

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: 140089	Period: From 07/01/2011 To 06/30/2012	Worksheet S Parts I-III Date/Time Prepared: 11/29/2012 11:45 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 11/29/2012 Time: 11:45 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MCDONOUGH DISTRICT HOSPITAL for the cost reporting period beginning 07/01/2011 and ending 06/30/2012 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	25,781	-189,473	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	875	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	1	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	26,657	-189,473	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140089			Period: From 07/01/2011 To 06/30/2012		Worksheet S-2 Part I Date/Time Prepared: 11/29/2012 11:44 am			
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 61455-		County: MCDONOUGH		
2.00 Street: 525 E. GRANT		2.00 City: MACOMB		2.00 State: IL		2.00 Zip Code: 61455-		2.00 County: MCDONOUGH		
		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
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
3.00	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	MCDONOUGH DISTRICT HOSPITAL	140089	99914	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF	MDH SKILLED NURSING UNIT	145687	99914		10/04/1990	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	MDH HOME HEALTH	147293	99914		12/14/1984	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	MDH HOSPICE	141524	99914		01/12/1989				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) 1									17.00
17.10	Hospital-Based (CORF) 1									17.10
18.00	Renal Dialysis						N	N	N	18.00
19.00	Other									19.00
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2011	06/30/2012		20.00
21.00	Type of Control (see instructions)						11		21.00	
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						3	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid 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 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 but unpaid days in column 5, and other Medicaid days in column 6.	634	290	7	0	0	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		25.00	
							Urban/Rural	S	Date of Geogr	
							1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.							2		26.00
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification in column 2.							2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							1		35.00
							Beginning:	Ending:		
							1.00	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.						07/01/2011	06/30/2012		36.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140089	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/29/2012 11:44 am		
		Beginning:	Ending:			
		1.00	2.00			
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	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
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.						
64.00	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-2
Part I
Date/Time Prepared:
11/29/2012 11:44 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. (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	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		76.00
		1.00				
Long Term Care Hospital PPS						
80.00	Are you a long term care hospital (LTCH)? Enter in column 1 "Y" for yes and "N" for no. LTCHs can only exist as independent/freestanding facilities. An independent or freestanding facility may exist as an unrelated hospital within a hospital, it must meet the separateness (from the host/co-located provider) requirements identified in 42 CFR 412.22(e.)			N		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
		V			XIX	
		1.00			2.00	
Title V or XIX Inpatient Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00			2.00 3.00	
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00

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			1.00	2.00	3.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00
			Premiums	Losses	Insurance
			1.00	2.00	3.00
118.01	Enter the total amount of malpractice premiums paid in column 1, enter the total amount of paid losses in column 2, and enter the total amount of self insurance paid in column 3.	143,443	23,000	830,000	118.01
			1.00	2.00	
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on Worksheet E, Part B, line 8.		Y	Y	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N		140.00
			1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:	Contractor's Number:		
142.00	Street:	PO Box:			
143.00	City:	State:	Zip Code:		
			1.00		
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140089	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/29/2012 11:44 am
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	Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00 Hospital	N	N	N	N	155.00
156.00 Subprovider - IPF	N	N	N	N	156.00
157.00 Subprovider - IRF	N	N	N	N	157.00
158.00 SUBPROVIDER					158.00
159.00 SNF	N	N	N	N	159.00
160.00 HOME HEALTH AGENCY	N	N	N	N	160.00
161.00 CMHC		N	N	N	161.00
161.10 CORF		N	N	N	161.10

					1.00
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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 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5					0.00	166.00

							1.00
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Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140089	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part II Date/Time Prepared: 11/29/2012 11:44 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/16/2012		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00

		Part A		
Description		Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
		1.00	2.00	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions	N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N		27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N		31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	Y		35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRENDA	NEAL	41.00
42.00	Enter the employer/company name of the cost report preparer.	MCDONOUGH COUNTY HOSPITAL DISTRICT		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309/836-1521	BKNEAL@MDH.ORG	43.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/16/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ACCOUNTING/PAYROLL DEPT LEADER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	71	25,986	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)		71	25,986	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	7	2,562	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		78	28,548	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	16	5,856			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		94				27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	3,358	624	5,892		1.00
2.00 HMO		0	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	3,358	624	5,892		7.00
8.00 INTENSIVE CARE UNIT	0	607	36	853		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		394	797		13.00
14.00 Total (see instructions)	0	3,965	1,054	7,542		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	2,356	0	2,768		19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	5,532	0	8,758		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		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	0		0	563		28.00
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		1,060				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: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	1,043	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	460.00	0.00	0	1,043	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	16.00	0.00			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	16.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	6.00	0.00			24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	498.00	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	251	1,986		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)	251	1,986		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140089	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part II Date/Time Prepared: 11/29/2012 11:44 am
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	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	29,386,633	57,394	29,444,027	1,045,009.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00
3.00	Non-physician anesthetist Part B		758,479	0	758,479	6,538.00
4.00	Physician-Part A - Administrative		395,655	0	395,655	2,484.00
4.01	Physicians - Part A - Teaching		2,469,918	0	2,469,918	9,815.00
5.00	Physician-Part B		0	0	0	0.00
6.00	Non-physician-Part B		0	0	0	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00
8.00	Home office personnel		0	0	0	0.00
9.00	SNF	44.00	852,586	2,118	854,704	34,212.00
10.00	Excluded area salaries (see instructions)		6,171,883	7,958	6,179,841	176,563.00
OTHER WAGES & RELATED COSTS						
11.00	Contract Labor (see instructions)		90,211	0	90,211	1,300.00
12.00	Contract management and administrative services		59,369	0	59,369	1,004.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		6,502,286	0	6,502,286	
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	
19.00	Excluded areas		1,896,652	0	1,896,652	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		96,864	0	96,864	
22.00	Physician Part A - Administrative		55,642	0	55,642	
22.01	Physician Part A - Teaching		0	0	0	
23.00	Physician Part B		225,478	0	225,478	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	
25.00	Interns & residents (in an approved program)		0	0	0	
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	232,442	0	232,442	7,571.00
27.00	Administrative & General	5.00	3,346,721	9,755	3,356,476	139,854.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00
29.00	Maintenance & Repairs	6.00	579,556	938	580,494	23,741.00
30.00	Operation of Plant	7.00	0	0	0	0.00
31.00	Laundry & Linen Service	8.00	197,892	857	198,749	15,100.00
32.00	Housekeeping	9.00	569,112	2,417	571,529	43,774.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00
34.00	Dietary	10.00	292,899	99,988	392,887	23,257.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00
36.00	Cafeteria	11.00	350,467	-98,173	252,294	20,412.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00
38.00	Nursing Administration	13.00	473,664	501	474,165	12,758.00
39.00	Central Services and Supply	14.00	208,828	15,667	224,495	7,676.00
40.00	Pharmacy	15.00	580,044	840	580,884	14,975.00
41.00	Medical Records & Medical Records Library	16.00	633,292	0	633,292	33,003.00
42.00	Social Service	17.00	367,355	876	368,231	14,201.00
43.00	Other General Service	18.00	0	0	0	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
11/29/2012 11:44 am

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	28.18	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	116.01	3.00
4.00	Physician-Part A - Administrative	159.28	4.00
4.01	Physicians - Part A - Teaching	251.65	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	24.98	9.00
10.00	Excluded area salaries (see instructions)	35.00	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	69.39	11.00
12.00	Contract management and administrative services	59.13	12.00
13.00	Contract labor: Physician-Part A - Administrative	0.00	13.00
14.00	Home office salaries & wage-related costs	0.00	14.00
15.00	Home office: Physician Part A - Administrative	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A - Administrative		22.00
22.01	Physician Part A - Teaching		22.01
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
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	30.70	26.00
27.00	Administrative & General	24.00	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	24.45	29.00
30.00	Operation of Plant	0.00	30.00
31.00	Laundry & Linen Service	13.16	31.00
32.00	Housekeeping	13.06	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	16.89	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	12.36	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	37.17	38.00
39.00	Central Services and Supply	29.25	39.00
40.00	Pharmacy	38.79	40.00
41.00	Medical Records & Medical Records Library	19.19	41.00
42.00	Social Service	25.93	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part III
Date/Time Prepared:
11/29/2012 11:44 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	26,158,236	57,394	26,215,630	1,028,656.00	1.00
2.00	Excluded area salaries (see instructions)	7,024,469	10,076	7,034,545	210,775.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	19,133,767	47,318	19,181,085	817,881.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	149,580	0	149,580	2,304.00	4.00
5.00	Subtotal wage-related costs (see inst.)	6,557,928	0	6,557,928	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	25,841,275	47,318	25,888,593	820,185.00	6.00
7.00	Total overhead cost (see instructions)	7,832,272	33,666	7,865,938	356,322.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part III
Date/Time Prepared:
11/29/2012 11:44 am

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	25.49	1.00
2.00	Excluded area salaries (see instructions)	33.37	2.00
3.00	Subtotal salaries (line 1 minus line 2)	23.45	3.00
4.00	Subtotal other wages & related costs (see inst.)	64.92	4.00
5.00	Subtotal wage-related costs (see inst.)	34.19	5.00
6.00	Total (sum of lines 3 thru 5)	31.56	6.00
7.00	Total overhead cost (see instructions)	22.08	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140089	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2012 11:44 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		784,723	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		5,293,472	8.00
9.00	Prescription Drug Plan		65,064	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		156,707	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)		58,378	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		382,378	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		1,969,884	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		23,794	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		42,521	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		8,776,921	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part V
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	90,211	0	1.00
2.00	Hospital	90,211	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140089 Component CCN: 147293		Period: From 07/01/2011 To 06/30/2012		Worksheet S-4 Date/Time Prepared: 11/29/2012 11:44 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County			MCDONOUGH		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	
2.00	Unduplicated Census Count (see instructions)	0.00	257.00	38.00	168.00	463.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
				0	1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	
4.00	Director(s) and Assistant Director(s)			0.50	0.00	0.50	
5.00	Other Administrative Personnel			3.54	0.00	3.54	
6.00	Direct Nursing Service			9.05	0.00	9.05	
7.00	Nursing Supervisor			0.00	0.00	0.00	
8.00	Physical Therapy Service			1.62	0.00	1.62	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	
10.00	Occupational Therapy Service			0.46	0.00	0.46	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	
12.00	Speech Pathology Service			0.06	0.00	0.06	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	
14.00	Medical Social Service			0.23	0.00	0.23	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	
16.00	Home Health Aide			0.90	0.00	0.90	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	
18.00	Other (specify)			0.00	0.00	0.00	
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			
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99914			
				Full Episodes			
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,359	615	63	49	4,086	
22.00	Skilled Nursing Visit Charges	553,214	101,218	10,380	8,070	672,882	
23.00	Physical Therapy Visits	1,009	44	37	19	1,109	
24.00	Physical Therapy Visit Charges	166,180	7,255	6,105	3,135	182,675	
25.00	Occupational Therapy Visits	350	25	4	8	387	
26.00	Occupational Therapy Visit Charges	57,685	4,125	660	1,320	63,790	
27.00	Speech Pathology Visits	57	13	0	0	70	
28.00	Speech Pathology Visit Charges	9,405	2,145	0	0	11,550	
29.00	Medical Social Service Visits	46	3	1	0	50	
30.00	Medical Social Service Visit Charges	7,580	495	165	0	8,240	
31.00	Home Health Aide Visits	529	72	1	0	602	
32.00	Home Health Aide Visit Charges	57,618	7,893	109	0	65,620	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,350	772	106	76	6,304	
34.00	Other Charges	0	0	0	0	0	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	851,682	123,131	17,419	12,525	1,004,757	
36.00	Total Number of Episodes (standard/non outlier)	300		37	9	346	
37.00	Total Number of Outlier Episodes		16		0	16	
38.00	Total Non-Routine Medical Supply Charges	10,174	2,220	168	0	12,562	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-7

Date/Time Prepared:
11/29/2012 11:44 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	31	0	31	9.00
10.00	RML	27	0	27	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	10	0	10	12.00
13.00	RUB	0	0	0	13.00
14.00	RUA	0	0	0	14.00
15.00	RVC	151	0	151	15.00
16.00	RVB	74	0	74	16.00
17.00	RVA	45	0	45	17.00
18.00	RHC	377	0	377	18.00
19.00	RHB	84	0	84	19.00
20.00	RHA	119	0	119	20.00
21.00	RMC	419	0	419	21.00
22.00	RMB	136	0	136	22.00
23.00	RMA	327	0	327	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	1	0	1	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	53	0	53	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	19	0	19	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	30	0	30	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	9	0	9	34.00
35.00	HB2	8	0	8	35.00
36.00	HB1	63	0	63	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	4	0	4	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	1	0	1	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	20	0	20	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	30	0	30	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	24	0	24	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	91	0	91	48.00
49.00	CC2	1	0	1	49.00
50.00	CC1	21	0	21	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	126	0	126	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	43	0	43	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-7

Date/Time Prepared:
11/29/2012 11:44 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	5	0	5	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	1	0	1	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	6	0	6	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		2,356	0	2,356	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)
		1.00	2.00

201.00 SNF SERVICES
 Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).
 99914 201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?
		1.00	2.00	3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	0	0.00	202.00
203.00	Recruitment	0	0.00	203.00
204.00	Retention of employees	0	0.00	204.00
205.00	Training	0	0.00	205.00
206.00	OTHER (SPECIFY)	0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	2,253,405		207.00

HOSPITAL IDENTIFICATION DATA	Provider CCN: 140089	Period: From 07/01/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 11/29/2012 11:44 am
	Component CCN: 141524	To 06/30/2012	
			Hospice I

	Unduplicated Days					All Other	
	Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			
	1.00	2.00	3.00	4.00	5.00		
PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	0	0	0	0	1.00
2.00	Routine Home Care	5,028	98	0	0	345	2.00
3.00	Inpatient Respite Care	8	0	0	0	0	3.00
4.00	General Inpatient Care	3	0	0	0	2	4.00
5.00	Total Hospice Days	5,039	98	0	0	347	5.00
Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	102	4	0	0	16	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)	49.40	24.50	0.00	0.00	21.69	8.00
9.00	Unduplicated Census Count	102	4	0	0	16	9.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 140089 Component CCN: 141524	Period: From 07/01/2011 To 06/30/2012	Worksheet S-9 Parts I & II Date/Time Prepared: 11/29/2012 11:44 am
		Hospice I		

		Unduplicated Days	
		Total (sum of cols. 1, 2 & 5)	
		6.00	
PART I - ENROLLMENT DAYS			
1.00	Continuous Home Care	0	1.00
2.00	Routine Home Care	5,471	2.00
3.00	Inpatient Respite Care	8	3.00
4.00	General Inpatient Care	5	4.00
5.00	Total Hospice Days	5,484	5.00
Part II - CENSUS DATA			
6.00	Number of Patients Receiving Hospice Care	122	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)	44.95	8.00
9.00	Unduplicated Census Count	122	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140089	Period: From 07/01/2011 To 06/30/2012	Worksheet S-10 Date/Time Prepared: 11/29/2012 11:44 am
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.385807		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		3,656,803		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		11,415,095		6.00	
7.00	Medicaid cost (line 1 times line 6)		4,404,024		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)		747,221		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		98,180		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		96,487		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		747,221		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		2,069,166	637,945	2,707,111	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		798,299	246,124	1,044,423	21.00
22.00	Partial payment by patients approved for charity care		38,462	35,307	73,769	22.00
23.00	Cost of charity care (line 21 minus line 22)		759,837	210,817	970,654	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)				2,929,865	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				160,476	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)				2,769,389	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)				1,068,450	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)				2,039,104	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				2,786,325	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet A

Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
1.01	00101	CAP REL COSTS-HOSPITAL		2,929,101	2,929,101	125,444	1.01
1.02	00102	CAP REL COSTS-HSB I		215,841	215,841	7,286	1.02
1.03	00103	CAP REL COSTS-HSB II		99,868	99,868	3,331	1.03
1.04	00104	CAP REL COSTS-REHAB CNT		0	0	46,225	1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS		41	41	0	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE		9,335	9,335	284	1.06
1.07	00107	CAP REL COSTS-MAB		69,708	69,708	644	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG		40,481	40,481	2,886	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI		0	0	14,225	1.09
3.00	00300	OTHER CAPITAL RELATED COSTS		809,686	809,686	-727,560	3.00
4.00	00400	EMPLOYEE BENEFITS	232,442	9,028,419	9,260,861	-57,394	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,346,721	3,749,675	7,096,396	63,477	5.00
6.00	00600	MAINTENANCE & REPAIRS	534,876	1,205,540	1,740,416	938	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	27,920	147,055	174,975	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	8,523	66,036	74,559	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	10,837	10,837	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	2,923	15,163	18,086	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	5,314	12,973	18,287	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	197,892	99,078	296,970	857	8.00
9.00	00900	HOUSEKEEPING	454,398	71,766	526,164	1,871	9.00
9.01	00901	HOUSEKEEPING-HSB	82,376	14,932	97,308	442	9.01
9.02	00902	HOUSEKEEPING-HSB II	23,588	1,930	25,518	104	9.02
9.03	00903	HOUSEKEEPING-ORTHO	4,129	0	4,129	0	9.03
9.04	00904	HOUSEKEEPING-MAB	4,621	344	4,965	0	9.04
10.00	01000	DIETARY	292,899	7,924	300,823	290,113	10.00
11.00	01100	CAFETERIA	350,467	670,572	1,021,039	-288,298	11.00
13.00	01300	NURSING ADMINISTRATION	473,664	37,340	511,004	501	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	208,828	165,787	374,615	15,667	14.00
15.00	01500	PHARMACY	580,044	1,651,567	2,231,611	840	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	633,292	174,288	807,580	-10,599	16.00
17.00	01700	SOCIAL SERVICE	367,355	34,919	402,274	876	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	750,707	19.00
23.00	02300	PARAMEDICAL PRGM	74,268	15,422	89,690	125	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,058,691	1,431,167	4,489,858	-624,518	30.00
31.00	03100	INTENSIVE CARE UNIT	667,464	44,292	711,756	1,001	31.00
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	303,518	43.00
44.00	04400	SKILLED NURSING FACILITY	852,586	40,942	893,528	2,118	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,074,405	703,147	1,777,552	101,485	50.00
51.00	05100	RECOVERY ROOM	476,335	132,709	609,044	844	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	162,690	162,690	313,261	52.00
53.00	05300	ANESTHESIOLOGY	1,132,752	143,655	1,276,407	-750,207	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,238,754	573,374	1,812,128	-531,239	54.00
57.00	05700	CT SCAN	0	0	0	534,052	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	495,475	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	2,331,459	1,554,964	3,886,423	56,610	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	362,163	362,163	-52,735	63.00
65.00	06500	RESPIRATORY THERAPY	659,310	74,655	733,965	-435,965	65.00
66.00	06600	PHYSICAL THERAPY	1,298,191	53,488	1,351,679	3,034	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	146,747	5,834	152,581	250	68.00
69.00	06900	ELECTROCARDIOLOGY	0	40,366	40,366	228,847	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	254	254	189,353	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	318,858	318,858	19,016	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,079,016	1,079,016	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,388	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	495,651	9,512	505,163	1,051	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	493,304	43,016	536,320	735	76.01
76.02	03951	FLU CLINIC	0	0	0	1,689	76.02
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	1,456,829	1,394,547	2,851,376	2,223	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	832,050	86,300	918,350	2,263	95.00
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	1,064,406	156,421	1,220,827	-14,979	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet A

Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		26,942	26,942	0	113.00
116.00	11600	HOSPICE	391,176	358,375	749,551	13,587	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	25,576,650	30,147,001	55,723,651	119,149	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	DAY HEALTH	155,123	36,967	192,090	208	194.00
194.01	07962	OUTREACH	110,608	36,424	147,032	512	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	20	20	0	194.02
194.03	07952	FUND DEVELOPMENT	110,492	155,448	265,940	-123,529	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	88,367	607,190	695,557	125	194.05
194.06	07955	HOSPITALITY HOUSE	16,940	7,362	24,302	0	194.06
194.07	07956	HSK DIALYSIS	13,010	148	13,158	0	194.07
194.08	07957	LEASED SALARIES	31,223	0	31,223	0	194.08
194.09	07958	VISITING PHYSICIANS	10,629	156	10,785	0	194.09
194.10	07959	FARM LAND	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	182,790	42,346	225,136	287	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	3,069,713	922,829	3,992,542	3,192	194.12
194.13	07961	VALET PARKING SERVICE	21,088	744	21,832	56	194.13
200.00		TOTAL (SUM OF LINES 118-199)	29,386,633	31,956,635	61,343,268	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet A
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	00101	CAP REL COSTS-HOSPITAL	28,297	3,082,842	1.01
1.02	00102	CAP REL COSTS-HSB I	0	223,127	1.02
1.03	00103	CAP REL COSTS-HSB II	0	103,199	1.03
1.04	00104	CAP REL COSTS-REHAB CNT	0	46,225	1.04
1.05	00105	CAP REL COSTS-DIAYSIS	0	41	1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	9,619	1.06
1.07	00107	CAP REL COSTS-MAB	0	70,352	1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	43,367	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI	0	14,225	1.09
3.00	00300	OTHER CAPITAL RELATED COSTS	-82,126	0	3.00
4.00	00400	EMPLOYEE BENEFITS	-2,849,076	6,354,391	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-402,523	6,757,350	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,741,354	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	174,975	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	74,559	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	10,837	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	18,086	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	12,973	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	297,827	8.00
9.00	00900	HOUSEKEEPING	0	528,035	9.00
9.01	00901	HOUSEKEEPING-HSB	0	97,750	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	25,622	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	4,129	9.03
9.04	00904	HOUSEKEEPING-MAB	0	4,965	9.04
10.00	01000	DIETARY	-35,374	555,562	10.00
11.00	01100	CAFETERIA	-395,625	337,116	11.00
13.00	01300	NURSING ADMINISTRATION	0	511,505	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-2,666	387,616	14.00
15.00	01500	PHARMACY	0	2,232,451	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-10,003	786,978	16.00
17.00	01700	SOCIAL SERVICE	0	403,150	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-750,707	0	19.00
23.00	02300	PARAMED PRGM	-2,500	87,315	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,420,459	2,444,881	30.00
31.00	03100	INTENSIVE CARE UNIT	0	712,757	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	303,518	43.00
44.00	04400	SKILLED NURSING FACILITY	0	895,646	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,879,037	50.00
51.00	05100	RECOVERY ROOM	0	609,888	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	475,951	52.00
53.00	05300	ANESTHESIOLOGY	-375,646	150,554	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,288	1,277,601	54.00
57.00	05700	CT SCAN	0	534,052	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	495,475	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-484,493	3,458,540	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	309,428	63.00
65.00	06500	RESPIRATORY THERAPY	0	298,000	65.00
66.00	06600	PHYSICAL THERAPY	-8,710	1,346,003	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	-46,495	106,336	68.00
69.00	06900	ELECTROCARDIOLOGY	-380	268,833	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	189,607	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	337,874	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,079,016	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,388	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	506,214	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	537,055	76.01
76.02	03951	FLU CLINIC	0	1,689	76.02
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-1,763,636	1,089,963	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-8,120	912,493	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	-216	1,205,632	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet A
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
110.00	11000	0	0	110.00
111.00	11100	0	0	111.00
113.00	11300	-26,942	0	113.00
116.00	11600	-216	762,922	116.00
118.00		-8,640,904	47,201,896	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	0	0	190.00
192.00	19200	0	0	192.00
194.00	07950	0	192,298	194.00
194.01	07962	0	147,544	194.01
194.02	07951	0	20	194.02
194.03	07952	0	142,411	194.03
194.04	07953	0	0	194.04
194.05	07954	0	695,682	194.05
194.06	07955	0	24,302	194.06
194.07	07956	0	13,158	194.07
194.08	07957	0	31,223	194.08
194.09	07958	0	10,785	194.09
194.10	07959	0	0	194.10
194.11	07963	0	225,423	194.11
194.12	07960	0	3,995,734	194.12
194.13	07961	0	21,888	194.13
200.00		-8,640,904	52,702,364	200.00

