS CHARGED TO PATIENTS					140,868	73.00
74.00 RENAL DIALYSIS					0	74.00
75.00 ASC (NON-DISTINCT PART)					0	75.00
76.00 CHEMOTHERAPY					52,369	76.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/26/2012 3:35 pm
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	SCH OF RADIOLOGY	Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC					0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC					0	89.00
90.00 ANDERSON CENTER OP CLINIC EMERGENCY					40,413	90.01
91.00 OBSERVATION BEDS (NON-DISTINCT PART)					426,019	91.00
92.00						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS					0	94.00
95.00 AMBULANCE SERVICES					0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD					0	97.00
99.00 CMHC					0	99.00
99.10 CORF					0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00 HOME HEALTH AGENCY					148,166	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION					0	105.00
106.00 HEART ACQUISITION					0	106.00
107.00 LIVER ACQUISITION					0	107.00
108.00 LUNG ACQUISITION					0	108.00
109.00 PANCREAS ACQUISITION					0	109.00
110.00 INTESTINAL ACQUISITION					0	110.00
111.00 ISLET ACQUISITION					0	111.00
112.00 OTHER ORGAN ACQUISITION					0	112.00
113.00 INTEREST EXPENSE					0	113.00
114.00 UTILIZATION REVIEW-SNF					0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00 HOSPICE					17,783	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	7,884,085	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN					14,188	190.00
191.00 RESEARCH					17,633	191.00
192.00 PHYSICIANS' PRIVATE OFFICES					305,153	192.00
193.00 NONPAID WORKERS					0	193.00
194.00 FOUNDATION					5,013	194.00
194.02 CHILDREN'S CLINIC					22,698	194.02
194.04 HEALTH RESOURCE CENTER					287	194.04
194.05 ADOLESCENT RESIDENTIAL					133,925	194.05
194.07 COMMUNITY BENEFIT/MISSION					55,183	194.07
194.10 DME					153,073	194.10
194.12 MED ONE/TWO					178,913	194.12
194.13 UNUSED SPACE					0	194.13
194.14 ADVERTISING AND MARKETING					9,870	194.14
194.15 PHYSICIANS RECRUITING					354	194.15
194.16 MOB					11,341	194.16
194.17 ASB					10,143	194.17
194.18 MAB					13,830	194.18
200.00 Cross Foot Adjustments	0	0	2,438	2,557	4,995	200.00
201.00 Negative Cost Centers	0	0	0	0	405,102	201.00
202.00 TOTAL (sum lines 118-201)	0	0	2,438	2,557	9,225,786	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/26/2012 3:35 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT			1.01
4.00	EMPLOYEE BENEFITS			4.00
5.01	NONPATIENT TELEPHONES			5.01
5.02	DATA PROCESSING			5.02
5.03	PURCHASING, RECEIVING AND STORES			5.03
5.04	ADMITTING			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
12.00	MAINTENANCE OF PERSONNEL			12.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
19.00	NONPHYSICIAN ANESTHETISTS			19.00
20.00	NURSING SCHOOL			20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	PARAMED ED PRGM			23.00
23.01	SCH OF RADIOLOGY			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	0	1,587,097	30.00
31.00	INTENSIVE CARE UNIT	0	410,567	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - I/PF	0	0	40.00
41.00	SUBPROVIDER - I/RF	0	165,169	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
45.01	ICF/MR	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	1,174,028	50.00
50.01	SURGERY CENTER	0	392,416	50.01
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	17,661	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,277,642	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	574,326	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	437,373	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	2,513	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	117,995	65.00
66.00	PHYSICAL THERAPY	0	327,976	66.00
67.00	OCCUPATIONAL THERAPY	0	81,907	67.00
68.00	SPEECH PATHOLOGY	0	20,978	68.00
69.00	ELECTROCARDIOLOGY	0	325,959	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	84,174	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	30,258	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	30,428	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	140,868	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/26/2012 3:35 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
76.00	CHEMOTHERAPY	0	52,369	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
90.01	ANDERSON CENTER OP CLINIC	0	40,413	90.01
91.00	EMERGENCY	0	426,019	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	148,166	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
112.00	OTHER ORGAN ACQUISITION	0	0	112.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	17,783	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	7,884,085	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,188	190.00
191.00	RESEARCH	0	17,633	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	305,153	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	FOUNDATION	0	5,013	194.00
194.02	CHILDREN'S CLINIC	0	22,698	194.02
194.04	HEALTH RESOURCE CENTER	0	287	194.04
194.05	ADOLESCENT RESIDENTIAL	0	133,925	194.05
194.07	COMMUNITY BENEFIT/MISSION	0	55,183	194.07
194.10	DME	0	153,073	194.10
194.12	MED ONE/TWO	0	178,913	194.12
194.13	UNUSED SPACE	0	0	194.13
194.14	ADVERTISING AND MARKETING	0	9,870	194.14
194.15	PHYSICIANS RECRUITING	0	354	194.15
194.16	MOB	0	11,341	194.16
194.17	ASB	0	10,143	194.17
194.18	MAB	0	13,830	194.18
200.00	Cross Foot Adjustments	0	4,995	200.00
201.00	Negative Cost Centers	0	405,102	201.00
202.00	TOTAL (sum lines 118-201)	0	9,225,786	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (DEPT. REVENUE)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)				
	1.00	1.01				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	447,205	0				1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT	0	0				1.01
4.00 EMPLOYEE BENEFITS	3,868	0	69,470,976			4.00
5.01 NONPATIENT TELEPHONES	0	0	0	845		5.01
5.02 DATA PROCESSING	5,525	0	129,512	7	541,867,509	5.02
5.03 PURCHASING, RECEIVING AND STORES	11,188	0	215,957	9	0	5.03
5.04 ADMITTING	7,175	0	865,268	16	0	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	6,390	0	835,787	24	0	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	35,182	0	9,429,386	93	1,689	5.06
6.00 MAINTENANCE & REPAIRS	56,617	0	1,781,794	30	0	6.00
7.00 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	7,337	0	293,054	3	0	8.00
9.00 HOUSEKEEPING	5,355	0	1,457,700	11	0	9.00
10.00 DIETARY	13,359	0	647,632	3	10,098	10.00
11.00 CAFETERIA	10,427	0	811,055	8	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	2,319	0	650,715	11	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	7,840	0	775,295	6	0	14.00
15.00 PHARMACY	3,892	0	2,562,866	22	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	9,433	0	962,824	40	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM	130	0	61,675	0	0	23.00
23.01 SCH OF RADIOLOGY	110	0	99,750	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	101,033	0	11,417,078	102	31,504,441	30.00
31.00 INTENSIVE CARE UNIT	9,289	0	2,860,658	0	8,885,656	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I RF	10,541	0	989,358	13	3,045,775	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	15,331	0	4,121,940	62	54,402,477	50.00
50.01 SURGERY CENTER	0	0	23,614	20	30,983,118	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	7,192,726	53.00
54.00 RADIOLOGY-DIAGNOSTIC	19,551	0	3,853,050	75	85,874,649	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	883,934	15	16,636,844	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	12,970	0	2,593,979	46	62,398,340	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	94,108	2	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	2,000	0	1,122,466	6	12,268,239	65.00
66.00 PHYSICAL THERAPY	8,688	0	1,474,044	20	8,881,538	66.00
67.00 OCCUPATIONAL THERAPY	6,324	0	978,637	18	6,718,903	67.00
68.00 SPEECH PATHOLOGY	0	0	125,362	3	902,277	68.00
69.00 ELECTROCARDIOLOGY	2,861	0	1,241,244	19	19,080,967	69.00
70.00 ELECTROENCEPHALOGRAPHY	2,423	0	463,864	24	5,378,513	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2	16,785,002	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	13,666,398	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	88,453,871	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period: From 07/01/2010 To 06/30/2011

