

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 REPORT PERIOD BEING DEEMED OVERPAYMENTS  
 (42 USC 1395g).

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0173		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 6/20/2011 TIME 16:46

PART I - 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 BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE 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:  
 CLARIAN ARNETT HOSPITAL 15-0173

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 AND THAT 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, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	A	B	TITLE XVIII	TITLE XIX
		1	2	3	4	4
1	HOSPITAL	0	3,330,503	268,937		4,038,400
100	TOTAL	0	3,330,503	268,937		4,038,400

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 this information collection is estimated 662 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 this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.







	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		N			
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		N			
58.01 IF LINE 58 COLUMN 1 IS Y, DOES 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. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).					
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).					0

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).

MI SCELLANEOUS DATA

64.00 DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO.

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	115	41,975			16,409		1,608
2 HMO							2,596
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	115	41,975			16,409		1,608
6 INTENSIVE CARE UNIT	14	5,110			1,657		92
7 CORONARY CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT	12	4,380					225
11 NURSERY							373
12 TOTAL	141	51,465			18,066		2,298
13 RPCH VISITS							
25 TOTAL	141						
26 OBSERVATION BED DAYS							252
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							117

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TRIPS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. / TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			30,021				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			30,021				
6 INTENSIVE CARE UNIT			2,742				
7 CORONARY CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT			1,630				
11 NURSERY			1,755				
12 TOTAL			36,148				
13 RPCH VISITS							
25 TOTAL							
26 OBSERVATION BED DAYS			1,956				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			404				

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					3,653	985	8,898
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		1,639.91			3,653	985	8,898
13 RPCH VISITS							
25 TOTAL		1,639.91					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0173  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 6/20/2011  
 WORKSHEET S-3  
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	129,843,511	-788,302	129,055,209	3,389,431.00	38.08	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	10,950,095		10,950,095	73,669.20	148.64	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	59,264,158	-81,999	59,182,159	1,023,450.00	57.83	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	489,129		489,129	8,174.00	59.84	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	13,086,498		13,086,498	445,502.00	29.37	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	15,615,246		15,615,246			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	10,429,678		10,429,678			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	2,042,602		2,042,602			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,693,386	-210,320	1,483,066	30,588.00	48.49	
22 ADMINISTRATIVE & GENERAL	9,566,858	220,185	9,787,043	390,762.00	25.05	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,759,750	335,594	2,095,344	124,459.00	16.84	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	1,136,710	-335,777	800,933	71,141.00	11.26	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	889,438	-781,253	108,185	18,922.00	5.72	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		651,493	651,493	51,809.00	12.57	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	3,046,025	-7,612	3,038,413	89,665.00	33.89	
31 CENTRAL SERVICE AND SUPPLY	1,022,024		1,022,024	58,984.00	17.33	
32 PHARMACY	2,381,573		2,381,573	64,467.00	36.94	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY						
34 SOCIAL SERVICE	146,425		146,425	5,964.00	24.55	
35 OTHER GENERAL SERVICE	348,897		348,897	28,171.00	12.38	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	118,893,416	-788,302	118,105,114	3,315,761.80	35.62	
2 EXCLUDED AREA SALARIES	59,264,158	-81,999	59,182,159	1,023,450.00	57.83	
3 SUBTOTAL SALARIES	59,629,258	-706,303	58,922,955	2,292,311.80	25.70	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	13,575,627		13,575,627	453,676.00	29.92	
5 SUBTOTAL WAGE-RELATED COSTS	15,615,246		15,615,246		26.50	
6 TOTAL	88,820,131	-706,303	88,113,828	2,745,987.80	32.09	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	21,991,086	-127,690	21,863,396	934,932.00	23.39	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0173	FROM 1/1/2010	6/20/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	50,932,937
17.01	GROSS MEDICAID REVENUES	35,341,116
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	86,274,053
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.324367
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0173	FROM 1/ 1/2010	6/20/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	35,341,116
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	11,463,492
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	50,932,937
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	16,520,964
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	11,463,492

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0173  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 6/20/2011  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				4,666,557	4,666,557
3.01	0301 CAPITAL BLDG COSTS - NONHOSPITAL				7,008,289	7,008,289
3.02	0302 CAPITAL COSTS INTEREST EXP				13,206,481	13,206,481
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				8,798,265	8,798,265
4.01	0401 CAP REL COSTS-MME NONHOSPITAL				1,643,122	1,643,122
5	0500 EMPLOYEE BENEFITS	1,693,386	975,753	2,669,139	20,036,132	22,705,271
6.01	0610 ADMITTING	4,357,702	1,332,476	5,690,178	-927,288	4,762,890
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	5,209,156	48,504,767	53,713,923	-21,929,129	31,784,794
8	0800 OPERATION OF PLANT	737,433	7,059,856	7,797,289	-1,443,968	6,353,321
8.01	0801 OPERATION OF PLANT NONHOSPITAL	1,022,317	9,845,234	10,867,551	-6,077,119	4,790,432
9	0900 LAUNDRY & LINEN SERVICE				521,968	521,968
9.01	0901 LAUNDRY NON-HOSPITAL				74,270	74,270
10	1000 HOUSEKEEPING	1,136,710	1,225,618	2,362,328	-636,417	1,725,911
11	1100 DIETARY	889,438	1,738,434	2,627,872	-1,964,768	663,104
12	1200 CAFETERIA				1,815,730	1,815,730
14	1400 NURSING ADMINISTRATION	3,046,025	1,865,673	4,911,698	-859,479	4,052,219
15	1500 CENTRAL SERVICES & SUPPLY	1,022,024	973,503	1,995,527	8,641,623	10,637,150
16	1600 PHARMACY	2,381,573	6,741,565	9,123,138	-1,014,236	8,108,902
17	1700 MEDICAL RECORDS & LIBRARY					
18	1800 SOCIAL SERVICE	146,425	60,485	206,910	-30,526	176,384
19	1950 OTHER GENERAL SERVICE COST CENTERS	348,897	386,261	735,158	-74,314	660,844
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	19,440,129	7,207,380	26,647,509	-6,165,842	20,481,667
26	2600 INTENSIVE CARE UNIT	2,397,569	1,070,579	3,468,148	-864,676	2,603,472
27	2700 CORONARY CARE UNIT					
30	2060 NEONATAL INTENSIVE CARE UNIT	2,256,975	667,657	2,924,632	-457,780	2,466,852
33	3300 NURSERY				830,891	830,891
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,653,503	10,497,415	13,150,918	-8,845,352	4,305,566
37.01	3701 ASC OPERATING ROOM	1,308,213	3,035,341	4,343,554	-2,313,816	2,029,738
38	3800 RECOVERY ROOM	511,107	163,865	674,972	-124,658	550,314
38.01	3801 ASC RECOVERY ROOM	570,249	297,181	867,430	-248,014	619,416
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	6,298,826	2,974,880	9,273,706	-1,176,252	8,097,454
40.01	4001 ASC ANESTHESIOLOGY	-25,977	194,341	168,364	-133,246	35,118
41	4100 RADIOLOGY-DIAGNOSTIC	2,001,748	1,962,218	3,963,966	-1,610,289	2,353,677
43	4300 RADIOISOTOPE	217,650	445,571	663,221	-71,704	591,517
44	4400 LABORATORY	2,276,212	7,511,293	9,787,505	-1,296,929	8,490,576
47	4700 BLOOD STORING, PROCESSING & TRANS.	68,846	1,425,021	1,493,867	-35,511	1,458,356
49	4900 RESPIRATORY THERAPY	1,453,975	782,978	2,236,953	-588,186	1,648,767
50	5000 PHYSICAL THERAPY	614,340	138,151	752,491	-99,235	653,256
53	5300 ELECTROCARDIOLOGY	569,568	313,394	882,962	-165,303	717,659
54	5400 ELECTROENCEPHALOGRAPHY	69,674	33,257	102,931	-27,836	75,095
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				3,276,186	3,276,186
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				6,488,733	6,488,733
56	5600 DRUGS CHARGED TO PATIENTS					
57	5700 RENAL DIALYSIS	48	241,194	241,242	-6,914	234,328
59	3120 CARDIAC CATHETERIZATION LABORATORY	2,104,319	7,255,971	9,360,290	-4,813,966	4,546,324
59.97	3997 CARDIAC REHABILITATION	195,481	336,296	531,777	-315,242	216,535
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.01	6001 SLEEP CLINIC	304,835	341,088	645,923	-274,332	371,591
61	6100 EMERGENCY	3,300,977	1,825,931	5,126,908	-1,167,669	3,959,239
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	70,579,353	129,430,627	200,009,980	11,248,251	211,258,231
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,083	97,976	120,059	-4,820	115,239
98	9800 PHYSICIANS' PRIVATE OFFICES	58,977,754	36,704,904	95,682,658	-11,169,529	84,513,129
100	7950 OTHER NONREIMBURSABLE COST CENTERS	264,321	679,850	944,171	-73,902	870,269
101	TOTAL	129,843,511	166,913,357	296,756,868	-0-	296,756,868

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 6/20/2011  
I 15-0173 I FROM 1/ 1/2010 I WORKSHEET A  
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	630,394	5,296,951
3.01	0301 CAPITAL BLDG COSTS - NONHOSPITAL	-31,868	6,976,421
3.02	0302 CAPITAL COSTS INTEREST EXP		13,206,481
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	2,903,591	11,701,856
4.01	0401 CAP REL COSTS-MME NONHOSPITAL		1,643,122
5	0500 EMPLOYEE BENEFITS	6,954,054	29,659,325
6.01	0610 ADMITTING		4,762,890
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	9,890,622	41,675,416
8	0800 OPERATION OF PLANT	996,014	7,349,335
8.01	0801 OPERATION OF PLANT NONHOSPITAL	-7,207	4,783,225
9	0900 LAUNDRY & LINEN SERVICE		521,968
9.01	0901 LAUNDRY NON-HOSPITAL		74,270
10	1000 HOUSEKEEPING	303,619	2,029,530
11	1100 DIETARY		663,104
12	1200 CAFETERIA	-966,427	849,303
14	1400 NURSING ADMINISTRATION	447,411	4,499,630
15	1500 CENTRAL SERVICES & SUPPLY		10,637,150
16	1600 PHARMACY		8,108,902
17	1700 MEDICAL RECORDS & LIBRARY	1,296,909	1,296,909
18	1800 SOCIAL SERVICE		176,384
19	1950 OTHER GENERAL SERVICE COST CENTERS		660,844
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-4,432,762	16,048,905
26	2600 INTENSIVE CARE UNIT		2,603,472
27	2700 CORONARY CARE UNIT		
30	2060 NEONATAL INTENSIVE CARE UNIT	-1,158,555	1,308,297
33	3300 NURSERY		830,891
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		4,305,566
37.01	3701 ASC OPERATING ROOM		2,029,738
38	3800 RECOVERY ROOM		550,314
38.01	3801 ASC RECOVERY ROOM		619,416
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY	-8,255,214	-157,760
40.01	4001 ASC ANESTHESIOLOGY		35,118
41	4100 RADIOLOGY-DIAGNOSTIC	-25,950	2,327,727
43	4300 RADIOISOTOPE		591,517
44	4400 LABORATORY	-2,449,491	6,041,085
47	4700 BLOOD STORING, PROCESSING & TRANS.		1,458,356
49	4900 RESPIRATORY THERAPY		1,648,767
50	5000 PHYSICAL THERAPY		653,256
53	5300 ELECTROCARDIOLOGY		717,659
54	5400 ELECTROENCEPHALOGRAPHY		75,095
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,276,186
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		6,488,733
56	5600 DRUGS CHARGED TO PATIENTS		
57	5700 RENAL DIALYSIS		234,328
59	3120 CARDIAC CATHETERIZATION LABORATORY	-7,300	4,539,024
59.97	3997 CARDIAC REHABILITATION		216,535
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 SLEEP CLINIC	-4,167	367,424
61	6100 EMERGENCY	-366,440	3,592,799
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	5,717,233	216,975,464
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		115,239
98	9800 PHYSICIANS' PRIVATE OFFICES		84,513,129
100	7950 OTHER NONREIMBURSABLE COST CENTERS		870,269
101	TOTAL	5,717,233	302,474,101

## COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0173  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 6/20/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	CAPITAL BLDG COSTS - NONHOSPITAL	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	CAPITAL COSTS INTEREST EXP	0302	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	CAP REL COSTS-MME NONHOSPITAL	0401	NEW CAP REL COSTS-MVBLE EQUIP
5	EMPLOYEE BENEFITS	0500	
6.01	ADMITTING	0610	NONPATIENT TELEPHONES
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT NONHOSPITAL	0801	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
9.01	LAUNDRY NON-HOSPITAL	0901	LAUNDRY & LINEN SERVICE
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	OTHER GENERAL SERVICE COST CENTERS	1950	OTHER GENERAL SERVICE COST CENTERS
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	ASC OPERATING ROOM	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
38.01	ASC RECOVERY ROOM	3801	RECOVERY ROOM
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
40.01	ASC ANESTHESIOLOGY	4001	ANESTHESIOLOGY
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	SLEEP CLINIC	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
150173