RECLASSIFICATIONS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-6
Date/Time Prepared:
11/29/2012 11:44 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - RECLASS OB SALARIES						
1.00	NURSERY	43.00	303,518	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	313,261	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	14,800	0	3.00	
	TOTALS		631,579	0		
B - RECLASS DIETARY/CAFETERIA COSTS						
1.00	DIETARY	10.00	99,367	190,125	1.00	
	TOTALS		99,367	190,125		
C - RECLASS RT SALARIES						
1.00	ELECTROCARDIOLOGY	69.00	228,847	0	1.00	
2.00	ELECTROENCEPHALOGRAPHY	70.00	189,353	0	2.00	
	TOTALS		418,200	0		
D - RECLASS CT SALARIES						
1.00	CT SCAN	57.00	432,830	0	1.00	
	TOTALS		432,830	0		
E - RECLASS CRNA SALARIES						
1.00	NONPHYSICIAN ANESTHETISTS	19.00	706,146	44,186	1.00	
	TOTALS		706,146	44,186		
F - RECLASS LEASE EXPENSE						
1.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	495,475	1.00	
2.00	CAP REL COSTS-HOSPITAL	1.01	0	23,321	2.00	
3.00	OPERATING ROOM	50.00	0	99,235	3.00	
4.00	CAP REL COSTS-HOSPITAL	1.01	0	27,000	4.00	
5.00	CAP REL COSTS-REHAB CNT	1.04	0	46,225	5.00	
6.00	CAP REL COSTS-CONVENIENCE CARE CLINI	1.09	0	12,521	6.00	
7.00	ADMINISTRATIVE & GENERAL	5.00	0	21,439	7.00	
8.00	CAP REL COSTS-ORTHO BLDG	1.08	0	2,219	8.00	
9.00	OPERATING ROOM	50.00	0	125	9.00	
	TOTALS		0	727,560		
G - RECLASS DONATION EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	110,723	1.00	
2.00	HOSPICE	116.00	0	12,931	2.00	
	TOTALS		0	123,654		
H - RECLASS COPY MACHINE EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	10,599	1.00	
	TOTALS		0	10,599		
I - RECLASS OXYGEN EXPENSE						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	19,016	1.00	
	TOTALS		0	19,016		
J - RECLASS NON-BLOOD SUPPLIES						
1.00	LABORATORY	60.00	0	52,735	1.00	
	TOTALS		0	52,735		
L - RECLASS NON LABOR CT EXPENSE						
1.00	CT SCAN	57.00	0	101,222	1.00	
	TOTALS		0	101,222		
M - RECLASS AUTO & AMBULANCE COLLISION P						
1.00	CAP REL COSTS-HOSPITAL	1.01	0	4,749	1.00	
	TOTALS		0	4,749		
N - RECLASS BLDG INSURANCE EXPENSE						
1.00	CAP REL COSTS-HOSPITAL	1.01	0	72,078	1.00	
2.00	CAP REL COSTS-HSB I	1.02	0	7,286	2.00	
3.00	CAP REL COSTS-HSB II	1.03	0	3,331	3.00	
4.00	CAP REL COSTS-HOSPITALITY HOUSE	1.06	0	284	4.00	
5.00	CAP REL COSTS-MAB	1.07	0	644	5.00	
6.00	CAP REL COSTS-ORTHO BLDG	1.08	0	667	6.00	
	TOTALS		0	84,290		
O - RECLASS FLU SHOT EXPENSE						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,388	1.00	
2.00	FLU CLINIC	76.02	1,689	0	2.00	
	TOTALS		1,689	15,388		
P - RECLASS CCC DEPRECIATION TO THAT LIN						
1.00	CAP REL COSTS-CONVENIENCE CARE CLINI	1.09	0	1,704	1.00	
	TOTALS		0	1,704		
Q - RECLASS INCENTIVE ACCRUAL						
1.00	ADULTS & PEDIATRICS	30.00	7,061	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	1,001	0	2.00	
3.00	SOCIAL SERVICE	17.00	876	0	3.00	
4.00	AMBULANCE SERVICES	95.00	2,263	0	4.00	
5.00	ANESTHESIOLOGY	53.00	125	0	5.00	

RECLASSIFICATIONS

Provider CCN: 140089

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
6.00	NONPHYSICIAN ANESTHETISTS	19.00	375	0		6.00
7.00	DIABETES/WOUND CARE/COUMADIN CNTR	76.01	735	0		7.00
8.00	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	76.00	1,051	0		8.00
9.00	RESPIRATORY THERAPY	65.00	1,251	0		9.00
10.00	DIETARY	10.00	621	0		10.00
11.00	EMERGENCY	91.00	2,223	0		11.00
12.00	HOUSEKEEPING	9.00	1,871	0		12.00
13.00	CAFETERIA	11.00	1,194	0		13.00
14.00	HOME HEALTH AGENCY	101.00	2,098	0		14.00
15.00	HOSPICE	116.00	656	0		15.00
16.00	HOUSEKEEPING-HSB	9.01	442	0		16.00
17.00	HOUSEKEEPING-HSB II	9.02	104	0		17.00
18.00	LABORATORY	60.00	3,875	0		18.00
19.00	LAUNDRY & LINEN SERVICE	8.00	857	0		19.00
20.00	PHARMACY	15.00	840	0		20.00
21.00	MAINTENANCE & REPAIRS	6.00	938	0		21.00
22.00	RECOVERY ROOM	51.00	844	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	2,813	0		23.00
24.00	PARAMEDICAL PRGM	23.00	125	0		24.00
25.00	PHYSICAL THERAPY	66.00	3,034	0		25.00
26.00	SPEECH PATHOLOGY	68.00	250	0		26.00
27.00	NURSING ADMINISTRATION	13.00	501	0		27.00
28.00	CENTRAL SERVICES & SUPPLY	14.00	867	0		28.00
29.00	OPERATING ROOM	50.00	2,125	0		29.00
30.00	SKILLED NURSING FACILITY	44.00	2,118	0		30.00
31.00	ADMINISTRATIVE & GENERAL	5.00	9,755	0		31.00
32.00	CONVENIENCE CARE CLINIC	194.11	287	0		32.00
33.00	DAY HEALTH	194.00	208	0		33.00
34.00	FUND DEVELOPMENT	194.03	125	0		34.00
35.00	OUTREACH	194.01	512	0		35.00
36.00	PHYSICIAN SUPPORT	194.05	125	0		36.00
37.00	VALET PARKING SERVICE	194.13	56	0		37.00
38.00	MMG-PHYSICIAN OFFICES	194.12	3,192	0		38.00
	TOTALS		57,394	0		
500.00	Grand Total: Increases		2,347,205	1,375,228		500.00

RECLASSIFICATIONS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - RECLASS OB SALARIES							
1.00	ADULTS & PEDIATRICS	30.00	631,579	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
TOTALS			631,579	0			
B - RECLASS DIETARY/CAFETERIA COSTS							
1.00	CAFETERIA	11.00	99,367	190,125	0		1.00
TOTALS			99,367	190,125			
C - RECLASS RT SALARIES							
1.00	RESPIRATORY THERAPY	65.00	418,200	0	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			418,200	0			
D - RECLASS CT SALARIES							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	432,830	0	0		1.00
TOTALS			432,830	0			
E - RECLASS CRNA SALARIES							
1.00	ANESTHESIOLOGY	53.00	706,146	44,186	0		1.00
TOTALS			706,146	44,186			
F - RECLASS LEASE EXPENSE							
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	727,560	0		1.00
2.00		0.00	0	0	10		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	10		4.00
5.00		0.00	0	0	10		5.00
6.00		0.00	0	0	10		6.00
7.00		0.00	0	0	10		7.00
8.00		0.00	0	0	10		8.00
9.00		0.00	0	0	0		9.00
TOTALS			0	727,560			
G - RECLASS DONATION EXPENSE							
1.00	FUND DEVELOPMENT	194.03	0	123,654	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			0	123,654			
H - RECLASS COPY MACHINE EXPENSE							
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	10,599	0		1.00
TOTALS			0	10,599			
I - RECLASS OXYGEN EXPENSE							
1.00	RESPIRATORY THERAPY	65.00	0	19,016	0		1.00
TOTALS			0	19,016			
J - RECLASS NON-BLOOD SUPPLIES							
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	52,735	0		1.00
TOTALS			0	52,735			
L - RECLASS NON LABOR CT EXPENSE							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	101,222	0		1.00
TOTALS			0	101,222			
M - RECLASS AUTO & AMBULANCE COLLISION P							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,749	12		1.00
TOTALS			0	4,749			
N - RECLASS BLDG INSURANCE EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	84,290	12		1.00
2.00		0.00	0	0	12		2.00
3.00		0.00	0	0	12		3.00
4.00		0.00	0	0	12		4.00
5.00		0.00	0	0	12		5.00
6.00		0.00	0	0	12		6.00
TOTALS			0	84,290			
O - RECLASS FLU SHOT EXPENSE							
1.00	HOME HEALTH AGENCY	101.00	1,689	15,388	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			1,689	15,388			
P - RECLASS CCC DEPRECIATION TO THAT LIN							
1.00	CAP REL COSTS-HOSPITAL	1.01	0	1,704	9		1.00
TOTALS			0	1,704			
Q - RECLASS INCENTIVE ACCRUAL							
1.00	EMPLOYEE BENEFITS	4.00	0	57,394	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00

Provider CCN: 140089

Period:
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	Decreases					Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other				
	6.00	7.00	8.00	9.00	10.00			
10.00		0.00	0	0	0	0		10.00
11.00		0.00	0	0	0	0		11.00
12.00		0.00	0	0	0	0		12.00
13.00		0.00	0	0	0	0		13.00
14.00		0.00	0	0	0	0		14.00
15.00		0.00	0	0	0	0		15.00
16.00		0.00	0	0	0	0		16.00
17.00		0.00	0	0	0	0		17.00
18.00		0.00	0	0	0	0		18.00
19.00		0.00	0	0	0	0		19.00
20.00		0.00	0	0	0	0		20.00
21.00		0.00	0	0	0	0		21.00
22.00		0.00	0	0	0	0		22.00
23.00		0.00	0	0	0	0		23.00
24.00		0.00	0	0	0	0		24.00
25.00		0.00	0	0	0	0		25.00
26.00		0.00	0	0	0	0		26.00
27.00		0.00	0	0	0	0		27.00
28.00		0.00	0	0	0	0		28.00
29.00		0.00	0	0	0	0		29.00
30.00		0.00	0	0	0	0		30.00
31.00		0.00	0	0	0	0		31.00
32.00		0.00	0	0	0	0		32.00
33.00		0.00	0	0	0	0		33.00
34.00		0.00	0	0	0	0		34.00
35.00		0.00	0	0	0	0		35.00
36.00		0.00	0	0	0	0		36.00
37.00		0.00	0	0	0	0		37.00
38.00		0.00	0	0	0	0		38.00
	TOTALS		0	57,394				
500.00	Grand Total: Decreases		2,289,811	1,432,622				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140089

Period:
From 07/01/2011
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Worksheet A-7
Parts I-III
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	111,602	0	0	0	1.00
2.00	Land Improvements	1,912,214	238,961	0	238,961	2.00
3.00	Buildings and Fixtures	37,613,976	1,479,177	0	1,479,177	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	922,910	2,261	0	2,261	5.00
6.00	Movable Equipment	23,146,094	3,127,289	0	3,127,289	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	63,706,796	4,847,688	0	4,847,688	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	63,706,796	4,847,688	0	4,847,688	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
1.01	CAP REL COSTS-HOSPITAL	2,929,101	0	0	0	1.01
1.02	CAP REL COSTS-HSB I	215,841	0	0	0	1.02
1.03	CAP REL COSTS-HSB II	99,868	0	0	0	1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	0	0	1.04
1.05	CAP REL COSTS-DIAYSIS	41	0	0	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	9,335	0	0	0	1.06
1.07	CAP REL COSTS-MAB	69,708	0	0	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	40,481	0	0	0	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLINI	0	0	0	0	1.09
3.00	Total (sum of lines 1-2)	3,364,375	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	1.00
1.01	CAP REL COSTS-HOSPITAL	0	0	0	0.000000	1.01
1.02	CAP REL COSTS-HSB I	0	0	0	0.000000	1.02
1.03	CAP REL COSTS-HSB II	0	0	0	0.000000	1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	0	0.000000	1.04
1.05	CAP REL COSTS-DIAYSIS	0	0	0	0.000000	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	0.000000	1.06
1.07	CAP REL COSTS-MAB	0	0	0	0.000000	1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	0	0	0.000000	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLINI	0	0	0	0.000000	1.09
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140089

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		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	111,602	0		1.00	
2.00	Land Improvements	2,017,002	863,462		2.00	
3.00	Buildings and Fixtures	39,082,319	18,163,307		3.00	
4.00	Building Improvements	0	0		4.00	
5.00	Fixed Equipment	925,171	601,133		5.00	
6.00	Movable Equipment	25,066,070	11,099,156		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	67,202,164	30,727,058		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	67,202,164	30,727,058		10.00	
SUMMARY OF CAPITAL						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0		1.00	
1.01	CAP REL COSTS-HOSPITAL	0	2,929,101		1.01	
1.02	CAP REL COSTS-HSB I	0	215,841		1.02	
1.03	CAP REL COSTS-HSB II	0	99,868		1.03	
1.04	CAP REL COSTS-REHAB CNT	0	0		1.04	
1.05	CAP REL COSTS-DIAYSIS	0	41		1.05	
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	9,335		1.06	
1.07	CAP REL COSTS-MAB	0	69,708		1.07	
1.08	CAP REL COSTS-ORTHO BLDG	0	40,481		1.08	
1.09	CAP REL COSTS-CONVENIENCE CARE CLINI	0	0		1.09	
3.00	Total (sum of lines 1-2)	0	3,364,375		3.00	
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
1.01	CAP REL COSTS-HOSPITAL	0	0	0	2,955,694	50,321
1.02	CAP REL COSTS-HSB I	0	0	0	215,841	0
1.03	CAP REL COSTS-HSB II	0	0	0	99,868	0
1.04	CAP REL COSTS-REHAB CNT	0	0	0	0	46,225
1.05	CAP REL COSTS-DIAYSIS	0	0	0	41	0
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	9,335	0
1.07	CAP REL COSTS-MAB	0	0	0	69,708	0
1.08	CAP REL COSTS-ORTHO BLDG	0	0	0	40,481	2,219
1.09	CAP REL COSTS-CONVENIENCE CARE CLINI	0	0	0	1,704	12,521
3.00	Total (sum of lines 1-2)	0	0	0	3,392,672	111,286

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140089

Period:
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-HOSPITAL	0	76,827	0	0	3,082,842	1.01
1.02	CAP REL COSTS-HSB I	0	7,286	0	0	223,127	1.02
1.03	CAP REL COSTS-HSB II	0	3,331	0	0	103,199	1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	0	0	46,225	1.04
1.05	CAP REL COSTS-DIAYSIS	0	0	0	0	41	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	284	0	0	9,619	1.06
1.07	CAP REL COSTS-MAB	0	644	0	0	70,352	1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	667	0	0	43,367	1.08
1.09	CAP REL COSTS-CONVENIENCE CARE CLINI	0	0	0	0	14,225	1.09
3.00	Total (sum of lines 1-2)	0	89,039	0	0	3,592,997	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
1.01 Investment income - CAP REL COSTS-HOSPITAL (chapter 2)			OCAP REL COSTS-HOSPITAL	1.01	1.01
1.02 Investment income - CAP REL COSTS-HSB I (chapter 2)			OCAP REL COSTS-HSB I	1.02	1.02
1.03 Investment income - CAP REL COSTS-HSB II (chapter 2)			OCAP REL COSTS-HSB II	1.03	1.03
1.04 Investment income - CAP REL COSTS-REHAB CNT (chapter 2)			OCAP REL COSTS-REHAB CNT	1.04	1.04
1.05 Investment income - CAP REL COSTS-DIAYSIS (chapter 2)			OCAP REL COSTS-DIAYSIS	1.05	1.05
1.06 Investment income - CAP REL COSTS-HOSPITALITY HOUSE (chapter 2)			OCAP REL COSTS-HOSPITALITY HOUSE	1.06	1.06
1.07 Investment income - CAP REL COSTS-MAB (chapter 2)			OCAP REL COSTS-MAB	1.07	1.07
1.08 Investment income - CAP REL COSTS-ORTHO BLDG (chapter 2)			OCAP REL COSTS-ORTHO BLDG	1.08	1.08
1.09 Investment income - CAP REL COSTS-CONVENIENCE CARE CLINI (chapter 2)			OCAP REL COSTS-CONVENIENCE CARE CLINI	1.09	1.09
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0*** Cost Center Deleted ***	2.00	2.00
3.00 Investment income - other (chapter 2)	A	-26,942	INTEREST EXPENSE	113.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-31,444	ADMINISTRATIVE & GENERAL	5.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-1,417	CAP REL COSTS-HOSPITAL	1.01	7.00
8.00 Television and radio service (chapter 21)		0		0.00	8.00
9.00 Parking lot (chapter 21)		0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,044,131			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-2,257	CAP REL COSTS-HOSPITAL	1.01	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Cafeteria-employees and guests	B	-395,625	CAFETERIA	11.00	14.00
15.00 Rental of quarters to employee and others		0		0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-2,666	CENTRAL SERVICES & SUPPLY	14.00	16.00
17.00 Sale of drugs to other than patients		0		0.00	17.00
18.00 Sale of medical records and abstracts	B	-10,003	MEDICAL RECORDS & LIBRARY	16.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)	B	-2,500	PARAMED ED PRGM	23.00	19.00
20.00 Vending machines		0		0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-207,509	ADMINISTRATIVE & GENERAL	5.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	A	-1,444	ADMINISTRATIVE & GENERAL	5.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
26.01 Depreciation - CAP REL COSTS-HOSPITAL			OCAP REL COSTS-HOSPITAL	1.01	26.01
26.02 Depreciation - CAP REL COSTS-HSB I			OCAP REL COSTS-HSB I	1.02	26.02
26.03 Depreciation - CAP REL COSTS-HSB II			OCAP REL COSTS-HSB II	1.03	26.03
26.04 Depreciation - CAP REL COSTS-REHAB CNT			OCAP REL COSTS-REHAB CNT	1.04	26.04
26.05 Depreciation - CAP REL COSTS-DIAYSIS			OCAP REL COSTS-DIAYSIS	1.05	26.05
26.06 Depreciation - CAP REL COSTS-HOSPITALITY HOUSE			OCAP REL COSTS-HOSPITALITY HOUSE	1.06	26.06
26.07 Depreciation - CAP REL COSTS-MAB			OCAP REL COSTS-MAB	1.07	26.07
26.08 Depreciation - CAP REL COSTS-ORTHO BLDG			OCAP REL COSTS-ORTHO BLDG	1.08	26.08
26.09 Depreciation - CAP REL COSTS-CONVENIENCE CARE CLINI			OCAP REL COSTS-CONVENIENCE CARE CLINI	1.09	26.09
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0*** Cost Center Deleted ***	2.00	27.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8

Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
28.00 Non-physician Anesthetist	A	-750,707	NONPHYSICIAN ANESTHETISTS	19.00 28.00
29.00 Physicians' assistant		0		0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00 32.00
33.00 NUTRITION CONSULTING	B	-20,676	DIETARY	10.00 33.00
34.00 COUNTRY CLUB DUES	A	-668	ADMINISTRATIVE & GENERAL	5.00 34.00
34.50 IHHA/AHA DUES	A	-25,111	ADMINISTRATIVE & GENERAL	5.00 34.50
35.00 ILL HOSPITAL RESEARCH & ED DONATION	A	-2,000	ADMINISTRATIVE & GENERAL	5.00 35.00
35.50 IONL & IONE DUES	A	-80	ADMINISTRATIVE & GENERAL	5.00 35.50
36.00 PATIENT TELEPHONE LABOR	A	-7,505	ADMINISTRATIVE & GENERAL	5.00 36.00
36.50 SELF INSURED EMPLOYEE HEALTH INSUR.	A	-2,566,854	EMPLOYEE BENEFITS	4.00 36.50
37.00 TELEPHONE ANSWERING	B	-3,000	ADMINISTRATIVE & GENERAL	5.00 37.00
38.00 RECLAIMED SILVER	B	-3,288	RADIOLOGY-DIAGNOSTIC	54.00 38.00
38.50 AMBULANCE STAND BY	B	-8,120	AMBULANCE SERVICES	95.00 38.50
39.00 NET CAPITALGAIN ON RETIREMENT	B	39,836	CAP REL COSTS-HOSPITAL	1.01 39.00
39.50 DAY HEALTH MEALS	B	-14,698	DIETARY	10.00 39.50
40.00 NSF CHECK FEES	B	-25	ADMINISTRATIVE & GENERAL	5.00 40.00
40.50 CONSULTING-SPEECH	B	-46,495	SPEECH PATHOLOGY	68.00 40.50
41.00		0		0.00 41.00
41.50 RADIOLOGY BILLING	B	-113,076	ADMINISTRATIVE & GENERAL	5.00 41.50
42.00 CRNA EMPLOYEE BENEFITS	A	-80,824	EMPLOYEE BENEFITS	4.00 42.00
42.50 PHYSICIAN PT B BENEFITS--ER, ANTH, P	A	-201,398	EMPLOYEE BENEFITS	4.00 42.50
43.00 KARE-A-LOT	B	-483	ADULTS & PEDIATRICS	30.00 43.00
43.50 PT CONSULTING	B	-8,710	PHYSICAL THERAPY	66.00 43.50
44.00 ADVERTISING	A	-216	HOSPICE	116.00 44.00
44.01 CEO CAR	A	-1,398	ADMINISTRATIVE & GENERAL	5.00 44.01
44.03 NON ALLOWABLE PROPERTY TAX	A	-82,126	OTHER CAPITAL RELATED COSTS	3.00 44.03
44.05 IDPA PARTICIPANT FEES	A	-9,263	ADMINISTRATIVE & GENERAL	5.00 44.05
44.06 CEO CAR DEPRECIATION	A	-7,865	CAP REL COSTS-HOSPITAL	1.01 44.06
44.07		0		0.00 44.07
45.00 ADVERTISING AT YMCA	A	-216	HOME HEALTH AGENCY	101.00 45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-8,640,904		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8

Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
1.01	Investment income - CAP REL COSTS-HOSPITAL (chapter 2)	0	1.01
1.02	Investment income - CAP REL COSTS-HSB I (chapter 2)	0	1.02
1.03	Investment income - CAP REL COSTS-HSB II (chapter 2)	0	1.03
1.04	Investment income - CAP REL COSTS-REHAB CNT (chapter 2)	0	1.04
1.05	Investment income - CAP REL COSTS-DIAYSIS (chapter 2)	0	1.05
1.06	Investment income - CAP REL COSTS-HOSPITALITY HOUSE (chapter 2)	0	1.06
1.07	Investment income - CAP REL COSTS-MAB (chapter 2)	0	1.07
1.08	Investment income - CAP REL COSTS-ORTHO BLDG (chapter 2)	0	1.08
1.09	Investment income - CAP REL COSTS-CONVENIENCE CARE CLINI (chapter 2)	0	1.09
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	9	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)	9	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
26.01	Depreciation - CAP REL COSTS-HOSPITAL	0	26.01
26.02	Depreciation - CAP REL COSTS-HSB I	0	26.02
26.03	Depreciation - CAP REL COSTS-HSB II	0	26.03
26.04	Depreciation - CAP REL COSTS-REHAB CNT	0	26.04
26.05	Depreciation - CAP REL COSTS-DIAYSIS	0	26.05
26.06	Depreciation - CAP REL COSTS-HOSPITALITY HOUSE	0	26.06
26.07	Depreciation - CAP REL COSTS-MAB	0	26.07
26.08	Depreciation - CAP REL COSTS-ORTHO BLDG	0	26.08
26.09	Depreciation - CAP REL COSTS-CONVENIENCE CARE CLINI	0	26.09
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8

Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	NUTRITION CONSULTING	0	33.00
34.00	COUNTRY CLUB DUES	0	34.00
34.50	IHHA/AHA DUES	0	34.50
35.00	IL HOSPITAL RESEARCH & ED DONATION	0	35.00
35.50	IONL & IONE DUES	0	35.50
36.00	PATIENT TELEPHONE LABOR	0	36.00
36.50	SELF INSURED EMPLOYEE HEALTH INSUR.	0	36.50
37.00	TELEPHONE ANSWERING	0	37.00
38.00	RECLAIMED SILVER	0	38.00
38.50	AMBULANCE STAND BY	0	38.50
39.00	NET CAPITALGAIN ON RETIREMENT	9	39.00
39.50	DAY HEALTH MEALS	0	39.50
40.00	NSF CHECK FEES	0	40.00
40.50	CONSULTING-SPEECH	0	40.50
41.00		0	41.00
41.50	RADIOLOGY BILLING	0	41.50
42.00	CRNA EMPLOYEE BENEFITS	0	42.00
42.50	PHYSICIAN PT B BENEFITS--ER, ANTH, P	0	42.50
43.00	KARE-A-LOT	0	43.00
43.50	PT CONSULTING	0	43.50
44.00	ADVERTISING	0	44.00
44.01	CEO CAR	0	44.01
44.03	NON ALLOWABLE PROPERTY TAX	13	44.03
44.05	IDPA PARTICIPANT FEES	0	44.05
44.06	CEO CAR DEPRECIATION	9	44.06
44.07		0	44.07
45.00	ADVERTISING AT YMCA	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
11/29/2012 11:44 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	ADULTS & PEDIATRICS	157,890	157,890	1.00
2.00	53.00	ANESTHESIOLOGY	398,579	300,058	2.00
3.00	91.00	EMERGENCY	1,763,636	1,763,636	3.00
4.00	69.00	ELECTROCARDIOLOGY	380	380	4.00
5.00	60.00	LABORATORY	722,872	334,328	5.00
6.00	30.00	ADULTS & PEDIATRICS	1,262,086	1,256,568	6.00
7.00	0.00		0	0	7.00
8.00	0.00		0	0	8.00
9.00	0.00		0	0	9.00
10.00	0.00		0	0	10.00
200.00			4,305,443	3,812,860	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
11/29/2012 11:44 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	82,340	167,000	244	19,590	980	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	313,440	208,000	2,171	217,100	10,855	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	395,780		2,415	236,690	11,835	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
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	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	0	1.00
2.00	475	98	15,706	3,245	22,933	2.00
3.00	8,011	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	11,474	4,975	37,602	16,304	238,379	5.00
6.00	1,205	0	4,317	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	21,165	5,073	57,625	19,549	261,312	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
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	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	157,890	1.00
2.00	59,407	375,646	2.00
3.00	0	1,763,636	3.00
4.00	0	380	4.00
5.00	75,061	484,493	5.00
6.00	0	1,262,086	6.00
7.00	0	0	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	134,468	4,044,131	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			
		NEW BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I	CAP REL COSTS-HSB II
		0	1.00	1.01	1.02
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
1.01 00101 CAP REL COSTS-HOSPITAL	3,082,842	0	3,082,842	0	1.01
1.02 00102 CAP REL COSTS-HSB I	223,127	0	0	223,127	1.02
1.03 00103 CAP REL COSTS-HSB II	103,199	0	0	0	103,199
1.04 00104 CAP REL COSTS-REHAB CNT	46,225	0	0	0	0
1.05 00105 CAP REL COSTS-DIAGNOSIS	41	0	0	0	0
1.06 00106 CAP REL COSTS-HOSPITALITY HOUSE	9,619	0	0	0	0
1.07 00107 CAP REL COSTS-MAB	70,352	0	0	0	0
1.08 00108 CAP REL COSTS-ORTHO BLDG	43,367	0	0	0	0
1.09 00109 CAP REL COSTS-CONVENIENCE CARE CLINIC	14,225	0	0	0	0
4.00 00400 EMPLOYEE BENEFITS	6,354,391	0	22,254	0	0
5.00 00500 ADMINISTRATIVE & GENERAL	6,757,350	0	852,433	66,035	40,027
6.00 00600 MAINTENANCE & REPAIRS	1,741,354	0	229,984	0	0
6.01 00601 MAINTENANCE & REPAIRS-HSB I	174,975	0	0	7,793	0
6.02 00602 MAINTENANCE & REPAIRS-HSB II	74,559	0	0	0	15,420
6.03 00603 MAINTENANCE & REPAIRS-REHAB CLINIC	10,837	0	0	0	0
6.04 00604 MAINTENANCE & REPAIRS-MAB	18,086	0	0	0	0
6.05 00605 MAINTENANCE & REPAIRS-ORTHO BLDG	12,973	0	0	0	0
8.00 00800 LAUNDRY & LINEN SERVICE	297,827	0	69,852	0	0
9.00 00900 HOUSEKEEPING	528,035	0	37,139	0	0
9.01 00901 HOUSEKEEPING-HSB	97,750	0	0	0	0
9.02 00902 HOUSEKEEPING-HSB II	25,622	0	0	0	0
9.03 00903 HOUSEKEEPING-ORTHO	4,129	0	0	0	0
9.04 00904 HOUSEKEEPING-MAB	4,965	0	0	0	0
10.00 01000 DIETARY	555,562	0	48,500	0	0
11.00 01100 CAFETERIA	337,116	0	122,434	0	0
13.00 01300 NURSING ADMINISTRATION	511,505	0	1,084	0	0
14.00 01400 CENTRAL SERVICES & SUPPLY	387,616	0	115,661	0	0
15.00 01500 PHARMACY	2,232,451	0	28,125	0	0
16.00 01600 MEDICAL RECORDS & LIBRARY	786,978	0	68,930	0	0
17.00 01700 SOCIAL SERVICE	403,150	0	8,273	0	0
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00 02300 PARAMEDICAL PRGM	87,315	0	4,606	0	0
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	2,444,881	0	489,665	0	0
31.00 03100 INTENSIVE CARE UNIT	712,757	0	78,287	0	0
41.00 04100 SUBPROVIDER - IIRF	0	0	0	0	0
42.00 04200 SUBPROVIDER	0	0	0	0	0
43.00 04300 NURSERY	303,518	0	17,070	0	0
44.00 04400 SKILLED NURSING FACILITY	895,646	0	50,650	0	0
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	1,879,037	0	147,272	0	0
51.00 05100 RECOVERY ROOM	609,888	0	48,230	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	475,951	0	36,416	0	0
53.00 05300 ANESTHESIOLOGY	150,554	0	5,780	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,277,601	0	180,906	0	0
57.00 05700 CT SCAN	534,052	0	8,219	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	495,475	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000 LABORATORY	3,458,540	0	129,009	0	0
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	309,428	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	298,000	0	65,643	0	0
66.00 06600 PHYSICAL THERAPY	1,346,003	0	60,242	0	0
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	106,336	0	2,529	0	0
69.00 06900 ELECTROCARDIOLOGY	268,833	0	2,529	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	189,607	0	3,902	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	337,874	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	1,079,016	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	15,388	0	0	0	0
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	506,214	0	0	12,036	0
76.01 03950 DIABETES/WOUND CARE/COUMADIN CNTR	537,055	0	14,939	0	0
76.02 03951 FLU CLINIC	1,689	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	1,089,963	0	93,641	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	912,493	0	24,386	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			CAP REL COSTS-HSB II	
				NEW BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I		
			0	1.00	1.01	1.02	1.03	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	1,205,632	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	762,922	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	47,201,896	0	3,068,590	85,864	55,447	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	9,104	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	116,062	24,163	192.00
194.00	07950	DAY HEALTH	192,298	0	0	11,788	0	194.00
194.01	07962	OUTREACH	147,544	0	2,890	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	20	0	0	1,202	0	194.02
194.03	07952	FUND DEVELOPMENT	142,411	0	2,258	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	695,682	0	0	4,582	0	194.05
194.06	07955	HOSPITALITY HOUSE	24,302	0	0	0	0	194.06
194.07	07956	HSK DIALYSIS	13,158	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	31,223	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	10,785	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	225,423	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	3,995,734	0	0	3,629	23,589	194.12
194.13	07961	VALET PARKING SERVICE	21,888	0	0	0	0	194.13
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)	52,702,364	0	3,082,842	223,127	103,199	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					CAP REL COSTS-ORTHO BLDG	
		CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAGNOSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB			
		1.04	1.05	1.06	1.07	1.08		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT	46,225					1.04
1.05	00105	CAP REL COSTS-DIAGNOSIS	0	41				1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	0	9,619			1.06
1.07	00107	CAP REL COSTS-MAB	0	0	0	70,352		1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	0	43,367	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI	0	0	0	0	0	1.09
4.00	00400	EMPLOYEE BENEFITS	0	0	0	0	21,158	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	46,225	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	522	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	528	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	16,086	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

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Part I
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Cost Center Description	CAPITAL RELATED COSTS					CAP REL COSTS-ORTHO BLDG		
	CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIALYSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB				
	1.04	1.05	1.06	1.07	1.08			
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	9,772	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	46,225	0	0	25,858	22,208	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	44,494	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	9,619	0	0	194.06
194.07	07956	HSK DIALYSIS	0	41	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	0	21,159	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
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)	46,225	41	9,619	70,352	43,367	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period: From 07/01/2011 To 06/30/2012

Worksheet B Part I Date/Time Prepared: 11/29/2012 11:44 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
	CONVENIENCE CARE CLINIC						
	1.09	4.00					
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101 CAP REL COSTS-HOSPITAL							1.01
1.02 00102 CAP REL COSTS-HSB I							1.02
1.03 00103 CAP REL COSTS-HSB II							1.03
1.04 00104 CAP REL COSTS-REHAB CNT							1.04
1.05 00105 CAP REL COSTS-DIAY SIS							1.05
1.06 00106 CAP REL COSTS-HOSPITALITY HOUSE							1.06
1.07 00107 CAP REL COSTS-MAB							1.07
1.08 00108 CAP REL COSTS-ORTHO BLDG							1.08
1.09 00109 CAP REL COSTS-CONVENIENCE CARE CLINIC	14,225						1.09
4.00 00400 EMPLOYEE BENEFITS	0	6,397,803					4.00
5.00 00500 ADMINISTRATIVE & GENERAL	0	803,578	8,519,423	8,519,423	8,519,423		5.00
6.00 00600 MAINTENANCE & REPAIRS	0	128,429	2,099,767	2,099,767	404,881	2,504,648	6.00
6.01 00601 MAINTENANCE & REPAIRS-HSB I	0	6,704	189,472	189,472	36,534	0	6.01
6.02 00602 MAINTENANCE & REPAIRS-HSB II	0	2,046	92,025	92,025	17,744	0	6.02
6.03 00603 MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	10,837	10,837	2,090	0	6.03
6.04 00604 MAINTENANCE & REPAIRS-MAB	0	702	18,788	18,788	3,623	0	6.04
6.05 00605 MAINTENANCE & REPAIRS-ORTHO BLDG	0	1,276	14,249	14,249	2,748	0	6.05
8.00 00800 LAUNDRY & LINEN SERVICE	0	47,516	415,195	415,195	80,059	88,442	8.00
9.00 00900 HOUSEKEEPING	0	109,105	674,279	674,279	130,016	47,023	9.00
9.01 00901 HOUSEKEEPING-HSB	0	19,779	117,529	117,529	22,662	0	9.01
9.02 00902 HOUSEKEEPING-HSB II	0	5,664	31,286	31,286	6,033	0	9.02
9.03 00903 HOUSEKEEPING-ORTHO	0	991	5,120	5,120	987	0	9.03
9.04 00904 HOUSEKEEPING-MAB	0	1,110	6,075	6,075	1,171	0	9.04
10.00 01000 DIETARY	0	94,187	698,249	698,249	134,638	61,409	10.00
11.00 01100 CAFETERIA	0	60,291	519,841	519,841	100,237	155,020	11.00
13.00 01300 NURSING ADMINISTRATION	0	113,731	626,320	626,320	120,768	1,372	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	53,695	556,972	556,972	107,396	146,443	14.00
15.00 01500 PHARMACY	0	139,274	2,399,850	2,399,850	462,744	35,610	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	152,059	1,007,967	1,007,967	194,358	87,276	16.00
17.00 01700 SOCIAL SERVICE	0	88,205	499,628	499,628	96,339	10,475	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	0	19.00
23.00 02300 PARAMED ED PRGM	0	17,832	109,753	109,753	21,163	5,832	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0	565,389	3,499,935	3,499,935	674,864	619,986	30.00
31.00 03100 INTENSIVE CARE UNIT	0	160,264	951,308	951,308	183,433	99,123	31.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	72,877	393,465	393,465	75,869	21,613	43.00
44.00 04400 SKILLED NURSING FACILITY	0	204,714	1,151,010	1,151,010	221,940	64,130	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	257,974	2,284,283	2,284,283	440,460	186,467	50.00
51.00 05100 RECOVERY ROOM	0	114,372	772,490	772,490	148,953	61,066	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	75,217	587,584	587,584	113,299	46,108	52.00
53.00 05300 ANESTHESIOLOGY	0	0	156,334	156,334	30,145	7,319	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	193,510	1,652,017	1,652,017	318,545	229,053	54.00
57.00 05700 CT SCAN	0	103,926	646,197	646,197	124,601	10,406	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	495,475	495,475	95,538	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	398,020	3,985,569	3,985,569	768,505	163,345	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	309,428	309,428	59,665	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	57,893	421,536	421,536	81,281	83,113	65.00
66.00 06600 PHYSICAL THERAPY	0	311,707	1,764,177	1,764,177	340,172	76,275	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	35,235	144,100	144,100	27,786	3,202	68.00
69.00 06900 ELECTROCARDIOLOGY	0	54,948	326,310	326,310	62,920	3,202	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	45,465	238,974	238,974	46,079	4,940	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	337,874	337,874	65,150	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	1,079,016	1,079,016	208,058	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	15,388	15,388	2,967	0	73.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	119,010	637,260	637,260	122,878	0	76.00
76.01 03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	118,447	670,441	670,441	129,276	18,914	76.01
76.02 03951 FLU CLINIC	0	406	2,095	2,095	404	0	76.02
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	0	198,568	1,382,694	1,382,694	266,614	118,563	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	199,783	1,137,190	1,137,190	219,275	30,876	95.00
99.10 09910 CORF	0	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	255,168	1,476,886	1,476,886	284,776	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
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To 06/30/2012

Worksheet B
Part I
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
	CONVENIENCE CARE CLINIC						
	1.09	4.00					
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	93,925	866,619	167,103	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	5,482,992	45,998,280	7,226,747	2,486,603
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	9,104	1,755	11,527
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	184,719	35,618	0
194.00	07950	DAY HEALTH	0	37,246	241,332	46,534	0
194.01	07962	OUTREACH	0	26,558	176,992	34,128	3,659
194.02	07951	OCCUPATIONAL MEDICINE	0	0	1,222	236	0
194.03	07952	FUND DEVELOPMENT	0	26,530	171,199	33,011	2,859
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0
194.05	07954	PHYSICIAN SUPPORT	0	21,218	721,482	139,118	0
194.06	07955	HOSPITALITY HOUSE	0	4,067	37,988	7,325	0
194.07	07956	HSK DIALYSIS	0	3,124	16,323	3,147	0
194.08	07957	LEASED SALARIES	0	7,497	38,720	7,466	0
194.09	07958	VISITING PHYSICIANS	0	2,552	13,337	2,572	0
194.10	07959	FARM LAND	0	0	0	0	0
194.11	07963	CONVENIENCE CARE CLINIC	14,225	43,890	283,538	54,672	0
194.12	07960	MMG-PHYSICIAN OFFICES	0	737,066	4,781,177	921,897	0
194.13	07961	VALET PARKING SERVICE	0	5,063	26,951	5,197	0
200.00		Cross Foot Adjustments			0		200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	14,225	6,397,803	52,702,364	8,519,423	2,504,648

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
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Part I
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Cost Center Description			MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORTHO BLDG	
			6.01	6.02	6.03	6.04	6.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI						1.09
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	226,006					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	109,769				6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	12,927			6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	22,411		6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	16,997	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	12,927	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	18,220	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	400	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	404	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	5,124	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		MAINTENANCE & REPAIRS-HSBI	MAINTENANCE & REPAIRS-HSBI I	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORTHO BLDG	
		6.01	6.02	6.03	6.04	6.05	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	3,113	0	116.00
118.00		18,220	0	12,927	8,237	804	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	175,694	55,545	0	14,174	0	192.00
194.00	07950	17,844	0	0	0	0	194.00
194.01	07962	0	0	0	0	0	194.01
194.02	07951	1,819	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
194.04	07953	0	0	0	0	0	194.04
194.05	07954	6,936	0	0	0	0	194.05
194.06	07955	0	0	0	0	0	194.06
194.07	07956	0	0	0	0	0	194.07
194.08	07957	0	0	0	0	0	194.08
194.09	07958	0	0	0	0	0	194.09
194.10	07959	0	0	0	0	0	194.10
194.11	07963	0	0	0	0	0	194.11
194.12	07960	5,493	54,224	0	0	16,193	194.12
194.13	07961	0	0	0	0	0	194.13
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		226,006	109,769	12,927	22,411	16,997	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-HSB	HOUSEKEEPING-HSB II	HOUSEKEEPING-ORTHO	
		8.00	9.00	9.01	9.02	9.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI					1.09
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
8.00	00800	LAUNDRY & LINEN SERVICE	583,696				8.00
9.00	00900	HOUSEKEEPING	31,777	883,095			9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	140,191		9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	37,319	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	6,107	9.04
10.00	01000	DIETARY	2,037	12,733	0	0	10.00
11.00	01100	CAFETERIA	5,236	71,814	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	4,596	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	27,171	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,808	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	276	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	56,750	221,031	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,700	26,161	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	7,731	6,019	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	22,521	87,273	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	66,432	75,582	0	0	50.00
51.00	05100	RECOVERY ROOM	23,534	30,989	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,178	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,255	45,973	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	2,794	45,835	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,841	21,748	0	0	65.00
66.00	06600	PHYSICAL THERAPY	17,445	31,629	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,620	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,345	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,906	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,330	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,576	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	11,302	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	11,768	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	26,477	110,063	0	0	144
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	6,846	552	0	0	145
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-H SB	HOUSEKEEPING-H SB II	HOUSEKEEPING-0 RTHO	
		8.00	9.00	9.01	9.02	9.03	
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	296,376	876,976	11,302	0	289	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,567	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	427	0	108,984	18,884	0	192.00
194.00	07950 DAY HEALTH	299	0	11,068	0	0	194.00
194.01	07962 OUTREACH	0	552	0	0	0	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	1,128	0	0	194.02
194.03	07952 FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953 OUTSIDE LAUNDRY	286,477	0	0	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	0	4,302	0	0	194.05
194.06	07955 HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956 HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957 LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958 VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959 FARM LAND	0	0	0	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	117	0	3,407	18,435	5,818	194.12
194.13	07961 VALET PARKING SERVICE	0	0	0	0	0	194.13
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)	583,696	883,095	140,191	37,319	6,107	202.00