Worksheet B-1

Date/Time Prepared: 1/26/2012 3:35 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (DEPT. REVENUE)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)				
	1.00	1.01				
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 CHEMOTHERAPY	0	0	630,584	10	3,167,861	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 ANDERSON CENTER OP CLINIC	3,500	0	420,342	0	819,693	90.01
91.00 EMERGENCY	21,290	0	3,250,965	15	47,326,426	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	8,813	0	2,930,547	9	5,437,223	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	1,035,759	8	2,880,158	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	410,761	0	62,091,803	752	532,702,882	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	0	203,889	0	0	190.00
191.00 RESEARCH	0	0	0	1	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	14,899	0	2,254,071	54	3,438,825	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 FOUNDATION	0	0	107,425	2	0	194.00
194.02 CHILDREN'S CLINIC	0	0	493,492	0	921,413	194.02
194.04 HEALTH RESOURCE CENTER	0	0	47,396	0	0	194.04
194.05 ADOLESCENT RESIDENTIAL	10,091	0	1,581,524	0	2,355,040	194.05
194.07 COMMUNITY BENEFIT/MISSION	0	0	276,999	0	20,565	194.07
194.10 DME	9,288	0	1,448,179	11	22,703	194.10
194.12 MED ONE/TWO	0	0	966,198	16	2,406,081	194.12
194.13 UNUSED SPACE	0	0	0	0	0	194.13
194.14 ADVERTISING AND MARKETING	812	0	0	9	0	194.14
194.15 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16 MOB	0	0	0	0	0	194.16
194.17 ASB	0	0	0	0	0	194.17
194.18 MAB	0	0	0	0	0	194.18
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,918,788	0	-773,186	661,751	470,286	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	8.762845	0.000000	0.000000	783.137278	0.000868	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			36,934	52,631	276,773	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000532	62.285207	0.000511	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description		PURCHASING, RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (DEPT. REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (DEPT. REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES	21,393,781					5.03
5.04	ADMITTING	28,813	541,867,509				5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	16,948	0	541,867,509			5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	290,318	1,689	1,689	-42,200,017	143,381,216	5.06
6.00	MAINTENANCE & REPAIRS	7,915	0	0	0	7,410,187	6.00
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	120,644	0	0	0	641,584	8.00
9.00	HOUSEKEEPING	140,050	0	0	0	2,587,637	9.00
10.00	DIETARY	416,902	10,098	10,098	0	459,882	10.00
11.00	CAFETERIA	522,103	0	0	0	2,059,797	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	3,966	0	0	0	868,547	13.00
14.00	CENTRAL SERVICES & SUPPLY	235,490	0	0	0	277,351	14.00
15.00	PHARMACY	0	0	0	1,782,612	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	24,585	0	0	0	1,479,283	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM	5,333	0	0	0	94,905	23.00
23.01	SCH OF RADIOLOGY	0	0	0	0	117,041	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	610,475	31,504,441	31,504,441	0	17,504,667	30.00
31.00	INTENSIVE CARE UNIT	283,143	8,885,656	8,885,656	0	4,829,119	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	46,595	3,045,775	3,045,775	0	1,611,283	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
45.01	ICF/MR	0	0	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	4,302,628	54,402,477	54,402,477	0	8,773,997	50.00
50.01	SURGERY CENTER	1,752,450	30,983,118	30,983,118	0	6,048,461	50.01
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	7,192,726	7,192,726	0	128,052	53.00
54.00	RADIOLOGY-DIAGNOSTIC	715,254	85,874,649	85,874,649	0	8,557,759	54.00
55.00	RADIOLOGY-THERAPEUTIC	28,548	16,636,844	16,636,844	0	2,586,728	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	3,157,190	62,398,340	62,398,340	0	7,244,814	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	920,808	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	193,630	12,268,239	12,268,239	0	1,917,585	65.00
66.00	PHYSICAL THERAPY	37,921	8,881,538	8,881,538	0	2,486,969	66.00
67.00	OCCUPATIONAL THERAPY	1,480	6,718,903	6,718,903	0	1,444,763	67.00
68.00	SPEECH PATHOLOGY	163,495	902,277	902,277	0	362,706	68.00
69.00	ELECTROCARDIOLOGY	257,954	19,080,967	19,080,967	0	2,441,167	69.00
70.00	ELECTROENCEPHALOGRAPHY	16,086	5,378,513	5,378,513	0	779,189	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,057,079	16,785,002	16,785,002	0	3,915,179	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,096,736	13,666,398	13,666,398	0	5,281,069	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,268,927	88,453,871	88,453,871	0	21,442,252	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description	PURCHASING, RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINISTRATIVE (DEPT. REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (DEPT. REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
76.00 CHEMOTHERAPY	1,272,840	3,167,861	3,167,861	0	2,253,434	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 ANDERSON CENTER OP CLINIC	0	819,693	819,693	0	616,352	90.01
91.00 EMERGENCY	430,414	47,326,426	47,326,426	0	5,609,120	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	69,171	5,437,223	5,437,223	0	4,220,522	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	246,400	2,880,158	2,880,158	0	1,863,417	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	18,821,483	532,702,882	532,702,882	-40,417,405	128,835,626	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	11,865	190.00
191.00 RESEARCH	1,524	0	0	0	248,043	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	2,303,764	3,438,825	3,438,825	0	3,636,026	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 FOUNDATION	9,140	0	0	0	218,515	194.00
194.02 CHILDREN'S CLINIC	39,247	921,413	921,413	0	726,238	194.02
194.04 HEALTH RESOURCE CENTER	98	0	0	0	63,409	194.04
194.05 ADOLESCENT RESIDENTIAL	28,374	2,355,040	2,355,040	0	2,285,662	194.05
194.07 COMMUNITY BENEFIT/MISSION	6,153	20,565	20,565	0	443,786	194.07
194.10 DME	39,502	22,703	22,703	0	4,699,431	194.10
194.12 MED ONE/TWO	139,808	2,406,081	2,406,081	0	1,880,594	194.12
194.13 UNUSED SPACE	0	0	0	0	0	194.13
194.14 ADVERTISING AND MARKETING	0	0	0	0	14,728	194.14
194.15 PHYSICIANS RECRUITING	0	0	0	0	154,745	194.15
194.16 MOB	31	0	0	0	21,493	194.16
194.17 ASB	4,613	0	0	0	102,609	194.17
194.18 MAB	44	0	0	0	38,446	194.18
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)	409,095	1,475,271	3,199,445		42,200,017	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.019122	0.002723	0.005904		0.294320	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	100,034	64,035	59,328		328,105	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.004676	0.000118	0.000109		0.002288	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	
	6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS	321,260					6.00
7.00 OPERATION OF PLANT	0	0				7.00
8.00 LAUNDRY & LINEN SERVICE	7,337	0	2,030,631			8.00
9.00 HOUSEKEEPING	5,355	0	0	90,065		9.00
10.00 DIETARY	13,359	0	0	2,325	41,378	10.00
11.00 CAFETERIA	10,427	0	0	0	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	2,319	0	0	325	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	7,840	0	17,793	1,160	0	14.00
15.00 PHARMACY	3,892	0	0	464	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	9,433	0	0	480	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM	130	0	0	0	0	23.00
23.01 SCH OF RADIOLOGY	110	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	101,033	0	803,657	42,274	28,445	30.00
31.00 INTENSIVE CARE UNIT	9,289	0	242,320	5,235	5,599	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	10,541	0	96,662	2,910	3,350	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	15,331	0	218,102	8,044	0	50.00
50.01 SURGERY CENTER	0	0	137,185	3,616	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	19,551	0	135,966	3,595	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	37,687	640	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	12,970	0	0	2,245	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	2,000	0	0	460	0	65.00
66.00 PHYSICAL THERAPY	8,688	0	59,353	2,075	0	66.00
67.00 OCCUPATIONAL THERAPY	6,324	0	0	113	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	2,861	0	322	1,119	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	2,423	0	4,653	2,595	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 CHEMOTHERAPY	0	0	11,233	0	0	76.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	
	6.00	7.00	8.00	9.00	10.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 ANDERSON CENTER OP CLINIC	3,500	0	0	0	0	90.01
91.00 EMERGENCY	21,290	0	260,319	6,763	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	8,813	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	390	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	284,816	0	2,025,252	86,828	37,394	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	14,899	0	406	1,192	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 FOUNDATION	0	0	0	115	0	194.00
194.02 CHILDREN'S CLINIC	0	0	576	1,015	0	194.02
194.04 HEALTH RESOURCE CENTER	0	0	0	0	0	194.04
194.05 ADOLESCENT RESIDENTIAL	10,091	0	0	0	3,984	194.05
194.07 COMMUNITY BENEFIT/MISSION	0	0	0	140	0	194.07
194.10 DME	0	0	0	250	0	194.10
194.12 MED ONE/TWO	9,288	0	2,185	0	0	194.12
194.13 UNUSED SPACE	0	0	0	0	0	194.13
194.14 ADVERTISING AND MARKETING	812	0	0	240	0	194.14
194.15 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16 MOB	0	0	0	150	0	194.16
194.17 ASB	0	0	0	0	0	194.17
194.18 MAB	0	0	2,212	135	0	194.18
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)	9,591,153	0	1,049,460	3,509,102	1,084,650	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	29.854800	0.000000	0.516815	38.961883	26.213205	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	544,833	0	81,159	81,631	152,772	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1.695925	0.000000	0.039967	0.906357	3.692107	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B-1  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description	CAFETERIA (TOTAL HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)	PHARMACY (DRUG EXPENSE)	
	11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	1,873,392					11.00
12.00 MAINTENANCE OF PERSONNEL	0	0				12.00
13.00 NURSING ADMINISTRATION	18,462	0	947,964			13.00
14.00 CENTRAL SERVICES & SUPPLY	51,857	0	0	8,196,455		14.00
15.00 PHARMACY	73,949	0	0	151,150	1,265,579	15.00
16.00 MEDICAL RECORDS & LIBRARY	51,095	0	0	0	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM	2,311	0	0	300	373	23.00
23.01 SCH OF RADIOLOGY	2,544	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	402,127	0	402,127	462,701	7,139	30.00
31.00 INTENSIVE CARE UNIT	98,616	0	98,616	248,803	1,447	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I/RF	38,515	0	38,515	33,085	103	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	151,951	0	151,951	4,112,344	27,813	50.00
50.01 SURGERY CENTER	0	0	0	1,657,175	16,913	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	158,050	0	0	305,341	225	54.00
55.00 RADIOLOGY-THERAPEUTIC	30,936	0	0	9,693	32	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	114,666	0	0	55,334	8,380	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	4,160	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	40,051	0	0	186,339	763	65.00
66.00 PHYSICAL THERAPY	54,915	0	0	28,160	133	66.00
67.00 OCCUPATIONAL THERAPY	32,025	0	0	280	0	67.00
68.00 SPEECH PATHOLOGY	3,247	0	0	161,952	0	68.00
69.00 ELECTROCARDIOLOGY	39,374	0	0	83,184	1,994	69.00
70.00 ELECTROENCEPHALOGRAPHY	17,641	0	0	12,099	412	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description	CAFETERIA (TOTAL HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)	PHARMACY (DRUG EXPENSE)	
	11.00	12.00	13.00	14.00	15.00	
76.00 CHEMOTHERAPY	23,779	0	0	113,843	1,141,436	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 ANDERSON CENTER OP CLINIC	17,117	0	0	0	0	90.01
91.00 EMERGENCY	118,374	0	118,374	369,608	9,464	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	96,072	0	96,072	44,190	64	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	42,309	0	42,309	122,170	80	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,684,143	0	947,964	8,157,751	1,216,771	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	6,931	0	0	35	6	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	469	8,258	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 FOUNDATION	4,166	0	0	0	0	194.00
194.02 CHILDREN'S CLINIC	15,683	0	0	6,519	13,771	194.02
194.04 HEALTH RESOURCE CENTER	2,100	0	0	15	0	194.04
194.05 ADOLESCENT RESIDENTIAL	64,401	0	0	0	0	194.05
194.07 COMMUNITY BENEFIT/MISSION	16,726	0	0	3,930	0	194.07
194.10 DME	79,242	0	0	2,984	7	194.10
194.12 MED ONE/TWO	0	0	0	20,164	26,766	194.12
194.13 UNUSED SPACE	0	0	0	0	0	194.13
194.14 ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16 MOB	0	0	0	0	0	194.16
194.17 ASB	0	0	0	4,588	0	194.17
194.18 MAB	0	0	0	0	0	194.18
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,977,332	0	1,235,415	729,850	-1,517,355	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.589273	0.000000	1.303230	0.089045	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	126,411	0	28,792	214,564	368,168	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.067477	0.000000	0.030372	0.026178	0.290909	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (DEPT. REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT					1.01
4.00 EMPLOYEE BENEFITS					4.00
5.01 NONPATIENT TELEPHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING, RECEIVING AND STORES					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
12.00 MAINTENANCE OF PERSONNEL					12.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY	541,855,722				16.00
17.00 SOCIAL SERVICE	0	0			17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00 NURSING SCHOOL	0	0		0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			22.00
23.00 PARAMED ED PRGM	0	0			23.00
23.01 SCH OF RADIOLOGY	0	0			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	31,504,441	0		0	30.00
31.00 INTENSIVE CARE UNIT	8,885,656	0		0	31.00
32.00 CORONARY CARE UNIT	0	0		0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		0	34.00
40.00 SUBPROVIDER - I/PF	0	0		0	40.00
41.00 SUBPROVIDER - I/RF	3,045,775	0		0	41.00
42.00 SUBPROVIDER	0	0		0	42.00
43.00 NURSERY	0	0		0	43.00
44.00 SKILLED NURSING FACILITY	0	0		0	44.00
45.00 NURSING FACILITY	0	0		0	45.00
45.01 ICF/MR	0	0		0	45.01
46.00 OTHER LONG TERM CARE	0	0		0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	54,402,477	0	0	0	50.00
50.01 SURGERY CENTER	30,983,118	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	7,192,726	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	85,874,649	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	16,636,844	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 LABORATORY	62,398,340	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	12,268,239	0	0	0	65.00
66.00 PHYSICAL THERAPY	8,881,538	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	6,718,903	0	0	0	67.00
68.00 SPEECH PATHOLOGY	902,277	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	19,080,967	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	5,378,513	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	16,785,002	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	13,666,398	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	88,453,871	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		MEDICAL RECORDS & LIBRARY (DEPT. REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	
76.00	CHEMOTHERAPY	3,167,861	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	90.00
90.01	ANDERSON CENTER OP CLINIC	819,693	0	0	0	90.01
91.00	EMERGENCY	47,326,426	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	CMHC	0	0	0	0	99.00
99.10	CORF	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	5,437,223	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	111.00
112.00	OTHER ORGAN ACQUISITION	0	0	0	0	112.00
113.00	INTEREST EXPENSE	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	HOSPICE	2,880,158	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	532,691,095	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	3,438,825	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	193.00
194.00	FOUNDATION	0	0	0	0	194.00
194.02	CHILDREN'S CLINIC	921,413	0	0	0	194.02
194.04	HEALTH RESOURCE CENTER	0	0	0	0	194.04
194.05	ADOLESCENT RESIDENTIAL	2,355,040	0	0	0	194.05
194.07	COMMUNITY BENEFIT/MISSION	20,565	0	0	0	194.07
194.10	DME	22,703	0	0	0	194.10
194.12	MED ONE/TWO	2,406,081	0	0	0	194.12
194.13	UNUSED SPACE	0	0	0	0	194.13
194.14	ADVERTISING AND MARKETING	0	0	0	0	194.14
194.15	PHYSICIANS RECRUITING	0	0	0	0	194.15
194.16	MOB	0	0	0	0	194.16
194.17	ASB	0	0	0	0	194.17
194.18	MAB	0	0	0	0	194.18
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,296,192	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.004238	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	124,142	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000229	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

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1/26/2012 3:35 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (RAD SCH)	SCH OF RADIOLOGY (RAD SCH)		
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMINISTRATION						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00 PARAMED PRGM			100			23.00
23.01 SCH OF RADIOLOGY			0	100		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	0	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0		31.00
32.00 CORONARY CARE UNIT	0	0	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00 SUBPROVIDER - IPF	0	0	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0	0		42.00
43.00 NURSERY	0	0	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00 NURSING FACILITY	0	0	0	0		45.00
45.01 ICF/MR	0	0	0	0		45.01
46.00 OTHER LONG TERM CARE	0	0	0	0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0		50.00
50.01 SURGERY CENTER	0	0	0	0		50.01
51.00 RECOVERY ROOM	0	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	100	100		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0	0		56.00
57.00 CT SCAN	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00 LABORATORY	0	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0	0		74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet B-1

Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM (RAD SCH)	SCH OF RADIOLOGY (RAD SCH)		
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	21.00	22.00				
75.00 ASC (NON-DISTINCT PART)	0	0	0	0		75.00
76.00 CHEMOTHERAPY	0	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 CLINIC	0	0	0	0		90.00
90.01 ANDERSON CENTER OP CLINIC	0	0	0	0		90.01
91.00 EMERGENCY	0	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
99.00 CMHC	0	0	0	0		99.00
99.10 CORF	0	0	0	0		99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00 HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0		105.00
106.00 HEART ACQUISITION	0	0	0	0		106.00
107.00 LIVER ACQUISITION	0	0	0	0		107.00
108.00 LUNG ACQUISITION	0	0	0	0		108.00
109.00 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0		111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0		112.00
113.00 INTEREST EXPENSE	0	0	0	0		113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0		114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00 HOSPICE	0	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	100	100		118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00 RESEARCH	0	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00 NONPAID WORKERS	0	0	0	0		193.00
194.00 FOUNDATION	0	0	0	0		194.00
194.02 CHILDREN'S CLINIC	0	0	0	0		194.02
194.04 HEALTH RESOURCE CENTER	0	0	0	0		194.04
194.05 ADOLESCENT RESIDENTIAL	0	0	0	0		194.05
194.07 COMMUNITY BENEFIT/MISSION	0	0	0	0		194.07
194.10 DME	0	0	0	0		194.10
194.12 MED ONE/TWO	0	0	0	0		194.12
194.13 UNUSED SPACE	0	0	0	0		194.13
194.14 ADVERTISING AND MARKETING	0	0	0	0		194.14
194.15 PHYSICIANS RECRUITING	0	0	0	0		194.15
194.16 MOB	0	0	0	0		194.16
194.17 ASB	0	0	0	0		194.17
194.18 MAB	0	0	0	0		194.18
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	130,418	158,816		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	1,304.180000	1,588.160000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	2,438	2,557		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	24.380000	25.570000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet C  
Part I  
Date/Time Prepared:  
1/26/2012 3:35 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS		29,818,884	97,495	29,916,379	30.00
31.00	INTENSIVE CARE UNIT		7,348,773	0	7,348,773	31.00
32.00	CORONARY CARE UNIT		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	SUBPROVIDER - I/PF		0	0	0	40.00
41.00	SUBPROVIDER - I/RP		2,778,623	36,770	2,815,393	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		0	0	0	43.00
44.00	SKILLED NURSING FACILITY		0	0	0	44.00
45.00	NURSING FACILITY		0	0	0	45.00
45.01	ICF/MR		0	0	0	45.01
46.00	OTHER LONG TERM CARE		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM		13,276,447	0	13,276,447	50.00
50.01	SURGERY CENTER		8,319,298	0	8,319,298	50.01
51.00	RECOVERY ROOM		0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00	ANESTHESIOLOGY		196,223	0	196,223	53.00
54.00	RADIOLOGY-DIAGNOSTIC		12,802,052	0	12,802,052	54.00
55.00	RADIOLOGY-THERAPEUTIC		3,513,003	23,428	3,536,431	55.00
56.00	RADIOISOTOPE		0	0	0	56.00
57.00	CT SCAN		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	LABORATORY		10,303,401	0	10,303,401	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.		1,198,431	0	1,198,431	63.00
64.00	INTRAVENOUS THERAPY		0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	2,691,839	0	2,691,839	65.00
66.00	PHYSICAL THERAPY	0	3,717,257	0	3,717,257	66.00
67.00	OCCUPATIONAL THERAPY	0	2,142,587	0	2,142,587	67.00
68.00	SPEECH PATHOLOGY	0	492,863	0	492,863	68.00
69.00	ELECTROCARDIOLOGY		3,439,678	2,287	3,441,965	69.00
70.00	ELECTROENCEPHALOGRAPHY		1,236,276	1,114	1,237,390	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,138,629	0	5,138,629	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		6,893,311	0	6,893,311	72.00
73.00	DRUGS CHARGED TO PATIENTS		28,127,867	0	28,127,867	73.00
74.00	RENAL DIALYSIS		0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00
76.00	CHEMOTHERAPY		2,983,823	0	2,983,823	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	CLINIC		0	0	0	90.00
90.01	ANDERSON CENTER OP CLINIC		932,927	0	932,927	90.01
91.00	EMERGENCY		8,869,520	397,581	9,267,101	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		771,524	0	771,524	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	AMBULANCE SERVICES		0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
99.00	CMHC		0	0	0	99.00
99.10	CORF		0	0	0	99.10
100.00	I & R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	HOME HEALTH AGENCY		6,030,683	0	6,030,683	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	KIDNEY ACQUISITION		0	0	0	105.00
106.00	HEART ACQUISITION		0	0	0	106.00
107.00	LIVER ACQUISITION		0	0	0	107.00
108.00	LUNG ACQUISITION		0	0	0	108.00
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	ISLET ACQUISITION		0	0	0	111.00
112.00	OTHER ORGAN ACQUISITION		0	0	0	112.00
113.00	INTEREST EXPENSE		0	0	0	113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 3:35 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	
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00 HOSPICE	2,572,517		2,572,517		2,572,517	116.00
200.00 Subtotal (see instructions)	165,596,436	0	165,596,436	558,675	166,155,111	200.00
201.00 Less Observation Beds	771,524		771,524		771,524	201.00
202.00 Total (see instructions)	164,824,912	0	164,824,912	558,675	165,383,587	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 3:35 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	31,504,441		31,504,441		30.00
31.00	INTENSIVE CARE UNIT	8,885,656		8,885,656		31.00
32.00	CORONARY CARE UNIT	0		0		32.00
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	SUBPROVIDER - 1PF	0		0		40.00
41.00	SUBPROVIDER - 1RF	3,045,775		3,045,775		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	0		0		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
45.00	NURSING FACILITY	0		0		45.00
45.01	ICF/MR	0		0		45.01
46.00	OTHER LONG TERM CARE	0		0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	17,777,177	36,625,300	54,402,477	0.244041	50.00
50.01	SURGERY CENTER	324,702	30,658,417	30,983,119	0.268511	50.01
51.00	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	ANESTHESIOLOGY	1,763,325	5,429,401	7,192,726	0.027281	53.00
54.00	RADIOLOGY-DIAGNOSTIC	18,205,235	67,669,414	85,874,649	0.149078	54.00
55.00	RADIOLOGY-THERAPEUTIC	784,760	15,852,084	16,636,844	0.211158	55.00
56.00	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	CT SCAN	0	0	0	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	23,379,694	36,110,377	59,490,071	0.173195	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	1,485,088	1,423,181	2,908,269	0.412077	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	RESPIRATORY THERAPY	15,980,301	1,631,114	17,611,415	0.152846	65.00
66.00	PHYSICAL THERAPY	39,193	8,842,345	8,881,538	0.418538	66.00
67.00	OCCUPATIONAL THERAPY	6,233,167	485,736	6,718,903	0.318889	67.00
68.00	SPEECH PATHOLOGY	23,441	878,836	902,277	0.546244	68.00
69.00	ELECTROCARDIOLOGY	4,396,516	14,687,451	19,083,967	0.180239	69.00
70.00	ELECTROENCEPHALOGRAPHY	248,463	5,130,050	5,378,513	0.229855	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,317,181	8,124,645	11,441,826	0.449109	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	8,116,073	5,550,325	13,666,398	0.504399	72.00
73.00	DRUGS CHARGED TO PATIENTS	32,170,539	20,002,426	52,172,965	0.539127	73.00
74.00	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	CHEMOTHERAPY	21,932	39,426,835	39,448,767	0.075638	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0	0.000000	90.00
90.01	ANDERSON CENTER OP CLINIC	0	3,330,061	3,330,061	0.280153	90.01
91.00	EMERGENCY	10,736,903	36,589,903	47,326,806	0.187410	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	141,526	2,401,819	2,543,345	0.303350	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
99.00	CMHC	0	0	0		99.00
99.10	CORF	0	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	5,437,223	5,437,223		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	KIDNEY ACQUISITION	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
112.00	OTHER ORGAN ACQUISITION	0	0	0		112.00
113.00	INTEREST EXPENSE					113.00
114.00	UTILIZATION REVIEW-SNF					114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 3:35 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
115.00 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0			115.00
116.00 HOSPICE	0	2,880,158	2,880,158			116.00
200.00 Subtotal (see instructions)	188,581,088	349,167,101	537,748,189			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	188,581,088	349,167,101	537,748,189			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 3:35 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
45.01	ICF/MR			45.01
46.00	OTHER LONG TERM CARE			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.244041		50.00
50.01	SURGERY CENTER	0.268511		50.01
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.027281		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.149078		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.212566		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.173195		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.412077		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.152846		65.00
66.00	PHYSICAL THERAPY	0.418538		66.00
67.00	OCCUPATIONAL THERAPY	0.318889		67.00
68.00	SPEECH PATHOLOGY	0.546244		68.00
69.00	ELECTROCARDIOLOGY	0.180359		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.230062		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.449109		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.504399		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.539127		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	CHEMOTHERAPY	0.075638		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.000000		90.00
90.01	ANDERSON CENTER OP CLINIC	0.280153		90.01
91.00	EMERGENCY	0.195811		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.303350		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
112.00	OTHER ORGAN ACQUISITION			112.00
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	HOSPICE			116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 3:35 pm
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
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: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 3:35 pm
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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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	29,818,884		29,818,884	0	0	30.00
31.00 INTENSIVE CARE UNIT	7,348,773		7,348,773	0	0	31.00
32.00 CORONARY CARE UNIT	0		0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00 SUBPROVIDER - I PF	0		0	0	0	40.00
41.00 SUBPROVIDER - IRF	2,778,623		2,778,623	0	0	41.00
42.00 SUBPROVIDER	0		0	0	0	42.00
43.00 NURSERY	0		0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00 NURSING FACILITY	0		0	0	0	45.00
45.01 ICF/MR	0		0	0	0	45.01
46.00 OTHER LONG TERM CARE	0		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	13,276,447		13,276,447	0	0	50.00
50.01 SURGERY CENTER	8,319,298		8,319,298	0	0	50.01
51.00 RECOVERY ROOM	0		0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00 ANESTHESIOLOGY	196,223		196,223	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	12,802,052		12,802,052	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	3,513,003		3,513,003	0	0	55.00
56.00 RADIOISOTOPE	0		0	0	0	56.00
57.00 CT SCAN	0		0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00 LABORATORY	10,303,401		10,303,401	0	0	60.00
60.01 BLOOD LABORATORY	0		0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	1,198,431		1,198,431	0	0	63.00
64.00 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00 RESPIRATORY THERAPY	2,691,839	0	2,691,839	0	0	65.00
66.00 PHYSICAL THERAPY	3,717,257	0	3,717,257	0	0	66.00
67.00 OCCUPATIONAL THERAPY	2,142,587	0	2,142,587	0	0	67.00
68.00 SPEECH PATHOLOGY	492,863	0	492,863	0	0	68.00
69.00 ELECTROCARDIOLOGY	3,439,678		3,439,678	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,236,276		1,236,276	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,138,629		5,138,629	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	6,893,311		6,893,311	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	28,127,867		28,127,867	0	0	73.00
74.00 RENAL DIALYSIS	0		0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00 CHEMOTHERAPY	2,983,823		2,983,823	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00 CLINIC	0		0	0	0	90.00
90.01 ANDERSON CENTER OP CLINIC	932,927		932,927	0	0	90.01
91.00 EMERGENCY	8,869,520		8,869,520	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	769,009		769,009	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00 AMBULANCE SERVICES	0		0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00 CMHC	0		0	0	0	99.00
99.10 CORF	0		0	0	0	99.10
100.00 I & R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00 HOME HEALTH AGENCY	6,030,683		6,030,683	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0		0	0	0	105.00
106.00 HEART ACQUISITION	0		0	0	0	106.00
107.00 LIVER ACQUISITION	0		0	0	0	107.00
108.00 LUNG ACQUISITION	0		0	0	0	108.00
109.00 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00 ISLET ACQUISITION	0		0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0		0	0	0	112.00
113.00 INTEREST EXPENSE	0		0	0	0	113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 3:35 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	
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0			0 115.00
116.00 HOSPICE	2,572,517		2,572,517			0 116.00
200.00 Subtotal (see instructions)	165,593,921	0	165,593,921	0		0 200.00
201.00 Less Observation Beds	769,009		769,009			0 201.00
202.00 Total (see instructions)	164,824,912	0	164,824,912	0		0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 3:35 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	10.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	7,009,506		7,009,506		30.00
31.00	INTENSIVE CARE UNIT	689,317		689,317		31.00
32.00	CORONARY CARE UNIT	0		0		32.00
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	SUBPROVIDER - I PF	0		0		40.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	0		0		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
45.00	NURSING FACILITY	0		0		45.00
45.01	ICF/MR	0		0		45.01
46.00	OTHER LONG TERM CARE	0		0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	1,563,414	0	1,563,414	8.491959	50.00
50.01	SURGERY CENTER	0	0	0	0.000000	50.01
51.00	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,451,189	0	1,451,189	8.821768	54.00
55.00	RADIOLOGY-THERAPEUTIC	162,167	0	162,167	21.662872	55.00
56.00	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	CT SCAN	0	0	0	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	2,976,081	0	2,976,081	3.462070	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	RESPIRATORY THERAPY	1,195,452	0	1,195,452	2.251733	65.00
66.00	PHYSICAL THERAPY	93,761	0	93,761	39.646090	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	SPEECH PATHOLOGY	1,513	0	1,513	325.752148	68.00
69.00	ELECTROCARDIOLOGY	259,093	0	259,093	13.275843	69.00
70.00	ELECTROENCEPHALOGRAPHY	23,069	0	23,069	53.590359	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	267,546	0	267,546	19.206525	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	3,253,419	0	3,253,419	8.645633	73.00
74.00	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	CHEMOTHERAPY	0	0	0	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	0	0	0	0.000000	90.00
90.01	ANDERSON CENTER OP CLINIC	0	0	0	0.000000	90.01
91.00	EMERGENCY	1,179,742	0	1,179,742	7.518186	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
99.00	CMHC	0	0	0	0.000000	99.00
99.10	CORF	0	0	0	0.000000	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0.000000	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	KIDNEY ACQUISITION	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
112.00	OTHER ORGAN ACQUISITION	0	0	0		112.00
113.00	INTEREST EXPENSE	0	0	0		113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0		114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150088		Period: From 07/01/2010 To 06/30/2011		Worksheet C Part I Date/Time Prepared: 1/26/2012 3:35 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	10.00			
115.00 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0				115.00	
116.00 HOSPICE	0	0	0				116.00	
200.00 Subtotal (see instructions)	20,125,269	0	20,125,269				200.00	
201.00 Less Observation Beds							201.00	
202.00 Total (see instructions)	20,125,269	0	20,125,269				202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 3:35 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
45.01	ICF/MR			45.01
46.00	OTHER LONG TERM CARE			46.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	OPERATING ROOM	0.000000		50.00
50.01	SURGERY CENTER	0.000000		50.01
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	CHEMOTHERAPY	0.000000		76.00
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000		90.00
90.01	ANDERSON CENTER OP CLINIC	0.000000		90.01
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
	<b>SPECIAL PURPOSE COST CENTERS</b>			
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
112.00	OTHER ORGAN ACQUISITION			112.00
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	HOSPICE			116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 3:35 pm
		Title XIX	Hospital	Cost
Cost Center Description	PPS Inpatient Ratio			
	11.00			
200.00 Subtotal (see instructions)		200.00		
201.00 Less Observation Beds		201.00		
202.00 Total (see instructions)		202.00		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/26/2012 3:35 pm
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Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,587,097	0	1,587,097	29,198	54.36	30.00
31.00 INTENSIVE CARE UNIT	410,567		410,567	5,599	73.33	31.00
32.00 CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00 BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00 SUBPROVIDER - IRF	165,169	0	165,169	3,350	49.30	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	0		0	0	0.00	43.00
44.00 SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00 NURSING FACILITY	0		0	0	0.00	45.00
45.01 ICF/MR	0		0	0	0.00	45.01
200.00 Total (Lines 30-199)	2,162,833		2,162,833	38,147		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/26/2012 3:35 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	13,731	746,417	30.00
31.00 INTENSIVE CARE UNIT	3,693	270,808	31.00
32.00 CORONARY CARE UNIT	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	40.00
41.00 SUBPROVIDER - IRF	1,994	98,304	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
45.00 NURSING FACILITY	0	0	45.00
45.01 ICF/MR	0	0	45.01
200.00 Total (Lines 30-199)	19,418	1,115,529	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/26/2012 3:35 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,174,028	54,402,477	0.021580	10,433,351	225,152	50.00
50.01	SURGERY CENTER	392,416	30,983,119	0.012665	0	0	50.01
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	17,661	7,192,726	0.002455	814,783	2,000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,277,642	85,874,649	0.014878	9,058,686	134,775	54.00
55.00	RADIOLOGY-THERAPEUTIC	574,326	16,636,844	0.034521	499,464	17,242	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	437,373	59,490,071	0.007352	12,964,800	95,317	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	2,513	2,908,269	0.000864	737,389	637	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	117,995	17,611,415	0.006700	6,891,583	46,174	65.00
66.00	PHYSICAL THERAPY	327,976	8,881,538	0.036928	0	0	66.00
67.00	OCCUPATIONAL THERAPY	81,907	6,718,903	0.012191	1,791,294	21,838	67.00
68.00	SPEECH PATHOLOGY	20,978	902,277	0.023250	2,497	58	68.00
69.00	ELECTROCARDIOLOGY	325,959	19,083,967	0.017080	3,175,124	54,231	69.00
70.00	ELECTROENCEPHALOGRAPHY	84,174	5,378,513	0.015650	135,845	2,126	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,258	11,441,826	0.002645	1,892,003	5,004	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	30,428	13,666,398	0.002226	4,334,010	9,648	72.00
73.00	DRUGS CHARGED TO PATIENTS	140,868	52,172,965	0.002700	18,054,802	48,748	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	CHEMOTHERAPY	52,369	39,448,767	0.001328	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
90.01	ANDERSON CENTER OP CLINIC	40,413	3,330,061	0.012136	0	0	90.01
91.00	EMERGENCY	426,019	47,326,806	0.009002	4,712,482	42,422	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	40,930	2,543,345	0.016093	92,185	1,484	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (Lines 50-199)	5,596,233	485,994,936		75,590,298	706,856	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150088		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/26/2012 3:35 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
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
45.01	ICF/MR	0	0	0	0	0	45.01
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150088		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/26/2012 3:35 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
		6.00	7.00	8.00	9.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	29,198	0.00	13,731	0		30.00
31.00	INTENSIVE CARE UNIT	5,599	0.00	3,693	0		31.00
32.00	CORONARY CARE UNIT	0	0.00	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	SUBPROVIDER - IRF	3,350	0.00	1,994	0		41.00
42.00	SUBPROVIDER	0	0.00	0	0		42.00
43.00	NURSERY	0	0.00	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	NURSING FACILITY	0	0.00	0	0		45.00
45.01	ICF/MR	0	0.00	0	0		45.01
200.00	Total (Lines 30-199)	38,147		19,418	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 3:35 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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00	
50.01 SURGERY CENTER	0	0	0	0	0	0	50.01	
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00	
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00	
54.00 RADIOLOGY-DIAGNOSTIC	0	0	289,234	0	0	289,234	54.00	
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00	
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00	
57.00 CT SCAN	0	0	0	0	0	0	57.00	
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00	
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00 LABORATORY	0	0	0	0	0	0	60.00	
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01	
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00	
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00	
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00	
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00	
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00	
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00	
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00	
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00	
76.00 CHEMOTHERAPY	0	0	0	0	0	0	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00	
90.00 CLINIC	0	0	0	0	0	0	90.00	
90.01 ANDERSON CENTER OP CLINIC	0	0	0	0	0	0	90.01	
91.00 EMERGENCY	0	0	0	0	0	0	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00	
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00	
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00	
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00	
200.00 Total (Lines 50-199)	0	0	289,234	0	0	289,234	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 3:35 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	54,402,477	0.000000	0.000000	10,433,351	50.00
50.01	SURGERY CENTER	0	30,983,119	0.000000	0.000000	0	50.01
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	7,192,726	0.000000	0.000000	814,783	53.00
54.00	RADIOLOGY-DIAGNOSTIC	289,234	85,874,649	0.003368	0.003368	9,058,686	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	16,636,844	0.000000	0.000000	499,464	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	59,490,071	0.000000	0.000000	12,964,800	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	2,908,269	0.000000	0.000000	737,389	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	17,611,415	0.000000	0.000000	6,891,583	65.00
66.00	PHYSICAL THERAPY	0	8,881,538	0.000000	0.000000	0	66.00
67.00	OCCUPATIONAL THERAPY	0	6,718,903	0.000000	0.000000	1,791,294	67.00
68.00	SPEECH PATHOLOGY	0	902,277	0.000000	0.000000	2,497	68.00
69.00	ELECTROCARDIOLOGY	0	19,083,967	0.000000	0.000000	3,175,124	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	5,378,513	0.000000	0.000000	135,845	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,441,826	0.000000	0.000000	1,892,003	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	13,666,398	0.000000	0.000000	4,334,010	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	52,172,965	0.000000	0.000000	18,054,802	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	CHEMOTHERAPY	0	39,448,767	0.000000	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	ANDERSON CENTER OP CLINIC	0	3,330,061	0.000000	0.000000	0	90.01
91.00	EMERGENCY	0	47,326,806	0.000000	0.000000	4,712,482	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,543,345	0.000000	0.000000	92,185	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (Lines 50-199)	289,234	485,994,936			75,590,298	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 3:35 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0	10,558,564	0	50.00
50.01	SURGERY CENTER	0	16,468,415	0	50.01
51.00	RECOVERY ROOM	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	2,006,267	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	30,510	24,479,093	82,446	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	56.00
57.00	CT SCAN	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	LABORATORY	0	1,396,874	0	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	615,301	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	547,320	0	65.00
66.00	PHYSICAL THERAPY	0	1,014	0	66.00
67.00	OCCUPATIONAL THERAPY	0	6,054	0	67.00
68.00	SPEECH PATHOLOGY	0	192,422	0	68.00
69.00	ELECTROCARDIOLOGY	0	6,235,649	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	992,692	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,239,907	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	2,393,961	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	16,796,491	0	73.00
74.00	RENAL DIALYSIS	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	CHEMOTHERAPY	0	9,358,131	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	CLINIC	0	0	0	90.00
90.01	ANDERSON CENTER OP CLINIC	0	91,900	0	90.01
91.00	EMERGENCY	0	5,943,234	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,131,976	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00	Total (Lines 50-199)	30,510	101,455,265	82,446	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/26/2012 3:35 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	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0.244041	10,558,564	0	0	50.00
50.01 SURGERY CENTER	0.268511	16,468,415	0	0	50.01
51.00 RECOVERY ROOM	0.000000	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00 ANESTHESIOLOGY	0.027281	2,006,267	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.149078	24,479,093	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0.211158	0	0	0	55.00
56.00 RADIOISOTOPE	0.000000	0	0	0	56.00
57.00 CT SCAN	0.000000	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00 LABORATORY	0.173195	1,396,874	0	0	60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0.412077	615,301	0	0	63.00
64.00 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0.152846	547,320	0	0	65.00
66.00 PHYSICAL THERAPY	0.418538	1,014	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0.318889	6,054	0	0	67.00
68.00 SPEECH PATHOLOGY	0.546244	192,422	0	0	68.00
69.00 ELECTROCARDIOLOGY	0.180239	6,235,649	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0.229855	992,692	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.449109	2,239,907	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.504399	2,393,961	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.539127	16,796,491	0	0	73.00
74.00 RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00 CHEMOTHERAPY	0.075638	9,358,131	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0.000000				88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00 CLINIC	0.000000	0	0	0	90.00
90.01 ANDERSON CENTER OP CLINIC	0.280153	91,900	0	0	90.01
91.00 EMERGENCY	0.187410	5,943,234	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.303350	1,131,976	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00 AMBULANCE SERVICES	0.000000		0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
200.00 Subtotal (see instructions)		101,455,265	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		101,455,265	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/26/2012 3:35 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		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	2,576,723	0	0		50.00
50.01 SURGERY CENTER	4,421,951	0	0		50.01
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	54,733	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,649,294	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	241,932	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	253,551	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	83,656	0	0		65.00
66.00 PHYSICAL THERAPY	424	0	0		66.00
67.00 OCCUPATIONAL THERAPY	1,931	0	0		67.00
68.00 SPEECH PATHOLOGY	105,109	0	0		68.00
69.00 ELECTROCARDIOLOGY	1,123,907	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	228,175	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,005,962	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	1,207,512	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	9,055,442	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00 CHEMOTHERAPY	707,830	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
90.01 ANDERSON CENTER OP CLINIC	25,746	0	0		90.01
91.00 EMERGENCY	1,113,821	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	343,385	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00 Subtotal (see instructions)	26,201,084	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	26,201,084	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150088		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part II Date/Time Prepared: 1/26/2012 3:35 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,174,028	54,402,477	0.021580	14,484	313	50.00
50.01	SURGERY CENTER	392,416	30,983,119	0.012665	0	0	50.01
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	17,661	7,192,726	0.002455	933	2	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,277,642	85,874,649	0.014878	112,560	1,675	54.00
55.00	RADIOLOGY-THERAPEUTIC	574,326	16,636,844	0.034521	0	0	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	437,373	59,490,071	0.007352	531,551	3,908	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	2,513	2,908,269	0.000864	11,572	10	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	117,995	17,611,415	0.006700	332,188	2,226	65.00
66.00	PHYSICAL THERAPY	327,976	8,881,538	0.036928	0	0	66.00
67.00	OCCUPATIONAL THERAPY	81,907	6,718,903	0.012191	2,177,699	26,548	67.00
68.00	SPEECH PATHOLOGY	20,978	902,277	0.023250	254	6	68.00
69.00	ELECTROCARDIOLOGY	325,959	19,083,967	0.017080	28,390	485	69.00
70.00	ELECTROENCEPHALOGRAPHY	84,174	5,378,513	0.015650	2,488	39	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,258	11,441,826	0.002645	188,892	500	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	30,428	13,666,398	0.002226	2,142	5	72.00
73.00	DRUGS CHARGED TO PATIENTS	140,868	52,172,965	0.002700	895,367	2,417	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	CHEMOTHERAPY	52,369	39,448,767	0.001328	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
90.01	ANDERSON CENTER OP CLINIC	40,413	3,330,061	0.012136	0	0	90.01
91.00	EMERGENCY	426,019	47,326,806	0.009002	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	40,930	2,543,345	0.016093	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (Lines 50-199)	5,596,233	485,994,936		4,298,520	38,134	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088 Component CCN: 15T088	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 3:35 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 SURGERY CENTER	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	289,234	0	289,234	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 CHEMOTHERAPY	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 ANDERSON CENTER OP CLINIC	0	0	0	0	0	90.01
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES						95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00 Total (Lines 50-199)	0	0	289,234	0	289,234	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088 Component CCN: 15T088	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 3:35 pm
Title XVIII		Subprovider - IRF	PPS