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 6/20/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION		INCREASE			
CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5	
1	EMPLOYEE BENEFIT	A	EMPLOYEE BENEFITS	5	20,250,950
2			ASC ANESTHESIOLOGY	40.01	15,589
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20	ACCRUED PTO	B	OTHER ADMINISTRATIVE AND GENERAL	6.06	210,320
21	ALLOWABLE ADVERTISING	C	OTHER ADMINISTRATIVE AND GENERAL	6.06	19,403
22	BILLABLE MEDICAL SUPPLIES	D	ADMITTING	6.01	500
23			OTHER ADMINISTRATIVE AND GENERAL	6.06	42,766
24			NURSING ADMINISTRATION	14	4,685
25			CENTRAL SERVICES & SUPPLY	15	52,381
26			PHARMACY	16	4,426
27			ASC ANESTHESIOLOGY	40.01	1,461
28			RADIOISOTOPE	43	1
29			ELECTROENCEPHALOGRAPHY	54	4,557
30			RENAL DIALYSIS	57	107
31			MEDICAL SUPPLIES CHARGED TO PATIENTS	55	3,276,186
32					
33					
34					
35					
20	PROPERTY INSURANCE	E	NEW CAP REL COSTS-BLDG & FIXT	3	152,615
21			CAPITAL BLDG COSTS - NONHOSPITAL	3.01	6,824
22			CAPITAL BLDG COSTS - NONHOSPITAL	3.01	21,647
23	CAFETERIA	F	CAFETERIA	12	651,493
24	DEPRECIATION EXP	G	NEW CAP REL COSTS-BLDG & FIXT	3	4,100,027
25			CAPITAL BLDG COSTS - NONHOSPITAL	3.01	2,021,373
26			NEW CAP REL COSTS-MVBLE EQUIP	4	7,667,909
27			CAP REL COSTS-MME NONHOSPITAL	4.01	1,392,992
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:  
150173

PERIOD:  
FROM 1/1/2010  
TO 12/31/2010

PREPARED 6/20/2011  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DEPRECIATION EXP	G				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18 CONTRACTED SERVICES	H	OPERATION OF PLANT	8		183
19		DIETARY	11		129,760
20		NURSING ADMINISTRATION	14		7,612
21		ADULTS & PEDIATRICS	25		182,701
22		INTENSIVE CARE UNIT	26		81,060
23		NEONATAL INTENSIVE CARE UNIT	30		8,813
24		RADIOLOGY-DIAGNOSTIC	41		103,538
25		PHYSICAL THERAPY	50		126,332
26		CARDIAC CATHETERIZATION LABORATORY	59		75,450
27		EMERGENCY	61		719
28		PHYSICIANS' PRIVATE OFFICES	98		81,999
29		OTHER ADMINISTRATIVE AND GENERAL	6.06	9,865	
30 BILLABLE IMPLANT SUPPLIES	I	ADULTS & PEDIATRICS	25		2,406
31		PHYSICIANS' PRIVATE OFFICES	98		28
32		IMPL. DEV. CHARGED TO PATIENT	55.30		6,488,733
33					
34					
35					
1 BILLABLE IMPLANT SUPPLIES	I				
2					
3 LABOR	J	NURSERY	33	161,060	17,775
4 PROPERTY TAXES	K	OPERATION OF PLANT NONHOSPITAL	8.01		139,488
5		NEW CAP REL COSTS-BLDG & FIXT	3		17,483
6		CAPITAL BLDG COSTS - NONHOSPITAL	3.01		723,666
7					
8 SECURITY COSTS	L	OPERATION OF PLANT	8	335,777	61,911
9 NON BILLABLE MEDICAL SUPPLIES	M	OTHER ADMINISTRATIVE AND GENERAL	6.06		8,361
10		CENTRAL SERVICES & SUPPLY	15		9,302,968
11					
12					
13					
14					
15					
16					
17					
18					
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RECLASSIFICATIONS

PROVIDER NO:  
150173

PERIOD:  
FROM 1/1/2010  
TO 12/31/2010

PREPARED 6/20/2011  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 NON BILLABLE MEDICAL SUPPLIES	M				
7 TELEPHONE	N	OTHER ADMINISTRATIVE AND GENERAL	6.06		26,914
22 INTEREST EXP CAPITAL LEASES	O	OTHER ADMINISTRATIVE AND GENERAL	6.06		42,554
		RADIOISOTOPE	43		4,166
		CAPITAL BLDG COSTS - NONHOSPITAL	3.01		2,107,692
		NEW CAP REL COSTS-MVBLE EQUIP	4		109,958
		CAP REL COSTS-MME NONHOSPITAL	4.01		45,980
30 LAUNDRY	P	OTHER ADMINISTRATIVE AND GENERAL	6.06		1,537
		LAUNDRY & LINEN SERVICE	9		521,968
		LAUNDRY NON-HOSPITAL	9.01		74,270
7 LEASE EXPENSE	Q	NEW CAP REL COSTS-BLDG & FIXT	3		396,432
		CAPITAL BLDG COSTS - NONHOSPITAL	3.01		2,127,087
		NEW CAP REL COSTS-MVBLE EQUIP	4		1,020,398
		CAP REL COSTS-MME NONHOSPITAL	4.01		204,150

RECLASSIFICATIONS

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PREPARED 6/20/2011  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 LEASE EXPENSE	Q				
2					
3					
4 CARDIO REHAB	R	PHYSICIANS' PRIVATE OFFICES	98		266,628
5 CAPITAL RELATED INTEREST	S	CAPITAL COSTS INTEREST EXP	3.02		13,206,481
6 MOTHER BABY	T	NURSERY	33	593,306	58,750
36 TOTAL RECLASSIFICATIONS				1,961,821	77,976,587

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.  
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:  
150173

PERIOD:  
FROM 1/1/2010  
TO 12/31/2010

PREPARED 6/20/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER	6	LINE NO	7	SALARY	8	OTHER	9	A-7 REF
1	EMPLOYEE BENEFIT	A	ADMITTING		6.01				880,972		
2			OTHER ADMINISTRATIVE AND GENERAL		6.06				849,273		
3			OPERATION OF PLANT		8				143,800		
4			OPERATION OF PLANT NONHOSPITAL		8.01				206,919		
5			HOUSEKEEPING		10				216,407		
6			DIETARY		11				143,493		
7			NURSING ADMINISTRATION		14				599,209		
8			CENTRAL SERVICES & SUPPLY		15				202,311		
9			PHARMACY		16				488,529		
10			SOCIAL SERVICE		18				29,975		
11			OTHER GENERAL SERVICE COST CENTERS		19				65,459		
12			ADULTS & PEDIATRICS		25				3,580,765		
13			INTENSIVE CARE UNIT		26				459,648		
14			NEONATAL INTENSIVE CARE UNIT		30				354,845		
15			OPERATING ROOM		37				531,097		
16			ASC OPERATING ROOM		37.01				266,611		
17			RECOVERY ROOM		38				106,744		
18			ASC RECOVERY ROOM		38.01				116,709		
19			ANESTHESIOLOGY		40				942,192		
20			RADIOLOGY-DIAGNOSTIC		41				380,724		
21			RADIOISOTOPE		43				42,100		
22			LABORATORY		44				457,874		
23			BLOOD STORING, PROCESSING & TRANS.		47				13,957		
24			RESPIRATORY THERAPY		49				289,619		
25			PHYSICAL THERAPY		50				96,550		
26			ELECTROCARDIOLOGY		53				113,358		
27			ELECTROENCEPHALOGRAPHY		54				14,368		
28			RENAL DIALYSIS		57				10		
29			CARDIAC CATHETERIZATION LABORATORY		59				408,005		
30			CARDIAC REHABILITATION		59.97				38,735		
31			SLEEP CLINIC		60.01				59,179		
32			EMERGENCY		61				668,117		
33			GIFT, FLOWER, COFFEE SHOP & CANTEEN		96				4,352		
34			PHYSICIANS' PRIVATE OFFICES		98				7,441,502		
35			OTHER NONREIMBURSABLE COST CENTERS		100				53,131		
1	ACCRUED PTO	B	EMPLOYEE BENEFITS		5		210,320				
2	ALLOWABLE ADVERTISING	C	OTHER NONREIMBURSABLE COST CENTERS		100				19,403		
3	BILLABLE MEDICAL SUPPLIES	D	EMPLOYEE BENEFITS		5				12		
4			ADULTS & PEDIATRICS		25				68,779		
5			INTENSIVE CARE UNIT		26				25,224		
6			NEONATAL INTENSIVE CARE UNIT		30				301		
7			OPERATING ROOM		37				1,872,488		
8			ASC OPERATING ROOM		37.01				643,339		
9			RECOVERY ROOM		38				117		
10			ASC RECOVERY ROOM		38.01				6,674		
11			ANESTHESIOLOGY		40				772		
12			RADIOLOGY-DIAGNOSTIC		41				8,848		
13			LABORATORY		44				1,331		
14			BLOOD STORING, PROCESSING & TRANS.		47				564		
15			RESPIRATORY THERAPY		49				827		
16			ELECTROCARDIOLOGY		53				88		
17			CARDIAC CATHETERIZATION LABORATORY		59				744,096		
18			CARDIAC REHABILITATION		59.97				22		
19			EMERGENCY		61				13,588		
20	PROPERTY INSURANCE	E	OTHER ADMINISTRATIVE AND GENERAL		6.06				181,086		12
21											12
22											12
23	CAFETERIA	F	DIETARY		11		651,493		1,164,237		
24	DEPRECIATION EXP	G	EMPLOYEE BENEFITS		5				1,579		9
25			ADMITTING		6.01				7,380		9
26			OTHER ADMINISTRATIVE AND GENERAL		6.06				7,506,523		9
27			OPERATION OF PLANT		8				1,433,747		9
28			OPERATION OF PLANT NONHOSPITAL		8.01				1,968,001		9
29			HOUSEKEEPING		10				9,657		9
30			NURSING ADMINISTRATION		14				182,793		9
31			CENTRAL SERVICES & SUPPLY		15				42,746		9
32			PHARMACY		16				257,666		9
33			ADULTS & PEDIATRICS		25				251,456		9
34			INTENSIVE CARE UNIT		26				63,486		9
35			NEONATAL INTENSIVE CARE UNIT		30				17,419		9

RECLASSIFICATIONS

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TO 12/31/2010

PREPARED 6/20/2011  
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CONTD

		----- DECREASE -----				A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 DEPRECIATION EXP	G	OPERATING ROOM	37		85,328	9
2		ASC OPERATING ROOM	37.01		238,513	9
3		RECOVERY ROOM	38		15,558	9
4		ASC RECOVERY ROOM	38.01		15,059	9
5		ASC ANESTHESIOLOGY	40.01		85,377	9
6		RADIOLOGY-DIAGNOSTIC	41		947,948	9
7		RADIOISOTOPE	43		25,581	9
8		LABORATORY	44		104,484	9
9		RESPIRATORY THERAPY	49		30,682	9
10		ELECTROCARDIOLOGY	53		24,455	9
11		ELECTROENCEPHALOGRAPHY	54		16,978	9
12		CARDIAC CATHETERIZATION LABORATORY	59		632,890	9
13		SLEEP CLINIC	60.01		34,429	9
14		EMERGENCY	61		17,040	9
15		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		271	9
16		PHYSICIANS' PRIVATE OFFICES	98		1,164,467	9
17		OTHER NONREIMBURSABLE COST CENTERS	100		788	10
18 CONTRACTED SERVICES	H	OPERATION OF PLANT	8	183		
19		DIETARY	11	129,760		
20		NURSING ADMINISTRATION	14	7,612		
21		ADULTS & PEDIATRICS	25	182,701		
22		INTENSIVE CARE UNIT	26	81,060		
23		NEONATAL INTENSIVE CARE UNIT	30	8,813		
24		RADIOLOGY-DIAGNOSTIC	41	103,538		
25		PHYSICAL THERAPY	50	126,332		
26		CARDIAC CATHETERIZATION LABORATORY	59	75,450		
27		EMERGENCY	61	719		
28		PHYSICIANS' PRIVATE OFFICES	98	81,999		
29		OTHER ADMINISTRATIVE AND GENERAL	6.06		9,865	
30 BILLABLE IMPLANT SUPPLIES	I	OTHER ADMINISTRATIVE AND GENERAL	6.06		35,287	
31		INTENSIVE CARE UNIT	26		344	
32		OPERATING ROOM	37		4,056,785	
33		ASC OPERATING ROOM	37.01		563,106	
34		LABORATORY	44		1,900	
35		RESPIRATORY THERAPY	49		209	
1 BILLABLE IMPLANT SUPPLIES	I	CARDIAC CATHETERIZATION LABORATORY	59		1,832,032	
2		EMERGENCY	61		1,504	
3 LABOR	J	ADULTS & PEDIATRICS	25	161,060	17,775	
4 PROPERTY TAXES	K	OTHER ADMINISTRATIVE AND GENERAL	6.06		10,334	13
5		OPERATION OF PLANT	8		1,323	13
6		OPERATING ROOM	37		5,826	13
7		PHYSICIANS' PRIVATE OFFICES	98		863,154	13
8 SECURITY COSTS	L	HOUSEKEEPING	10	335,777	61,911	
9 NON BILLABLE MEDICAL SUPPLIES	M	EMPLOYEE BENEFITS	5		2,185	
10		ADMITTING	6.01		6,506	
11		OPERATION OF PLANT NONHOSPITAL	8.01		2,423	
12		HOUSEKEEPING	10		11,148	
13		DIETARY	11		899	
14		NURSING ADMINISTRATION	14		15,413	
15		CENTRAL SERVICES & SUPPLY	15		15,298	
16		PHARMACY	16		190,591	
17		OTHER GENERAL SERVICE COST CENTERS	19		68	
18		ADULTS & PEDIATRICS	25		1,339,027	
19		INTENSIVE CARE UNIT	26		292,989	
20		NEONATAL INTENSIVE CARE UNIT	30		84,589	
21		OPERATING ROOM	37		2,090,144	
22		ASC OPERATING ROOM	37.01		580,875	
23		RECOVERY ROOM	38		97	
24		ASC RECOVERY ROOM	38.01		51,731	
25		ANESTHESIOLOGY	40		233,288	
26		ASC ANESTHESIOLOGY	40.01		64,919	
27		RADIOLOGY-DIAGNOSTIC	41		231,278	
28		RADIOISOTOPE	43		7,735	
29		LABORATORY	44		725,276	
30		BLOOD STORING, PROCESSING & TRANS.	47		20,990	
31		RESPIRATORY THERAPY	49		183,781	
32		PHYSICAL THERAPY	50		2,685	
33		ELECTROCARDIOLOGY	53		27,335	
34		ELECTROENCEPHALOGRAPHY	54		1,047	
35		RENAL DIALYSIS	57		6,489	