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Cost Center Description		HOUSEKEEPING-M AB	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		9.04	10.00	11.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-HOSPITAL					1.01	
1.02	00102	CAP REL COSTS-HSB I					1.02	
1.03	00103	CAP REL COSTS-HSB II					1.03	
1.04	00104	CAP REL COSTS-REHAB CNT					1.04	
1.05	00105	CAP REL COSTS-DIAYSIS					1.05	
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06	
1.07	00107	CAP REL COSTS-MAB					1.07	
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08	
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI					1.09	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01	
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02	
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03	
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04	
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
9.01	00901	HOUSEKEEPING-HSB					9.01	
9.02	00902	HOUSEKEEPING-HSB II					9.02	
9.03	00903	HOUSEKEEPING-ORTHO					9.03	
9.04	00904	HOUSEKEEPING-MAB	7,246				9.04	
10.00	01000	DIETARY	0	909,066			10.00	
11.00	01100	CAFETERIA	0	0	852,148		11.00	
13.00	01300	NURSING ADMINISTRATION	0	0	14,741	767,797	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	18,632	0	14.00	
15.00	01500	PHARMACY	0	0	17,302	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	38,133	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	16,408	0	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
23.00	02300	PARAMED PRGM	0	0	2,417	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	444,510	110,702	317,903	50,635	30.00
31.00	03100	INTENSIVE CARE UNIT	0	59,849	26,655	76,544	9,546	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	11,744	33,726	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	186,229	39,535	113,532	8,749	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	45,262	0	145,577	50.00
51.00	05100	RECOVERY ROOM	0	0	18,438	0	34,453	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	12,083	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	12,666	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	39,680	0	14,467	54.00
57.00	05700	CT SCAN	0	0	21,169	0	7,744	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	72,472	0	30,730	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	84,741	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	10,488	0	4,533	65.00
66.00	06600	PHYSICAL THERAPY	0	0	43,208	0	2,144	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	4,881	0	180	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	9,956	0	1,651	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	8,240	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	80,042	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	295,498	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	24,673	0	405	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	17,762	0	4,848	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	34,798	99,930	36,500	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	43,933	126,162	127	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	1,657	0	39,535	0	7,795	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

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Cost Center Description		HOUSEKEEPING- M AB	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.04	10.00	11.00	13.00	14.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	1,006	0	15,152	0	2,784	116.00
118.00		2,663	690,588	757,999	767,797	848,809	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	4,583	0	0	0	0	192.00
194.00	07950	0	218,478	9,255	0	533	194.00
194.01	07962	0	0	7,129	0	814	194.01
194.02	07951	0	0	0	0	0	194.02
194.03	07952	0	0	4,809	0	0	194.03
194.04	07953	0	0	0	0	0	194.04
194.05	07954	0	0	2,489	0	30	194.05
194.06	07955	0	0	1,112	0	146	194.06
194.07	07956	0	0	1,160	0	41	194.07
194.08	07957	0	0	1,063	0	0	194.08
194.09	07958	0	0	387	0	43	194.09
194.10	07959	0	0	0	0	0	194.10
194.11	07963	0	0	0	0	3,026	194.11
194.12	07960	0	0	64,232	0	3,119	194.12
194.13	07961	0	0	2,513	0	53	194.13
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		7,246	909,066	852,148	767,797	856,614	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	
		15.00	16.00	17.00	19.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI					1.09
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-HSB					9.01
9.02	00902	HOUSEKEEPING-HSB II					9.02
9.03	00903	HOUSEKEEPING-ORTHO					9.03
9.04	00904	HOUSEKEEPING-MAB					9.04
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	2,928,370				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,334,670			16.00
17.00	01700	SOCIAL SERVICE	0	0	623,126		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED PRGM	0	0	0	139,167	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,117,519	399,099	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,815	43,769	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	22,289	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	59,526	173,347	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	139,167	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,928,370	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	120,521	6,911	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	
		15.00	16.00	17.00	19.00	23.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00		2,928,370	1,334,670	623,126	0	139,167	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07962	0	0	0	0	0	194.01
194.02	07951	0	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
194.04	07953	0	0	0	0	0	194.04
194.05	07954	0	0	0	0	0	194.05
194.06	07955	0	0	0	0	0	194.06
194.07	07956	0	0	0	0	0	194.07
194.08	07957	0	0	0	0	0	194.08
194.09	07958	0	0	0	0	0	194.09
194.10	07959	0	0	0	0	0	194.10
194.11	07963	0	0	0	0	0	194.11
194.12	07960	0	0	0	0	0	194.12
194.13	07961	0	0	0	0	0	194.13
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		2,928,370	1,334,670	623,126	0	139,167	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-HOSPITAL			1.01
1.02	00102	CAP REL COSTS-HSB I			1.02
1.03	00103	CAP REL COSTS-HSB II			1.03
1.04	00104	CAP REL COSTS-REHAB CNT			1.04
1.05	00105	CAP REL COSTS-DIAYSIS			1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE			1.06
1.07	00107	CAP REL COSTS-MAB			1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG			1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI			1.09
4.00	00400	EMPLOYEE BENEFITS			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I			6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II			6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC			6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB			6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG			6.05
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	HOUSEKEEPING-HSB			9.01
9.02	00902	HOUSEKEEPING-HSB II			9.02
9.03	00903	HOUSEKEEPING-ORTHO			9.03
9.04	00904	HOUSEKEEPING-MAB			9.04
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
23.00	02300	PARAMED PRGM			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	7,512,934	0	7,512,934
31.00	03100	INTENSIVE CARE UNIT	1,494,903	0	1,494,903
41.00	04100	SUBPROVIDER - IRF	0	0	0
42.00	04200	SUBPROVIDER	0	0	0
43.00	04300	NURSERY	572,456	0	572,456
44.00	04400	SKILLED NURSING FACILITY	2,127,792	0	2,127,792
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	3,244,063	0	3,244,063
51.00	05100	RECOVERY ROOM	1,089,923	0	1,089,923
52.00	05200	DELIVERY ROOM & LABOR ROOM	777,252	0	777,252
53.00	05300	ANESTHESIOLOGY	206,464	0	206,464
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,457,157	0	2,457,157
57.00	05700	CT SCAN	810,117	0	810,117
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	591,013	0	591,013
59.00	05900	CARDIAC CATHETERIZATION	0	0	0
60.00	06000	LABORATORY	5,069,250	0	5,069,250
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	453,834	0	453,834
65.00	06500	RESPIRATORY THERAPY	627,540	0	627,540
66.00	06600	PHYSICAL THERAPY	2,287,977	0	2,287,977
67.00	06700	OCCUPATIONAL THERAPY	0	0	0
68.00	06800	SPEECH PATHOLOGY	186,769	0	186,769
69.00	06900	ELECTROCARDIOLOGY	406,384	0	406,384
70.00	07000	ELECTROENCEPHALOGRAPHY	302,139	0	302,139
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	484,396	0	484,396
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,582,572	0	1,582,572
73.00	07300	DRUGS CHARGED TO PATIENTS	2,953,301	0	2,953,301
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	814,738	0	814,738
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	853,009	0	853,009
76.02	03951	FLU CLINIC	2,499	0	2,499
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	2,203,615	0	2,203,615
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	1,565,510	0	1,565,510
99.10	09910	CORF	0	0	0
101.00	10100	HOME HEALTH AGENCY	1,815,773	0	1,815,773

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	1,055,777	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	43,549,157	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	27,953	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	598,628	0	192.00
194.00	07950	DAY HEALTH	545,343	0	194.00
194.01	07962	OUTREACH	223,274	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	4,405	0	194.02
194.03	07952	FUND DEVELOPMENT	211,878	0	194.03
194.04	07953	OUTSIDE LAUNDRY	286,477	0	194.04
194.05	07954	PHYSICIAN SUPPORT	874,357	0	194.05
194.06	07955	HOSPITALITY HOUSE	46,571	0	194.06
194.07	07956	HSK DIALYSIS	20,671	0	194.07
194.08	07957	LEASED SALARIES	47,249	0	194.08
194.09	07958	VISITING PHYSICIANS	16,339	0	194.09
194.10	07959	FARM LAND	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	341,236	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	5,874,112	0	194.12
194.13	07961	VALET PARKING SERVICE	34,714	0	194.13
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	52,702,364	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				CAP REL COSTS-HSB II
		NEW BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I		
		1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 CAP REL COSTS-HOSPITAL						1.01
1.02 00102 CAP REL COSTS-HSB I						1.02
1.03 00103 CAP REL COSTS-HSB II						1.03
1.04 00104 CAP REL COSTS-REHAB CNT						1.04
1.05 00105 CAP REL COSTS-DIAYSIS						1.05
1.06 00106 CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07 00107 CAP REL COSTS-MAB						1.07
1.08 00108 CAP REL COSTS-ORTHO BLDG						1.08
1.09 00109 CAP REL COSTS-CONVENIENCE CARE CLINI						1.09
4.00 00400 EMPLOYEE BENEFITS	0	0	22,254	0	0	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	0	0	852,433	66,035	40,027	5.00
6.00 00600 MAINTENANCE & REPAIRS	0	0	229,984	0	0	6.00
6.01 00601 MAINTENANCE & REPAIRS-HSB I	0	0	0	7,793	0	6.01
6.02 00602 MAINTENANCE & REPAIRS-HSB II	0	0	0	0	15,420	6.02
6.03 00603 MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04 00604 MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05 00605 MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	69,852	0	0	8.00
9.00 00900 HOUSEKEEPING	0	0	37,139	0	0	9.00
9.01 00901 HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02 00902 HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03 00903 HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04 00904 HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00 01000 DIETARY	0	0	48,500	0	0	10.00
11.00 01100 CAFETERIA	0	0	122,434	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	0	0	1,084	0	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	0	115,661	0	0	14.00
15.00 01500 PHARMACY	0	0	28,125	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	68,930	0	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	8,273	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00 02300 PARAMED PRGM	0	0	4,606	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	489,665	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	78,287	0	0	31.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	17,070	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	50,650	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	147,272	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	48,230	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	36,416	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	5,780	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	180,906	0	0	54.00
57.00 05700 CT SCAN	0	0	8,219	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	129,009	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65,643	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	60,242	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	2,529	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	2,529	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	3,902	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	12,036	0	76.00
76.01 03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	0	14,939	0	0	76.01
76.02 03951 FLU CLINIC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	93,641	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	24,386	0	0	95.00
99.10 09910 CORF	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				CAP REL COSTS-HSB II	
		NEW BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I			
		1.00	1.01	1.02	1.03		
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	0	113.00
116.00 11600 HOSPICE	0	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	3,068,590	85,864	55,447	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	9,104	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	116,062	24,163	0	192.00
194.00 07950 DAY HEALTH	0	0	0	11,788	0	0	194.00
194.01 07962 OUTREACH	0	0	2,890	0	0	0	194.01
194.02 07951 OCCUPATIONAL MEDICINE	0	0	0	1,202	0	0	194.02
194.03 07952 FUND DEVELOPMENT	0	0	2,258	0	0	0	194.03
194.04 07953 OUTSIDE LAUNDRY	0	0	0	0	0	0	194.04
194.05 07954 PHYSICIAN SUPPORT	0	0	0	4,582	0	0	194.05
194.06 07955 HOSPITALITY HOUSE	0	0	0	0	0	0	194.06
194.07 07956 HSK DIALYSIS	0	0	0	0	0	0	194.07
194.08 07957 LEASED SALARIES	0	0	0	0	0	0	194.08
194.09 07958 VISITING PHYSICIANS	0	0	0	0	0	0	194.09
194.10 07959 FARM LAND	0	0	0	0	0	0	194.10
194.11 07963 CONVENIENCE CARE CLINIC	0	0	0	0	0	0	194.11
194.12 07960 MMG-PHYSICIAN OFFICES	0	0	0	3,629	23,589	0	194.12
194.13 07961 VALET PARKING SERVICE	0	0	0	0	0	0	194.13
200.00 Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	3,082,842	223,127	103,199	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS						
		CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG		
		1.04	1.05	1.06	1.07	1.08		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI						1.09
4.00	00400	EMPLOYEE BENEFITS	0	0	0	0	21,158	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	46,225	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	522	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	528	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	16,086	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

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Part II
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Cost Center Description		CAPITAL RELATED COSTS					CAP REL COSTS-ORTHO BLDG	
		CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIALYSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB			
		1.04	1.05	1.06	1.07	1.08		
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	9,772	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	46,225	0	0	25,858	22,208	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	44,494	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	9,619	0	0	194.06
194.07	07956	HSK DIALYSIS	0	41	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	0	21,159	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
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)	46,225	41	9,619	70,352	43,367	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
	CONVENIENCE CARE CLINI						
	1.09	2A					
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101	CAP REL COSTS-HOSPITAL						1.01
1.02 00102	CAP REL COSTS-HSB I						1.02
1.03 00103	CAP REL COSTS-HSB II						1.03
1.04 00104	CAP REL COSTS-REHAB CNT						1.04
1.05 00105	CAP REL COSTS-DIAYSIS						1.05
1.06 00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07 00107	CAP REL COSTS-MAB						1.07
1.08 00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09 00109	CAP REL COSTS-CONVENIENCE CARE CLINI						1.09
4.00 00400	EMPLOYEE BENEFITS	0	43,412	43,412			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	958,495	5,460	963,955		5.00
6.00 00600	MAINTENANCE & REPAIRS	0	229,984	871	45,811	276,666	6.00
6.01 00601	MAINTENANCE & REPAIRS-HSB I	0	7,793	45	4,134	0	6.01
6.02 00602	MAINTENANCE & REPAIRS-HSB II	0	15,420	14	2,008	0	6.02
6.03 00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	236	0	6.03
6.04 00604	MAINTENANCE & REPAIRS-MAB	0	0	5	410	0	6.04
6.05 00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	9	311	0	6.05
8.00 00800	LAUNDRY & LINEN SERVICE	0	69,852	322	9,058	9,769	8.00
9.00 00900	HOUSEKEEPING	0	37,139	740	14,711	5,194	9.00
9.01 00901	HOUSEKEEPING-HSB	0	0	134	2,564	0	9.01
9.02 00902	HOUSEKEEPING-HSB II	0	0	38	683	0	9.02
9.03 00903	HOUSEKEEPING-ORTHO	0	0	7	112	0	9.03
9.04 00904	HOUSEKEEPING-MAB	0	0	8	133	0	9.04
10.00 01000	DIETARY	0	48,500	639	15,234	6,783	10.00
11.00 01100	CAFETERIA	0	122,434	409	11,341	17,124	11.00
13.00 01300	NURSING ADMINISTRATION	0	1,084	772	13,664	152	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	115,661	364	12,151	16,176	14.00
15.00 01500	PHARMACY	0	28,125	945	52,358	3,934	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	68,930	1,032	21,991	9,641	16.00
17.00 01700	SOCIAL SERVICE	0	8,273	598	10,900	1,157	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00 02300	PARAMED PRGM	0	4,606	121	2,394	644	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	489,665	3,836	76,358	68,486	30.00
31.00 03100	INTENSIVE CARE UNIT	0	78,287	1,087	20,755	10,949	31.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	17,070	494	8,584	2,387	43.00
44.00 04400	SKILLED NURSING FACILITY	0	50,650	1,389	25,112	7,084	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	147,272	1,750	49,836	20,597	50.00
51.00 05100	RECOVERY ROOM	0	48,230	776	16,853	6,745	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	36,416	510	12,819	5,093	52.00
53.00 05300	ANESTHESIOLOGY	0	5,780	0	3,411	808	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	180,906	1,313	36,042	25,301	54.00
57.00 05700	CT SCAN	0	8,219	705	14,098	1,149	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,810	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	0	129,009	2,700	86,953	18,043	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	6,751	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	65,643	393	9,197	9,181	65.00
66.00 06600	PHYSICAL THERAPY	0	106,467	2,115	38,489	8,425	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	2,529	239	3,144	354	68.00
69.00 06900	ELECTROCARDIOLOGY	0	2,529	373	7,119	354	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	3,902	308	5,214	546	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,371	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	23,541	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	336	0	73.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	12,036	807	13,903	0	76.00
76.01 03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	14,939	804	14,627	2,089	76.01
76.02 03951	FLU CLINIC	0	0	3	46	0	76.02
OUTPATIENT SERVICE COST CENTERS							
91.00 09100	EMERGENCY	0	94,163	1,347	30,166	13,097	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	24,914	1,355	24,810	3,411	95.00
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	16,086	1,731	32,221	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS		
	CONVENIENCE CARE CLINIC							
	1.09	2A						
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	9,772	637	18,907	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	3,304,192	37,205	817,677	274,673	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,104	0	199	1,273	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	184,719	0	4,030	0	192.00
194.00	07950	DAY HEALTH	0	11,788	253	5,265	0	194.00
194.01	07962	OUTREACH	0	2,890	180	3,861	404	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	1,202	0	27	0	194.02
194.03	07952	FUND DEVELOPMENT	0	2,258	180	3,735	316	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	4,582	144	15,741	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	9,619	28	829	0	194.06
194.07	07956	HSK DIALYSIS	0	41	21	356	0	194.07
194.08	07957	LEASED SALARIES	0	0	51	845	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	17	291	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	14,225	14,225	298	6,186	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	48,377	5,001	104,325	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	34	588	0	194.13
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	14,225	3,592,997	43,412	963,955	276,666	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140089		Period: From 07/01/2011 To 06/30/2012		Worksheet B Part II Date/Time Prepared: 11/29/2012 11:44 am	
Cost Center Description			MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORTHO BLDG	
			6.01	6.02	6.03	6.04	6.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI						1.09
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	11,972					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	17,442				6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	236			6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	415		6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	320	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	236	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	965	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	8	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	8	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	95	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

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Cost Center Description		MAINTENANCE & REPAIRS-HSBI	MAINTENANCE & REPAIRS-HSBI	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORTHO BLDG	
		6.01	6.02	6.03	6.04	6.05	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	58	0	116.00
118.00		965	0	236	153	16	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	9,308	8,826	0	262	0	192.00
194.00	07950	945	0	0	0	0	194.00
194.01	07962	0	0	0	0	0	194.01
194.02	07951	96	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
194.04	07953	0	0	0	0	0	194.04
194.05	07954	367	0	0	0	0	194.05
194.06	07955	0	0	0	0	0	194.06
194.07	07956	0	0	0	0	0	194.07
194.08	07957	0	0	0	0	0	194.08
194.09	07958	0	0	0	0	0	194.09
194.10	07959	0	0	0	0	0	194.10
194.11	07963	0	0	0	0	0	194.11
194.12	07960	291	8,616	0	0	304	194.12
194.13	07961	0	0	0	0	0	194.13
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		11,972	17,442	236	415	320	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2011
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-HSB	HOUSEKEEPING-HSB II	HOUSEKEEPING-ORTHO	
		8.00	9.00	9.01	9.02	9.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI					1.09
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
8.00	00800	LAUNDRY & LINEN SERVICE	89,001				8.00
9.00	00900	HOUSEKEEPING	4,845	62,629			9.00
9.01	00901	HOUSEKEEPING-HSB	0	0	2,698		9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	721	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	9.04
10.00	01000	DIETARY	311	903	0	0	10.00
11.00	01100	CAFETERIA	798	5,093	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	326	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,927	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	483	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	20	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,653	15,676	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	564	1,855	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,179	427	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	3,434	6,189	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,129	5,360	0	0	50.00
51.00	05100	RECOVERY ROOM	3,588	2,198	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,289	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,784	3,260	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	426	3,251	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	738	1,542	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,660	2,243	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	470	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	166	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	277	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	94	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	466	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	218	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	835	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	4,037	7,806	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,044	39	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-H SB	HOUSEKEEPING-H SB II	HOUSEKEEPING-0 RTHO	
		8.00	9.00	9.01	9.02	9.03	
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	45,190	62,195	218	0	6	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	395	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	65	0	2,096	365	0	192.00
194.00	07950 DAY HEALTH	46	0	213	0	0	194.00
194.01	07962 OUTREACH	0	39	0	0	0	194.01
194.02	07951 OCCUPATIONAL MEDICINE	0	0	22	0	0	194.02
194.03	07952 FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953 OUTSIDE LAUNDRY	43,682	0	0	0	0	194.04
194.05	07954 PHYSICIAN SUPPORT	0	0	83	0	0	194.05
194.06	07955 HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	07956 HSK DIALYSIS	0	0	0	0	0	194.07
194.08	07957 LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958 VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959 FARM LAND	0	0	0	0	0	194.10
194.11	07963 CONVENIENCE CARE CLINIC	0	0	0	0	0	194.11
194.12	07960 MMG-PHYSICIAN OFFICES	18	0	66	356	113	194.12
194.13	07961 VALET PARKING SERVICE	0	0	0	0	0	194.13
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)	89,001	62,629	2,698	721	119	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2011
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Cost Center Description			HOUSEKEEPING-M AB	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.04	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI						1.09
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB	141					9.04
10.00	01000	DIETARY	0	72,370				10.00
11.00	01100	CAFETERIA	0	0	157,199			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,719	18,717		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	3,437	0	149,716	14.00
15.00	01500	PHARMACY	0	0	3,192	0	2,248	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	7,035	0	22	16.00
17.00	01700	SOCIAL SERVICE	0	0	3,027	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED PRGM	0	0	446	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	35,386	20,422	7,749	8,850	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,765	4,917	1,866	1,668	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	2,167	822	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	14,826	7,293	2,768	1,529	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	8,350	0	25,444	50.00
51.00	05100	RECOVERY ROOM	0	0	3,401	0	6,022	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,229	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	2,214	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	7,320	0	2,529	54.00
57.00	05700	CT SCAN	0	0	3,905	0	1,353	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	13,369	0	5,371	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	14,811	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,935	0	792	65.00
66.00	06600	PHYSICAL THERAPY	0	0	7,971	0	375	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	900	0	31	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,837	0	288	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,520	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	13,990	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	51,648	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	4,552	0	71	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	3,277	0	847	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	6,419	2,436	6,379	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	8,104	3,076	22	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	32	0	7,293	0	1,362	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