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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	54,402,477	0.000000	0.000000	14,484	50.00
50.01 SURGERY CENTER	0	30,983,119	0.000000	0.000000	0	50.01
51.00 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	7,192,726	0.000000	0.000000	933	53.00
54.00 RADIOLOGY-DIAGNOSTIC	289,234	85,874,649	0.003368	0.003368	112,560	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	16,636,844	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	59,490,071	0.000000	0.000000	531,551	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	2,908,269	0.000000	0.000000	11,572	63.00
64.00 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	17,611,415	0.000000	0.000000	332,188	65.00
66.00 PHYSICAL THERAPY	0	8,881,538	0.000000	0.000000	0	66.00
67.00 OCCUPATIONAL THERAPY	0	6,718,903	0.000000	0.000000	2,177,699	67.00
68.00 SPEECH PATHOLOGY	0	902,277	0.000000	0.000000	254	68.00
69.00 ELECTROCARDIOLOGY	0	19,083,967	0.000000	0.000000	28,390	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	5,378,513	0.000000	0.000000	2,488	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,441,826	0.000000	0.000000	188,892	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	13,666,398	0.000000	0.000000	2,142	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	52,172,965	0.000000	0.000000	895,367	73.00
74.00 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00 CHEMOTHERAPY	0	39,448,767	0.000000	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 ANDERSON CENTER OP CLINIC	0	3,330,061	0.000000	0.000000	0	90.01
91.00 EMERGENCY	0	47,326,806	0.000000	0.000000	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,543,345	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00 Total (Lines 50-199)	289,234	485,994,936			4,298,520	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 3:35 pm
	Component CCN: 15T088	Title XVIII	Subprovider - IRF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0	0	0	50.00
50.01 SURGERY CENTER	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	379	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	56.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 CHEMOTHERAPY	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	0	0	0	90.00
90.01 ANDERSON CENTER OP CLINIC	0	0	0	90.01
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 AMBULANCE SERVICES				95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00 Total (Lines 50-199)	379	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 1/26/2012 3:35 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		29,198	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,198	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)		29,198	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)		13,731	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
<b>SWING BED ADJUSTMENT</b>				
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)		29,916,379	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)		29,916,379	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		28,790,553	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		28,790,533	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.039104	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)		986.04	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)		29,916,379	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,024.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,068,783	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)		14,068,783	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 3:35 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)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	7,348,773	5,599	1,312.52	-3	-3,938
44.00 CORONARY CARE UNIT	0	0	0.00	0	0
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					22,524,504
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					36,589,349
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,017,225
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					737,366
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,754,591
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					34,834,758
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
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
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
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)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					753
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,024.60
89.00 Observation bed cost (line 87 x line 88) (see instructions)					771,524