RECLASSIFICATIONS

PROVIDER NO:  
150173

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 6/20/2011  
WORKSHEET A-6  
CONTD

----- DECREASE -----						A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	REF 10
1 NON BILLABLE MEDICAL SUPPLIES	M	CARDIAC CATHETERIZATION LABORATORY	59		1,175,120	
2		CARDIAC REHABILITATION	59.97		9,418	
3		SLEEP CLINIC	60.01		32,353	
4		EMERGENCY	61		448,256	
5		PHYSICIANS' PRIVATE OFFICES	98		1,457,281	
6		OTHER NONREIMBURSABLE COST CENTERS	100		95	
7 TELEPHONE	N	ADMINISTRATIVE	6.01		286	
8		OPERATION OF PLANT	8		643	
9		HOUSEKEEPING	10		562	
10		ADULTS & PEDIATRICS	25		4,983	
11		INTENSIVE CARE UNIT	26		631	
12		OPERATING ROOM	37		200	
13		ASC OPERATING ROOM	37.01		400	
14		RADIOLOGY-DIAGNOSTIC	41		2,277	
15		LABORATORY	44		843	
16		CARDIAC CATHETERIZATION LABORATORY	59		393	
17		SLEEP CLINIC	60.01		138	
18		EMERGENCY	61		5,997	
19		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		40	
20		PHYSICIANS' PRIVATE OFFICES	98		9,442	
21		OTHER NONREIMBURSABLE COST CENTERS	100		79	
22 INTEREST EXP CAPITAL LEASES	O	OPERATION OF PLANT NONHOSPITAL	8.01		2,107,692	11
23		NURSING ADMINISTRATION	14		62,209	11
24		PHARMACY	16		62,929	11
25		RADIOLOGY-DIAGNOSTIC	41		31,299	11
26		LABORATORY	44		133	11
27		ELECTROCARDIOLOGY	53		49	11
28		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		59	11
29		PHYSICIANS' PRIVATE OFFICES	98		45,980	11
30 LAUNDRY	P	ADMINISTRATIVE	6.01		186	
31		HOUSEKEEPING	10		44	
32		DIETARY	11		55	
33		CENTRAL SERVICES & SUPPLY	15		451,480	
34		OTHER GENERAL SERVICE COST CENTERS	19		40	
35		OPERATING ROOM	37		416	
1 LAUNDRY	P	ASC OPERATING ROOM	37.01		1,494	
2		ASC RECOVERY ROOM	38.01		57,233	
3		LABORATORY	44		2,248	
4		CARDIAC CATHETERIZATION LABORATORY	59		230	
5		SLEEP CLINIC	60.01		10,079	
6		PHYSICIANS' PRIVATE OFFICES	98		74,270	
7 LEASE EXPENSE	Q	EMPLOYEE BENEFITS	5		722	10
8		ADMINISTRATIVE	6.01		32,458	10
9		OTHER ADMINISTRATIVE AND GENERAL	6.06		492,000	10
10		OPERATION OF PLANT	8		262,143	10
11		OPERATION OF PLANT NONHOSPITAL	8.01		1,931,572	10
12		HOUSEKEEPING	10		911	10
13		DIETARY	11		4,591	10
14		NURSING ADMINISTRATION	14		4,540	10
15		CENTRAL SERVICES & SUPPLY	15		1,891	10
16		PHARMACY	16		18,947	10
17		SOCIAL SERVICE	18		551	10
18		OTHER GENERAL SERVICE COST CENTERS	19		8,747	10
19		ADULTS & PEDIATRICS	25		92,347	10
20		INTENSIVE CARE UNIT	26		22,354	10
21		NEONATAL INTENSIVE CARE UNIT	30		626	10
22		OPERATING ROOM	37		203,068	10
23		ASC OPERATING ROOM	37.01		19,478	10
24		RECOVERY ROOM	38		2,142	10
25		ASC RECOVERY ROOM	38.01		608	10
26		RADIOLOGY-DIAGNOSTIC	41		7,915	10
27		RADIOISOTOPE	43		455	10
28		LABORATORY	44		2,840	10
29		RESPIRATORY THERAPY	49		83,068	10
30		ELECTROCARDIOLOGY	53		18	10
31		RENAL DIALYSIS	57		522	10
32		CARDIAC CATHETERIZATION LABORATORY	59		21,200	10
33		CARDIAC REHABILITATION	59.97		439	10
34		SLEEP CLINIC	60.01		138,154	10
35		EMERGENCY	61		13,167	10

RECLASSIFICATIONS

PROVIDER NO:  
150173

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 6/20/2011  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 LEASE EXPENSE	Q	GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		98	10
2		PHYSICIANS' PRIVATE OFFICES	98		380,089	10
3		OTHER NONREIMBURSABLE COST CENTERS	100		406	10
4 CARDIO REHAB	R	CARDIAC REHABILITATION	59.97		266,628	
5 CAPITAL RELATED INTEREST	S	OTHER ADMINISTRATIVE AND GENERAL	6.06		13,206,481	11
6 MOTHER BABY	T	ADULTS & PEDIATRICS	25	593,306	58,750	
36 TOTAL RECLASSIFICATIONS				2,750,123	77,188,285	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.  
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:  
150173

PERIOD:  
FROM 1/1/2010  
TO 12/31/2010

PREPARED 6/20/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION: EMPLOYEE BENEFIT

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	20,250,950	ADM ITTING	6.01	880,972	
2.00	ASC ANESTHESIOLOGY	40.01	15,589	OTHER ADMINI STRATIVE AND GENER	6.06	849,273	
3.00			0	OPERATION OF PLANT	8	143,800	
4.00			0	OPERATION OF PLANT NONHOSPITA	8.01	206,919	
5.00			0	HOUSEKEEPING	10	216,407	
6.00			0	DI ETARY	11	143,493	
7.00			0	NURSI NG ADMINI STRATION	14	599,209	
8.00			0	CENTRAL SERVICES & SUPPLY	15	202,311	
9.00			0	PHARMACY	16	488,529	
10.00			0	SOCIAL SERVICE	18	29,975	
11.00			0	OTHER GENERAL SERVICE COST CEN	19	65,459	
12.00			0	ADULTS & PEDI ATRICS	25	3,580,765	
13.00			0	INTENSIVE CARE UNIT	26	459,648	
14.00			0	NEONATAL INTENSIVE CARE UNIT	30	354,845	
15.00			0	OPERATING ROOM	37	531,097	
16.00			0	ASC OPERATING ROOM	37.01	266,611	
17.00			0	RECOVERY ROOM	38	106,744	
18.00			0	ASC RECOVERY ROOM	38.01	116,709	
19.00			0	ANESTHESIOLOGY	40	942,192	
20.00			0	RADIOLOGY-DI AGNOSTIC	41	380,724	
21.00			0	RADIO SOTOPE	43	42,100	
22.00			0	LABORATORY	44	457,874	
23.00			0	BLOOD STORING, PROCESSING & TR	47	13,957	
24.00			0	RESPI RATORY THERAPY	49	289,619	
25.00			0	PHYSI CAL THERAPY	50	96,550	
26.00			0	ELECTROCARDIOLOGY	53	113,358	
27.00			0	ELECTROENCEPHALOGRAPHY	54	14,368	
28.00			0	RENAL DI ALYSIS	57	10	
29.00			0	CARDI AC CATHETERI ZATION LABORA	59	408,005	
30.00			0	CARDI AC REHABI LITATION	59.97	38,735	
31.00			0	SLEEP CLINIC	60.01	59,179	
32.00			0	EMERGENCY	61	668,117	
33.00			0	GI FT, FLOWER, COFFEE SHOP & CA	96	4,352	
34.00			0	PHYSI CIANS' PRI VATE OFFICES	98	7,441,502	
35.00			0	OTHER NONREIMBURSABLE COST CEN	100	53,131	
TOTAL RECLASSIFICATIONS FOR CODE A			20,266,539	TOTAL RECLASSIFICATIONS FOR CODE A			20,266,539

RECLASS CODE: B  
EXPLANATION: ACCRUED PTO

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINI STRATIVE AND GENER	6.06	210,320	EMPLOYEE BENEFITS	5	210,320	
TOTAL RECLASSIFICATIONS FOR CODE B			210,320	TOTAL RECLASSIFICATIONS FOR CODE B			210,320

RECLASS CODE: C  
EXPLANATION: ALLOWABLE ADVERTISING

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINI STRATIVE AND GENER	6.06	19,403	OTHER NONREIMBURSABLE COST CEN	100	19,403	
TOTAL RECLASSIFICATIONS FOR CODE C			19,403	TOTAL RECLASSIFICATIONS FOR CODE C			19,403

RECLASS CODE: D  
EXPLANATION: BILLABLE MEDICAL SUPPLIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADM ITTING	6.01	500	EMPLOYEE BENEFITS	5	12	
2.00	OTHER ADMINI STRATIVE AND GENER	6.06	42,766	ADULTS & PEDI ATRICS	25	68,779	
3.00	NURSI NG ADMINI STRATION	14	4,685	INTENSIVE CARE UNIT	26	25,224	
4.00	CENTRAL SERVICES & SUPPLY	15	52,381	NEONATAL INTENSIVE CARE UNIT	30	301	
5.00	PHARMACY	16	4,426	OPERATING ROOM	37	1,872,488	
6.00	ASC ANESTHESIOLOGY	40.01	1,461	ASC OPERATING ROOM	37.01	643,339	
7.00	RADIO SOTOPE	43	1	RECOVERY ROOM	38	117	
8.00	ELECTROENCEPHALOGRAPHY	54	4,557	ASC RECOVERY ROOM	38.01	6,674	
9.00	RENAL DI ALYSIS	57	107	ANESTHESIOLOGY	40	772	
10.00	MEDI CAL SUPPLI ES CHARGED TO PA	55	3,276,186	RADIOLOGY-DI AGNOSTIC	41	8,848	
11.00			0	LABORATORY	44	1,331	
12.00			0	BLOOD STORING, PROCESSING & TR	47	564	
13.00			0	RESPI RATORY THERAPY	49	827	

RECLASSIFICATIONS

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PERIOD:  
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NOT A CMS WORKSHEET

RECLASS CODE: D  
EXPLANATION : BILLABLE MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
14.00			0
15.00			0
16.00			0
17.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			3,387,070

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ELECTROCARDIOLOGY	53	88	
CARDIAC CATHETERIZATION LABORATORY	59	744,096	
CARDIAC REHABILITATION	59.97	22	
EMERGENCY	61	13,588	
			3,387,070

RECLASS CODE: E  
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	152,615
2.00	CAPITAL BLDG COSTS - NONHOSPIT	3.01	6,824
3.00	CAPITAL BLDG COSTS - NONHOSPIT	3.01	21,647
TOTAL RECLASSIFICATIONS FOR CODE E			181,086

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENERAL	6.06	181,086	
			0
			0
			181,086

RECLASS CODE: F  
EXPLANATION : CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,815,730
TOTAL RECLASSIFICATIONS FOR CODE F			1,815,730

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,815,730	
			1,815,730

RECLASS CODE: G  
EXPLANATION : DEPRECIATION EXP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	4,100,027
2.00	CAPITAL BLDG COSTS - NONHOSPIT	3.01	2,021,373
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	7,667,909
4.00	CAP REL COSTS-MME NONHOSPITAL	4.01	1,392,992
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
TOTAL RECLASSIFICATIONS FOR CODE G			15,182,301