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Cost Center Description		HOUSEKEEPING- M AB	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		9.04	10.00	11.00	13.00	14.00		
110.00	11000	0	0	0	0	0	110.00	
111.00	11100	0	0	0	0	0	111.00	
113.00	11300	0	0	0	0	0	113.00	
116.00	11600	20	0	2,795	0	487	116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)		52	54,977	139,832	18,717	148,353	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	0	0	0	0	0	190.00	
192.00	19200	89	0	0	0	0	192.00	
194.00	07950	0	17,393	1,707	0	93	194.00	
194.01	07962	0	0	1,315	0	142	194.01	
194.02	07951	0	0	0	0	0	194.02	
194.03	07952	0	0	887	0	0	194.03	
194.04	07953	0	0	0	0	0	194.04	
194.05	07954	0	0	459	0	5	194.05	
194.06	07955	0	0	205	0	26	194.06	
194.07	07956	0	0	214	0	7	194.07	
194.08	07957	0	0	196	0	0	194.08	
194.09	07958	0	0	71	0	7	194.09	
194.10	07959	0	0	0	0	0	194.10	
194.11	07963	0	0	0	0	529	194.11	
194.12	07960	0	0	11,849	0	545	194.12	
194.13	07961	0	0	464	0	9	194.13	
200.00	Cross Foot Adjustments						200.00	
201.00	Negative Cost Centers						0	
202.00	TOTAL (sum lines 118-201)		141	72,370	157,199	18,717	149,716	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140089		Period: From 07/01/2011 To 06/30/2012		Worksheet B Part II Date/Time Prepared: 11/29/2012 11:44 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	
			15.00	16.00	17.00	19.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI						1.09
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB						9.04
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	90,802					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	109,134				16.00
17.00	01700	SOCIAL SERVICE	0	0	23,975			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
23.00	02300	PARAMED PRGM	0	0	0		8,211	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	91,378	15,355			30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,211	1,684			31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0			41.00
42.00	04200	SUBPROVIDER	0	0	0			42.00
43.00	04300	NURSERY	0	1,823	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	4,867	6,670			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0			50.00
51.00	05100	RECOVERY ROOM	0	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0			54.00
57.00	05700	CT SCAN	0	0	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	06000	LABORATORY	0	0	0			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0			63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	90,802	0	0			73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0			76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0			76.01
76.02	03951	FLU CLINIC	0	0	0			76.02
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	9,855	266			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0			95.00
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	
		15.00	16.00	17.00	19.00	23.00	
110.00	11000	0	0	0			110.00
111.00	11100	0	0	0			111.00
113.00	11300						113.00
116.00	11600	0	0	0			116.00
118.00		90,802	109,134	23,975	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0			190.00
192.00	19200	0	0	0			192.00
194.00	07950	0	0	0			194.00
194.01	07962	0	0	0			194.01
194.02	07951	0	0	0			194.02
194.03	07952	0	0	0			194.03
194.04	07953	0	0	0			194.04
194.05	07954	0	0	0			194.05
194.06	07955	0	0	0			194.06
194.07	07956	0	0	0			194.07
194.08	07957	0	0	0			194.08
194.09	07958	0	0	0			194.09
194.10	07959	0	0	0			194.10
194.11	07963	0	0	0			194.11
194.12	07960	0	0	0			194.12
194.13	07961	0	0	0			194.13
200.00					0	8,211	200.00
201.00		0	0	0	0	0	201.00
202.00		90,802	109,134	23,975	0	8,211	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-HOSPITAL				1.01
1.02	00102	CAP REL COSTS-HSB I				1.02
1.03	00103	CAP REL COSTS-HSB II				1.03
1.04	00104	CAP REL COSTS-REHAB CNT				1.04
1.05	00105	CAP REL COSTS-DIAYSIS				1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE				1.06
1.07	00107	CAP REL COSTS-MAB				1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG				1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI				1.09
4.00	00400	EMPLOYEE BENEFITS				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II				6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC				6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB				6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG				6.05
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING-HSB				9.01
9.02	00902	HOUSEKEEPING-HSB II				9.02
9.03	00903	HOUSEKEEPING-ORTHO				9.03
9.04	00904	HOUSEKEEPING-MAB				9.04
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
23.00	02300	PARAMED PRGM				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	841,814	0	841,814	30.00
31.00	03100	INTENSIVE CARE UNIT	129,608	0	129,608	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	34,953	0	34,953	43.00
44.00	04400	SKILLED NURSING FACILITY	131,811	0	131,811	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	268,738	0	268,738	50.00
51.00	05100	RECOVERY ROOM	87,813	0	87,813	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	58,356	0	58,356	52.00
53.00	05300	ANESTHESIOLOGY	12,213	0	12,213	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	259,455	0	259,455	54.00
57.00	05700	CT SCAN	29,429	0	29,429	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,810	0	10,810	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	259,122	0	259,122	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,562	0	21,562	63.00
65.00	06500	RESPIRATORY THERAPY	89,421	0	89,421	65.00
66.00	06600	PHYSICAL THERAPY	168,981	0	168,981	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,667	0	7,667	68.00
69.00	06900	ELECTROCARDIOLOGY	12,666	0	12,666	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,767	0	11,767	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,455	0	21,455	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	75,189	0	75,189	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	91,604	0	91,604	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	32,552	0	32,552	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	37,418	0	37,418	76.01
76.02	03951	FLU CLINIC	49	0	49	76.02
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	175,982	0	175,982	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	66,786	0	66,786	95.00
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	58,820	0	58,820	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	32,676	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,028,717	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,971	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	209,760	0	192.00
194.00	07950	DAY HEALTH	37,703	0	194.00
194.01	07962	OUTREACH	8,831	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	1,347	0	194.02
194.03	07952	FUND DEVELOPMENT	7,376	0	194.03
194.04	07953	OUTSIDE LAUNDRY	43,682	0	194.04
194.05	07954	PHYSICIAN SUPPORT	21,381	0	194.05
194.06	07955	HOSPITALITY HOUSE	10,707	0	194.06
194.07	07956	HSK DIALYSIS	639	0	194.07
194.08	07957	LEASED SALARIES	1,092	0	194.08
194.09	07958	VISITING PHYSICIANS	386	0	194.09
194.10	07959	FARM LAND	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	21,238	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	179,861	0	194.12
194.13	07961	VALET PARKING SERVICE	1,095	0	194.13
200.00		Cross Foot Adjustments	8,211	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,592,997	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS				CAP REL COSTS-REHAB CNT (PER CENT)	
		NEW BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HOSPITAL (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)		
		1.00	1.01	1.02	1.03		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	170,667				1.00
1.01	00101	CAP REL COSTS-HOSPITAL	0	170,667			1.01
1.02	00102	CAP REL COSTS-HSB I	0	0	47,531		1.02
1.03	00103	CAP REL COSTS-HSB II	0	0	0	21,564	1.03
1.04	00104	CAP REL COSTS-REHAB CNT	0	0	0	0	100
1.05	00105	CAP REL COSTS-DIAGNOSIS	0	0	0	0	0
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	0	0
1.07	00107	CAP REL COSTS-MAB	0	0	0	0	0
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	0	0
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINIC	0	0	0	0	0
4.00	00400	EMPLOYEE BENEFITS	1,232	1,232	0	0	0
5.00	00500	ADMINISTRATIVE & GENERAL	47,191	47,191	14,067	8,364	0
6.00	00600	MAINTENANCE & REPAIRS	12,732	12,732	0	0	0
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	1,660	0	0
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	3,222	0
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	3,867	3,867	0	0	0
9.00	00900	HOUSEKEEPING	2,056	2,056	0	0	0
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0
10.00	01000	DIETARY	2,685	2,685	0	0	0
11.00	01100	CAFETERIA	6,778	6,778	0	0	0
13.00	01300	NURSING ADMINISTRATION	60	60	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	6,403	6,403	0	0	0
15.00	01500	PHARMACY	1,557	1,557	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	3,816	3,816	0	0	0
17.00	01700	SOCIAL SERVICE	458	458	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	PARAMED ED PRGM	255	255	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,108	27,108	0	0	0
31.00	03100	INTENSIVE CARE UNIT	4,334	4,334	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	945	945	0	0	0
44.00	04400	SKILLED NURSING FACILITY	2,804	2,804	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,153	8,153	0	0	0
51.00	05100	RECOVERY ROOM	2,670	2,670	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,016	2,016	0	0	0
53.00	05300	ANESTHESIOLOGY	320	320	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,015	10,015	0	0	0
57.00	05700	CT SCAN	455	455	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	7,142	7,142	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	3,634	3,634	0	0	0
66.00	06600	PHYSICAL THERAPY	3,335	3,335	0	0	100
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	140	140	0	0	0
69.00	06900	ELECTROCARDIOLOGY	140	140	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	216	216	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,564	0	0
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	827	827	0	0	0
76.02	03951	FLU CLINIC	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	5,184	5,184	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,350	1,350	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS				CAP REL COSTS-REHAB CNT (PER CENT)		
		NEW BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HOSPITAL (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)			
		1.00	1.01	1.02	1.03			1.04
99.10	09910	CORF	0	0	0	0	99.10	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE					113.00	
116.00	11600	HOSPICE	0	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	169,878	169,878	18,291	11,586	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	504	504	0	0	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	24,724	5,049	192.00	
194.00	07950	DAY HEALTH	0	0	2,511	0	194.00	
194.01	07962	OUTREACH	160	160	0	0	194.01	
194.02	07951	OCCUPATIONAL MEDICINE	0	0	256	0	194.02	
194.03	07952	FUND DEVELOPMENT	125	125	0	0	194.03	
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	194.04	
194.05	07954	PHYSICIAN SUPPORT	0	0	976	0	194.05	
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	194.06	
194.07	07956	HSK DIALYSIS	0	0	0	0	194.07	
194.08	07957	LEASED SALARIES	0	0	0	0	194.08	
194.09	07958	VISITING PHYSICIANS	0	0	0	0	194.09	
194.10	07959	FARM LAND	0	0	0	0	194.10	
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	194.11	
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	773	4,929	194.12	
194.13	07961	VALET PARKING SERVICE	0	0	0	0	194.13	
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	3,082,842	223,127	103,199	46,225	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	18.063492	4.694347	4.785708	462.250000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					
		CAP REL COSTS-DIAYSIS (PER CENT)	CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLINI (PER CENT)	
		1.05	1.06	1.07	1.08	1.09	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS	100				1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE	0	100			1.06
1.07	00107	CAP REL COSTS-MAB	0	0	7,588		1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG	0	0	0	7,477	1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI	0	0	0	0	100
4.00	00400	EMPLOYEE BENEFITS	0	0	0	3,648	0
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	0	0
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	0	0	0	0	0
9.01	00901	HOUSEKEEPING-HSB	0	0	0	0	0
9.02	00902	HOUSEKEEPING-HSB II	0	0	0	0	0
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	0	0
9.04	00904	HOUSEKEEPING-MAB	0	0	0	0	0
10.00	01000	DIETARY	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	PARAMED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	0
76.02	03951	FLU CLINIC	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	90	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	91	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS						
		CAP REL COSTS-DI AYSIS (PER CENT)	CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLINIC (PER CENT)		
		1.05	1.06	1.07	1.08	1.09		
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	1,735	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	1,054	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	2,789	3,829	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	4,799	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	100	0	0	0	194.06
194.07	07956	HSK DIALYSIS	100	0	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	100	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	3,648	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0	194.13
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)	41	9,619	70,352	43,367	14,225	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.410000	96.190000	9.271481	5.800053	142.250000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

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Date/Time Prepared:
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Cost Center Description		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	
		4.00	5A	5.00	6.00	6.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSI S					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI					1.09
4.00	00400	EMPLOYEE BENEFITS		26,645,411			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-8,519,423	44,182,941			5.00
6.00	00600	MAINTENANCE & REPAIRS	0	2,099,767	109,512		6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I	0	189,472	0	31,804	6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II	0	92,025	0	0	6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC	0	10,837	0	0	6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB	0	18,788	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG	0	14,249	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	415,195	3,867	0	8.00
9.00	00900	HOUSEKEEPING	0	674,279	2,056	0	9.00
9.01	00901	HOUSEKEEPING-HSB	0	117,529	0	0	9.01
9.02	00902	HOUSEKEEPING-HSB II	0	31,286	0	0	9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	5,120	0	0	9.03
9.04	00904	HOUSEKEEPING-MAB	0	6,075	0	0	9.04
10.00	01000	DIETARY	0	698,249	2,685	0	10.00
11.00	01100	CAFETERIA	0	519,841	6,778	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	626,320	60	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	556,972	6,403	0	14.00
15.00	01500	PHARMACY	0	2,399,850	1,557	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,007,967	3,816	0	16.00
17.00	01700	SOCIAL SERVICE	0	499,628	458	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED PRGM	0	109,753	255	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	3,499,935	27,108	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	951,308	4,334	0	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	393,465	945	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,151,010	2,804	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	2,284,283	8,153	0	50.00
51.00	05100	RECOVERY ROOM	0	772,490	2,670	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	587,584	2,016	0	52.00
53.00	05300	ANESTHESIOLOGY	0	156,334	320	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,652,017	10,015	0	54.00
57.00	05700	CT SCAN	0	646,197	455	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	495,475	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	3,985,569	7,142	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	309,428	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	421,536	3,634	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,764,177	3,335	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	144,100	140	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	326,310	140	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	238,974	216	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	337,874	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,079,016	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,388	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	637,260	0	2,564	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	670,441	827	0	76.01
76.02	03951	FLU CLINIC	0	2,095	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	1,382,694	5,184	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	1,137,190	1,350	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	1,476,886	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	
		4.00	5A	5.00	6.00	6.01	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	391,176	0	866,619	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	22,835,428	-8,519,423	37,478,857	108,723	2,564
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	9,104	504	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	184,719	0	24,724
194.00	07950	DAY HEALTH	155,123	0	241,332	0	2,511
194.01	07962	OUTREACH	110,608	0	176,992	160	0
194.02	07951	OCCUPATIONAL MEDICINE	0	0	1,222	0	256
194.03	07952	FUND DEVELOPMENT	110,492	0	171,199	125	0
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0
194.05	07954	PHYSICIAN SUPPORT	88,367	0	721,482	0	976
194.06	07955	HOSPITALITY HOUSE	16,940	0	37,988	0	0
194.07	07956	HSK DIALYSIS	13,010	0	16,323	0	0
194.08	07957	LEASED SALARIES	31,223	0	38,720	0	0
194.09	07958	VISITING PHYSICIANS	10,629	0	13,337	0	0
194.10	07959	FARM LAND	0	0	0	0	0
194.11	07963	CONVENIENCE CARE CLINIC	182,790	0	283,538	0	0
194.12	07960	MMG-PHYSICIAN OFFICES	3,069,713	0	4,781,177	0	773
194.13	07961	VALET PARKING SERVICE	21,088	0	26,951	0	0
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)	6,397,803		8,519,423	2,504,648	226,006
203.00		Unit cost multiplier (Wkst. B, Part I)	0.240109		0.192822	22.870991	7.106213
204.00		Cost to be allocated (per Wkst. B, Part II)	43,412		963,955	276,666	11,972
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001629		0.021817	2.526353	0.376431

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

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Cost Center Description		MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	
		6.02	6.03	6.04	6.05	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
1.05	00105						1.05
1.06	00106						1.06
1.07	00107						1.07
1.08	00108						1.08
1.09	00109						1.09
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
6.01	00601						6.01
6.02	00602	9,978					6.02
6.03	00603	0	100				6.03
6.04	00604	0	0	7,588			6.04
6.05	00605	0	0	0	3,829		6.05
8.00	00800	0	0	0	0	54,739	8.00
9.00	00900	0	0	0	0	2,980	9.00
9.01	00901	0	0	0	0	0	9.01
9.02	00902	0	0	0	0	0	9.02
9.03	00903	0	0	0	0	0	9.03
9.04	00904	0	0	0	0	0	9.04
10.00	01000	0	0	0	0	191	10.00
11.00	01100	0	0	0	0	491	11.00
13.00	01300	0	0	0	0	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	0	0	5,322	30.00
31.00	03100	0	0	0	0	347	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	725	43.00
44.00	04400	0	0	0	0	2,112	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0	6,230	50.00
51.00	05100	0	0	0	0	2,207	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	0	0	1,712	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	262	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	0	0	454	65.00
66.00	06600	0	100	0	0	1,636	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03550	0	0	0	0	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.02	03951	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	0	0	0	90	2,483	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	91	642	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	1,735	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	
		6.02	6.03	6.04	6.05	8.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	1,054	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	100	2,789	181	27,794
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,049	0	4,799	0	40
194.00	07950	DAY HEALTH	0	0	0	0	28
194.01	07962	OUTREACH	0	0	0	0	0
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	26,866
194.05	07954	PHYSICIAN SUPPORT	0	0	0	0	0
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0
194.07	07956	HSK DIALYSIS	0	0	0	0	0
194.08	07957	LEASED SALARIES	0	0	0	0	0
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0
194.10	07959	FARM LAND	0	0	0	0	0
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0
194.12	07960	MMG-PHYSICIAN OFFICES	4,929	0	0	3,648	11
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0
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)	109,769	12,927	22,411	16,997	583,696
203.00		Unit cost multiplier (Wkst. B, Part I)	11.001102	129.270000	2.953479	4.439018	10.663257
204.00		Cost to be allocated (per Wkst. B, Part II)	17,442	236	415	320	89,001
205.00		Unit cost multiplier (Wkst. B, Part II)	1.748046	2.360000	0.054692	0.083573	1.625916

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-H SB (SQUARE FEET)	HOUSEKEEPING-H SB II (SQUARE FEET)	HOUSEKEEPING-O RTHO (SQUARE FEET)	HOUSEKEEPING-M AB (SQUARE FEET)	
		9.00	9.01	9.02	9.03	9.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-HOSPITAL					1.01
1.02	00102	CAP REL COSTS-HSB I					1.02
1.03	00103	CAP REL COSTS-HSB II					1.03
1.04	00104	CAP REL COSTS-REHAB CNT					1.04
1.05	00105	CAP REL COSTS-DIAYSIS					1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	00107	CAP REL COSTS-MAB					1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG					1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI					1.09
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB					6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	160,069				9.00
9.01	00901	HOUSEKEEPING-HSB	0	31,804			9.01
9.02	00902	HOUSEKEEPING-HSB II	0	0	9,978		9.02
9.03	00903	HOUSEKEEPING-ORTHO	0	0	0	3,829	9.03
9.04	00904	HOUSEKEEPING-MAB	0	0	0	7,588	9.04
10.00	01000	DIETARY	2,308	0	0	0	10.00
11.00	01100	CAFETERIA	13,017	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	833	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,925	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,234	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	50	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	40,064	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,742	0	0	0	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,091	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	15,819	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	13,700	0	0	0	50.00
51.00	05100	RECOVERY ROOM	5,617	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,295	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,333	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	8,308	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,942	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,733	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,200	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	425	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	708	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	241	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,192	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,564	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	2,133	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	19,950	0	0	90	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	100	0	0	91	95.00
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,735	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-H SB (SQUARE FEET)	HOUSEKEEPING-H SB II (SQUARE FEET)	HOUSEKEEPING-O RTHO (SQUARE FEET)	HOUSEKEEPING-M AB (SQUARE FEET)	
		9.00	9.01	9.02	9.03	9.04	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	1,054	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	158,960	2,564	0	181	2,789
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,009	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	24,724	5,049	0	4,799
194.00	07950	DAY HEALTH	0	2,511	0	0	0
194.01	07962	OUTREACH	100	0	0	0	0
194.02	07951	OCCUPATIONAL MEDICINE	0	256	0	0	0
194.03	07952	FUND DEVELOPMENT	0	0	0	0	0
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0
194.05	07954	PHYSICIAN SUPPORT	0	976	0	0	0
194.06	07955	HOSPITALITY HOUSE	0	0	0	0	0
194.07	07956	HSK DIALYSIS	0	0	0	0	0
194.08	07957	LEASED SALARIES	0	0	0	0	0
194.09	07958	VISITING PHYSICIANS	0	0	0	0	0
194.10	07959	FARM LAND	0	0	0	0	0
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	0	0
194.12	07960	MMG-PHYSICIAN OFFICES	0	773	4,929	3,648	0
194.13	07961	VALET PARKING SERVICE	0	0	0	0	0
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)	883,095	140,191	37,319	6,107	7,246
203.00		Unit cost multiplier (Wkst. B, Part I)	5.516965	4.407968	3.740128	1.594933	0.954929
204.00		Cost to be allocated (per Wkst. B, Part II)	62,629	2,698	721	119	141
205.00		Unit cost multiplier (Wkst. B, Part II)	0.391263	0.084832	0.072259	0.031079	0.018582