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/26/2012 3:35 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	1,587,097	29,916,379	0.053051	771,524	40,930	90.00
91.00	Nursing School cost	0	29,916,379	0.000000	771,524	0	91.00
92.00	Allied health cost	0	29,916,379	0.000000	771,524	0	92.00
93.00	All other Medical Education	0	29,916,379	0.000000	771,524	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
		Component CCN: 15T088		Date/Time Prepared: 1/26/2012 3:35 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,350	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,350	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)		3,350	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,994	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
<b>SWING BED ADJUSTMENT</b>				
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)		2,815,393	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)		2,815,393	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	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)		0.00	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)		2,815,393	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		840.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,675,797	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,675,797	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1		
				Component CCN: 15T088			Date/Time Prepared: 1/26/2012 3:35 pm	
				Title XVIII	Subprovider - IRF	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)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00	
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00	
<b>Cost Center Description</b>								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1,436,850		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,112,647		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						98,304		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						38,513		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						136,817		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						2,975,830		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>								
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088 Component CCN: 15T088		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/26/2012 3:35 pm	
		Title XVIII		Subprovider - IRF		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	165,169	2,815,393	0.058666	0	0	90.00
91.00	Nursing School cost	0	2,815,393	0.000000	0	0	91.00
92.00	Allied health cost	0	2,815,393	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,815,393	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 1/26/2012 3:35 pm
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		29,198	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,198	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)		29,198	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)		5,553	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
<b>SWING BED ADJUSTMENT</b>				
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)		29,818,884	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)		29,818,884	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,968,241	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,968,241	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		7.514383	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)		135.91	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)		29,818,884	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,021.26	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,671,057	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)		5,671,057	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 3:35 pm		
Cost Center Description			Title XIX	Hospital	Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,348,773	5,599	1,312.52	172	225,753	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				112,731,703		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				118,628,513		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)				753		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,021.26		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				769,009		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/26/2012 3:35 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: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3	
		Title XVIII	Hospital	Date/Time Prepared: 1/26/2012 3:35 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		12,852,419		30.00
31.00	INTENSIVE CARE UNIT		5,513,421		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - I PF		0		40.00
41.00	SUBPROVIDER - I RF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.244041	10,433,351	2,546,165	50.00
50.01	SURGERY CENTER	0.268511	0	0	50.01
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.027281	814,783	22,228	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.149078	9,058,686	1,350,451	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.212566	499,464	106,169	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.173195	12,964,800	2,245,439	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.412077	737,389	303,861	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.152846	6,891,583	1,053,351	65.00
66.00	PHYSICAL THERAPY	0.418538	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.318889	1,791,294	571,224	67.00
68.00	SPEECH PATHOLOGY	0.546244	2,497	1,364	68.00
69.00	ELECTROCARDIOLOGY	0.180359	3,175,124	572,662	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.230062	135,845	31,253	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.449109	1,892,003	849,716	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.504399	4,334,010	2,186,070	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.539127	18,054,802	9,733,831	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	CHEMOTHERAPY	0.075638	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	ANDERSON CENTER OP CLINIC	0.280153	0	0	90.01
91.00	EMERGENCY	0.195811	4,712,482	922,756	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.303350	92,185	27,964	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		75,590,298	22,524,504	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)		75,590,298		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3	
		Component CCN: 15T088		Date/Time Prepared: 1/26/2012 3:35 pm	
		Title XVIIII	Subprovider - IRF	PPS	
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		843		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		1,818,675		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.244041	14,484	3,535	50.00
50.01	SURGERY CENTER	0.268511	0	0	50.01
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.027281	933	25	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.149078	112,560	16,780	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.212566	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.173195	531,551	92,062	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.412077	11,572	4,769	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.152846	332,188	50,774	65.00
66.00	PHYSICAL THERAPY	0.418538	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.318889	2,177,699	694,444	67.00
68.00	SPEECH PATHOLOGY	0.546244	254	139	68.00
69.00	ELECTROCARDIOLOGY	0.180359	28,390	5,120	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.230062	2,488	572	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.449109	188,892	84,833	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.504399	2,142	1,080	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.539127	895,367	482,717	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	CHEMOTHERAPY	0.075638	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	ANDERSON CENTER OP CLINIC	0.280153	0	0	90.01
91.00	EMERGENCY	0.195811	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.303350	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		4,298,520	1,436,850	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)		4,298,520		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3	
		Title XIX	Hospital	Date/Time Prepared: 1/26/2012 3:35 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		8,799,910		30.00
31.00	INTENSIVE CARE UNIT		964,851		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - I PF		0		40.00
41.00	SUBPROVIDER - I RF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	8.491959	2,574,925	21,866,158	50.00
50.01	SURGERY CENTER	0.000000	0	0	50.01
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8.821768	1,866,942	16,469,729	54.00
55.00	RADIOLOGY-THERAPEUTIC	21.662872	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	3.462070	3,406,802	11,794,587	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	2.251733	1,605,342	3,614,802	65.00
66.00	PHYSICAL THERAPY	39.646090	18,431	730,717	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	325.752148	379	123,460	68.00
69.00	ELECTROCARDIOLOGY	13.275843	329,452	4,373,753	69.00
70.00	ELECTROENCEPHALOGRAPHY	53.590359	27,977	1,499,297	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	19.206525	137,705	2,644,835	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000	15,662	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	8.645633	4,579,020	39,588,526	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	CHEMOTHERAPY	0.000000	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	ANDERSON CENTER OP CLINIC	0.000000	0	0	90.01
91.00	EMERGENCY	7.518186	1,333,545	10,025,839	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		15,896,182	112,731,703	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)		15,896,182		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3	
		Component CCN: 15T088		Date/Time Prepared: 1/26/2012 3:35 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		203,143		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	8.491959	9,985	84,792	50.00
50.01	SURGERY CENTER	0.000000	0	0	50.01
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8.821768	41,301	364,348	54.00
55.00	RADIOLOGY-THERAPEUTIC	21.662872	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	3.462070	66,695	230,903	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	2.251733	28,406	63,963	65.00
66.00	PHYSICAL THERAPY	39.646090	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	243,904	0	67.00
68.00	SPEECH PATHOLOGY	325.752148	0	0	68.00
69.00	ELECTROCARDIOLOGY	13.275843	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	53.590359	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	19.206525	2,088	40,103	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	8.645633	126,981	1,097,831	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	CHEMOTHERAPY	0.000000	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	ANDERSON CENTER OP CLINIC	0.000000	0	0	90.01
91.00	EMERGENCY	7.518186	761	5,721	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		520,121	1,887,661	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)			0	201.00
202.00	Net Charges (line 200 minus line 201)		520,121		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/26/2012 3:35 pm	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
			1.00	1.01	
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>					
1.00	DRG Amounts Other than Outlier Payments		22,660,298		1.00
2.00	Outlier payments for discharges. (see instructions)		2,049,672		2.00
3.00	Managed Care Simulated Payments		2,512,085		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		258.94		4.00
<b>Indirect Medical Education Adjustment</b>					
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
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
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
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.20		30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		18.55		31.00
32.00	Sum of lines 30 and 31		24.75		32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.64		33.00
34.00	Disproportionate share adjustment (see instructions)		2,184,453		34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0		46.00
47.00	Subtotal (see instructions)		26,894,423		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		26,894,423		49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/26/2012 3:35 pm	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,012,619	1.01	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
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		30,510		58.00
59.00	Total (sum of amounts on lines 49 through 58)		28,937,552		59.00
60.00	Primary payer payments		2,935		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		28,934,617		61.00
62.00	Deductibles billed to program beneficiaries		2,573,956		62.00
63.00	Coinurance billed to program beneficiaries		129,498		63.00
64.00	Allowable bad debts (see instructions)		473,421		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		331,395		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		419,572		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		26,562,558		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)		26,562,558		71.00
72.00	Interim payments		27,044,903		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)		-482,345		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
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: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/26/2012 3:35 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		26,118,638	2.00
3.00	PPS payments		21,656,653	3.00
4.00	Outlier payment (see instructions)		25,068	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.406	5.00
6.00	Line 2 times line 5		10,604,167	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		82,446	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	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)		21,764,167	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		148,435	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,961,048	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)		16,654,684	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)		16,654,684	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		16,654,684	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		608,989	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		426,292	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		494,674	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		17,080,976	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		17,080,976	40.00
41.00	Interim payments		16,595,292	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)		485,684	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/26/2012 3:35 pm
		Component CCN: 15T088	Title XVIII	Subprovider - IRF PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		0	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)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	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)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 150088		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/26/2012 3:35 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		27,009,179		16,573,877	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	02/17/2011	35,724	02/17/2011	21,415	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		35,724		21,415	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)		27,044,903		16,595,292	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		0		485,684	6.01	
6.02	SETTLEMENT TO PROGRAM		482,345		0	6.02	
7.00	Total Medicare program liability (see instructions)		26,562,558		17,080,976	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part I Date/Time Prepared: 1/26/2012 3:35 pm	
		Title XVIII		Subprovider - IRF	
		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		2,463,313		0
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
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	02/17/2011	17,590		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		17,590		0
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)		2,480,903		0
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		22,035		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		2,502,938		0
				Contractor Number	Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088 Component CCN: 15T088	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part III Date/Time Prepared: 1/26/2012 3:35 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			2,342,535 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0101 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			93,256 3.00
4.00	Outlier Payments			86,597 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			9.178082 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$ .			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			2,522,388 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,522,388 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,522,388 19.00
20.00	Deductibles			8,864 20.00
21.00	Subtotal (line 19 minus line 20)			2,513,524 21.00
22.00	Coinurance			16,273 22.00
23.00	Subtotal (line 21 minus line 22)			2,497,251 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			7,583 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			5,308 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			7,583 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,502,559 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			379 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,502,938 32.00
33.00	Interim payments			2,480,903 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			22,035 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)      Provider CCN: 150088      Period: From 07/01/2010 To 06/30/2011      Worksheet G  
 Date/Time Prepared: 1/26/2012 3:35 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	9,232,328	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	78,198,261	0	0	0	4.00
5.00	Other receivable	2,645,126	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-54,141,124	0	0	0	6.00
7.00	Inventory	3,631,796	0	0	0	7.00
8.00	Prepaid expenses	180,142	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	39,746,529	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	5,292,602	0	0	0	12.00
13.00	Land improvements	2,430,620	0	0	0	13.00
14.00	Accumulated depreciation	-2,009,849	0	0	0	14.00
15.00	Buildings	44,849,897	0	0	0	15.00
16.00	Accumulated depreciation	-28,164,055	0	0	0	16.00
17.00	Leasehold improvements	1,573,997	0	0	0	17.00
18.00	Accumulated depreciation	-1,149,594	0	0	0	18.00
19.00	Fixed equipment	38,023,132	0	0	0	19.00
20.00	Accumulated depreciation	-31,279,738	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	45,642,965	0	0	0	23.00
24.00	Accumulated depreciation	-38,849,912	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	36,360,065	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	51,544,248	5,087,682	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	996,806	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	52,541,054	5,087,682	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	128,647,648	5,087,682	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	4,663,106	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,951,428	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	116,595	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	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	13,731,129	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	16,090,641	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	8,750,504	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	24,841,145	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	38,572,274	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	90,075,374				52.00
53.00	Specific purpose fund		5,087,682			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)	90,075,374	5,087,682	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	128,647,648	5,087,682	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet G-1

Date/Time Prepared:  
1/26/2012 3:35 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		78,938,628		4,486,276	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		12,995,906			2.00
3.00	Total (sum of line 1 and line 2)		91,934,534		4,486,276	3.00
4.00	DONATIONS	0		1,271,540		4.00
5.00	INVESTMENT INCOME	0		523,991		5.00
6.00	TRANSFER TO AFFILIATES	495,413		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)		495,413		1,795,531	10.00
11.00	Subtotal (line 3 plus line 10)		92,429,947		6,281,807	11.00
12.00	REIMBURSEMENT RESTRICTED	0		772,182		12.00
13.00	TRANSFER TO AFFILIATES	2,354,573		0		13.00
14.00	UNREALIZED LOSS	0		5,477		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)		2,354,573		777,659	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		90,075,374		5,504,148	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet G-1

Date/Time Prepared:  
1/26/2012 3:35 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150088