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	1,579	
ADMINISTRATIVE	6.01	7,380	
OTHER ADMINISTRATIVE AND GENERAL	6.06	7,506,523	
OPERATION OF PLANT	8	1,433,747	
OPERATION OF PLANT NONHOSPITAL	8.01	1,968,001	
HOUSEKEEPING	10	9,657	
NURSING ADMINISTRATION	14	182,793	
CENTRAL SERVICES & SUPPLY	15	42,746	
PHARMACY	16	257,666	
ADULTS & PEDIATRICS	25	251,456	
INTENSIVE CARE UNIT	26	63,486	
NEONATAL INTENSIVE CARE UNIT	30	17,419	
OPERATING ROOM	37	85,328	
ASC OPERATING ROOM	37.01	238,513	
RECOVERY ROOM	38	15,558	
ASC RECOVERY ROOM	38.01	15,059	
ASC ANESTHESIOLOGY	40.01	85,377	
RADIOLOGY-DIAGNOSTIC	41	947,948	
RADIOISOTOPE	43	25,581	
LABORATORY	44	104,484	
RESPIRATORY THERAPY	49	30,682	
ELECTROCARDIOLOGY	53	24,455	
ELECTROENCEPHALOGRAPHY	54	16,978	
CARDIAC CATHETERIZATION LABORATORY	59	632,890	
SLEEP CLINIC	60.01	34,429	
EMERGENCY	61	17,040	
GIFT, FLOWER, COFFEE SHOP & CAFETERIA	96	271	
PHYSICIANS' PRIVATE OFFICES	98	1,164,467	
OTHER NONREIMBURSABLE COST CENTER	100	788	
			15,182,301

RECLASS CODE: H  
EXPLANATION : CONTRACTED SERVICES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	183
2.00	DIETARY	11	129,760
3.00	NURSING ADMINISTRATION	14	7,612
4.00	ADULTS & PEDIATRICS	25	182,701
5.00	INTENSIVE CARE UNIT	26	81,060

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	183	
DIETARY	11	129,760	
NURSING ADMINISTRATION	14	7,612	
ADULTS & PEDIATRICS	25	182,701	
INTENSIVE CARE UNIT	26	81,060	

RECLASSIFICATIONS

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RECLASS CODE: H  
EXPLANATION : CONTRACTED SERVICES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
6.00	NEONATAL INTENSIVE CARE UNIT	30	8,813
7.00	RADIOLOGY-DIAGNOSTIC	41	103,538
8.00	PHYSICAL THERAPY	50	126,332
9.00	CARDIAC CATHETERIZATION LABORA	59	75,450
10.00	EMERGENCY	61	719
11.00	PHYSICIANS' PRIVATE OFFICES	98	81,999
12.00	OTHER ADMINISTRATIVE AND GENER	6.06	9,865
TOTAL RECLASSIFICATIONS FOR CODE H			808,032

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEONATAL INTENSIVE CARE UNIT	30	8,813	
RADIOLOGY-DIAGNOSTIC	41	103,538	
PHYSICAL THERAPY	50	126,332	
CARDIAC CATHETERIZATION LABORA	59	75,450	
EMERGENCY	61	719	
PHYSICIANS' PRIVATE OFFICES	98	81,999	
OTHER ADMINISTRATIVE AND GENER	6.06	9,865	
		808,032	

RECLASS CODE: I  
EXPLANATION : BILLABLE IMPLANT SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	2,406
2.00	PHYSICIANS' PRIVATE OFFICES	98	28
3.00	IMPL. DEV. CHARGED TO PATIENT	55.30	6,488,733
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
TOTAL RECLASSIFICATIONS FOR CODE I			6,491,167

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	35,287	
INTENSIVE CARE UNIT	26	344	
OPERATING ROOM	37	4,056,785	
ASC OPERATING ROOM	37.01	563,106	
LABORATORY	44	1,900	
RESPIRATORY THERAPY	49	209	
CARDIAC CATHETERIZATION LABORA	59	1,832,032	
EMERGENCY	61	1,504	
		6,491,167	

RECLASS CODE: J  
EXPLANATION : LABOR

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	178,835
TOTAL RECLASSIFICATIONS FOR CODE J			178,835

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	178,835	
		178,835	

RECLASS CODE: K  
EXPLANATION : PROPERTY TAXES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT NONHOSPITA	8.01	139,488
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	17,483
3.00	CAPITAL BLDG COSTS - NONHOSPIT	3.01	723,666
4.00			0
TOTAL RECLASSIFICATIONS FOR CODE K			880,637

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	10,334	
OPERATION OF PLANT	8	1,323	
OPERATING ROOM	37	5,826	
PHYSICIANS' PRIVATE OFFICES	98	863,154	
		880,637	

RECLASS CODE: L  
EXPLANATION : SECURITY COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	397,688
TOTAL RECLASSIFICATIONS FOR CODE L			397,688

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOUSEKEEPING	10	397,688	
		397,688	

RECLASS CODE: M  
EXPLANATION : NON BILLABLE MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	8,361
2.00	CENTRAL SERVICES & SUPPLY	15	9,302,968
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	2,185	
ADMITTING	6.01	6,506	
OPERATION OF PLANT NONHOSPITA	8.01	2,423	
HOUSEKEEPING	10	11,148	
DIETARY	11	899	
NURSING ADMINISTRATION	14	15,413	
CENTRAL SERVICES & SUPPLY	15	15,298	
PHARMACY	16	190,591	
OTHER GENERAL SERVICE COST CEN	19	68	
ADULTS & PEDIATRICS	25	1,339,027	
INTENSIVE CARE UNIT	26	292,989	
NEONATAL INTENSIVE CARE UNIT	30	84,589	
OPERATING ROOM	37	2,090,144	

RECLASSIFICATIONS

PROVIDER NO:  
150173

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 6/20/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: M  
EXPLANATION : NON BILLABLE MEDICAL SUPPLIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
14.00			0	ASC OPERATING ROOM	37.01	580,875	
15.00			0	RECOVERY ROOM	38	97	
16.00			0	ASC RECOVERY ROOM	38.01	51,731	
17.00			0	ANESTHESIOLOGY	40	233,288	
18.00			0	ASC ANESTHESIOLOGY	40.01	64,919	
19.00			0	RADIOLOGY-DIAGNOSTIC	41	231,278	
20.00			0	RADIOISOTOPE	43	7,735	
21.00			0	LABORATORY	44	725,276	
22.00			0	BLOOD STORING, PROCESSING & TR	47	20,990	
23.00			0	RESPIRATORY THERAPY	49	183,781	
24.00			0	PHYSICAL THERAPY	50	2,685	
25.00			0	ELECTROCARDIOLOGY	53	27,335	
26.00			0	ELECTROENCEPHALOGRAPHY	54	1,047	
27.00			0	RENAL DIALYSIS	57	6,489	
28.00			0	CARDIAC CATHETERIZATION LABORA	59	1,175,120	
29.00			0	CARDIAC REHABILITATION	59.97	9,418	
30.00			0	SLEEP CLINIC	60.01	32,353	
31.00			0	EMERGENCY	61	448,256	
32.00			0	PHYSICIANS' PRIVATE OFFICES	98	1,457,281	
33.00			0	OTHER NONREIMBURSABLE COST CEN	100	95	
TOTAL RECLASSIFICATIONS FOR CODE M			9,311,329	TOTAL RECLASSIFICATIONS FOR CODE M			9,311,329

RECLASS CODE: N  
EXPLANATION : TELEPHONE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	26,914	ADMINITTING	6.01	286	
2.00			0	OPERATION OF PLANT	8	643	
3.00			0	HOUSEKEEPING	10	562	
4.00			0	ADULTS & PEDIATRICS	25	4,983	
5.00			0	INTENSIVE CARE UNIT	26	631	
6.00			0	OPERATING ROOM	37	200	
7.00			0	ASC OPERATING ROOM	37.01	400	
8.00			0	RADIOLOGY-DIAGNOSTIC	41	2,277	
9.00			0	LABORATORY	44	843	
10.00			0	CARDIAC CATHETERIZATION LABORA	59	393	
11.00			0	SLEEP CLINIC	60.01	138	
12.00			0	EMERGENCY	61	5,997	
13.00			0	GI FT, FLOWER, COFFEE SHOP & CA	96	40	
14.00			0	PHYSICIANS' PRIVATE OFFICES	98	9,442	
15.00			0	OTHER NONREIMBURSABLE COST CEN	100	79	
TOTAL RECLASSIFICATIONS FOR CODE N			26,914	TOTAL RECLASSIFICATIONS FOR CODE N			26,914

RECLASS CODE: O  
EXPLANATION : INTEREST EXP CAPITAL LEASES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	42,554	OPERATION OF PLANT NONHOSPITA	8.01	2,107,692	
2.00	RADIOISOTOPE	43	4,166	NURSING ADMINISTRATI ON	14	62,209	
3.00	CAPITAL BLDG COSTS - NONHOSPIT	3.01	2,107,692	PHARMACY	16	62,929	
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4	109,958	RADIOLOGY-DIAGNOSTIC	41	31,299	
5.00	CAP REL COSTS-MME NONHOSPITAL	4.01	45,980	LABORATORY	44	133	
6.00			0	ELECTROCARDIOLOGY	53	49	
7.00			0	GI FT, FLOWER, COFFEE SHOP & CA	96	59	
8.00			0	PHYSICIANS' PRIVATE OFFICES	98	45,980	
TOTAL RECLASSIFICATIONS FOR CODE O			2,310,350	TOTAL RECLASSIFICATIONS FOR CODE O			2,310,350

RECLASS CODE: P  
EXPLANATION : LAUNDRY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	1,537	ADMINITTING	6.01	186	
2.00	LAUNDRY & LINEN SERVICE	9	521,968	HOUSEKEEPING	10	44	
3.00	LAUNDRY NON-HOSPITAL	9.01	74,270	DIETARY	11	55	
4.00			0	CENTRAL SERVICES & SUPPLY	15	451,480	
5.00			0	OTHER GENERAL SERVICE COST CEN	19	40	
6.00			0	OPERATING ROOM	37	416	
7.00			0	ASC OPERATING ROOM	37.01	1,494	

RECLASSIFICATIONS

PROVIDER NO:  
150173

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 6/20/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: P  
EXPLANATION : LAUNDRY

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
TOTAL RECLASSIFICATIONS FOR CODE P			597,775

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
		38.01	57,233
		44	2,248
		59	230
		60.01	10,079
		98	74,270
TOTAL RECLASSIFICATIONS FOR CODE P			597,775

RECLASS CODE: Q  
EXPLANATION : LEASE EXPENSE

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	396,432
2.00	CAPITAL BLDG COSTS - NONHOSPIT	3.01	2,127,087
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,020,398
4.00	CAP REL COSTS-MME NONHOSPITAL	4.01	204,150
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
TOTAL RECLASSIFICATIONS FOR CODE Q			3,748,067

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
		5	722
		6.01	32,458
		6.06	492,000
		8	262,143
		8.01	1,931,572
		10	911
		11	4,591
		14	4,540
		15	1,891
		16	18,947
		18	551
		19	8,747
		25	92,347
		26	22,354
		30	626
		37	203,068
		37.01	19,478
		38	2,142
		38.01	608
		41	7,915
		43	455
		44	2,840
		49	83,068
		53	18
		57	522
		59	21,200
		59.97	439
		60.01	138,154
		61	13,167
		96	98
		98	380,089
		100	406
TOTAL RECLASSIFICATIONS FOR CODE Q			3,748,067

RECLASS CODE: R  
EXPLANATION : CARDIO REHAB

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	266,628
TOTAL RECLASSIFICATIONS FOR CODE R			266,628

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
		59.97	266,628
TOTAL RECLASSIFICATIONS FOR CODE R			266,628

RECLASS CODE: S  
EXPLANATION : CAPITAL RELATED INTEREST

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	CAPITAL COSTS INTEREST EXP	3.02	13,206,481
TOTAL RECLASSIFICATIONS FOR CODE S			13,206,481

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
		6.06	13,206,481
TOTAL RECLASSIFICATIONS FOR CODE S			13,206,481

RECLASS CODE: T  
EXPLANATION : MOTHER BABY

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	652,056
TOTAL RECLASSIFICATIONS FOR CODE T			652,056

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
		25	652,056
TOTAL RECLASSIFICATIONS FOR CODE T			652,056

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL							
8 RECONCILING ITEMS							
9 TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	179,321,730	182,310		182,310		179,504,040	
4 BUILDING IMPROVEMENT	68,277	578,743		578,743		647,020	
5 FIXED EQUIPMENT	2,704,846	185,116		185,116		2,889,962	
6 MOVABLE EQUIPMENT	51,813,038	1,189,526		1,189,526	7,743	52,994,821	
7 SUBTOTAL	233,907,891	2,135,695		2,135,695	7,743	236,035,843	
8 RECONCILING ITEMS							
9 TOTAL	233,907,891	2,135,695		2,135,695	7,743	236,035,843	