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-HOSPITAL						1.01
1.02	00102	CAP REL COSTS-HSB I						1.02
1.03	00103	CAP REL COSTS-HSB II						1.03
1.04	00104	CAP REL COSTS-REHAB CNT						1.04
1.05	00105	CAP REL COSTS-DIAYSIS						1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	00107	CAP REL COSTS-MAB						1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG						1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI						1.09
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB						6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-HSB						9.01
9.02	00902	HOUSEKEEPING-HSB II						9.02
9.03	00903	HOUSEKEEPING-ORTHO						9.03
9.04	00904	HOUSEKEEPING-MAB						9.04
10.00	01000	DIETARY	3,129					10.00
11.00	01100	CAFETERIA	0	35,263				11.00
13.00	01300	NURSING ADMINISTRATION	0	610	11,064			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	771	0	3,127,904		14.00
15.00	01500	PHARMACY	0	716	0	46,971	100	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,578	0	468	0	16.00
17.00	01700	SOCIAL SERVICE	0	679	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED PRGM	0	100	0	6	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,530	4,581	4,581	184,894	0	30.00
31.00	03100	INTENSIVE CARE UNIT	206	1,103	1,103	34,857	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	486	486	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	641	1,636	1,636	31,947	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,873	0	531,572	0	50.00
51.00	05100	RECOVERY ROOM	0	763	0	125,803	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	500	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	46,248	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,642	0	52,827	0	54.00
57.00	05700	CT SCAN	0	876	0	28,277	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	2,999	0	112,209	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	309,429	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	434	0	16,552	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,788	0	7,827	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	202	0	656	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	412	0	6,027	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	341	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	292,270	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,079,016	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	100	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,021	0	1,480	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	735	0	17,704	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	1,440	1,440	133,279	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	1,818	1,818	462	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	1,636	0	28,463	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	627	0	10,167	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,377	31,367	11,064	3,099,411	100 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	DAY HEALTH	752	383	0	1,945	0 194.00
194.01	07962	OUTREACH	0	295	0	2,972	0 194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	0	0 194.02
194.03	07952	FUND DEVELOPMENT	0	199	0	0	0 194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	0	0 194.04
194.05	07954	PHYSICIAN SUPPORT	0	103	0	108	0 194.05
194.06	07955	HOSPITALITY HOUSE	0	46	0	534	0 194.06
194.07	07956	HSK DIALYSIS	0	48	0	148	0 194.07
194.08	07957	LEASED SALARIES	0	44	0	0	0 194.08
194.09	07958	VISITING PHYSICIANS	0	16	0	156	0 194.09
194.10	07959	FARM LAND	0	0	0	0	0 194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	11,048	0 194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	2,658	0	11,388	0 194.12
194.13	07961	VALET PARKING SERVICE	0	104	0	194	0 194.13
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)	909,066	852,148	767,797	856,614	2,928,370 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	290.529243	24.165499	69.395969	0.273862	29,283.700000 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	72,370	157,199	18,717	149,716	90,802 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	23.128795	4.457902	1.691703	0.047865	908.020000 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	
		16.00	17.00	19.00	23.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-HOSPITAL				1.01
1.02	00102	CAP REL COSTS-HSB I				1.02
1.03	00103	CAP REL COSTS-HSB II				1.03
1.04	00104	CAP REL COSTS-REHAB CNT				1.04
1.05	00105	CAP REL COSTS-DIAYSIS				1.05
1.06	00106	CAP REL COSTS-HOSPITALITY HOUSE				1.06
1.07	00107	CAP REL COSTS-MAB				1.07
1.08	00108	CAP REL COSTS-ORTHO BLDG				1.08
1.09	00109	CAP REL COSTS-CONVENIENCE CARE CLINI				1.09
4.00	00400	EMPLOYEE BENEFITS				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
6.01	00601	MAINTENANCE & REPAIRS-HSB I				6.01
6.02	00602	MAINTENANCE & REPAIRS-HSB II				6.02
6.03	00603	MAINTENANCE & REPAIRS-REHAB CLINIC				6.03
6.04	00604	MAINTENANCE & REPAIRS-MAB				6.04
6.05	00605	MAINTENANCE & REPAIRS-ORTHO BLDG				6.05
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING-HSB				9.01
9.02	00902	HOUSEKEEPING-HSB II				9.02
9.03	00903	HOUSEKEEPING-ORTHO				9.03
9.04	00904	HOUSEKEEPING-MAB				9.04
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,000			16.00
17.00	01700	SOCIAL SERVICE	0	27,050		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
23.00	02300	PARAMED PRGM	0	0	100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,373	17,325	0	30.00
31.00	03100	INTENSIVE CARE UNIT	111	1,900	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	167	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	446	7,525	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	100	54.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	903	300	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	
		16.00	17.00	19.00	23.00	
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	27,050	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	07950	DAY HEALTH	0	0	0	194.00
194.01	07962	OUTREACH	0	0	0	194.01
194.02	07951	OCCUPATIONAL MEDICINE	0	0	0	194.02
194.03	07952	FUND DEVELOPMENT	0	0	0	194.03
194.04	07953	OUTSIDE LAUNDRY	0	0	0	194.04
194.05	07954	PHYSICIAN SUPPORT	0	0	0	194.05
194.06	07955	HOSPITALITY HOUSE	0	0	0	194.06
194.07	07956	HSK DIALYSIS	0	0	0	194.07
194.08	07957	LEASED SALARIES	0	0	0	194.08
194.09	07958	VISITING PHYSICIANS	0	0	0	194.09
194.10	07959	FARM LAND	0	0	0	194.10
194.11	07963	CONVENIENCE CARE CLINIC	0	0	0	194.11
194.12	07960	MMG-PHYSICIAN OFFICES	0	0	0	194.12
194.13	07961	VALET PARKING SERVICE	0	0	0	194.13
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,334,670	623,126	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	133.467000	23.036081	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	109,134	23,975	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	10.913400	0.886322	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
11/29/2012 11:44 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	7,512,934		7,512,934	0	7,512,934	30.00
31.00	03100 INTENSIVE CARE UNIT	1,494,903		1,494,903	0	1,494,903	31.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	572,456		572,456	0	572,456	43.00
44.00	04400 SKILLED NURSING FACILITY	2,127,792		2,127,792	0	2,127,792	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,244,063		3,244,063	0	3,244,063	50.00
51.00	05100 RECOVERY ROOM	1,089,923		1,089,923	0	1,089,923	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	777,252		777,252	0	777,252	52.00
53.00	05300 ANESTHESIOLOGY	206,464		206,464	59,407	265,871	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,457,157		2,457,157	0	2,457,157	54.00
57.00	05700 CT SCAN	810,117		810,117	0	810,117	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	591,013		591,013	0	591,013	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	5,069,250		5,069,250	75,061	5,144,311	60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	453,834		453,834	0	453,834	63.00
65.00	06500 RESPIRATORY THERAPY	627,540	0	627,540	0	627,540	65.00
66.00	06600 PHYSICAL THERAPY	2,287,977	0	2,287,977	0	2,287,977	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	186,769	0	186,769	0	186,769	68.00
69.00	06900 ELECTROCARDIOLOGY	406,384		406,384	0	406,384	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	302,139		302,139	0	302,139	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	484,396		484,396	0	484,396	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,582,572		1,582,572	0	1,582,572	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,953,301		2,953,301	0	2,953,301	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	814,738		814,738	0	814,738	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	853,009		853,009	0	853,009	76.01
76.02	03951 FLU CLINIC	2,499		2,499	0	2,499	76.02
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	2,203,615		2,203,615	0	2,203,615	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	655,270		655,270	0	655,270	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	1,565,510		1,565,510	0	1,565,510	95.00
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	1,815,773		1,815,773	0	1,815,773	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
116.00	11600 HOSPICE	1,055,777		1,055,777	0	1,055,777	116.00
200.00	Subtotal (see instructions)	44,204,427	0	44,204,427	134,468	44,338,895	200.00
201.00	Less Observation Beds	655,270		655,270	0	655,270	201.00
202.00	Total (see instructions)	43,549,157	0	43,549,157	134,468	43,683,625	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
11/29/2012 11:44 am

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,398,333		6,398,333		30.00
31.00	03100	INTENSIVE CARE UNIT	1,841,383		1,841,383		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	799,434		799,434		43.00
44.00	04400	SKILLED NURSING FACILITY	2,229,944		2,229,944		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,565,308	6,981,580	9,546,888	0.339803	50.00
51.00	05100	RECOVERY ROOM	689,749	3,867,599	4,557,348	0.239157	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	342,700	0	342,700	2.268025	52.00
53.00	05300	ANESTHESIOLOGY	417,622	1,090,663	1,508,285	0.136887	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	736,099	6,146,548	6,882,647	0.357008	54.00
57.00	05700	CT SCAN	1,533,688	8,011,448	9,545,136	0.084872	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	208,817	4,667,009	4,875,826	0.121213	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	5,227,205	19,271,061	24,498,266	0.206923	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	358,252	327,457	685,709	0.661846	63.00
65.00	06500	RESPIRATORY THERAPY	874,413	946,856	1,821,269	0.344562	65.00
66.00	06600	PHYSICAL THERAPY	944,989	2,816,589	3,761,578	0.608249	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	81,898	425,008	506,906	0.368449	68.00
69.00	06900	ELECTROCARDIOLOGY	852,010	2,325,363	3,177,373	0.127899	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	24,625	898,789	923,414	0.327198	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,735,015	1,865,587	3,600,602	0.134532	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,329,372	724,421	3,053,793	0.518232	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,105,318	3,254,917	6,360,235	0.464338	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,690	725,496	728,186	1.118860	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	4,904	569,163	574,067	1.485905	76.01
76.02	03951	FLU CLINIC	0	19,514	19,514	0.128062	76.02
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	1,266,941	7,908,176	9,175,117	0.240173	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	217,871	1,695,741	1,913,612	0.342426	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	2,618,915	2,618,915	0.597770	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	1,408,818	1,408,818		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	1,221,110	1,221,110		116.00
200.00		Subtotal (see instructions)	34,788,580	79,787,828	114,576,408		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	34,788,580	79,787,828	114,576,408		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140089	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 11/29/2012 11:44 am
		Title XVII I	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.339803		50.00
51.00	05100 RECOVERY ROOM	0.239157		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2.268025		52.00
53.00	05300 ANESTHESIOLOGY	0.176274		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.357008		54.00
57.00	05700 CT SCAN	0.084872		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.121213		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.209987		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.661846		63.00
65.00	06500 RESPIRATORY THERAPY	0.344562		65.00
66.00	06600 PHYSICAL THERAPY	0.608249		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.368449		68.00
69.00	06900 ELECTROCARDIOLOGY	0.127899		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.327198		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.134532		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.518232		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.464338		73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.118860		76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	1.485905		76.01
76.02	03951 FLU CLINIC	0.128062		76.02
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.240173		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.342426		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.597770		95.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140089	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 11/29/2012 11:44 am
		Title XIX	Hospital	Cost

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		7,512,934	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT		1,494,903	0	0	31.00
41.00	04100 SUBPROVIDER - I RF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		572,456	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY		2,127,792	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		3,244,063	0	0	50.00
51.00	05100 RECOVERY ROOM		1,089,923	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		777,252	0	0	52.00
53.00	05300 ANESTHESIOLOGY		206,464	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,457,157	0	0	54.00
57.00	05700 CT SCAN		810,117	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		591,013	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		5,069,250	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		453,834	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	627,540	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	2,287,977	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	186,769	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		406,384	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		302,139	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		484,396	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		1,582,572	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		2,953,301	0	0	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		814,738	0	0	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR		853,009	0	0	76.01
76.02	03951 FLU CLINIC		2,499	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY		2,203,615	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		655,270	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		1,565,510	0	0	95.00
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		1,815,773	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE		1,055,777	0	0	116.00
200.00	Subtotal (see instructions)	0	44,204,427	0	0	200.00
201.00	Less Observation Beds		655,270	0	0	201.00
202.00	Total (see instructions)	0	43,549,157	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
11/29/2012 11:44 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,398,333		6,398,333		30.00
31.00	03100	INTENSIVE CARE UNIT	1,841,383		1,841,383		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	799,434		799,434		43.00
44.00	04400	SKILLED NURSING FACILITY	2,229,944		2,229,944		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,565,308	6,981,580	9,546,888	0.339803	50.00
51.00	05100	RECOVERY ROOM	689,749	3,867,599	4,557,348	0.239157	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	342,700	0	342,700	2.268025	52.00
53.00	05300	ANESTHESIOLOGY	417,622	1,090,663	1,508,285	0.136887	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	736,099	6,146,548	6,882,647	0.357008	54.00
57.00	05700	CT SCAN	1,533,688	8,011,448	9,545,136	0.084872	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	208,817	4,667,009	4,875,826	0.121213	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	5,227,205	19,271,061	24,498,266	0.206923	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	358,252	327,457	685,709	0.661846	63.00
65.00	06500	RESPIRATORY THERAPY	874,413	946,856	1,821,269	0.344562	65.00
66.00	06600	PHYSICAL THERAPY	944,989	2,816,589	3,761,578	0.608249	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	81,898	425,008	506,906	0.368449	68.00
69.00	06900	ELECTROCARDIOLOGY	852,010	2,325,363	3,177,373	0.127899	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	24,625	898,789	923,414	0.327198	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,735,015	1,865,587	3,600,602	0.134532	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,329,372	724,421	3,053,793	0.518232	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,105,318	3,254,917	6,360,235	0.464338	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,690	725,496	728,186	1.118860	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	4,904	569,163	574,067	1.485905	76.01
76.02	03951	FLU CLINIC	0	19,514	19,514	0.128062	76.02
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	1,266,941	7,908,176	9,175,117	0.240173	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	217,871	1,695,741	1,913,612	0.342426	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	2,618,915	2,618,915	0.597770	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	1,408,818	1,408,818		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	1,221,110	1,221,110		116.00
200.00		Subtotal (see instructions)	34,788,580	79,787,828	114,576,408		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	34,788,580	79,787,828	114,576,408		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140089	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 11/29/2012 11:44 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0.000000		76.01
76.02	03951 FLU CLINIC	0.000000		76.02
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet D
Part I
Date/Time Prepared:
11/29/2012 11:44 am

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	03000 ADULTS & PEDIATRICS	841,814	0	841,814	6,455	130.41	30.00
31.00	03100 INTENSIVE CARE UNIT	129,608		129,608	853	151.94	31.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	04300 NURSERY	34,953		34,953	797	43.86	43.00
44.00	04400 SKILLED NURSING FACILITY	131,811		131,811	2,768	47.62	44.00
200.00	Total (lines 30-199)	1,138,186		1,138,186	10,873		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140089	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part I Date/Time Prepared: 11/29/2012 11:44 am
		Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	3,358	437,917	30.00
31.00	03100 INTENSIVE CARE UNIT	607	92,228	31.00
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	2,356	112,193	44.00
200.00	Total (lines 30-199)	6,321	642,338	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet D
Part II
Date/Time Prepared:
11/29/2012 11:44 am

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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	268,738	9,546,888	0.028149	1,327,995	37,382	50.00
51.00	05100	RECOVERY ROOM	87,813	4,557,348	0.019268	337,870	6,510	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	58,356	342,700	0.170283	1,600	272	52.00
53.00	05300	ANESTHESIOLOGY	12,213	1,508,285	0.008097	177,482	1,437	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	259,455	6,882,647	0.037697	540,463	20,374	54.00
57.00	05700	CT SCAN	29,429	9,545,136	0.003083	1,069,108	3,296	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,810	4,875,826	0.002217	154,641	343	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	259,122	24,498,266	0.010577	3,193,597	33,779	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,562	685,709	0.031445	285,459	8,976	63.00
65.00	06500	RESPIRATORY THERAPY	89,421	1,821,269	0.049098	536,715	26,352	65.00
66.00	06600	PHYSICAL THERAPY	168,981	3,761,578	0.044923	268,426	12,059	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,667	506,906	0.015125	45,983	695	68.00
69.00	06900	ELECTROCARDIOLOGY	12,666	3,177,373	0.003986	640,572	2,553	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,767	923,414	0.012743	19,159	244	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,455	3,600,602	0.005959	1,002,284	5,973	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	75,189	3,053,793	0.024622	1,615,377	39,774	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	91,604	6,360,235	0.014403	1,597,638	23,011	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	32,552	728,186	0.044703	1,065	48	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	37,418	574,067	0.065181	2,032	132	76.01
76.02	03951	FLU CLINIC	49	19,514	0.002511	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	175,982	9,175,117	0.019180	825,767	15,838	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	73,422	1,913,612	0.038368	132,853	5,097	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	1,805,671	98,058,471		13,776,086	244,145	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140089		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part III Date/Time Prepared: 11/29/2012 11:44 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140089	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part III Date/Time Prepared: 11/29/2012 11:44 am
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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)	Title XVIII Hospital PPS	
					6.00	7.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	6,455	0.00	3,358	0		30.00
31.00 03100 INTENSIVE CARE UNIT	853	0.00	607	0		31.00
41.00 04100 SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00 04200 SUBPROVIDER	0	0.00	0	0		42.00
43.00 04300 NURSERY	797	0.00	0	0		43.00
44.00 04400 SKILLED NURSING FACILITY	2,768	0.00	2,356	0		44.00
200.00 Total (lines 30-199)	10,873		6,321	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet D
Part IV
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	139,167	0	139,167
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (Lines 50-199)	0	0	139,167	0	139,167

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	9,546,888	0.000000	0.000000	1,327,995	50.00
51.00	05100 RECOVERY ROOM	0	4,557,348	0.000000	0.000000	337,870	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	342,700	0.000000	0.000000	1,600	52.00
53.00	05300 ANESTHESIOLOGY	0	1,508,285	0.000000	0.000000	177,482	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	139,167	6,882,647	0.020220	0.020220	540,463	54.00
57.00	05700 CT SCAN	0	9,545,136	0.000000	0.000000	1,069,108	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,875,826	0.000000	0.000000	154,641	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	24,498,266	0.000000	0.000000	3,193,597	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	685,709	0.000000	0.000000	285,459	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,821,269	0.000000	0.000000	536,715	65.00
66.00	06600 PHYSICAL THERAPY	0	3,761,578	0.000000	0.000000	268,426	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	506,906	0.000000	0.000000	45,983	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,177,373	0.000000	0.000000	640,572	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	923,414	0.000000	0.000000	19,159	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,600,602	0.000000	0.000000	1,002,284	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	3,053,793	0.000000	0.000000	1,615,377	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,360,235	0.000000	0.000000	1,597,638	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	728,186	0.000000	0.000000	1,065	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	574,067	0.000000	0.000000	2,032	76.01
76.02	03951 FLU CLINIC	0	19,514	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	9,175,117	0.000000	0.000000	825,767	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,913,612	0.000000	0.000000	132,853	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	139,167	98,058,471			13,776,086	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	3,041,822	0	50.00
51.00	05100 RECOVERY ROOM	0	1,362,571	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	429,521	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,928	1,723,189	34,843	54.00
57.00	05700 CT SCAN	0	2,970,842	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,368,773	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	1,252,838	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	174,368	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	529,382	0	65.00
66.00	06600 PHYSICAL THERAPY	0	259,553	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,056,489	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	290,423	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	454,702	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	438,993	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,868,772	0	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	120,881	0	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	303,804	0	76.01
76.02	03951 FLU CLINIC	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	1,823,774	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	617,198	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	10,928	20,087,895	34,843	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet D
Part V
Date/Time Prepared:
11/29/2012 11:44 am

		Title XVIII			Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges					
			Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)				
		1.00	2.00	3.00	4.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.339803	3,041,822	0	0		50.00	
51.00	05100 RECOVERY ROOM	0.239157	1,362,571	0	0		51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	2.268025	0	0	0		52.00	
53.00	05300 ANESTHESIOLOGY	0.136887	429,521	0	0		53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.357008	1,723,189	0	0		54.00	
57.00	05700 CT SCAN	0.084872	2,970,842	0	0		57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.121213	1,368,773	0	0		58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00	
60.00	06000 LABORATORY	0.206923	1,252,838	0	0		60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.661846	174,368	0	0		63.00	
65.00	06500 RESPIRATORY THERAPY	0.344562	529,382	0	0		65.00	
66.00	06600 PHYSICAL THERAPY	0.608249	259,553	0	0		66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0		67.00	
68.00	06800 SPEECH PATHOLOGY	0.368449	0	0	0		68.00	
69.00	06900 ELECTROCARDIOLOGY	0.127899	1,056,489	0	0		69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.327198	290,423	0	0		70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.134532	454,702	0	0		71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.518232	438,993	0	0		72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.464338	1,868,772	0	4,437		73.00	
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.118860	120,881	0	0		76.00	
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	1.485905	303,804	0	0		76.01	
76.02	03951 FLU CLINIC	0.128062	0	0	13,424		76.02	
OUTPATIENT SERVICE COST CENTERS								
91.00	09100 EMERGENCY	0.240173	1,823,774	0	0		91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.342426	617,198	0	0		92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES	0.597770		0			95.00	
200.00	Subtotal (see instructions)		20,087,895	0	17,861		200.00	
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00	Net Charges (line 200 +/- line 201)		20,087,895	0	17,861		202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140089	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/29/2012 11:44 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	1,033,620	0	0	50.00
51.00	05100 RECOVERY ROOM	325,868	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	58,796	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	615,192	0	0	54.00
57.00	05700 CT SCAN	252,141	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	165,913	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	259,241	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	115,405	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	182,405	0	0	65.00
66.00	06600 PHYSICAL THERAPY	157,873	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	135,124	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	95,026	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	61,172	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	227,500	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	867,742	0	2,060	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	135,249	0	0	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	451,424	0	0	76.01
76.02	03951 FLU CLINIC	0	0	1,719	76.02
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	438,021	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	211,345	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES		0		95.00
200.00	Subtotal (see instructions)	5,789,057	0	3,779	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00	Net Charges (line 200 +/- line 201)	5,789,057	0	3,779	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140089
Component CCN: 145687

Period:
From 07/01/2011
To 06/30/2012

Worksheet D
Part IV
Date/Time Prepared:
11/29/2012 11:44 am
PPS

Title XVIII

Skilled Nursing Facility

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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	139,167	139,167	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	0	76.01
76.02	03951	FLU CLINIC	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	139,167	139,167	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140089 Component CCN: 145687	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/29/2012 11:44 am PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	9,546,888	0.000000	0.000000	0	50.00
51.00 05100 RECOVERY ROOM	0	4,557,348	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	342,700	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	1,508,285	0.000000	0.000000	346	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	139,167	6,882,647	0.020220	0.020220	43,326	54.00
57.00 05700 CT SCAN	0	9,545,136	0.000000	0.000000	1,797	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,875,826	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	24,498,266	0.000000	0.000000	466,173	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	685,709	0.000000	0.000000	16,740	63.00
65.00 06500 RESPIRATORY THERAPY	0	1,821,269	0.000000	0.000000	98,592	65.00
66.00 06600 PHYSICAL THERAPY	0	3,761,578	0.000000	0.000000	539,658	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	506,906	0.000000	0.000000	29,136	68.00
69.00 06900 ELECTROCARDIOLOGY	0	3,177,373	0.000000	0.000000	24,390	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	923,414	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,600,602	0.000000	0.000000	137,680	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	3,053,793	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	6,360,235	0.000000	0.000000	416,410	73.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	728,186	0.000000	0.000000	135	76.00
76.01 03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	574,067	0.000000	0.000000	0	76.01
76.02 03951 FLU CLINIC	0	19,514	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	9,175,117	0.000000	0.000000	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,913,612	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	139,167	98,058,471			1,774,383	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140089
Component CCN: 145687

Period:
From 07/01/2011
To 06/30/2012

Worksheet D
Part IV
Date/Time Prepared:
11/29/2012 11:44 am
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Title XVIII