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet G-2 Parts

Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	28,790,553		28,790,553	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	3,019,758		3,019,758	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
8.01	ICF/MR	0		0	8.01
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	31,810,311		31,810,311	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,599,948		8,599,948	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	8,599,948		8,599,948	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	40,410,259		40,410,259	17.00
18.00	Ancillary services	136,700,205	308,982,244	445,682,449	18.00
19.00	Outpatient services	10,791,019	36,782,712	47,573,731	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		5,437,223	5,437,223	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	2,880,158	2,880,158	26.00
27.00	HOMEMAKER	0	22,703	22,703	27.00
27.01	ADOLESCENT SERVICES	2,406,081	0	2,406,081	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	190,307,564	354,105,040	544,412,604	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		198,186,031		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		198,186,031		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet G-3 Date/Time Prepared: 1/26/2012 3:35 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	544,412,604	1.00
2.00	Less contractual allowances and discounts on patients' accounts	355,748,269	2.00
3.00	Net patient revenues (line 1 minus line 2)	188,664,335	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	198,186,031	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-9,521,696	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	276,769	6.00
7.00	Income from investments	9,083,738	7.00
8.00	Revenues from telephone and telegraph service	55,344	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	622,550	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	77,115	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	12,590	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MAB/MOB/ASC REVENUE	630,609	24.00
24.01	GRANTS	343,541	24.01
24.02	DME	6,900,126	24.02
24.03	ER PHYSICIAN BILLING FEES	4,113,787	24.03
24.04	OTHER MISC INCOME	401,433	24.04
24.05		0	24.05
25.00	Total other income (sum of lines 6-24)	22,517,602	25.00
26.00	Total (line 5 plus line 25)	12,995,906	26.00
27.00		0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	12,995,906	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS		Provider CCN: 150088 HHA CCN: 157059		Period: From 07/01/2010 To 06/30/2011		Worksheet H Date/Time Prepared: 1/26/2012 3:35 pm PPS	
		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	282,424	72,117	0	0	61,412	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,427,060	364,377	73,602	36,433	0	6.00
7.00	Physical Therapy	703,510	179,630	53,749	0	0	7.00
8.00	Occupational Therapy	229,645	58,636	20,300	0	0	8.00
9.00	Speech Pathology	82,964	21,184	6,418	0	0	9.00
10.00	Medical Social Services	62,193	15,880	4,928	0	0	10.00
11.00	Home Health Aide	142,751	36,449	27,756	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	44,871	12.00
13.00	Drugs	0	0	0	0	8,296	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
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)	2,930,547	748,273	186,753	36,433	114,579	24.00

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

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet H
		HHA CCN: 157059		Date/Time Prepared: 1/26/2012 3:35 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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	415,953	0	415,953	66,712	482,665	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,901,472	0	1,901,472	0	1,901,472	6.00
7.00	Physical Therapy	936,889	0	936,889	0	936,889	7.00
8.00	Occupational Therapy	308,581	0	308,581	0	308,581	8.00
9.00	Speech Pathology	110,566	0	110,566	0	110,566	9.00
10.00	Medical Social Services	83,001	0	83,001	0	83,001	10.00
11.00	Home Health Aide	206,956	0	206,956	0	206,956	11.00
12.00	Supplies (see instructions)	44,871	0	44,871	0	44,871	12.00
13.00	Drugs	8,296	0	8,296	0	8,296	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
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)	4,016,585	0	4,016,585	66,712	4,083,297	24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST	Provider CCN: 150088	Period: From 07/01/2010	Worksheet H-1 Part I Date/Time Prepared: 1/26/2012 3:35 pm
	HHA CCN: 157059	To 06/30/2011	
		Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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	482,665	0	0	0	5.00
<b>HHA REIMBURSABLE SERVICES</b>						
6.00	Skilled Nursing Care	1,901,472	0	0	0	6.00
7.00	Physical Therapy	936,889	0	0	0	7.00
8.00	Occupational Therapy	308,581	0	0	0	8.00
9.00	Speech Pathology	110,566	0	0	0	9.00
10.00	Medical Social Services	83,001	0	0	0	10.00
11.00	Home Health Aide	206,956	0	0	0	11.00
12.00	Supplies (see instructions)	44,871	0	0	0	12.00
13.00	Drugs	8,296	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>						
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)	4,083,297	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST	Provider CCN: 150088	Period: From 07/01/2010	Worksheet H-1 Part I Date/Time Prepared: 1/26/2012 3:35 pm
	HHA CCN: 157059	To 06/30/2011	
		Home Health Agency I	PPS

	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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	482,665	482,665	5.00
<b>HHA REIMBURSABLE SERVICES</b>				
6.00	Skilled Nursing Care	1,901,472	254,894	2,156,366
7.00	Physical Therapy	936,889	125,590	1,062,479
8.00	Occupational Therapy	308,581	41,365	349,946
9.00	Speech Pathology	110,566	14,821	125,387
10.00	Medical Social Services	83,001	11,126	94,127
11.00	Home Health Aide	206,956	27,742	234,698
12.00	Supplies (see instructions)	44,871	6,015	50,886
13.00	Drugs	8,296	1,112	9,408
14.00	DME	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>				
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)	3,600,632		4,083,297

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 150088	Period: From 07/01/2010	Worksheet H-1 Part II Date/Time Prepared: 1/26/2012 3:35 pm
	HHA CCN: 157059	To 06/30/2011	
		Home Health Agency I	PPS

	Capital Related Costs				Transportation (MILEAGE)	Reconciliation	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)				
	1.00	2.00	3.00	4.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-482,665	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
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
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-482,665	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: 150088	Period:	Worksheet H-1
	HHA CCN: 157059	From 07/01/2010 To 06/30/2011	Part II Date/Time Prepared: 1/26/2012 3:35 pm
		Home Health Agency I	PPS

		Administrative & General (ACCUM. COST)	
		5.00	
<b>GENERAL SERVICE COST CENTERS</b>			
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	3,600,632	5.00
<b>HHA REIMBURSABLE SERVICES</b>			
6.00	Skilled Nursing Care	1,901,472	6.00
7.00	Physical Therapy	936,889	7.00
8.00	Occupational Therapy	308,581	8.00
9.00	Speech Pathology	110,566	9.00
10.00	Medical Social Services	83,001	10.00
11.00	Home Health Aide	206,956	11.00
12.00	Supplies (see instructions)	44,871	12.00
13.00	Drugs	8,296	13.00
14.00	DME	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>			
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)	3,600,632	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	482,665	25.00
26.00	Unit Cost Multiplier	0.134050	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150088	Period: From 07/01/2010	Worksheet H-2
		HHA CCN: 157059	To 06/30/2011	Part I
			Home Health Agency I	Date/Time Prepared: 1/26/2012 3:35 pm
				PPS

	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
	0	1.00	1.01	4.00	5.01	
1.00 Administrative and General	0	77,227	0	0	7,048	1.00
2.00 Skilled Nursing Care	2,156,366	0	0	0	0	2.00
3.00 Physical Therapy	1,062,479	0	0	0	0	3.00
4.00 Occupational Therapy	349,946	0	0	0	0	4.00
5.00 Speech Pathology	125,387	0	0	0	0	5.00
6.00 Medical Social Services	94,127	0	0	0	0	6.00
7.00 Home Health Aide	234,698	0	0	0	0	7.00
8.00 Supplies (see instructions)	50,886	0	0	0	0	8.00
9.00 Drugs	9,408	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)	4,083,297	77,227	0	0	7,048	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: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part I Date/Time Prepared: 1/26/2012 3:35 pm
		HHA CCN: 157059	Home Health Agency I	PPS

	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
	5.02	5.03	5.04	5.05	5A.05	
1.00 Administrative and General	0	0	0	0	84,275	1.00
2.00 Skilled Nursing Care	1,881	0	5,901	12,791	2,176,939	2.00
3.00 Physical Therapy	1,620	0	5,083	11,021	1,080,203	3.00
4.00 Occupational Therapy	527	0	1,653	3,585	355,711	4.00
5.00 Speech Pathology	154	0	483	1,047	127,071	5.00
6.00 Medical Social Services	192	0	602	1,306	96,227	6.00
7.00 Home Health Aide	346	0	1,084	2,351	238,479	7.00
8.00 Supplies (see instructions)	0	1,323	0	0	52,209	8.00
9.00 Drugs	0	0	0	0	9,408	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)	4,720	1,323	14,806	32,101	4,220,522	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: 150088	Period: From 07/01/2010	Worksheet H-2 Part I Date/Time Prepared: 1/26/2012 3:35 pm
	HHA CCN: 157059	To 06/30/2011	
		Home Health Agency I	PPS

	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.06	6.00	7.00	8.00	9.00	
1.00 Administrative and General	24,804	263,110	0	0	0	1.00
2.00 Skilled Nursing Care	640,716	0	0	0	0	2.00
3.00 Physical Therapy	317,925	0	0	0	0	3.00
4.00 Occupational Therapy	104,693	0	0	0	0	4.00
5.00 Speech Pathology	37,400	0	0	0	0	5.00
6.00 Medical Social Services	28,322	0	0	0	0	6.00
7.00 Home Health Aide	70,189	0	0	0	0	7.00
8.00 Supplies (see instructions)	15,366	0	0	0	0	8.00
9.00 Drugs	2,769	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)	1,242,184	263,110	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS	Provider CCN: 150088	Period: 07/01/2010	Worksheet H-2
	HHA CCN: 157059	To 06/30/2011	Part I Date/Time Prepared: 1/26/2012 3:35 pm
		Home Health Agency I	PPS

	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
1.00 Administrative and General	0	152,685	0	125,204	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	3,935	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	152,685	0	125,204	3,935	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: 150088	Period: From 07/01/2010	Worksheet H-2
		HHA CCN: 157059	To 06/30/2011	Part I
				Date/Time Prepared: 1/26/2012 3:35 pm
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	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	15.00	16.00	17.00	19.00	20.00	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	9,183	0	0	0	2.00
3.00 Physical Therapy	0	7,911	0	0	0	3.00
4.00 Occupational Therapy	0	2,573	0	0	0	4.00
5.00 Speech Pathology	0	752	0	0	0	5.00
6.00 Medical Social Services	0	937	0	0	0	6.00
7.00 Home Health Aide	0	1,687	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	23,043	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS	Provider CCN: 150088 HHA CCN: 157059	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part I Date/Time Prepared: 1/26/2012 3:35 pm PPS
		Home Health Agency I	

		INTERNS & RESIDENTS		PARAMED PRGM 23.00	SCH OF RADIOLOGY 23.01	Subtotal 24.00	
		SERVICES-SALARY & FRINGES 21.00	SERVICES-OTHER PRGM COSTS 22.00				
1.00	Administrative and General	0	0	0	0	650,078	1.00
2.00	Skilled Nursing Care	0	0	0	0	2,826,838	2.00
3.00	Physical Therapy	0	0	0	0	1,406,039	3.00
4.00	Occupational Therapy	0	0	0	0	462,977	4.00
5.00	Speech Pathology	0	0	0	0	165,223	5.00
6.00	Medical Social Services	0	0	0	0	125,486	6.00
7.00	Home Health Aide	0	0	0	0	310,355	7.00
8.00	Supplies (see instructions)	0	0	0	0	71,510	8.00
9.00	Drugs	0	0	0	0	12,177	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	6,030,683	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: 150088	Period: From 07/01/2010	Worksheet H-2
		HHA CCN: 157059	To 06/30/2011	Part I
				Date/Time Prepared: 1/26/2012 3:35 pm
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	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	650,078		1.00
2.00	Skilled Nursing Care	0	2,826,838	341,535	2.00
3.00	Physical Therapy	0	1,406,039	169,876	3.00
4.00	Occupational Therapy	0	462,977	55,936	4.00
5.00	Speech Pathology	0	165,223	19,962	5.00
6.00	Medical Social Services	0	125,486	15,161	6.00
7.00	Home Health Aide	0	310,355	37,497	7.00
8.00	Supplies (see instructions)	0	71,510	8,640	8.00
9.00	Drugs	0	12,177	1,471	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)	0	6,030,683	650,078	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.			0.120819	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: 150088	Period: From 07/01/2010	Worksheet H-2 Part II Date/Time Prepared: 1/26/2012 3:35 pm
	HHA CCN: 157059	To 06/30/2011	
		Home Health Agency I	PPS

	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (DEPT. REVENUE)		
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)					
	1.00	1.01					
1.00	Administrative and General	8,813	0	282,425	9	0	1.00
2.00	Skilled Nursing Care	0	0	1,427,060	0	2,166,723	2.00
3.00	Physical Therapy	0	0	703,510	0	1,866,655	3.00
4.00	Occupational Therapy	0	0	229,645	0	607,184	4.00
5.00	Speech Pathology	0	0	82,964	0	177,363	5.00
6.00	Medical Social Services	0	0	62,192	0	221,144	6.00
7.00	Home Health Aide	0	0	142,751	0	398,154	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)	8,813	0	2,930,547	9	5,437,223	20.00
21.00	Total cost to be allocated	77,227	0	0	7,048	4,720	21.00
22.00	Unit cost multiplier	8.762850	0.000000	0.000000	783.111111	0.000868	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150088 HHA CCN: 157059	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/26/2012 3:35 pm
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		PURCHASING, RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINISTRATIVE (DEPT. REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (DEPT. REVENUE)	Reconciliation Home Health Agency I	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
1.00	Administrative and General	0	0	0	0	84,275	1.00
2.00	Skilled Nursing Care	0	2,166,723	2,166,723	0	2,176,939	2.00
3.00	Physical Therapy	0	1,866,655	1,866,655	0	1,080,203	3.00
4.00	Occupational Therapy	0	607,184	607,184	0	355,711	4.00
5.00	Speech Pathology	0	177,363	177,363	0	127,071	5.00
6.00	Medical Social Services	0	221,144	221,144	0	96,227	6.00
7.00	Home Health Aide	0	398,154	398,154	0	238,479	7.00
8.00	Supplies (see instructions)	69,171	0	0	0	52,209	8.00
9.00	Drugs	0	0	0	0	9,408	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)	69,171	5,437,223	5,437,223		4,220,522	20.00
21.00	Total cost to be allocated	1,323	14,806	32,101		1,242,184	21.00
22.00	Unit cost multiplier	0.019127	0.002723	0.005904		0.294320	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 150088 HHA CCN: 157059		Period: From 07/01/2010 To 06/30/2011		Worksheet H-2 Part II Date/Time Prepared: 1/26/2012 3:35 pm PPS	
		Home Health Agency I					
		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	8,813	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	8,813	0	0	0	0	20.00
21.00	Total cost to be allocated	263,110	0	0	0	0	21.00
22.00	Unit cost multiplier	29.854760	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150088	Period: From 07/01/2010	Worksheet H-2 Part II Date/Time Prepared: 1/26/2012 3:35 pm
	HHA CCN: 157059	To 06/30/2011	
		Home Health Agency I	PPS