ADJUSTMENTS TO EXPENSES

PROVIDER NO: 15-0173

PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 6/20/2011  
 WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-14,201,417			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	42,915,607			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 MISCELL INCOME	B	-29,171	EMPLOYEE BENEFITS	5	
38 MISCELL INCOME	B	-269,184	OTHER ADMINISTRATIVE AND	6.06	
39 MISCELL INCOME	B	-7,529	OPERATION OF PLANT	8	
40 MISCELL INCOME	B	-3,815	OPERATION OF PLANT NONHO	8.01	
41 MISCELL INCOME	B	-995,630	CAFETERIA	12	
42 MISCELL INCOME	B	-312	NURSING ADMINISTRATIVE	14	
43 MISCELL INCOME	B	-12,601	ADULTS & PEDIATRICS	25	
44 MISCELL INCOME	B	-639	LABORATORY	44	
45 MISCELL INCOME	B	-6,250	CARDIAC CATHETERIZATION L	59	
46 MISCELL INCOME	B	-7	SLEEP CLINIC	60.01	
47 LOBBYING COSTS	A	-875	OTHER ADMINISTRATIVE AND	6.06	
48 ACCRUED PTO	A	-620,482	EMPLOYEE BENEFITS	5	
49 EMPLOYEE BENEFITS EXP	A	-20,686,930	EMPLOYEE BENEFITS	5	
49.01 RECRUITING	A	-72,145	EMPLOYEE BENEFITS	5	
49.02 RECRUITING	A	-283,641	OTHER ADMINISTRATIVE AND	6.06	
49.03 RECRUITING	A	-99	NURSING ADMINISTRATIVE	14	
49.04 RECRUITING	A	-1,096	NEONATAL INTENSIVE CARE U	30	
49.05 RECRUITING	A	-6,000	RADIOLOGY-DIAGNOSTIC	41	
49.06 RECRUITING	A	-551	CARDIAC CATHETERIZATION L	59	
49.07					
49.08					
50 TOTAL (SUM OF LINES 1 THRU 49)		5,717,233			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG &	892,537	262,143	630,394	9
2	3 1	CAPITAL BLDG COSTS - NONH		31,868	-31,868	9
3	3 2	CAPITAL COSTS INTEREST EX	13,206,481	13,206,481		11
4	5	EMPLOYEE BENEFITS	28,496,232	133,450	28,362,782	
4.01	6 6	OTHER ADMINISTRATIVE AND	30,914,006	20,469,684	10,444,322	
4.02	8	OPERATION OF PLANT	1,017,111	13,568	1,003,543	
4.03	8 1	OPERATION OF PLANT NONHO		3,392	-3,392	
4.04	12	CAFETERIA	29,203		29,203	
4.05	14	NURSING ADMINISTRATION	529,255	81,433	447,822	
4.06	17	MEDICAL RECORDS & LIBRARY	1,296,909		1,296,909	
4.07	41	RADIOLOGY-DIAGNOSTIC		18,282	-18,282	
4.08	44	LABORATORY	1,649,550	4,098,402	-2,448,852	
4.09	59	CARDIAC CATHETERIZATION L		24	-24	
4.10	60 1	SLEEP CLINIC		4,160	-4,160	
4.11	4	NEW CAP REL COSTS-MVBLE E	2,903,591		2,903,591	9
4.12	10	HOUSEKEEPING	303,619		303,619	
5		TOTALS	81,238,494	38,322,887	42,915,607	

\* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:  
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	AND/OR HOME OFFICE PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B	CLARIAN HEALTH PARTNERS	100.00	CLARIAN HEALTH PARTNERS	100.00	HEALTHCARE
2			0.00		0.00	
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
  - B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
  - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
  - D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
  - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
  - F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
  - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0173  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 6/20/2011  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS AND PEDS	4,420,161	4,420,161					
2 30	NICU	1,157,459	1,157,459					
3 40	ANESTHESIA	8,255,214	8,255,214					
4 41	RADIOLOGY	1,668	1,668					
5 59	CATH LAB	475	475					
6 61	EMERGENCY	366,440	366,440					
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	14,201,417	14,201,417					



COST ALLOCATION STATISTICS

PROVIDER NO: 15-0173  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 6/20/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
3.01	CAPITAL BLDG COSTS - NONHOSPITAL	30	SQUARE FEET	ENTERED
3.02	CAPITAL COSTS INTEREST EXP	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE FEET	ENTERED
4.01	CAP REL COSTS-MME NONHOSPITAL	30	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.01	ADMINISTRATIVE AND GENERAL	40	PATIENT CHARGES	ENTERED
6.06	OPERATION OF PLANT NONHOSPITAL	#	ACCUM. COST	NOT ENTERED
8	LAUNDRY & LINEN SERVICE	3	SQUARE FEET	ENTERED
8.01	OPERATION OF PLANT NONHOSPITAL	30	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
9.01	LAUNDRY NON-HOSPITAL	50	100% ALLOCATION	ENTERED
10	HOUSEKEEPING	3	SQUARE FEET	ENTERED
11	DIETARY	10	PATIENT DAYS	ENTERED
12	CAFETERIA	11	FTES	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NURSING FTES	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	40	PATIENT CHARGES	ENTERED
18	SOCIAL SERVICE	10	PATIENT DAYS	ENTERED
19	OTHER GENERAL SERVICE COST CENTERS	10	PATIENT DAYS	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0173  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 6/20/2011  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	CAPITAL BLDG COSTS - NONH	CAPITAL COSTS INTEREST EX	NEW CAP REL C OSTS-MVBLE E	CAP REL COSTS -MME NONHOS	EMPLOYEE BENE FITS
	0	3	3.01	3.02	4	4.01	5
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	5,296,951	5,296,951					
003 02 CAPITAL BLDG COSTS - NONH	6,976,421		6,976,421				
004 01 CAPITAL COSTS INTEREST EX	13,206,481			13,206,481			
004 01 NEW CAP REL COSTS-MVBLE E	11,701,856				11,701,856		
005 01 CAP REL COSTS-MME NONHOS	1,643,122					1,643,122	
005 01 EMPLOYEE BENEFITS	29,659,325						29,659,325
006 01 ADMINISTRATION	4,762,890	105,636	21,282	263,374	233,367	5,012	1,012,917
006 06 OTHER ADMINISTRATIVE AND	41,675,416	160,571		400,338	354,728		1,262,013
008 01 OPERATION OF PLANT	7,349,335	1,390,410		3,466,607	3,071,652		249,418
008 01 OPERATION OF PLANT NONHO	4,783,225		44,776			10,546	237,630
009 01 LAUNDRY & LINEN SERVICE	521,968						
009 01 LAUNDRY NON-HOSPITAL	74,270						
010 HOUSEKEEPING	2,029,530	46,730		116,509	103,235		186,171
011 DIETARY	663,104	45,297		112,935	100,068		25,147
012 CAFETERIA	849,303	124,018		309,203	273,976		151,435
014 NURSING ADMINISTRATION	4,499,630	126,200		314,645	278,798		706,258
015 CENTRAL SERVICES & SUPPLY	10,637,150	218,280		544,220	482,217		237,562
016 PHARMACY	8,108,902	55,658		138,768	122,958		553,580
017 MEDICAL RECORDS & LIBRARY	1,296,909						
018 SOCIAL SERVICE	176,384	4,878		12,162	10,777		34,035
019 OTHER GENERAL SERVICE COS	660,844	19,775		49,305	43,687		81,099
025 INPAT ROUTINE SRVC CNTRS							
025 01 ADULTS & PEDIATRICS	16,048,905	1,311,520		3,269,911	2,897,368		4,300,653
026 INTENSIVE CARE UNIT	2,603,472	147,935		368,835	326,813		538,457
027 CORONARY CARE UNIT							
030 NEONATAL INTENSIVE CARE U	1,308,297	135,325		337,396	298,956		522,570
033 NURSERY	830,891	77,419		193,023	171,031		175,601
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	4,305,566	401,519	11,028	1,001,076	887,022	2,597	616,788
038 01 ASC OPERATING ROOM	2,029,738		342,340			80,630	304,085
038 01 RECOVERY ROOM	550,314	54,133		134,965	119,588		118,803
038 01 ASC RECOVERY ROOM	619,416		183,868			43,306	132,550
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	-157,760	8,270		20,620	18,271		1,464,118
040 01 ASC ANESTHESIOLOGY	35,118		7,130			1,679	
041 RADIOLOGY-DIAGNOSTIC	2,327,727	149,710		373,260	330,734		441,226
043 RADIOISOTOPE	591,517	23,694		59,074	52,344		50,591
044 LABORATORY	6,041,085	123,794		308,646	273,482		529,090
047 BLOOD STORING, PROCESSING	1,458,356	8,113		20,227	17,922		16,003
049 RESPIRATORY THERAPY	1,648,767	13,517		33,700	29,861		337,966
050 PHYSICAL THERAPY	653,256	23,365		58,254	51,617		113,434
053 ELECTROCARDIOLOGY	717,659	21,603		53,861	47,725		132,392
054 ELECTROENCEPHALOGRAPHY	75,095						16,195
055 MEDICAL SUPPLIES CHARGED	3,276,186						
055 30 IMPL. DEV. CHARGED TO PAT	6,488,733						
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	234,328	20,748		51,731	45,837		11
059 CARDIAC CATHETERIZATION L	4,539,024	149,329		372,310	329,892		471,596
059 97 CARDIAC REHABILITATION	216,535						45,438
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 01 SLEEP CLINIC	367,424						70,857
061 EMERGENCY	3,592,799	292,438		729,113	646,045		767,122
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	216,975,464	5,259,885	610,424	13,114,068	11,619,971	143,770	15,902,811
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	115,239	28,559		71,203	63,091		5,133
098 PHYSICIANS' PRIVATE OFFIC	84,513,129	8,507	6,365,997	21,210	18,794	1,499,352	13,689,941
100 OTHER NONREIMBURSABLE COS	870,269						61,440
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	302,474,101	5,296,951	6,976,421	13,206,481	11,701,856	1,643,122	29,659,325

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:  
15-0173

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 6/20/2011  
WORKSHEET B  
PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE	SUBTOTAL	OTHER ADMINISTRATIVE	OPERATION OF PLANT	OPERATION OF PLANT NONHO	LAUNDRY & LINEN SERVICE	LAUNDRY NON-HOSPITAL
	6.01	6a.01	6.06	8	8.01	9	9.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & CAPITAL BLDG COSTS - NONH							
003 02 CAPITAL COSTS INTEREST EX							
004 NEW CAP REL COSTS-MVBLE E							
004 01 CAP REL COSTS-MME NONHOS							
005 EMPLOYEE BENEFITS							
006 01 ADMINISTRATION	6,404,478						
006 06 OTHER ADMINISTRATIVE AND OPERATION OF PLANT		43,853,066	43,853,066				
008 01 OPERATION OF PLANT NONHO		15,527,422	2,632,907	18,160,329			
009 LAUNDRY & LINEN SERVICE		5,076,177	860,742		5,936,919		
009 01 LAUNDRY NON-HOSPITAL		521,968	88,508			610,476	
010 HOUSEKEEPING		74,270	12,594				86,864
011 DIETARY		2,482,175	420,890				
012 CAFETERIA		946,551	160,502				
014 NURSING ADMINISTRATION		1,707,935	289,606				
015 CENTRAL SERVICES & SUPPLY		5,925,531	1,004,763				
016 PHARMACY		12,119,429	2,055,031		1,088,921		
017 MEDICAL RECORDS & LIBRARY		8,979,866	1,522,671		277,658		
018 SOCIAL SERVICE		1,296,909	219,910				
019 OTHER GENERAL SERVICE COSTS		238,236	40,396			24,335	
025 INPAT ROUTINE SRVC CNTRS		854,710	144,929			98,653	
025 ADULTS & PEDIATRICS	823,824	28,652,181	4,858,407	6,542,708		368,231	
026 INTENSIVE CARE UNIT	99,642	4,085,154	692,699	737,994		17,322	
027 CORONARY CARE UNIT							
030 NEONATAL INTENSIVE CARE U	49,649	2,652,193	449,719	675,090		5,956	
033 NURSERY	17,197	1,465,162	248,440	386,216		13,798	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	645,809	7,871,405	1,334,715	2,003,034	9,474	61,848	
038 01 ASC OPERATING ROOM	459,354	3,216,147	545,346		294,116		
038 01 ASC RECOVERY ROOM	61,167	1,038,970	176,173	270,049		6,067	
039 DELIVERY ROOM & LABOR ROOM	50,147	1,029,287	174,531		157,967		
040 ANESTHESIOLOGY	33,450	1,386,969	235,181	41,258			
040 01 ASC ANESTHESIOLOGY	15,069	58,996	10,004		6,126		
041 RADIOLOGY-DIAGNOSTIC	512,507	4,135,164	701,179	746,850		23,948	
043 RADIOISOTOPE	93,666	870,886	147,672	118,200		16,113	
044 LABORATORY	894,706	8,170,803	1,385,482	617,564			
047 BLOOD STORAGE, PROCESSING	53,951	1,574,572	266,992	40,471			
049 RESPIRATORY THERAPY	108,805	2,172,616	368,400	67,430			
050 PHYSICAL THERAPY	38,685	938,611	159,156	116,560			
053 ELECTROCARDIOLOGY	211,135	1,184,375	200,829	107,770			
054 ELECTROENCEPHALOGRAPHY	9,073	100,363	17,018				
055 MEDICAL SUPPLIES CHARGED	129,178	3,405,364	577,431				
055 30 IMPL. DEV. CHARGED TO PAT	412,736	6,901,469	1,170,248				
056 DRUGS CHARGED TO PATIENTS	620,487	620,487	105,213				
057 RENAL DIALYSIS	12,944	365,599	61,993	103,507			
059 CARDIAC CATHETERIZATION	409,861	6,272,012	1,063,514	744,947			
059 97 CARDIAC REHABILITATION	891	262,864	44,573				
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 SLEEP CLINIC	45,148	483,429	81,973				
061 EMERGENCY	595,397	6,622,914	1,123,014	1,458,869		97,193	
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS	6,404,478	195,142,237	25,653,351	17,975,421	467,683	610,476	
096 NONREIMBURSABLE COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		283,225	48,025	142,469			
098 PHYSICIANS' PRIVATE OFFICE		106,116,930	17,993,705	42,439	5,469,236		86,864
100 OTHER NONREIMBURSABLE COSTS		931,709	157,985				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	6,404,478	302,474,101	43,853,066	18,160,329	5,936,919	610,476	86,864