Skilled Nursing Facility

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	876	0	0	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	0	0	0	76.01
76.02	03951 FLU CLINIC	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	876	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/29/2012 11:44 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,455	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,455	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		1,515	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,377	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)		3,358	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)		1,034	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,512,934	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)		7,512,934	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		5,732,070	28.00
29.00	Private room charges (excluding swing-bed charges)		1,530,150	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,201,920	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.310684	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,010.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		960.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		50.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		65.53	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		99,278	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		7,413,656	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,163.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,908,343	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)		3,908,343	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 11/29/2012 11:44 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	1,494,903	853	1,752.52	607	1,063,780		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,144,145		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,116,268		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)					530,145		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					255,073		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					785,218		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					8,331,050		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)					563		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,163.89		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					655,270		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet D-1

Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		Cost	Title XVIII		Hospital	PPS	
			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	841,814	7,512,934	0.112049	655,270	73,422	90.00
91.00	Nursing School cost	0	7,512,934	0.000000	655,270	0	91.00
92.00	Allied health cost	0	7,512,934	0.000000	655,270	0	92.00
93.00	All other Medical Education	0	7,512,934	0.000000	655,270	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1
		Component CCN: 145687		Date/Time Prepared: 11/29/2012 11:44 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,768	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,768	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		29	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,739	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)		2,356	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)		29	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,127,792	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)		2,127,792	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		2,229,690	28.00
29.00	Private room charges (excluding swing-bed charges)		24,795	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,204,895	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.954299	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		855.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		805.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		50.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		47.71	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		1,384	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,126,408	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1	
		Component CCN: 145687				Date/Time Prepared: 11/29/2012 11:44 am	
		Title XVIII		Skilled Nursing Facility		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)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					2,126,408	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					768.21	71.00
72.00	Program routine service cost (line 9 x line 71)					1,809,903	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					1,384	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					1,811,287	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					1,811,287	83.00
84.00	Program inpatient ancillary services (see instructions)					711,308	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					2,522,595	86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089 Component CCN: 145687		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/29/2012 11:44 am	
		Title XVIII		Skilled Nursing Facility		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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/29/2012 11:44 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,455	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,455	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		1,515	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,377	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)		624	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)		68	14.00
15.00	Total nursery days (title V or XIX only)		797	15.00
16.00	Nursery days (title V or XIX only)		394	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,512,934	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)		7,512,934	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		5,732,070	28.00
29.00	Private room charges (excluding swing-bed charges)		1,530,150	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,201,920	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.310684	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,010.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		960.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		50.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		65.53	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		99,278	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		7,413,656	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,148.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		716,670	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		4,456	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		721,126	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1	
Date/Time Prepared: 11/29/2012 11:44 am		Title XIX		Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	572,456	797	718.26	394	282,994		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	1,494,903	853	1,752.52	36	63,091		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,068,332		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,135,543		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)						563	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,163.89	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						655,270	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet D-1

Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Hospital		Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
				Total Observation Bed Cost (from line 89)	Cost		
	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	0	90.00
91.00 Nursing School cost	0	0	0.000000	0	0	0	91.00
92.00 Allied health cost	0	0	0.000000	0	0	0	92.00
93.00 All other Medical Education	0	0	0.000000	0	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140089	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 11/29/2012 11:44 am
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		3,848,452		30.00
31.00	03100 INTENSIVE CARE UNIT		1,295,840		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.339803	1,327,995	451,257	50.00
51.00	05100 RECOVERY ROOM	0.239157	337,870	80,804	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2.268025	1,600	3,629	52.00
53.00	05300 ANESTHESIOLOGY	0.176274	177,482	31,285	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.357008	540,463	192,950	54.00
57.00	05700 CT SCAN	0.084872	1,069,108	90,737	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.121213	154,641	18,744	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.209987	3,193,597	670,614	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.661846	285,459	188,930	63.00
65.00	06500 RESPIRATORY THERAPY	0.344562	536,715	184,932	65.00
66.00	06600 PHYSICAL THERAPY	0.608249	268,426	163,270	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.368449	45,983	16,942	68.00
69.00	06900 ELECTROCARDIOLOGY	0.127899	640,572	81,929	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.327198	19,159	6,269	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.134532	1,002,284	134,839	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.518232	1,615,377	837,140	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.464338	1,597,638	741,844	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.118860	1,065	1,192	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	1.485905	2,032	3,019	76.01
76.02	03951 FLU CLINIC	0.128062	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.240173	825,767	198,327	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.342426	132,853	45,492	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		13,776,086	4,144,145	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)		13,776,086		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140089	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3	
		Component CCN: 145687		Date/Time Prepared: 11/29/2012 11:44 am	
		Title XVIII	Skilled Nursing Facility	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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.339803	0	50.00
51.00	05100	RECOVERY ROOM	0.239157	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2.268025	0	52.00
53.00	05300	ANESTHESIOLOGY	0.136887	346	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.357008	43,326	54.00
57.00	05700	CT SCAN	0.084872	1,797	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.121213	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.206923	466,173	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.661846	16,740	63.00
65.00	06500	RESPIRATORY THERAPY	0.344562	98,592	65.00
66.00	06600	PHYSICAL THERAPY	0.608249	539,658	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.368449	29,136	68.00
69.00	06900	ELECTROCARDIOLOGY	0.127899	24,390	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.327198	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.134532	137,680	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.518232	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.464338	416,410	73.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.118860	135	76.00
76.01	03950	DIABETES/WOUND CARE/COUMADIN CNTR	1.485905	0	76.01
76.02	03951	FLU CLINIC	0.128062	0	76.02
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.240173	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.342426	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		1,774,383	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)		1,774,383	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140089	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 11/29/2012 11:44 am
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		602,170		30.00
31.00	03100 INTENSIVE CARE UNIT		76,860		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		285,155		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.339803	407,864	138,593	50.00
51.00	05100 RECOVERY ROOM	0.239157	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2.268025	250,052	567,124	52.00
53.00	05300 ANESTHESIOLOGY	0.136887	60,138	8,232	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.357008	39,119	13,966	54.00
57.00	05700 CT SCAN	0.084872	99,660	8,458	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.121213	9,535	1,156	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.206923	443,804	91,833	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.661846	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.344562	52,386	18,050	65.00
66.00	06600 PHYSICAL THERAPY	0.608249	7,157	4,353	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.368449	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.127899	12,770	1,633	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.327198	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.134532	145,986	19,640	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.518232	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.464338	363,896	168,971	73.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.118860	0	0	76.00
76.01	03950 DIABETES/WOUND CARE/COUMADIN CNTR	1.485905	0	0	76.01
76.02	03951 FLU CLINIC	0.128062	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.240173	68,668	16,492	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.342426	28,709	9,831	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		1,989,744	1,068,332	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)		1,989,744		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/29/2012 11:44 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		5,463,399	1.00
2.00	Outlier payments for discharges. (see instructions)		142,028	2.00
2.01	For inpatient PPS services rendered during the cost reporting period enter the operating outlier reconciliation amount for operating expenses from line 92.		0	2.01
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		76.46	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.44	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		12.34	31.00
32.00	Sum of lines 30 and 31		16.78	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.68	33.00
34.00	Disproportionate share adjustment (see instructions)		201,053	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		5,806,480	47.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/29/2012 11:44 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		7,025,548	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		7,025,548	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		449,778	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)		10,928	58.00
59.00	Total (sum of amounts on lines 49 through 58)		7,486,254	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		7,486,254	61.00
62.00	Deductibles billed to program beneficiaries		890,128	62.00
63.00	Coinurance billed to program beneficiaries		4,907	63.00
64.00	Allowable bad debts (see instructions)		129,106	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		90,374	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		129,106	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		6,681,593	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0	68.00
69.00	Enter the time value of money for operating expenses, the capital outlier reconciliation amount and time value of money for capital related expenses by entering the sum of lines 93, 95 and 96. For SCH, if the hospital specific payment amount on line 48, is greater than the federal specific payment amount on line 47, do not complete this line.		0	69.00
70.00			0	70.00
70.95	Recovery of Accelerated Depreciation		0	70.95
70.96	Low Volume Payment-1		83,471	70.96
70.97	Low Volume Payment-2		456,175	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)		7,221,239	71.00
72.00	Interim payments		7,195,458	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)		25,781	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2		0	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the Time Value of Money		0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)		0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/29/2012 11:44 am
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,779	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,754,214	2.00
3.00	PPS payments		4,603,166	3.00
4.00	Outlier payment (see instructions)		1,444	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.822	5.00
6.00	Line 2 times line 5		4,729,964	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		97.35	7.00
8.00	Transitional corridor payment (see instructions)		106,551	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		34,843	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,779	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		17,861	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)		17,861	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		1	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)		1	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		1.000000	17.00
18.00	Total customary charges (see instructions)		17,861	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		14,082	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		3,779	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)		4,746,004	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,145,195	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)		3,604,588	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)		3,604,588	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		3,604,588	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		100,145	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		70,102	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		100,145	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		3,674,690	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)		3,674,690	40.00
41.00	Interim payments		3,864,163	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)		-189,473	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2012 11:44 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		7,128,833		3,859,000		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		20,327		5,163		3.01
3.02			46,298		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)		66,625		5,163		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)		7,195,458		3,864,163		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		25,781		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		189,473		6.02
7.00	Total Medicare program liability (see instructions)		7,221,239		3,674,690		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: 140089
Component CCN: 145687

Period:
From 07/01/2011
To 06/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2012 11:44 am
PPS

Title XVIII

Skilled Nursing Facility

		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		729,541		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		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. E or Wkst. E-3, line and column as appropriate)		729,541		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		875		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		730,416		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089 Component CCN: 145687	Period: From 07/01/2011 To 06/30/2012	Worksheet E-3 Part VI Date/Time Prepared: 11/29/2012 11:44 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		791,133	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		876	3.00
4.00	Subtotal (sum of lines 1 through 3)		792,009	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		61,593	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Allowable reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		730,416	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		730,416	15.00
16.00	Interim payments		729,541	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		875	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

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

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet G

Date/Time Prepared:

11/29/2012 11:44 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	494,345	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	36,409,973	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-21,240,645	0	0	0	6.00
7.00	Inventory	1,392,858	0	0	0	7.00
8.00	Prepaid expenses	1,883,022	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)	18,939,553	0	0	0	11.00
FIXED ASSETS						
12.00	Land	111,602	0	0	0	12.00
13.00	Land improvements	2,068,041	0	0	0	13.00
14.00	Accumulated depreciation	-1,093,425	0	0	0	14.00
15.00	Buildings	18,444,050	0	0	0	15.00
16.00	Accumulated depreciation	-14,232,740	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	46,578,471	0	0	0	23.00
24.00	Accumulated depreciation	-33,810,065	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	3,728,078	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	21,794,012	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	42,490,395	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,447,453	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	43,937,848	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	84,671,413	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,978,667	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	799,282	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	951,088	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	11,729,037	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,672,237	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,672,237	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	13,401,274	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	71,270,139				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	71,270,139	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	84,671,413	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-1

Date/Time Prepared:
11/29/2012 11:44 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		66,043,443		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		4,540,692			2.00
3.00	Total (sum of line 1 and line 2)		70,584,135		0	3.00
4.00	CAPITAL GRANTS & GIFTS	686,004		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		686,004		0	10.00
11.00	Subtotal (line 3 plus line 10)		71,270,139		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		71,270,139		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-1

Date/Time Prepared:
11/29/2012 11:44 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	7,392,177		7,392,177	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	2,253,405		2,253,405	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	9,645,582		9,645,582	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	1,841,383		1,841,383	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	1,841,383		1,841,383	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	11,486,965		11,486,965	17.00
18.00	Ancillary services	25,519,087	91,159,140	116,678,227	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,408,818	1,408,818	22.00
23.00	AMBULANCE SERVICES	0	2,618,915	2,618,915	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	1,221,110	1,221,110	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	37,006,052	96,407,983	133,414,035	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		61,343,268		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	OPERATING COST OF MEDICAL ARTS BUILD	95,137			37.00
38.00	OPERATING COST OF ORTHOPEDIC BUILDIN	59,086			38.00
39.00	OPERATING COST OF HEALTH SERVICE BLD	542,957			39.00
40.00	OPERATING COST OF HSB II	234,068			40.00
41.00	OPERATING COST OF HOSPITALITY BUILD	42,711			41.00
41.01	HOUSEKEEPING COST OF DIALYSIS BUILD	13,051	0		41.01
41.02	MISCELLANEOUS	59,114	0		41.02
42.00	Total deductions (sum of lines 37-41)		1,046,124		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		60,297,144		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140089

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-3

Date/Time Prepared:
11/29/2012 11:44 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	133,414,035	1.00
2.00	Less contractual allowances and discounts on patients' accounts	70,347,718	2.00
3.00	Net patient revenues (line 1 minus line 2)	63,066,317	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	60,297,144	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,769,173	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	57,419	6.00
7.00	Income from investments	997,389	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	31,444	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	167,854	13.00
14.00	Revenue from meals sold to employees and guests	395,625	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	2,666	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	5,176	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	2,500	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	380,033	22.00
23.00	Governmental appropriations	57,757	23.00
24.00	BILLING	113,076	24.00
24.01	CONSULTING	271,778	24.01
24.02	FELLHEIMER FUND DONATIONS	280,268	24.02
24.03	MISCELLANEOUS	54,658	24.03
25.00	Total other income (sum of lines 6-24)	2,817,643	25.00
26.00	Total (line 5 plus line 25)	5,586,816	26.00
27.00	OPERATING COST OF MEDICAL ARTS BUILD	95,137	27.00
27.01	OPERATING COST OF ORTHOPEDIC BUILD	59,086	27.01
27.02	OPERATING COST OF HEALTH SERVICE I	542,957	27.02
27.03	OPERATING COST OF HSB II	234,068	27.03
27.04	OPERATING COST OF HOSPITALITY BUILD	42,711	27.04
27.05	HOUSEKEEPING COST OF DIALYSIS BLD	13,051	27.05
27.06	MISCELLANEOUS	59,114	27.06
28.00	Total other expenses (sum of line 27 and subscripts)	1,046,124	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	4,540,692	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140089
HHA CCN: 147293

Period:
From 07/01/2011
To 06/30/2012

Worksheet H
Date/Time Prepared:
11/29/2012 11:44 am
PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	1.00
2.00	Capital Related - Movable Equipment			0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	242,931	0	13,074	42,005	0	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	608,843	0	48,276	0	24,450	6.00
7.00	Physical Therapy	128,333	0	13,278	0	0	7.00
8.00	Occupational Therapy	41,995	0	6,139	0	0	8.00
9.00	Speech Pathology	4,338	0	2,207	0	0	9.00
10.00	Medical Social Services	14,564	0	975	0	0	10.00
11.00	Home Health Aide	25,500	0	6,017	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,066,504	0	89,966	42,005	24,450	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: 140089

Period:

Worksheet H

HHA CCN: 147293

From 07/01/2011
To 06/30/2012

Date/Time Prepared:
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		Total (sum of col. 1 thru 5)	Reclassifi- cation	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	298,010	-17,077	280,933	-216	280,717	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	681,569	0	681,569	0	681,569	6.00
7.00	Physical Therapy	141,611	0	141,611	0	141,611	7.00
8.00	Occupational Therapy	48,134	0	48,134	0	48,134	8.00
9.00	Speech Pathology	6,545	0	6,545	0	6,545	9.00
10.00	Medical Social Services	15,539	0	15,539	0	15,539	10.00
11.00	Home Health Aide	31,517	0	31,517	0	31,517	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,222,925	-17,077	1,205,848	-216	1,205,632	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: 140089	Period: From 07/01/2011	Worksheet H-1 Part I Date/Time Prepared: 11/29/2012 11:44 am
	HHA CCN: 147293	To 06/30/2012	
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	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	280,717	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	681,569	0	0	0	6.00
7.00	Physical Therapy	141,611	0	0	0	7.00
8.00	Occupational Therapy	48,134	0	0	0	8.00
9.00	Speech Pathology	6,545	0	0	0	9.00
10.00	Medical Social Services	15,539	0	0	0	10.00
11.00	Home Health Aide	31,517	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,205,632	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140089	Period: From 07/01/2011	Worksheet H-1
		HHA CCN: 147293	To 06/30/2012	Part I
			Home Health Agency I	Date/Time Prepared: 11/29/2012 11:44 am
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	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related - Bldg. & Fixtures	0		1.00
2.00	Capital Related - Movable Equipment	0		2.00
3.00	Plant Operation & Maintenance	0		3.00
4.00	Transportation			4.00
5.00	Administrative and General	280,717	280,717	5.00
HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	681,569	206,860	888,429
7.00	Physical Therapy	141,611	42,980	184,591
8.00	Occupational Therapy	48,134	14,609	62,743
9.00	Speech Pathology	6,545	1,986	8,531
10.00	Medical Social Services	15,539	4,716	20,255
11.00	Home Health Aide	31,517	9,566	41,083
12.00	Supplies (see instructions)	0	0	0
13.00	Drugs	0	0	0
14.00	DME	0	0	0
HHA NONREIMBURSABLE SERVICES				
15.00	Home Dialysis Aide Services	0	0	0
16.00	Respiratory Therapy	0	0	0
17.00	Private Duty Nursing	0	0	0
18.00	Clinic	0	0	0
19.00	Health Promotion Activities	0	0	0
20.00	Day Care Program	0	0	0
21.00	Home Delivered Meals Program	0	0	0
22.00	Homemaker Service	0	0	0
23.00	All Others (specify)	0	0	0
24.00	Total (sum of lines 1-23)	924,915		1,205,632

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 140089	Period: From 07/01/2011	Worksheet H-1 Part II Date/Time Prepared: 11/29/2012 11:44 am
	HHA CCN: 147293	To 06/30/2012	
		Home Health Agency I	PPS

	Capital Related Costs				Transportation (MILEAGE)	Reconciliation	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)				
	1.00	2.00	3.00	4.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-280,717	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-280,717	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: 140089	Period: From 07/01/2011	Worksheet H-1 Part II Date/Time Prepared: 11/29/2012 11:44 am
	HHA CCN: 147293	To 06/30/2012	
		Home Health Agency I	PPS

		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	924,915	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	681,569	6.00
7.00	Physical Therapy	141,611	7.00
8.00	Occupational Therapy	48,134	8.00
9.00	Speech Pathology	6,545	9.00
10.00	Medical Social Services	15,539	10.00
11.00	Home Health Aide	31,517	11.00
12.00	Supplies (see instructions)	0	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	924,915	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	280,717	25.00
26.00	Unit Cost Multiplier	0.303506	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140089
HHA CCN: 147293

Period:
From 07/01/2011
To 06/30/2012

Worksheet H-2
Part I
Date/Time Prepared:
11/29/2012 11:44 am
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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			CAP REL COSTS-HSB II	
		NEW BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I		
		1.00	1.01	1.02		
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	888,429	0	0	0	0	2.00
3.00 Physical Therapy	184,591	0	0	0	0	3.00
4.00 Occupational Therapy	62,743	0	0	0	0	4.00
5.00 Speech Pathology	8,531	0	0	0	0	5.00
6.00 Medical Social Services	20,255	0	0	0	0	6.00
7.00 Home Health Aide	41,083	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,205,632	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140089
HHA CCN: 147293

Period:
From 07/01/2011
To 06/30/2012

Worksheet H-2
Part I
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS				CAP REL COSTS-ORTHO BLDG	
	CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB		
	1.04	1.05	1.06	1.07		
1.00 Administrative and General	0	0	0	16,086	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	0	16,086	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: 140089
HHA CCN: 147293

Period:
From 07/01/2011
To 06/30/2012

Worksheet H-2
Part I
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
	CONVENIENCE	CARE CLINI					
	1.09	4.00					
1.00 Administrative and General	0	0	57,804	73,890	14,248	0	1.00
2.00 Skilled Nursing Care	0	0	145,888	1,034,317	199,439	0	2.00
3.00 Physical Therapy	0	0	30,814	215,405	41,535	0	3.00
4.00 Occupational Therapy	0	0	10,083	72,826	14,042	0	4.00
5.00 Speech Pathology	0	0	1,042	9,573	1,846	0	5.00
6.00 Medical Social Services	0	0	3,497	23,752	4,580	0	6.00
7.00 Home Health Aide	0	0	6,040	47,123	9,086	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	255,168	1,476,886	284,776	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.				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: 140089
HHA CCN: 147293

Period:
From 07/01/2011
To 06/30/2012

Worksheet H-2
Part I
Date/Time Prepared:
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Cost Center Description	MAINTENANCE & REPAIRS-HSBI	MAINTENANCE & REPAIRS-HSBI I	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORTHO BLDG	
	6.01	6.02	6.03	6.04	6.05	
1.00 Administrative and General	0	0	0	5,124	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	0	5,124	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: 140089
HHA CCN: 147293

Period:
From 07/01/2011
To 06/30/2012

Worksheet H-2
Part I
Date/Time Prepared:
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Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-H SB	HOUSEKEEPING-H SB II	HOUSEKEEPING-0 RTH0	
	8.00	9.00	9.01	9.02	9.03	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140089

Period: From 07/01/2011

Worksheet H-2

HHA CCN: 147293

To 06/30/2012

Part I
Date/Time Prepared:
11/29/2012 11:44 am

Home Health Agency I

PPS

Cost Center Description	HOUSEKEEPING-M	DIETARY	CAFETERIA	NURSING	CENTRAL	
	AB			ADMINISTRATION	SERVICES & SUPPLY	
	9.04	10.00	11.00	13.00	14.00	
1.00 Administrative and General	1,657	0	9,763	0	1,189	1.00
2.00 Skilled Nursing Care	0	0	21,869	0	6,606	2.00
3.00 Physical Therapy	0	0	3,915	0	0	3.00
4.00 Occupational Therapy	0	0	1,112	0	0	4.00
5.00 Speech Pathology	0	0	145	0	0	5.00
6.00 Medical Social Services	0	0	556	0	0	6.00
7.00 Home Health Aide	0	0	2,175	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)	1,657	0	39,535	0	7,795	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: 140089
HHA CCN: 147293

Period:
From 07/01/2011
To 06/30/2012

Worksheet H-2
Part I
Date/Time Prepared:
11/29/2012 11:44 am
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	
	15.00	16.00	17.00	19.00	23.00	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140089
HHA CCN: 147293