	CAFETERIA (TOTAL HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)	PHARMACY (DRUG EXPENSE)	
	11.00	12.00	13.00	14.00	15.00	
1.00 Administrative and General	96,072	0	96,072	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	44,190	0	8.00
9.00 Drugs	0	0	0	0	64	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)	96,072	0	96,072	44,190	64	20.00
21.00 Total cost to be allocated	152,685	0	125,204	3,935	0	21.00
22.00 Unit cost multiplier	1.589277	0.000000	1.303231	0.089047	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150088 HHA CCN: 157059	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/26/2012 3:35 pm PPS
		Home Health Agency I	

	MEDICAL RECORDS & LIBRARY (DEPT. REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
	16.00	17.00	19.00	20.00		
1.00 Administrative and General	0	0	0	0		1.00
2.00 Skilled Nursing Care	2,166,723	0	0	0		2.00
3.00 Physical Therapy	1,866,655	0	0	0		3.00
4.00 Occupational Therapy	607,184	0	0	0		4.00
5.00 Speech Pathology	177,363	0	0	0		5.00
6.00 Medical Social Services	221,144	0	0	0		6.00
7.00 Home Health Aide	398,154	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0		8.00
9.00 Drugs	0	0	0	0		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0		19.00
20.00 Total (sum of lines 1-19)	5,437,223	0	0	0		20.00
21.00 Total cost to be allocated	23,043	0	0	0		21.00
22.00 Unit cost multiplier	0.004238	0.000000	0.000000	0.000000		22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150088	Period: From 07/01/2010	Worksheet H-2 Part II Date/Time Prepared: 1/26/2012 3:35 pm
	HHA CCN: 157059	To 06/30/2011	
		Home Health Agency I	PPS

	INTERNS & RESIDENTS		PARAMED ED PRGM (RAD SCH)	SCH OF RADIOLOGY (RAD SCH)		
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	21.00	22.00				
1.00	Administrative and General	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	9.00
10.00	DME	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150088 HHA CCN: 157059		Period: From 07/01/2010 To 06/30/2011		Worksheet H-3 Parts I-II Date/Time Prepared: 1/26/2012 3:35 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	3,168,373		3,168,373	12,854	1.00
2.00	Physical Therapy	3.00	1,575,915	0	1,575,915	9,422	2.00
3.00	Occupational Therapy	4.00	518,913	0	518,913	2,927	3.00
4.00	Speech Pathology	5.00	185,185	0	185,185	881	4.00
5.00	Medical Social Services	6.00	140,647		140,647	804	5.00
6.00	Home Health Aide	7.00	347,852		347,852	5,248	6.00
7.00	Total (sum of lines 1-6)		5,936,885	0	5,936,885	32,136	7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits		
					Part B		
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		11300	0	0		8.00
9.00	Physical Therapy		11300	0	0		9.00
10.00	Occupational Therapy		11300	0	0		10.00
11.00	Speech Pathology		11300	0	0		11.00
12.00	Medical Social Services		11300	0	0		12.00
13.00	Home Health Aide		11300	0	0		13.00
14.00	Total (sum of lines 8-13)			0	0		14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	
		0	1.00	2.00	3.00	4.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	80,150	0	80,150	44,870	15.00
16.00	Cost of Drugs	9.00	13,648	0	13,648	0	16.00
Cost Center Description		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy		66.00	0.418538	0	0	1.00
2.00	Occupational Therapy		67.00	0.318889	0	0	2.00
3.00	Speech Pathology		68.00	0.546244	0	0	3.00
4.00	Cost of Medical Supplies		71.00	0.449109	0	0	4.00
5.00	Cost of Drugs		73.00	0.539127	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150088 HHA CCN: 157059	Period: From 07/01/2010 To 06/30/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 1/26/2012 3:35 pm	
		Title XVIIII	Home Health Agency I	PPS	
Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	5.00	6.00	7.00	8.00	
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>					
<b>Cost Per Visit Computation</b>					
1.00	Skilled Nursing Care	246.49	6,360	2,701	1.00
2.00	Physical Therapy	167.26	4,543	2,068	2.00
3.00	Occupational Therapy	177.28	1,498	638	3.00
4.00	Speech Pathology	210.20	416	195	4.00
5.00	Medical Social Services	174.93	392	204	5.00
6.00	Home Health Aide	66.28	1,393	1,267	6.00
7.00	Total (sum of lines 1-6)		14,602	7,073	7.00
<b>Cost Center Description</b>					
		5.00	6.00	7.00	8.00
<b>Limitation Cost Computation</b>					
8.00	Skilled Nursing Care				8.00
9.00	Physical Therapy				9.00
10.00	Occupational Therapy				10.00
11.00	Speech Pathology				11.00
12.00	Medical Social Services				12.00
13.00	Home Health Aide				13.00
14.00	Total (sum of lines 8-13)				14.00
<b>Program Covered Charges</b>					
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	
<b>Supplies and Drugs Cost Computations</b>					
15.00	Cost of Medical Supplies	1.786271	41,204	52,686	15.00
16.00	Cost of Drugs	0.000000	0	0	16.00
<b>Cost Center Description</b>					
		Transfer to Part I as Indicated			
		4.00			
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>					
1.00	Physical Therapy	col. 2, line 2.00			1.00
2.00	Occupational Therapy	col. 2, line 3.00			2.00
3.00	Speech Pathology	col. 2, line 4.00			3.00
4.00	Cost of Medical Supplies	col. 2, line 15.00			4.00
5.00	Cost of Drugs	col. 2, line 16.00			5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 150088	Period: From 07/01/2010	Worksheet H-3 Parts I-III Date/Time Prepared: 1/26/2012 3:35 pm
	HHA CCN: 157059	To 06/30/2011	
	Title XVIII	Home Health Agency I	PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)		
	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00	12.00		
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>						
<b>Cost Per Visit Computation</b>						
1.00	Skilled Nursing Care	1,567,676	665,769		2,233,445	1.00
2.00	Physical Therapy	759,862	345,894		1,105,756	2.00
3.00	Occupational Therapy	265,565	113,105		378,670	3.00
4.00	Speech Pathology	87,443	40,989		128,432	4.00
5.00	Medical Social Services	68,573	35,686		104,259	5.00
6.00	Home Health Aide	92,328	83,977		176,305	6.00
7.00	Total (sum of lines 1-6)	2,841,447	1,285,420		4,126,867	7.00
<b>Cost Center Description</b>						
		10.00	11.00	12.00		
<b>Limitation Cost Computation</b>						
8.00	Skilled Nursing Care					8.00
9.00	Physical Therapy					9.00
10.00	Occupational Therapy					10.00
11.00	Speech Pathology					11.00
12.00	Medical Social Services					12.00
13.00	Home Health Aide					13.00
14.00	Total (sum of lines 8-13)					14.00
<b>Cost of Services</b>						
Cost Center Description	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00			
<b>Supplies and Drugs Cost Computations</b>						
15.00	Cost of Medical Supplies	73,602	94,111	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150088 HHA CCN: 157059	Period: From 07/01/2010 To 06/30/2011	Worksheet H-4 Part I-II Date/Time Prepared: 1/26/2012 3:35 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
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	2,797,599	1,297,303	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)	2,797,599	1,297,303	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	2,797,599	1,297,303	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
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		2,359,115	1,098,006
12.00	Total PPS Reimbursement - Full Episodes with Outliers		2,074	0
13.00	Total PPS Reimbursement - LUPA Episodes		23,900	16,626
14.00	Total PPS Reimbursement - PEP Episodes		11,982	8,606
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		175	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		2,397,246	1,123,238
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		2,397,246	1,123,238
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		2,397,246	1,123,238
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)		2,397,246	1,123,238
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		2,397,246	1,123,238
32.00	Interim payments (see instructions)		2,397,245	1,123,238
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		1	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: 150088	Period: From 07/01/2010	Worksheet H-5
	HHA CCN: 157059	To 06/30/2011	Date/Time Prepared: 1/26/2012 3:35 pm
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		2,397,245		1,123,238	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)		2,397,245		1,123,238	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		1		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,397,246		1,123,238	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: 150088

Period: From 07/01/2010

Worksheet K

Hospice CCN: 151516

To 06/30/2011

Date/Time Prepared: 1/26/2012 3:35 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	213,613	62,096	56,208	0	196,470	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	575,110	167,180	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	68,830	20,008	0	0	0	15.00
16.00	Spiritual Counseling	93,394	27,149	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	84,812	24,655	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
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	120,368	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	121,575	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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,035,759	301,088	56,208	0	438,413	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150088

Period: From 07/01/2010

Worksheet K

Hospice CCN: 151516

To 06/30/2011

Date/Time Prepared: 1/26/2012 3:35 pm

		Hospice I				
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)
		6.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0
3.00	Plant Operation and Maintenance	0	0	0	0	0
4.00	Transportation - Staff	0	0	0	0	0
5.00	Volunteer Service Coordination	0	0	0	0	0
6.00	Administrative and General	528,387	0	528,387	-6,375	522,012
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	0	0	0	0
8.00	Inpatient - Respite Care	0	0	0	0	0
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	0	0	0	0
10.00	Nursing Care	742,290	0	742,290	0	742,290
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0
12.00	Physical Therapy	0	0	0	0	0
13.00	Occupational Therapy	0	0	0	0	0
14.00	Speech/ Language Pathology	0	0	0	0	0
15.00	Medical Social Services	88,838	0	88,838	0	88,838
16.00	Spiritual Counseling	120,543	0	120,543	0	120,543
17.00	Dietary Counseling	0	0	0	0	0
18.00	Counseling - Other	0	0	0	0	0
19.00	Home Health Aide and Homemaker	109,467	0	109,467	0	109,467
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0
21.00	Other	0	0	0	0	0
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy	120,368	0	120,368	0	120,368
23.00	Analgesics	0	0	0	0	0
24.00	Sedatives / Hypnotics	0	0	0	0	0
25.00	Other - Specify	0	0	0	0	0
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0
27.00	Patient Transportation	0	0	0	0	0
28.00	Imaging Services	0	0	0	0	0
29.00	Labs and Diagnostics	0	0	0	0	0
30.00	Medical Supplies	121,575	0	121,575	0	121,575
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0
32.00	Radiation Therapy	0	0	0	0	0
33.00	Chemotherapy	0	0	0	0	0
34.00	Other	0	0	0	0	0
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	0	0	0	0	0
36.00	Volunteer Program Costs	0	0	0	0	0
37.00	Fundraising	0	0	0	0	0
38.00	Other Program Costs	0	0	0	0	0
39.00	Total (sum of lines 1 thru 38)	1,831,468	0	1,831,468	-6,375	1,825,093

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150088

Period: From 07/01/2010

Worksheet K-1

Hospice CCN: 151516

To 06/30/2011

Date/Time Prepared: 1/26/2012 3:35 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	182,046	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	575,110	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	68,830	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
<b>OTHER HOSPICE SERVICE COSTS</b>							
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
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	68,830	182,046	575,110	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150088

Period: From 07/01/2010

Worksheet K-1

Hospice CCN: 151516

To 06/30/2011

Date/Time Prepared: 1/26/2012 3:35 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	31,567	213,613	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	575,110	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	68,830	15.00
16.00	Spiritual Counseling		0	93,394	93,394	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		84,812	0	84,812	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	84,812	124,961	1,035,759	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet K-2
		Hospice CCN: 151516		Date/Time Prepared: 1/26/2012 3:35 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	52,920	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	167,180	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	20,008	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
<b>OTHER HOSPICE SERVICE COSTS</b>							
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
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	20,008	52,920	167,180	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet K-2
		Hospice CCN: 151516		Date/Time Prepared: 1/26/2012 3:35 pm

		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	9,176	62,096	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	167,180	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	20,008	15.00
16.00	Spiritual Counseling		0	27,149	27,149	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		24,655	0	24,655	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	24,655	36,325	301,088	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150088

Period: From 07/01/2010

Worksheet K-4

Hospice CCN: 151516

To 06/30/2011

Part I  
Date/Time Prepared:  
1/26/2012 3:35 pm

		Hospice I					
		NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION	
			BUILDINGS & FIXTURES	MOVABLE EQUIPMENT			
		0	1.00	2.00	3.00	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	522,012	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	742,290	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	88,838	0	0	0	0	15.00
16.00	Spiritual Counseling	120,543	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	109,467	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
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	120,368	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	121,575	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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,825,093	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150088

Period: From 07/01/2010

Worksheet K-4

Hospice CCN: 151516

To 06/30/2011

Part I  
Date/Time Prepared:  
1/26/2012 3:35 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)	
		5.00	5A	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	522,012			6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	742,290	297,361	1,039,651	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	88,838	35,588	124,426	15.00
16.00	Spiritual Counseling	0	120,543	48,289	168,832	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	109,467	43,852	153,319	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
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy	0	120,368	48,219	168,587	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	121,575	48,703	170,278	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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	1,303,081	522,012	1,825,093	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period: From 07/01/2010