COST ALLOCATION - GENERAL SERVICE COSTS

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 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 CAPITAL BLDG COSTS - NONH							
004 01 CAPITAL COSTS INTEREST EX							
004 01 NEW CAP REL COSTS-MVBLE E							
005 01 CAP REL COSTS-MME NONHOS							
006 01 EMPLOYEE BENEFITS							
006 06 ADMITTING							
008 01 OTHER ADMINISTRATIVE AND							
008 01 OPERATION OF PLANT							
009 01 OPERATION OF PLANT NONHO							
009 01 LAUNDRY & LINEN SERVICE							
010 01 LAUNDRY NON-HOSPITAL							
011 HOUSEKEEPING	3,136,185						
012 DIETARY	39,531	1,372,554					
014 CAFETERIA	108,232		2,724,452				
015 NURSING ADMINISTRATION	110,137		143,408	7,813,407			
016 CENTRAL SERVICES & SUPPLY	190,496		94,473		15,548,350		
017 PHARMACY	48,573		103,234		127,036	11,059,038	
018 MEDICAL RECORDS & LIBRARY							1,516,819
019 SOCIAL SERVICE	4,257		9,561	54,846			
025 OTHER GENERAL SERVICE COS	17,258		45,104		46		
026 INPAT ROUTINE SRVC CNTRS							
026 01 ADULTS & PEDIATRICS	1,144,581	1,142,480	926,272	5,313,789	958,426		195,097
027 01 INTENSIVE CARE UNIT	129,105	102,964	114,860	658,921	217,397		23,597
030 01 CORONARY CARE UNIT							
033 01 NEONATAL INTENSIVE CARE U	118,100	61,208	80,981	464,570	57,927		11,758
037 01 NURSERY	67,565	65,902	42,340	242,891			4,072
037 01 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	350,411		147,472		5,979,273	2,498	152,939
038 01 ASC OPERATING ROOM			89,376		1,444,262	20	108,783
038 01 RECOVERY ROOM	47,242		20,853		147		14,486
039 01 ASC RECOVERY ROOM			30,281		39,941		11,876
040 01 DELIVERY ROOM & LABOR ROO							
040 01 ANESTHESIOLOGY	7,218		81,148		343,400		7,922
041 01 ASC ANESTHESIOLOGY					73,495		3,569
043 01 RADIOLOGY-DIAGNOSTIC	130,654		106,665		163,859	16	121,371
044 01 RADIOISOTOPE	20,678		11,859		5,278	11,262	22,182
047 01 LABORATORY	108,037		167,026		1,672,906		212,002
049 01 BLOOD STORING, PROCESSING	7,080		3,331		77,734		12,777
050 01 RESPIRATORY THERAPY	11,796		86,178		128,472		25,767
053 01 PHYSICAL THERAPY	20,391		26,783		1,832		9,161
054 01 ELECTROCARDIOLOGY	18,853		41,207		18,806		50,001
055 01 ELECTROENCEPHALOGRAPHY			4,997				2,149
055 30 MEDICAL SUPPLIES CHARGED							30,592
056 01 IMPL. DEV. CHARGED TO PAT							97,743
057 01 DRUGS CHARGED TO PATIENTS						11,020,315	146,943
059 01 RENAL DIALYSIS	18,107				4,355	756	3,065
059 97 CARDIAC CATHETERIZATION L	130,321		104,999		2,559,960	23,715	97,063
060 01 CARDIAC REHABILITATION			10,027		6,441		211
060 01 OUTPAT SERVICE COST CNTRS							
061 01 CLINIC							
061 01 SLEEP CLINIC			24,751		22,077	70	10,692
062 01 EMERGENCY	255,214		187,979	1,078,390	316,256	386	141,001
095 01 OBSERVATION BEDS (NON-DIS							
095 01 SPEC PURPOSE COST CENTERS							
095 01 SUBTOTALS	3,103,837	1,372,554	2,705,165	7,813,407	14,219,326	11,059,038	1,516,819
096 01 NONREIMBURS COST CENTERS							
098 01 GIFT, FLOWER, COFFEE SHOP	24,924		3,031				
100 01 PHYSICIANS' PRIVATE OFFIC	7,424				1,328,959		
101 01 OTHER NONREIMBURSABLE COS			16,256		65		
102 01 CROSS FOOT ADJUSTMENT							
103 01 NEGATIVE COST CENTER							
103 01 TOTAL	3,136,185	1,372,554	2,724,452	7,813,407	15,548,350	11,059,038	1,516,819

COST ALLOCATION - GENERAL SERVICE COSTS

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 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	OTHER GENERAL SERVICE COSTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	18	19	25		27
003 GENERAL SERVICE COST CNTR					
003 01 NEW CAP REL COSTS-BLDG & CAPITAL BLDG COSTS - NONH					
003 02 CAPITAL COSTS INTEREST EX					
004 NEW CAP REL COSTS-MVBLE E					
004 01 CAP REL COSTS-MME NONHOS					
005 EMPLOYEE BENEFITS					
006 01 ADMITTING					
006 06 OTHER ADMINISTRATIVE AND OPERATION OF PLANT					
008 01 OPERATION OF PLANT NONHO					
009 LAUNDRY & LINEN SERVICE					
009 01 LAUNDRY NON-HOSPITAL					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE	371,631				
019 OTHER GENERAL SERVICE COSTS		1,160,700			
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	309,337	966,138	51,377,647		51,377,647
026 INTENSIVE CARE UNIT	27,878	87,072	6,894,963		6,894,963
027 CORONARY CARE UNIT					
030 NEONATAL INTENSIVE CARE U	16,573	51,760	4,645,835		4,645,835
033 NURSERY	17,843	55,730	2,609,959		2,609,959
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM			17,913,069		17,913,069
037 01 ASC OPERATING ROOM			5,698,050		5,698,050
038 RECOVERY ROOM			1,573,987		1,573,987
038 01 ASC RECOVERY ROOM			1,443,883		1,443,883
039 DELIVERY ROOM & LABOR ROO					
040 ANESTHESIOLOGY			2,103,096		2,103,096
040 01 ASC ANESTHESIOLOGY			152,190		152,190
041 RADIOLOGY-DIAGNOSTIC			6,129,706		6,129,706
043 RADIOISOTOPE			1,224,130		1,224,130
044 LABORATORY			12,333,820		12,333,820
047 BLOOD STORING, PROCESSING			1,982,957		1,982,957
049 RESPIRATORY THERAPY			2,860,659		2,860,659
050 PHYSICAL THERAPY			1,272,494		1,272,494
053 ELECTROCARDIOLOGY			1,621,841		1,621,841
054 ELECTROENCEPHALOGRAPHY			124,527		124,527
055 MEDICAL SUPPLIES CHARGED			4,013,387		4,013,387
055 30 IMPL. DEV. CHARGED TO PAT			8,169,460		8,169,460
056 DRUGS CHARGED TO PATIENTS			11,892,958		11,892,958
057 RENAL DIALYSIS			557,382		557,382
059 CARDIAC CATHETERIZATION L			10,996,531		10,996,531
059 97 CARDIAC REHABILITATION			324,116		324,116
060 OUTPAT SERVICE COST CNTRS CLINIC					
060 01 SLEEP CLINIC			622,992		622,992
061 EMERGENCY			11,281,216		11,281,216
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)					
095 SUBTOTALS	371,631	1,160,700	169,820,855		169,820,855
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP			501,674		501,674
098 PHYSICIANS' PRIVATE OFFIC			131,045,557		131,045,557
100 OTHER NONREIMBURSABLE COS			1,106,015		1,106,015
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	371,631	1,160,700	302,474,101		302,474,101

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	CAPITAL BLDG COSTS - NONH	CAPITAL COSTS INTEREST EX	NEW CAP REL C OSTS-MVBLE E	CAP REL COSTS -MME NONHOS	SUBTOTAL
	0	3	3.01	3.02	4	4.01	4a
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & CAPITAL BLDG COSTS - NONH							
003 02 CAPITAL COSTS INTEREST EX							
004 NEW CAP REL COSTS-MVBLE E							
004 01 CAP REL COSTS-MME NONHOS							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING		105,636	21,282	263,374	233,367	5,012	628,671
006 06 OTHER ADMINISTRATIVE AND OPERATION OF PLANT		160,571		400,338	354,728		915,637
008 01 OPERATION OF PLANT NONHO		1,390,410	44,776	3,466,607	3,071,652	10,546	7,928,669
009 LAUNDRY & LINEN SERVICE							55,322
009 01 LAUNDRY NON-HOSPITAL							
010 HOUSEKEEPING		46,730		116,509	103,235		266,474
011 DIETARY		45,297		112,935	100,068		258,300
012 CAFETERIA		124,018		309,203	273,976		707,197
014 NURSING ADMINISTRATION		126,200		314,645	278,798		719,643
015 CENTRAL SERVICES & SUPPLY		218,280		544,220	482,217		1,244,717
016 PHARMACY		55,658		138,768	122,958		317,384
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE		4,878		12,162	10,777		27,817
019 OTHER GENERAL SERVICE COS		19,775		49,305	43,687		112,767
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,311,520		3,269,911	2,897,368		7,478,799
026 INTENSIVE CARE UNIT		147,935		368,835	326,813		843,583
027 CORONARY CARE UNIT							
030 NEONATAL INTENSIVE CARE U		135,325		337,396	298,956		771,677
033 NURSERY		77,419		193,023	171,031		441,473
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		401,519	11,028	1,001,076	887,022	2,597	2,303,242
038 RECOVERY ROOM		54,133	342,340	134,965	119,588	80,630	422,970
038 01 ASC RECOVERY ROOM			183,868			43,306	308,686
039 DELIVERY ROOM & LABOR ROO							227,174
040 ANESTHESIOLOGY		8,270		20,620	18,271		47,161
040 01 ASC ANESTHESIOLOGY			7,130			1,679	8,809
041 RADIOLOGY-DIAGNOSTIC		149,710		373,260	330,734		853,704
043 RADIOISOTOPE		23,694		59,074	52,344		135,112
044 LABORATORY		123,794		308,646	273,482		705,922
047 BLOOD STORING, PROCESSING		8,113		20,227	17,922		46,262
049 RESPIRATORY THERAPY		13,517		33,700	29,861		77,078
050 PHYSICAL THERAPY		23,365		58,254	51,617		133,236
053 ELECTROCARDIOLOGY		21,603		53,861	47,725		123,189
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		20,748		51,731	45,837		118,316
059 CARDIAC CATHETERIZATION L		149,329		372,310	329,892		851,531
059 97 CARDIAC REHABILITATION							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 SLEEP CLINIC							
061 EMERGENCY		292,438		729,113	646,045		1,667,596
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		5,259,885	610,424	13,114,068	11,619,971	143,770	30,748,118
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		28,559		71,203	63,091		162,853
098 PHYSICIANS' PRIVATE OFFIC		8,507	6,365,997	21,210	18,794	1,499,352	7,913,860
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		5,296,951	6,976,421	13,206,481	11,701,856	1,643,122	38,824,831