Period:
From 07/01/2011
To 06/30/2012

Worksheet H-2
Part I
Date/Time Prepared:
11/29/2012 11:44 am
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	105,871	0	105,871			1.00
2.00	Skilled Nursing Care	1,262,231	0	1,262,231	78,153	1,340,384	2.00
3.00	Physical Therapy	260,855	0	260,855	16,151	277,006	3.00
4.00	Occupational Therapy	87,980	0	87,980	5,447	93,427	4.00
5.00	Speech Pathology	11,564	0	11,564	716	12,280	5.00
6.00	Medical Social Services	28,888	0	28,888	1,789	30,677	6.00
7.00	Home Health Aide	58,384	0	58,384	3,615	61,999	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)	1,815,773	0	1,815,773	105,871	1,815,773	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.061916		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: 140089
HHA CCN: 147293

Period:
From 07/01/2011
To 06/30/2012

Worksheet H-2
Part II
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS					CAP REL COSTS-REHAB CNT (PER CENT)	
	NEW BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HOSPITAL (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)			
	1.00	1.01	1.02	1.03	1.04		
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140089
HHA CCN: 147293

Period:
From 07/01/2011
To 06/30/2012

Worksheet H-2
Part II
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					
		CAP REL COSTS-DIAYSIS (PER CENT)	CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLINI (PER CENT)	
		1.05	1.06	1.07	1.08	1.09	
1.00	Administrative and General	0	0	1,735	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	1,735	0	0	20.00
21.00	Total cost to be allocated	0	0	16,086	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	9.271470	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140089
HHA CCN: 147293

Period:
From 07/01/2011
To 06/30/2012

Worksheet H-2
Part II
Date/Time Prepared:
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Cost Center Description		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-HSBI (SQUARE FEET)	
		4.00	5A	5.00	6.00	6.01	
1.00	Administrative and General	240,741	0	73,890	0	0	1.00
2.00	Skilled Nursing Care	607,592	0	1,034,317	0	0	2.00
3.00	Physical Therapy	128,333	0	215,405	0	0	3.00
4.00	Occupational Therapy	41,995	0	72,826	0	0	4.00
5.00	Speech Pathology	4,338	0	9,573	0	0	5.00
6.00	Medical Social Services	14,564	0	23,752	0	0	6.00
7.00	Home Health Aide	25,154	0	47,123	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)	1,062,717		1,476,886	0	0	20.00
21.00	Total cost to be allocated	255,168		284,776	0	0	21.00
22.00	Unit cost multiplier	0.240109		0.192822	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140089
HHA CCN: 147293

Period:
From 07/01/2011
To 06/30/2012

Worksheet H-2
Part II
Date/Time Prepared:
11/29/2012 11:44 am
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Cost Center Description	MAINTENANCE & REPAIRS-HSB	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORTHO BLDG	LAUNDRY & LINEN SERVICE	
	(SQUARE FEET)	(PER CENT)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LINEN)	
	6.02	6.03	6.04	6.05	8.00	
1.00 Administrative and General	0	0	1,735	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	1,735	0	0	20.00
21.00 Total cost to be allocated	0	0	5,124	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	2.953314	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140089
HHA CCN: 147293

Period:
From 07/01/2011
To 06/30/2012

Worksheet H-2
Part II
Date/Time Prepared:
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Cost Center Description	HOUSEKEEPING	HOUSEKEEPING-H	HOUSEKEEPING-H	HOUSEKEEPING-O	HOUSEKEEPING-M	
	(TIME SPENT)	SB (SQUARE FEET)	SB II (SQUARE FEET)	RTHO (SQUARE FEET)	AB (SQUARE FEET)	
	9.00	9.01	9.02	9.03	9.04	
1.00 Administrative and General	0	0	0	0	1,735	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	1,735	20.00
21.00 Total cost to be allocated	0	0	0	0	1,657	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.955043	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140089
HHA CCN: 147293

Period:
From 07/01/2011
To 06/30/2012

Worksheet H-2
Part II
Date/Time Prepared:
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Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	10.00	11.00	13.00	14.00	15.00	
1.00 Administrative and General	0	404	0	4,340	0	1.00
2.00 Skilled Nursing Care	0	905	0	24,123	0	2.00
3.00 Physical Therapy	0	162	0	0	0	3.00
4.00 Occupational Therapy	0	46	0	0	0	4.00
5.00 Speech Pathology	0	6	0	0	0	5.00
6.00 Medical Social Services	0	23	0	0	0	6.00
7.00 Home Health Aide	0	90	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	1,636	0	28,463	0	20.00
21.00 Total cost to be allocated	0	39,535	0	7,795	0	21.00
22.00 Unit cost multiplier	0.000000	24.165648	0.000000	0.273864	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140089
HHA CCN: 147293

Period:
From 07/01/2011
To 06/30/2012

Worksheet H-2
Part II
Date/Time Prepared:
11/29/2012 11:44 am
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Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)		
	16.00	17.00	19.00	23.00		
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: 140089 HHA CCN: 147293		Period: From 07/01/2011 To 06/30/2012		Worksheet H-3 Parts I-II Date/Time Prepared: 11/29/2012 11:44 am	
		Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	1,340,384		1,340,384	5,871	1.00
2.00	Physical Therapy	3.00	277,006	0	277,006	1,513	2.00
3.00	Occupational Therapy	4.00	93,427	0	93,427	562	3.00
4.00	Speech Pathology	5.00	12,280	0	12,280	112	4.00
5.00	Medical Social Services	6.00	30,677		30,677	68	5.00
6.00	Home Health Aide	7.00	61,999		61,999	632	6.00
7.00	Total (sum of lines 1-6)		1,815,773	0	1,815,773	8,758	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		99914	1,762	2,324		8.00
9.00	Physical Therapy		99914	605	504		9.00
10.00	Occupational Therapy		99914	229	158		10.00
11.00	Speech Pathology		99914	52	18		11.00
12.00	Medical Social Services		99914	24	26		12.00
13.00	Home Health Aide		99914	175	427		13.00
14.00	Total (sum of lines 8-13)			2,847	3,457		14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	
		0	1.00	2.00	3.00	4.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	0	0	20,187	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	16.00
Cost Center Description		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy		66.00	0.608249	0	0	1.00
2.00	Occupational Therapy		67.00	0.000000	0	0	2.00
3.00	Speech Pathology		68.00	0.368449	0	0	3.00
4.00	Cost of Medical Supplies		71.00	0.134532	0	0	4.00
5.00	Cost of Drugs		73.00	0.464338	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140089
HHA CCN: 147293

Period:
From 07/01/2011
To 06/30/2012

Worksheet H-3
Parts I-III
Date/Time Prepared:
11/29/2012 11:44 am
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Title XVIII

Home Health Agency I

Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits			
			Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	5.00	6.00	7.00	8.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	228.31	1,762	2,324		1.00
2.00	Physical Therapy	183.08	605	504		2.00
3.00	Occupational Therapy	166.24	229	158		3.00
4.00	Speech Pathology	109.64	52	18		4.00
5.00	Medical Social Services	451.13	24	26		5.00
6.00	Home Health Aide	98.10	175	427		6.00
7.00	Total (sum of lines 1-6)		2,847	3,457		7.00
Cost Center Description						
		5.00	6.00	7.00	8.00	9.00
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
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
Program Covered Charges						
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B			
			Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		5.00	6.00	7.00	8.00	
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0.000000				15.00
16.00	Cost of Drugs	0.000000		0	0	16.00
Cost Center Description						
			Transfer to Part I as Indicated			
			4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	col. 2, line 2.00				1.00
2.00	Occupational Therapy	col. 2, line 3.00				2.00
3.00	Speech Pathology	col. 2, line 4.00				3.00
4.00	Cost of Medical Supplies	col. 2, line 15.00				4.00
5.00	Cost of Drugs	col. 2, line 16.00				5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140089
HHA CCN: 147293

Period:
From 07/01/2011
To 06/30/2012

Worksheet H-3
Parts I-III
Date/Time Prepared:
11/29/2012 11:44 am
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Title XVII

Home Health Agency I

Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)	
	Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	9.00	10.00	11.00	12.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION					
Cost Per Visit Computation					
1.00	Skilled Nursing Care	402,282	530,592	932,874	1.00
2.00	Physical Therapy	110,763	92,272	203,035	2.00
3.00	Occupational Therapy	38,069	26,266	64,335	3.00
4.00	Speech Pathology	5,701	1,974	7,675	4.00
5.00	Medical Social Services	10,827	11,729	22,556	5.00
6.00	Home Health Aide	17,168	41,889	59,057	6.00
7.00	Total (sum of lines 1-6)	584,810	704,722	1,289,532	7.00
Cost Center Description					
		10.00	11.00	12.00	
Limitation Cost Computation					
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
Cost of Services					
Cost Center Description	Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	9.00	10.00	11.00		
Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies				15.00
16.00	Cost of Drugs		0	0	16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140089 HHA CCN: 147293	Period: From 07/01/2011 To 06/30/2012	Worksheet H-4 Part I-II Date/Time Prepared: 11/29/2012 11:44 am
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	461,807	555,956	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)	461,807	555,956	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	461,807	555,956	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		354,695	355,192
12.00	Total PPS Reimbursement - Full Episodes with Outliers		15,365	22,229
13.00	Total PPS Reimbursement - LUPA Episodes		5,951	7,219
14.00	Total PPS Reimbursement - PEP Episodes		1,004	4,366
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		2,058	11,332
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)		379,073	400,338
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		379,073	400,338
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		379,073	400,338
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)		379,073	400,338
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		379,073	400,338
32.00	Interim payments (see instructions)		379,072	400,338
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: 140089
HHA CCN: 147293

Period:
From 07/01/2011
To 06/30/2012

Worksheet H-5
Date/Time Prepared:
11/29/2012 11:44 am
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		379,072		400,338	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		379,072		400,338	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)		379,073		400,338	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: 140089

Period: From 07/01/2011

Worksheet K

Hospice CCN: 141524

To 06/30/2012

Date/Time Prepared: 11/29/2012 11:44 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		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	51,168	0	0	3,630	24,997	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	19,564	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	23,797	0	0	0	0	9.00
10.00	Nursing Care	244,862	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	60	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	35,130	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	30,789	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	98,198	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	48,790	26.00
27.00	Patient Transportation	0	0	24,853	643	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	23,318	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	5,370	0	0	150	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	114,232	0	38.00
39.00	Total (sum of lines 1 thru 38)	391,176	0	24,853	161,537	171,985	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140089

Period: From 07/01/2011

Worksheet K

Hospice CCN: 141524

To 06/30/2012

Date/Time Prepared: 11/29/2012 11:44 am

		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	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	79,795	12,856	92,651	-216	92,435	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	19,564	0	19,564	0	19,564	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	23,797	0	23,797	0	23,797	9.00
10.00	Nursing Care	244,862	525	245,387	0	245,387	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	60	0	60	0	60	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	35,130	131	35,261	0	35,261	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	30,789	0	30,789	0	30,789	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	98,198	0	98,198	0	98,198	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	48,790	0	48,790	0	48,790	26.00
27.00	Patient Transportation	25,496	0	25,496	0	25,496	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.)	23,318	0	23,318	0	23,318	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	5,520	75	5,595	0	5,595	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	114,232	0	114,232	0	114,232	38.00
39.00	Total (sum of lines 1 thru 38)	749,551	13,587	763,138	-216	762,922	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140089

Period: From 07/01/2011

Worksheet K-1

Hospice CCN: 141524

To 06/30/2012

Date/Time Prepared: 11/29/2012 11:44 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	40,464	0	0	10,704	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	244,862	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	35,130	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	5,370	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	40,464	40,500	0	255,566	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140089

Period: From 07/01/2011

Worksheet K-1

Hospice CCN: 141524

To 06/30/2012

Date/Time Prepared: 11/29/2012 11:44 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	51,168	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	23,797	23,797	9.00
10.00	Nursing Care		0	0	244,862	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	60	0	0	60	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	35,130	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		30,789	0	30,789	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	5,370	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)	60	30,789	23,797	391,176	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140089		Period: From 07/01/2011 To 06/30/2012		Worksheet K-3	
		Hospice CCN: 141524				Date/Time Prepared: 11/29/2012 11:44 am	
		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

Provider CCN: 140089

Period: From 07/01/2011

Worksheet K-3

Hospice CCN: 141524

To 06/30/2012

Date/Time Prepared: 11/29/2012 11:44 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	3,630	3,630	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	19,564	19,564	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	643	643	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	23,318	23,318	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	150	150	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	114,232	114,232	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	161,537	161,537	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140089
 Hospice CCN: 141524

Period:
 From 07/01/2011
 To 06/30/2012

Worksheet K-4
 Part I
 Date/Time Prepared:
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		CAPITAL RELATED COST					
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	92,435	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	19,564	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	23,797	0	0	0	0	9.00
10.00	Nursing Care	245,387	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	60	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	35,261	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	30,789	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	98,198	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	48,790	0	0	0	0	26.00
27.00	Patient Transportation	25,496	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.)	23,318	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	5,595	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	114,232	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	762,922	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140089

Period: From 07/01/2011

Worksheet K-4

Hospice CCN: 141524

To 06/30/2012

Part I
Date/Time Prepared:
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		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	92,435	92,435		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	19,564	2,697	22,261	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	23,797	3,281	27,078	9.00
10.00	Nursing Care	0	245,387	33,830	279,217	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	60	8	68	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	35,261	4,861	40,122	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	30,789	4,245	35,034	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	98,198	13,538	111,736	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	48,790	6,726	55,516	26.00
27.00	Patient Transportation	0	25,496	3,515	29,011	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	23,318	3,215	26,533	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	5,595	771	6,366	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	114,232	15,748	129,980	38.00
39.00	Total (sum of lines 1 thru 38)	0	762,922		762,922	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089
 Hospice CCN: 141524

Period:
 From 07/01/2011
 To 06/30/2012

Worksheet K-4
 Part II
 Date/Time Prepared:
 11/29/2012 11:44 am

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2011
To 06/30/2012

Worksheet K-4
Part II
Date/Time Prepared:
11/29/2012 11:44 am

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-92,435	670,487	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	19,564	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	23,797	9.00
10.00	Nursing Care	0	245,387	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	60	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	35,261	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	30,789	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	98,198	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	48,790	26.00
27.00	Patient Transportation	0	25,496	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	23,318	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	5,595	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	114,232	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		92,435	39.00
40.00	Unit Cost Multiplier		0.137862	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period: From 07/01/2011

Worksheet K-5

Hospice CCN: 141524

To 06/30/2012

Part I
Date/Time Prepared:
11/29/2012 11:44 am

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS			CAP REL COSTS-HSB I I	
		NEW BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I		
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	22,261	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	27,078	0	0	0	0	4.00
5.00 Nursing Care	279,217	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	68	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	40,122	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	35,034	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	111,736	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	55,516	0	0	0	0	21.00
22.00 Patient Transportation	29,011	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.)	26,533	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	6,366	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	129,980	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	762,922	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: 140089

Period:

Worksheet K-5

Hospice CCN: 141524

From 07/01/2011
To 06/30/2012

Part I
Date/Time Prepared:
11/29/2012 11:44 am

Hospice I

Cost Center Description	CAPITAL RELATED COSTS					CAP REL COSTS-ORTHO BLDG	
	CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAGNOSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB			
	1.04	1.05	1.06	1.07	1.08		
1.00 Administrative and General	0	0	0	9,772	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	9,772	0	34.00	
35.00 Unit Cost Multiplier (see instructions)						35.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period: From 07/01/2011

Worksheet K-5

Hospice CCN: 141524

To 06/30/2012

Part I
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
		CONVENIENCE CARE CLINI						
		1.09	4.00	4A	5.00	6.00		
1.00	Administrative and General	0	9,716	19,488	3,758	0	1.00	
2.00	Inpatient - General Care	0	0	22,261	4,292	0	2.00	
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00	Physician Services	0	5,714	32,792	6,323	0	4.00	
5.00	Nursing Care	0	61,364	340,581	65,671	0	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00	Physical Therapy	0	14	82	16	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	8,435	48,557	9,363	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	7,393	42,427	8,181	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	111,736	21,545	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	55,516	10,705	0	21.00	
22.00	Patient Transportation	0	0	29,011	5,594	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	26,533	5,116	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	1,289	7,655	1,476	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	129,980	25,063	0	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	0	93,925	866,619	167,103	0	34.00	
35.00	Unit Cost Multiplier (see instructions)			0.000000			35.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period: From 07/01/2011

Worksheet K-5

Hospice CCN: 141524

To 06/30/2012

Part I
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS-HSB I	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORTHO BLDG	
		6.01	6.02	6.03	6.04	6.05	
1.00	Administrative and General	0	0	0	3,113	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	3,113	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period:

Worksheet K-5

Hospice CCN: 141524

From 07/01/2011
To 06/30/2012

Part I
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		Hospice I					
		LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING-H SB 9.01	HOUSEKEEPING-H SB II 9.02	HOUSEKEEPING-0 RTHO 9.03	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period: From 07/01/2011

Worksheet K-5

Hospice CCN: 141524

To 06/30/2012

Part I
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description	Hospice I					
	HOUSEKEEPING-M AB	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	9.04	10.00	11.00	13.00	14.00	
1.00 Administrative and General	1,006	0	1,112	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	9,110	0	2,784	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	1,716	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	2,972	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	242	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	1,006	0	15,152	0	2,784	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period:

Worksheet K-5

Hospice CCN: 141524

From 07/01/2011
To 06/30/2012

Part I
Date/Time Prepared:
11/29/2012 11:44 am

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140089

Period: From 07/01/2011

Worksheet K-5

Hospice CCN: 141524

To 06/30/2012

Part I
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		Hospice I					
		Subtotal (col.s. 4A-23)	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)	
		24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	28,477					1.00
2.00	Inpatient - General Care	26,553	0	26,553	736	27,289	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	39,115	0	39,115	1,084	40,199	4.00
5.00	Nursing Care	418,146	0	418,146	11,591	429,737	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	98	0	98	3	101	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	59,636	0	59,636	1,653	61,289	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	53,580	0	53,580	1,485	55,065	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	133,281	0	133,281	3,695	136,976	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	66,221	0	66,221	1,836	68,057	21.00
22.00	Patient Transportation	34,605	0	34,605	959	35,564	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.)	31,649	0	31,649	877	32,526	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	9,373	0	9,373	260	9,633	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	155,043	0	155,043	4,298	159,341	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,055,777	0	1,055,777		1,055,777	34.00
35.00	Unit Cost Multiplier (see instructions)				0.027720		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2011
To 06/30/2012

Worksheet K-5
Part II
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description	CAPITAL RELATED COSTS					CAP REL COSTS-REHAB CNT (PER CENT)	
	NEW BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HOSPITAL (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)			
	1.00	1.01	1.02	1.03	1.04		
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2011
To 06/30/2012

Worksheet K-5
Part II
Date/Time Prepared:
11/29/2012 11:44 am

Hospice I

Cost Center Description	CAPITAL RELATED COSTS					
	CAP REL COSTS-DAYS (PER CENT)	CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	CONVENIENCE CARE CLINI (PER CENT)	
	1.05	1.06	1.07	1.08	1.09	
1.00 Administrative and General	0	0	1,054	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	1,054	0	0	34.00
35.00 Total cost to be allocated	0	0	9,772	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	9.271347	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2011
To 06/30/2012

Worksheet K-5
Part II
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	Hospice I		
					MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	
		4.00	5A	5.00	6.00	6.01	
1.00	Administrative and General	40,464	0	19,488	0	0	1.00
2.00	Inpatient - General Care	0	0	22,261	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	23,797	0	32,792	0	0	4.00
5.00	Nursing Care	255,566	0	340,581	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	60	0	82	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	35,130	0	48,557	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	30,789	0	42,427	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	111,736	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	55,516	0	0	21.00
22.00	Patient Transportation	0	0	29,011	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	26,533	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	5,370	0	7,655	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	129,980	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	391,176		866,619	0	0	34.00
35.00	Total cost to be allocated	93,925		167,103	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.240109		0.192822	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2011
To 06/30/2012

Worksheet K-5
Part II
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		Hospice I					LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	
		MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	6.05		
6.02		6.03		6.04		6.05	8.00	
1.00	Administrative and General	0	0	1,054	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	1,054	0	0	0	34.00
35.00	Total cost to be allocated	0	0	3,113	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	2.953510	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2011
To 06/30/2012

Worksheet K-5
Part II
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description	Hospice I					
	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING-H SB (SQUARE FEET)	HOUSEKEEPING-H SB II (SQUARE FEET)	HOUSEKEEPING-O RTHO (SQUARE FEET)	HOUSEKEEPING-M AB (SQUARE FEET)	
	9.00	9.01	9.02	9.03	9.04	
1.00 Administrative and General	0	0	0	0	1,054	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	1,054	34.00
35.00 Total cost to be allocated	0	0	0	0	1,006	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.954459	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2011
To 06/30/2012

Worksheet K-5
Part II
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description	Hospice I					
	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	10.00	11.00	13.00	14.00	15.00	
1.00 Administrative and General	0	46	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	377	0	10,167	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	71	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	123	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	10	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	627	0	10,167	0	34.00
35.00 Total cost to be allocated	0	15,152	0	2,784	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	24.165869	0.000000	0.273827	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2011
To 06/30/2012

Worksheet K-5
Part II
Date/Time Prepared:
11/29/2012 11:44 am

Cost Center Description		Hospice I					
		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)		
		16.00	17.00	19.00	23.00		
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: 140089
 Hospice CCN: 141524

Period:
 From 07/01/2011
 To 06/30/2012

Worksheet K-5
 Part III
 Date/Time Prepared:
 11/29/2012 11:44 am

Cost Center Description		Hospice I			
		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.608249	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.368449	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.464338	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.209987	0	0 6.00
6.01	BLOOD LABORATORY	60.01			6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.134532	0	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00			9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	1.118860	0	0 10.00
10.01	DIABETES/WOUND CARE/COUMADIN CNTR	76.01	1.485905	0	0 10.01
10.02	FLU CLINIC	76.02	0.128062	0	0 10.02
10.97	CARDIAC REHABILITATION	76.97			10.97
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140089

Period:

Worksheet K-6

Hospice CCN: 141524

From 07/01/2011
To 06/30/2012

Date/Time Prepared:
11/29/2012 11:44 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				896,436	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				5,484	2.00
3.00	Average cost per diem (line 1 divided by line 2)				163.46	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	5,039				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	823,675				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		98			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		16,019			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			347		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			56,721		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140089	Period: From 07/01/2011 To 06/30/2012	Worksheet L Parts I-III Date/Time Prepared: 11/29/2012 11:44 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		435,736	1.00
2.00	Capital DRG outlier payments		14,042	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		18.43	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		449,778	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00