Worksheet K-4

Hospice CCN: 151516

To 06/30/2011

Part II  
Date/Time Prepared:  
1/26/2012 3:35 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
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
<b>OTHER HOSPICE SERVICE COSTS</b>							
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
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: 150088	Period:	Worksheet K-4
	Hospice CCN: 151516	From 07/01/2010 To 06/30/2011	Part II Date/Time Prepared: 1/26/2012 3:35 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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	-522,012	1,303,081	6.00
<b>INPATIENT CARE SERVICE</b>				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
<b>VISITING SERVICES</b>				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	742,290	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	88,838	15.00
16.00	Spiritual Counseling	0	120,543	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	109,467	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>				
22.00	Drugs, Biological and Infusion Therapy	0	120,368	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	121,575	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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>				
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)		522,012	39.00
40.00	Unit Cost Multiplier		0.400598	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet K-5 Part I Date/Time Prepared: 1/26/2012 3:35 pm
		Hospice CCN: 151516	Hospice I	

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
		1.00	1.01			
1.00 Administrative and General	0	1.00	1.01	4.00	5.01	
2.00 Inpatient - General Care	0	0	0	0	6,265	1.00
3.00 Inpatient - Respite Care	0	0	0	0	0	2.00
4.00 Physician Services	0	0	0	0	0	3.00
5.00 Nursing Care	1,039,651	0	0	0	0	4.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	5.00
7.00 Physical Therapy	0	0	0	0	0	6.00
8.00 Occupational Therapy	0	0	0	0	0	7.00
9.00 Speech/ Language Pathology	0	0	0	0	0	8.00
10.00 Medical Social Services	124,426	0	0	0	0	9.00
11.00 Spiritual Counseling	168,832	0	0	0	0	10.00
12.00 Dietary Counseling	0	0	0	0	0	11.00
13.00 Counseling - Other	0	0	0	0	0	12.00
14.00 Home Health Aide and Homemaker	153,319	0	0	0	0	13.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	14.00
16.00 Other	0	0	0	0	0	15.00
17.00 Drugs, Biological and Infusion Therapy	168,587	0	0	0	0	16.00
18.00 Analgesics	0	0	0	0	0	17.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	18.00
20.00 Other - Specify	0	0	0	0	0	19.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	20.00
22.00 Patient Transportation	0	0	0	0	0	21.00
23.00 Imaging Services	0	0	0	0	0	22.00
24.00 Labs and Diagnostics	0	0	0	0	0	23.00
25.00 Medical Supplies	170,278	0	0	0	0	24.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	25.00
27.00 Radiation Therapy	0	0	0	0	0	26.00
28.00 Chemotherapy	0	0	0	0	0	27.00
29.00 Other	0	0	0	0	0	28.00
30.00 Bereavement Program Costs	0	0	0	0	0	29.00
31.00 Volunteer Program Costs	0	0	0	0	0	30.00
32.00 Fundraising	0	0	0	0	0	31.00
33.00 Other Program Costs	0	0	0	0	0	32.00
34.00 Total (sum of lines 1 thru 33) (2)	1,825,093	0	0	0	6,265	33.00
35.00 Unit Cost Multiplier (see instructions)						34.00
						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS	Provi der CCN: 150088	Period: From 07/01/2010	Worksheet K-5 Part I Date/Time Prepared: 1/26/2012 3:35 pm
	Hospi ce CCN: 151516	To 06/30/2011	

Cost Center Description	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
	5.02	5.03	5.04	5.05	5A.05	
1.00 Administrative and General	2,500	4,712	7,843	17,004	38,324	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	1,039,651	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	124,426	10.00
11.00 Spiritual Counseling	0	0	0	0	168,832	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	153,319	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	168,587	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	170,278	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)	2,500	4,712	7,843	17,004	1,863,417	34.00
35.00 Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS	Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet K-5 Part I Date/Time Prepared: 1/26/2012 3:35 pm
	Hospice CCN: 151516		

Cost Center Description	Hospice I					
	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.06	6.00	7.00	8.00	9.00	
1.00 Administrative and General	11,280	0	0	0	15,195	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	305,989	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	36,621	0	0	0	0	10.00
11.00 Spiritual Counseling	49,691	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	45,125	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	49,619	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	50,116	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)	548,441	0	0	0	15,195	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS	Provi der CCN: 150088	Peri od:	Worksheet K-5
	Hospi ce CCN: 151516	From 07/01/2010 To 06/30/2011	Part I Date/Time Prepared: 1/26/2012 3:35 pm

Cost Center Description	Hospi ce I						
	DI ETARY	CAFETERIA	MAI NTENANCE OF PERSONNEL	NURSI NG ADMI NI STRATION	CENTRAL SERVI CES & SUPPLY		
	10.00	11.00	12.00	13.00	14.00		
1.00 Administrative and General	0	67,241	0	55,138	10,879	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 Physi ci an Servi ces	0	0	0	0	0	4.00	
5.00 Nursi ng Care	0	0	0	0	0	5.00	
6.00 Nursi ng Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00 Physi cal Therapy	0	0	0	0	0	7.00	
8.00 Occupati onal Therapy	0	0	0	0	0	8.00	
9.00 Spee ch/ Language Pathology	0	0	0	0	0	9.00	
10.00 Medi cal Soci al Servi ces	0	0	0	0	0	10.00	
11.00 Spi ri tual Counseli ng	0	0	0	0	0	11.00	
12.00 Di etary Counseli ng	0	0	0	0	0	12.00	
13.00 Counseli ng - Other	0	0	0	0	0	13.00	
14.00 Home Heal th 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, Bi ologi cal and Infusi on Therapy	0	0	0	0	0	17.00	
18.00 Anal gesi cs	0	0	0	0	0	18.00	
19.00 Sedati ves / Hypnoti cs	0	0	0	0	0	19.00	
20.00 Other - Speci fy	0	0	0	0	0	20.00	
21.00 Durabl e Medi cal Equip ment/Oxygen	0	0	0	0	0	21.00	
22.00 Pati ent Transportati on	0	0	0	0	0	22.00	
23.00 Imagi ng Servi ces	0	0	0	0	0	23.00	
24.00 Labs and Di agnosti cs	0	0	0	0	0	24.00	
25.00 Medi cal Suppl i es	0	0	0	0	0	25.00	
26.00 Outpati ent Servi ces (i ncl udi ng E/R Dept.)	0	0	0	0	0	26.00	
27.00 Radi ati on 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 Bereave ment Program Costs	0	0	0	0	0	30.00	
31.00 Vol unteer Program Costs	0	0	0	0	0	31.00	
32.00 Fundrai si ng	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	67,241	0	55,138	10,879	34.00	
35.00 Unit Cost Multi pl i er (see i nstructi ons)						35.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS	Provider CCN: 150088	Period: From 07/01/2010	Worksheet K-5 Part I Date/Time Prepared: 1/26/2012 3:35 pm
	Hospice CCN: 151516	To 06/30/2011	

Cost Center Description	Hospice I						
	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL		
	15.00	16.00	17.00	19.00	20.00		
1.00 Administrative and General	0	12,206	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	12,206	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: 150088	Period: From 07/01/2010	Worksheet K-5 Part I Date/Time Prepared: 1/26/2012 3:35 pm
	Hospice CCN: 151516	To 06/30/2011	

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	SCH OF RADIOLOGY	Subtotal (col s. 4A-23)	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
1.00 Administrative and General	0	0	0	0	210,263	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	1,345,640	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	161,047	10.00
11.00 Spiritual Counseling	0	0	0	0	218,523	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	198,444	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	218,206	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	220,394	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	2,572,517	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS	Provider CCN: 150088	Period: From 07/01/2010	Worksheet K-5 Part I Date/Time Prepared: 1/26/2012 3:35 pm
	Hospice CCN: 151516	To 06/30/2011	

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (col.s. 26 ± 27)		
	25.00	26.00	27.00	28.00		
1.00 Administrative and General						1.00
2.00 Inpatient - General Care	0	0	0	0		2.00
3.00 Inpatient - Respite Care	0	0	0	0		3.00
4.00 Physician Services	0	0	0	0		4.00
5.00 Nursing Care	0	1,345,640	119,775	1,465,415		5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00 Physical Therapy	0	0	0	0		7.00
8.00 Occupational Therapy	0	0	0	0		8.00
9.00 Speech/ Language Pathology	0	0	0	0		9.00
10.00 Medical Social Services	0	161,047	14,335	175,382		10.00
11.00 Spiritual Counseling	0	218,523	19,451	237,974		11.00
12.00 Dietary Counseling	0	0	0	0		12.00
13.00 Counseling - Other	0	0	0	0		13.00
14.00 Home Health Aide and Homemaker	0	198,444	17,663	216,107		14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00 Other	0	0	0	0		16.00
17.00 Drugs, Biological and Infusion Therapy	0	218,206	19,422	237,628		17.00
18.00 Analgesics	0	0	0	0		18.00
19.00 Sedatives / Hypnotics	0	0	0	0		19.00
20.00 Other - Specify	0	0	0	0		20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00 Patient Transportation	0	0	0	0		22.00
23.00 Imaging Services	0	0	0	0		23.00
24.00 Labs and Diagnostics	0	0	0	0		24.00
25.00 Medical Supplies	0	220,394	19,617	240,011		25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00 Radiation Therapy	0	0	0	0		27.00
28.00 Chemotherapy	0	0	0	0		28.00
29.00 Other	0	0	0	0		29.00
30.00 Bereavement Program Costs	0	0	0	0		30.00
31.00 Volunteer Program Costs	0	0	0	0		31.00
32.00 Fundraising	0	0	0	0		32.00
33.00 Other Program Costs	0	0	0	0		33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	2,572,517		2,572,517		34.00
35.00 Unit Cost Multiplier (see instructions)			0.089009			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150088  
Hospice CCN: 151516

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet K-5  
Part II  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (DEPT. REVENUE)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)				
		1.00	1.01				
1.00	Administrative and General	0	0	1,035,759	8	2,880,158	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	1,035,759	8	2,880,158	34.00
35.00	Total cost to be allocated	0	0	0	6,265	2,500	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	783.125000	0.000868	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150088  
Hospice CCN: 151516

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet K-5  
Part II  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description		Hospice I					OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		PURCHASING, RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINISTRATIVE (DEPT. REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (DEPT. REVENUE)	Reconciliation			
		5.03	5.04	5.05	5A.06	5.06		
1.00	Administrative and General	246,400	2,880,158	2,880,158	0	38,324	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	1,039,651	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	124,426	10.00	
11.00	Spiritual Counseling	0	0	0	0	168,832	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	153,319	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	168,587	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	170,278	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)	246,400	2,880,158	2,880,158		1,863,417	34.00	
35.00	Total cost to be allocated	4,712	7,843	17,004		548,441	35.00	
36.00	Unit Cost Multiplier (see instructions)	0.019123	0.002723	0.005904		0.294320	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150088

Period:

Worksheet K-5

Hospice CCN: 151516

From 07/01/2010

Part II

To 06/30/2011

Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	0	0	0	390	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	390	0	34.00
35.00	Total cost to be allocated	0	0	0	15,195	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	38.961538	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150088  
Hospice CCN: 151516

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet K-5  
Part II  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description		Hospice I					
		CAFETERIA (TOTAL HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)	PHARMACY (DRUG EXPENSE)	
		11.00	12.00	13.00	14.00	15.00	
1.00	Administrative and General	42,309	0	42,309	122,170	80	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)	42,309	0	42,309	122,170	80	34.00
35.00	Total cost to be allocated	67,241	0	55,138	10,879	0	35.00
36.00	Unit Cost Multiplier (see instructions)	1.589284	0.000000	1.303222	0.089048	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150088  
Hospice CCN: 151516

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet K-5  
Part II  
Date/Time Prepared:  
1/26/2012 3:35 pm

Cost Center Description		Hospice I					
		MEDICAL RECORDS & LIBRARY (DEPT. REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
		16.00	17.00	19.00	20.00		
1.00	Administrative and General	2,880,158	0	0	0		1.00
2.00	Inpatient - General Care	0	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	0	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Spiritual Counseling	0	0	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,880,158	0	0	0		34.00
35.00	Total cost to be allocated	12,206	0	0	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.004238	0.000000	0.000000	0.000000		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150088  
Hospice CCN: 151516

Period:  
From 07/01/2010  
To 06/30/2011

Worksheet K-5  
Part II  
Date/Time Prepared:  
1/26/2012 3:35 pm

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 150088	Period: From 07/01/2010	Worksheet K-5
		Hospice CCN: 151516	To 06/30/2011	Part III
				Date/Time Prepared: 1/26/2012 3:35 pm

Cost Center Description		Wkst. C. Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.418538	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.318889	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.546244	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.539127	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.000000	0	0	5.00
6.00	LABORATORY	60.00	0.173195	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.449109	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.212566	0	0	9.00
10.00	CHEMOTHERAPY	76.00	0.075638	0	0	10.00
11.00	Totals (sum of lines 1-10)					11.00

CALCULATION OF HOSPICE PER DIEM COST	Provider CCN: 150088	Period: From 07/01/2010	Worksheet K-6
	Hospice CCN: 151516	To 06/30/2011	

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,572,517	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				16,452	2.00
3.00	Average cost per diem (line 1 divided by line 2)				156.37	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	14,996				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	2,344,925				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		121			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		18,921			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	3,576				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	559,179				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		116			10.00
11.00	Aggregate NF cost (line 3 times line 10)		18,139			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			1,335		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			208,754		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150088	Period: From 07/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 1/26/2012 3:35 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,842,397	1.00
2.00	Capital DRG outlier payments		75,523	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		93.27	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)		6.20	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		18.55	8.00
9.00	Sum of lines 7 and 8		24.75	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.14	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		94,699	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,012,619	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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