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	ADMITTING	OTHER ADMINISTRATIVE	OPERATION OF PLANT	OPERATION OF PLANT NONH	LAUNDRY & LINEN SERVICE	LAUNDRY NON-HOSPITAL
	5	6.01	6.06	8	8.01	9	9.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & CAPITAL BLDG COSTS - NONH							
003 02 CAPITAL COSTS INTEREST EX							
004 NEW CAP REL COSTS-MVBLE E							
004 01 CAP REL COSTS-MME NONHOS							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING		628,671					
006 06 OTHER ADMINISTRATIVE AND			915,637				
008 OPERATION OF PLANT			54,967	7,983,636			
008 01 OPERATION OF PLANT NONHO			17,970		73,292		
009 LAUNDRY & LINEN SERVICE			1,848			1,848	
009 01 LAUNDRY NON-HOSPITAL			263				263
010 HOUSEKEEPING			8,787	102,484			
011 DIETARY			3,351	99,341			
012 CAFETERIA			6,046	271,984			
014 NURSING ADMINISTRATION			20,976	276,770			
015 CENTRAL SERVICES & SUPPLY			42,903	478,711			
016 PHARMACY			31,789	122,064			
017 MEDICAL RECORDS & LIBRARY			4,591				
018 SOCIAL SERVICE			843	10,698			
019 OTHER GENERAL SERVICE COS			3,026	43,370			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		80,881	101,429	2,876,301		1,116	
026 INTENSIVE CARE UNIT		9,783	14,461	324,437		52	
027 CORONARY CARE UNIT							
030 NEONATAL INTENSIVE CARE U		4,874	9,389	296,783		18	
033 NURSERY		1,688	5,187	169,788		42	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		63,404	27,865	880,573	117	187	
038 ASC OPERATING ROOM		45,098	11,385		3,631		
038 01 RECOVERY ROOM		6,005	3,678	118,719		18	
039 DELIVERY ROOM & LABOR ROO		4,923	3,644		1,950		
040 ANESTHESIOLOGY		3,284	4,910	18,138			
040 01 ASC ANESTHESIOLOGY		1,479	209		76		
041 RADIOLOGY-DIAGNOSTIC		50,316	14,638	328,330		72	
043 RADIOISOTOPE		9,196	3,083	51,963		49	
044 LABORATORY		87,739	28,925	271,493			
047 BLOOD STORING, PROCESSING		5,297	5,574	17,792			
049 RESPIRATORY THERAPY		10,682	7,691	29,644			
050 PHYSICAL THERAPY		3,798	3,323	51,242			
053 ELECTROCARDIOLOGY		20,729	4,193	47,378			
054 ELECTROENCEPHALOGRAPHY		891	355				
055 MEDICAL SUPPLIES CHARGED		12,682	12,055				
055 30 IMPL. DEV. CHARGED TO PAT		40,521	24,431				
056 DRUGS CHARGED TO PATIENTS		60,918	2,197				
057 RENAL DIALYSIS		1,271	1,294	45,504			
059 CARDIAC CATHETERIZATION L		40,239	22,203	327,493			
059 97 CARDIAC REHABILITATION		87	931				
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 SLEEP CLINIC		4,432	1,711				
061 EMERGENCY		58,454	23,445	641,347		294	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		628,671	535,566	7,902,347	5,774	1,848	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			1,003	62,632			
098 PHYSICIANS' PRIVATE OFFIC			375,770	18,657	67,518		263
100 OTHER NONREIMBURSABLE COS			3,298				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		628,671	915,637	7,983,636	73,292	1,848	263

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0173  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 6/20/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 CAPITAL BLDG COSTS - NONH							
004 01 CAPITAL COSTS INTEREST EX							
004 01 NEW CAP REL COSTS-MVBLE E							
005 01 CAP REL COSTS-MME NONHOS							
006 01 EMPLOYEE BENEFITS							
006 06 ADMITTING							
008 01 OTHER ADMINISTRATIVE AND							
008 01 OPERATION OF PLANT							
009 01 OPERATION OF PLANT NONHO							
009 01 LAUNDRY & LINEN SERVICE							
010 01 LAUNDRY NON-HOSPITAL							
011 HOUSEKEEPING	377,745						
012 DIETARY	4,761	365,753					
014 CAFETERIA	13,036		998,263				
015 NURSING ADMINISTRATION	13,266		52,546	1,083,201			
016 CENTRAL SERVICES & SUPPLY	22,945		34,616		1,823,892		
017 PHARMACY	5,851		37,826		14,902	529,816	
018 MEDICAL RECORDS & LIBRARY							4,591
019 SOCIAL SERVICE	513		3,503	7,604			
025 OTHER GENERAL SERVICE COS	2,079		16,527		5		
026 INPAT ROUTINE SRVC CNTRS							
026 01 ADULTS & PEDIATRICS	137,860	304,445	339,393	736,669	112,428		606
027 01 INTENSIVE CARE UNIT	15,550	27,437	42,086	91,349	25,502		73
027 01 CORONARY CARE UNIT							
030 01 NEONATAL INTENSIVE CARE U	14,225	16,310	29,672	64,405	6,795		37
033 01 NURSERY	8,138	17,561	15,514	33,673			13
037 ANCI LLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	42,206		54,035		701,393	120	475
038 01 ASC OPERATING ROOM			32,748		169,419	1	338
038 01 RECOVERY ROOM	5,690		7,641		17		45
039 01 ASC RECOVERY ROOM			11,095		4,685		37
040 01 DELIVERY ROOM & LABOR ROO							
040 01 ANESTHESIOLOGY	869		29,733		40,283		25
041 01 ASC ANESTHESIOLOGY					8,621		11
041 01 RADIOLOGY-DIAGNOSTIC	15,737		39,083		19,221	1	377
043 01 RADIOISOTOPE	2,491		4,345		619		69
044 01 LABORATORY	13,013		61,200		196,240	540	535
047 01 BLOOD STORING, PROCESSING	853		1,221		9,119		40
049 01 RESPIRATORY THERAPY	1,421		31,576		15,070		80
050 01 PHYSICAL THERAPY	2,456		9,813		215		28
053 01 ELECTROCARDIOLOGY	2,271		15,099		2,206		155
054 01 ELECTROENCEPHALOGRAPHY			1,831				7
055 01 MEDICAL SUPPLIES CHARGED							95
055 30 IMPL. DEV. CHARGED TO PAT							304
056 01 DRUGS CHARGED TO PATIENTS						527,961	457
057 01 RENAL DIALYSIS	2,181				511	36	10
059 01 CARDIAC CATHETERIZATION L	15,697		38,473		300,296	1,136	302
059 97 CARDIAC REHABILITATION			3,674		756		1
060 01 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 01 SLEEP CLINIC			9,069		2,590	3	33
061 01 EMERGENCY	30,740		68,877	149,501	37,098	18	438
062 01 OBSERVATION BEDS (NON-DIS							
062 01 SPEC PURPOSE COST CENTERS							
095 01 SUBTOTALS	373,849	365,753	991,196	1,083,201	1,667,991	529,816	4,591
096 01 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	3,002		1,111				
098 01 PHYSICIANS' PRIVATE OFFIC	894				155,893		
100 01 OTHER NONREIMBURSABLE COS			5,956		8		
101 01 CROSS FOOT ADJUSTMENTS							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	377,745	365,753	998,263	1,083,201	1,823,892	529,816	4,591

ALLOCATION OF NEW CAPITAL RELATED COSTS

15-0173

FROM 1/ 1/2010

WORKSHEET B

TO 12/31/2010

PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	OTHER GENERAL SERVICE COS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	19	25	26	27
003 GENERAL SERVICE COST CNTR					
003 01 NEW CAP REL COSTS-BLDG &					
003 02 CAPITAL BLDG COSTS - NONH					
004 01 CAPITAL COSTS INTEREST EX					
004 01 NEW CAP REL COSTS-MVBLE E					
005 01 CAP REL COSTS-MME NONHOS					
006 01 EMPLOYEE BENEFITS					
006 06 ADMITTING					
008 01 OTHER ADMINISTRATIVE AND					
008 01 OPERATION OF PLANT					
009 01 OPERATION OF PLANT NONHO					
009 01 LAUNDRY & LINEN SERVICE					
010 01 LAUNDRY NON-HOSPITAL					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPLY					
017 PHARMACY					
018 MEDICAL RECORDS & LIBRARY					
019 01 SOCIAL SERVICE	50,978				
025 01 OTHER GENERAL SERVICE COS		177,774			
026 01 INPAT ROUTINE SRVC CNTRS					
026 01 ADULTS & PEDIATRICS	42,433	147,974	12,360,334		12,360,334
027 01 INTENSIVE CARE UNIT	3,824	13,336	1,411,473		1,411,473
030 01 CORONARY CARE UNIT					
033 01 NEONATAL INTENSIVE CARE U	2,273	7,928	1,224,386		1,224,386
037 01 NURSERY	2,448	8,536	704,061		704,061
037 01 ANCILLARY SRVC COST CNTRS					
037 01 OPERATING ROOM			4,073,617		4,073,617
038 01 ASC OPERATING ROOM			685,590		685,590
038 01 RECOVERY ROOM			450,499		450,499
039 01 ASC RECOVERY ROOM			253,508		253,508
040 01 DELIVERY ROOM & LABOR ROO					
040 01 ANESTHESIOLOGY			144,403		144,403
041 01 ASC ANESTHESIOLOGY			19,205		19,205
043 01 RADIOLOGY-DIAGNOSTIC			1,321,479		1,321,479
044 01 RADIOISOTOPE			207,467		207,467
047 01 LABORATORY			1,365,067		1,365,067
049 01 BLOOD STORING, PROCESSING			86,158		86,158
050 01 RESPIRATORY THERAPY			173,242		173,242
053 01 PHYSICAL THERAPY			204,111		204,111
054 01 ELECTROCARDIOLOGY			215,220		215,220
055 01 ELECTROENCEPHALOGRAPHY			3,084		3,084
055 30 MEDICAL SUPPLIES CHARGED			24,832		24,832
056 01 IMPL. DEV. CHARGED TO PAT			65,256		65,256
057 01 DRUGS CHARGED TO PATIENTS			591,533		591,533
059 01 RENAL DIALYSIS			169,123		169,123
059 97 CARDIAC CATHETERIZATION L			1,597,370		1,597,370
060 01 CARDIAC REHABILITATION			5,449		5,449
061 01 OUTPAT SERVICE COST CNTRS					
061 01 CLINIC			17,838		17,838
062 01 SLEEP CLINIC			2,677,808		2,677,808
062 01 EMERGENCY					
095 01 OBSERVATION BEDS (NON-DIS					
095 01 SPEC PURPOSE COST CENTERS					
095 01 SUBTOTALS	50,978	177,774	30,052,113		30,052,113
096 01 NONREIMBURS COST CENTERS					
098 01 GIFT, FLOWER, COFFEE SHOP			230,601		230,601
100 01 PHYSICIANS' PRIVATE OFFIC			8,532,855		8,532,855
101 01 OTHER NONREIMBURSABLE COS			9,262		9,262
102 01 CROSS FOOT ADJUSTMENTS					
102 01 NEGATIVE COST CENTER					
103 01 TOTAL	50,978	177,774	38,824,831		38,824,831

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0173  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 6/20/2011  
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	C CAPITAL BLDG COSTS - NONH (SQUARE FEET)	CAPITAL COSTS INTEREST EX (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (SQUARE FEET)	CAP REL COSTS -MME NONHOS (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)
GENERAL SERVICE COST	3	3.01	3.02	4	4.01	5
003 NEW CAP REL COSTS-BLD	402,853					
003 01 CAPITAL BLDG COSTS -		451,060				
003 02 CAPITAL COSTS INTERES			402,853			
004 NEW CAP REL COSTS-MVB				402,853		
004 01 CAP REL COSTS-MME NO					451,060	
005 EMPLOYEE BENEFITS						127,598,125
006 01 ADMINITTING	8,034	1,376	8,034	8,034	1,376	4,357,702
006 06 OTHER ADMINISTRATIVE	12,212		12,212	12,212		5,429,342
008 OPERATION OF PLANT	105,746		105,746	105,746		1,073,028
008 01 OPERATION OF PLANT N		2,895			2,895	1,022,317
009 LAUNDRY & LINEN SERVI						
009 01 LAUNDRY NON-HOSPITAL						
010 HOUSEKEEPING	3,554		3,554	3,554		800,933
011 DIETARY	3,445		3,445	3,445		108,185
012 CAFETERIA	9,432		9,432	9,432		651,493
014 NURSING ADMINISTRATIO	9,598		9,598	9,598		3,038,413
015 CENTRAL SERVICES & SU	16,601		16,601	16,601		1,022,024
016 PHARMACY	4,233		4,233	4,233		2,381,573
017 MEDICAL RECORDS & LIB						
018 SOCIAL SERVICE	371		371	371		146,425
019 OTHER GENERAL SERVICE	1,504		1,504	1,504		348,897
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	99,746		99,746	99,746		18,501,969
026 INTENSIVE CARE UNIT	11,251		11,251	11,251		2,316,510
027 CORONARY CARE UNIT						
030 NEONATAL INTENSIVE CA	10,292		10,292	10,292		2,248,163
033 NURSERY	5,888		5,888	5,888		755,460
ANCILLARY SRVC COST C						
037 OPERATING ROOM	30,537	713	30,537	30,537	713	2,653,503
037 01 ASC OPERATING ROOM		22,134			22,134	1,308,213
038 RECOVERY ROOM	4,117		4,117	4,117		511,107
038 01 ASC RECOVERY ROOM		11,888			11,888	570,249
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY	629		629	629		6,298,826
040 01 ASC ANESTHESIOLOGY		461			461	
041 RADIOLOGY-DIAGNOSTIC	11,386		11,386	11,386		1,898,210
043 RADIOISOTOPE	1,802		1,802	1,802		217,650
044 LABORATORY	9,415		9,415	9,415		2,276,212
047 BLOOD STORING, PROCES	617		617	617		68,846
049 RESPIRATORY THERAPY	1,028		1,028	1,028		1,453,975
050 PHYSICAL THERAPY	1,777		1,777	1,777		488,009
053 ELECTROCARDIOLOGY	1,643		1,643	1,643		569,568
054 ELECTROENCEPHALOGRAPH						69,674
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	1,578		1,578	1,578		48
059 CARDIAC CATHETERIZATI	11,357		11,357	11,357		2,028,869
059 97 CARDIAC REHABILITATIO						195,481
060 OUTPAT SERVICE COST C						
060 CLINIC						
060 01 SLEEP CLINIC						304,835
061 EMERGENCY	22,241		22,241	22,241		3,300,257
062 OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	400,034	39,467	400,034	400,034	39,467	68,415,966
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	2,172		2,172	2,172		22,083
098 PHYSICIANS' PRIVATE O	647	411,593	647	647	411,593	58,895,755
100 OTHER NONREIMBURSABLE						264,321
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	5,296,951	6,976,421	13,206,481	11,701,856	1,643,122	29,659,325
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	13.148595		32.782382		3.642801	
(WRKSHT B, PT I)		15.466725		29.047459		.232443
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	ADMITTING (PATIENT CHARGES)	RECONCILIATION	OTHER ADMINISTRATIVE AND ACCUM. COST	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT NONHO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY NON-HOSPITAL (100% ALLOCATION)
	6.01	6a.06	6.06	8	8.01	9	9.01
GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD							
003 02 CAPITAL BLDG COSTS -							
004 01 CAPITAL COSTS INTERES							
004 01 NEW CAP REL COSTS-MVB							
005 01 CAP REL COSTS-MME NO EMPLOYEE BENEFITS							
006 01 ADMITTING	523,548,430						
006 06 OTHER ADMINISTRATIVE		-43,853,066	258,621,035				
008 01 OPERATION OF PLANT			15,527,422	276,861			
008 01 OPERATION OF PLANT N			5,076,177		446,789		
009 01 LAUNDRY & LINEN SERVI			521,968			746,324	
009 01 LAUNDRY NON-HOSPITAL			74,270				100
010 HOUSEKEEPING			2,482,175	3,554			
011 DIETARY			946,551	3,445			
012 CAFETERIA			1,707,935	9,432			
014 NURSING ADMINISTRATIO			5,925,531	9,598			
015 CENTRAL SERVICES & SU			12,119,429	16,601			
016 PHARMACY			8,979,866	4,233			
017 MEDICAL RECORDS & LIB			1,296,909				
018 SOCIAL SERVICE			238,236	371			
019 OTHER GENERAL SERVICE			854,710	1,504			
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICALS	67,344,422		28,652,181	99,746		450,174	
026 INTENSIVE CARE UNIT	8,145,384		4,085,154	11,251		21,177	
027 CORONARY CARE UNIT							
030 NEONATAL INTENSIVE CA	4,058,590		2,652,193	10,292		7,281	
033 NURSERY	1,405,755		1,465,162	5,888		16,868	
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	52,792,355		7,871,405	30,537	713	75,611	
037 01 ASC OPERATING ROOM	37,550,386		3,216,147		22,134		
038 RECOVERY ROOM	5,000,204		1,038,970	4,117		7,417	
038 01 ASC RECOVERY ROOM	4,099,336		1,029,287		11,888		
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	2,734,423		1,386,969	629			
040 01 ASC ANESTHESIOLOGY	1,231,840		58,996		461		
041 RADIOLOGY-DIAGNOSTIC	41,895,428		4,135,164	11,386		29,277	
043 RADIOISOTOPE	7,656,820		870,886	1,802		19,698	
044 LABORATORY	73,146,096		8,170,803	9,415			
047 BLOOD STORING, PROCES	4,410,314		1,574,572	617			
049 RESPIRATORY THERAPY	8,894,403		2,172,616	1,028			
050 PHYSICAL THERAPY	3,162,332		938,611	1,777			
053 ELECTROCARDIOLOGY	17,259,423		1,184,375	1,643			
054 ELECTROENCEPHALOGRAPH	741,652		100,363				
055 MEDICAL SUPPLIES CHAR	10,559,811		3,405,364				
055 30 IMPL. DEV. CHARGED TO	33,739,555		6,901,469				
056 DRUGS CHARGED TO PATI	50,722,410		620,487				
057 RENAL DIALYSIS	1,058,122		365,599	1,578			
059 CARDIAC CATHETERIZATI	33,504,500		6,272,012	11,357			
059 97 CARDIAC REHABILITATIO	72,812		262,864				
060 OUTPAT SERVICE COST C							
060 01 CLINIC							
060 01 SLEEP CLINIC	3,690,665		483,429				
061 EMERGENCY	48,671,392		6,622,914	22,241		118,821	
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN							
095 SUBTOTALS	523,548,430	-43,853,066	151,289,171	274,042	35,196	746,324	
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE			283,225	2,172			
098 PHYSICIANS' PRIVATE O			106,116,930	647	411,593		100
100 OTHER NONREIMBURSABLE			931,709				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	6,404,478		43,853,066	18,160,329	5,936,919	610,476	86,864
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)				65.593670		.817977	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	.012233		.169565		13.287970		868.640000
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	628,671		915,637	7,983,636	73,292	1,848	263
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.001201		.003540	28.836261	.164042	.002476	2.630000

COST CENTER DESCRIPTION	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NG FTES)	CENTRAL SERVICES & SUPPLY (COSTED EQUI S.)	PHARMACY (COSTED EQUI S.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)
	10	11	12	14	15	16	17
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 CAPITAL BLDG COSTS -							
003 02 CAPITAL COSTS INTERES							
004 NEW CAP REL COSTS-MVB							
004 01 CAP REL COSTS-MME NO							
005 EMPLOYEE BENEFITS							
006 01 ADMIN TTING							
006 06 OTHER ADMINI STRATIVE							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT N							
009 LAUNDRY & LINEN SERVI							
009 01 LAUNDRY NON-HOSPITAL							
010 HOUSEKEEPING	273,307						
011 DIETARY	3,445	36,552					
012 CAFETERIA	9,432		81,786				
014 NURSING ADMINI STRATIO	9,598		4,305	40,886			
015 CENTRAL SERVICES & SU	16,601		2,836		22,785,325		
016 PHARMACY	4,233		3,099		186,165	5,502,211	
017 MEDICAL RECORDS & LIB							523,548,430
018 SOCIAL SERVICE	371		287	287			
019 OTHER GENERAL SERVICE	1,504		1,354		68		
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	99,746	30,425	27,806	27,806	1,404,526		67,344,422
026 INTENSIVE CARE UNIT	11,251	2,742	3,448	3,448	318,585		8,145,384
027 CORONARY CARE UNIT							
030 NEONATAL INTENSIVE CA	10,292	1,630	2,431	2,431	84,889		4,058,590
033 NURSERY	5,888	1,755	1,271	1,271			1,405,755
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	30,537		4,427		8,762,313	1,243	52,792,355
037 01 ASC OPERATING ROOM			2,683		2,116,495	10	37,550,386
038 RECOVERY ROOM	4,117		626		216		5,000,204
038 01 ASC RECOVERY ROOM			909		58,531		4,099,336
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	629		2,436		503,236		2,734,423
040 01 ASC ANESTHESIOLOGY					107,704		1,231,840
041 RADIOLOGY-DIAGNOSTIC	11,386		3,202		240,127	8	41,895,428
043 RADIOISOTOPE	1,802		356		7,734	5,603	7,656,820
044 LABORATORY	9,415		5,014		2,451,561		73,146,096
047 BLOOD STORING, PROCES	617		100		113,916		4,410,314
049 RESPIRATORY THERAPY	1,028		2,587		188,270		8,894,403
050 PHYSICAL THERAPY	1,777		804		2,685		3,162,332
053 ELECTROCARDIOLOGY	1,643		1,237		27,559		17,259,423
054 ELECTROENCEPHALOGRAPH			150				741,652
055 MEDICAL SUPPLIES CHAR							10,559,811
055 30 IMPL. DEV. CHARGED TO							33,739,555
056 DRUGS CHARGED TO PATI						5,482,945	50,722,410
057 RENAL DIALYSIS	1,578				6,382	376	1,058,122
059 CARDIAC CATHETERIZATI	11,357		3,152		3,751,495	11,799	33,504,500
059 97 CARDIAC REHABILITATIO			301		9,439		72,812
060 OUTPAT SERVICE COST C							
060 01 CLINIC							
060 01 SLEEP CLINIC			743		32,353	35	3,690,665
061 EMERGENCY	22,241		5,643	5,643	463,458	192	48,671,392
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	270,488	36,552	81,207	40,886	20,837,707	5,502,211	523,548,430
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	2,172		91				
098 PHYSICIANS' PRIVATE O	647				1,947,523		
100 OTHER NONREIMBURSABLE			488		95		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	3,136,185	1,372,554	2,724,452	7,813,407	15,548,350	11,059,038	1,516,819
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		37.550722		191.102260		2.009926	
(WRKSHT B, PT I)	11.474953		33.311960		.682384		.002897
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)	377,745	365,753	998,263	1,083,201	1,823,892	529,816	4,591
107 COST TO BE ALLOCATED							
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		10.006374		26.493201		.096291	
(WRKSHT B, PT III)	1.382127		12.205793		.080047		.000009

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0173  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 6/20/2011  
 WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE COSTS (PATIENT DAYS)
	18	19
GENERAL SERVICE COST		
003 NEW CAP REL COSTS-BLD		
003 01 CAPITAL BLDG COSTS -		
003 02 CAPITAL COSTS INTERES		
004 NEW CAP REL COSTS-MVB		
004 01 CAP REL COSTS-MME NO		
005 EMPLOYEE BENEFITS		
006 01 ADMIN TTING		
006 06 OTHER ADMINI STRATIVE		
008 OPERATION OF PLANT		
008 01 OPERATION OF PLANT N		
009 LAUNDRY & LINEN SERVI		
009 01 LAUNDRY NON-HOSPI TAL		
010 HOUSEKEEPING		
011 DI ETARY		
012 CAFETERIA		
014 NURSING ADMINI STRATIO		
015 CENTRAL SERVICES & SU		
016 PHARMACY		
017 MEDICAL RECORDS & LIB		
018 SOCIAL SERVICE	36,552	
019 OTHER GENERAL SERVICE		36,552
INPAT ROUTINE SRVC CN		
025 ADULTS & PEDI ATRICS	30,425	30,425
026 INTENSIVE CARE UNIT	2,742	2,742
027 CORONARY CARE UNIT		
030 NEONATAL INTENSIVE CA	1,630	1,630
033 NURSERY	1,755	1,755
ANCILLARY SRVC COST C		
037 OPERATING ROOM		
037 01 ASC OPERATING ROOM		
038 RECOVERY ROOM		
038 01 ASC RECOVERY ROOM		
039 DELIVERY ROOM & LABOR		
040 ANESTHESIOLOGY		
040 01 ASC ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC		
043 RADIOISOTOPE		
044 LABORATORY		
047 BLOOD STORING, PROCES		
049 RESPIRATORY THERAPY		
050 PHYSICAL THERAPY		
053 ELECTROCARDIOLOGY		
054 ELECTROENCEPHALOGRAPH		
055 MEDICAL SUPPLIES CHAR		
055 30 IMPL. DEV. CHARGED TO		
056 DRUGS CHARGED TO PATI		
057 RENAL DIALYSIS		
059 CARDIAC CATHETERIZATI		
059 97 CARDIAC REHABILITATIO		
OUTPAT SERVICE COST C		
CLINIC		
060 01 SLEEP CLINIC		
061 EMERGENCY		
062 OBSERVATION BEDS (NON		
SPEC PURPOSE COST CEN		
095 SUBTOTALS	36,552	36,552
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
098 PHYSICIANS' PRIVATE O		
100 OTHER NONREIMBURSABLE		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	371,631	1,160,700
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		31.754760
(WRKSHT B, PT I)	10.167186	
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT II)		
107 COST TO BE ALLOCATED	50,978	177,774
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		4.863592
(WRKSHT B, PT III)	1.394671	

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 15-0173  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 6/20/2011  
 WORKSHEET C  
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	51,377,647		51,377,647		51,377,647
26	INTENSIVE CARE UNIT	6,894,963		6,894,963		6,894,963
27	CORONARY CARE UNIT					
30	NEONATAL INTENSIVE CARE U	4,645,835		4,645,835		4,645,835
33	NURSERY	2,609,959		2,609,959		2,609,959
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	17,913,069		17,913,069		17,913,069
37	01 ASC OPERATING ROOM	5,698,050		5,698,050		5,698,050
38	RECOVERY ROOM	1,573,987		1,573,987		1,573,987
38	01 ASC RECOVERY ROOM	1,443,883		1,443,883		1,443,883
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	2,103,096		2,103,096		2,103,096
40	01 ASC ANESTHESIOLOGY	152,190		152,190		152,190
41	RADIOLOGY-DIAGNOSTIC	6,129,706		6,129,706		6,129,706
43	RADIOISOTOPE	1,224,130		1,224,130		1,224,130
44	LABORATORY	12,333,820		12,333,820		12,333,820
47	BLOOD STORING, PROCESSING	1,982,957		1,982,957		1,982,957
49	RESPIRATORY THERAPY	2,860,659		2,860,659		2,860,659
50	PHYSICAL THERAPY	1,272,494		1,272,494		1,272,494
53	ELECTROCARDIOLOGY	1,621,841		1,621,841		1,621,841
54	ELECTROENCEPHALOGRAPHY	124,527		124,527		124,527
55	MEDICAL SUPPLIES CHARGED	4,013,387		4,013,387		4,013,387
55	30 IMPL. DEV. CHARGED TO PAT	8,169,460		8,169,460		8,169,460
56	DRUGS CHARGED TO PATIENTS	11,892,958		11,892,958		11,892,958
57	RENAL DIALYSIS	557,382		557,382		557,382
59	CARDIAC CATHETERIZATION L	10,996,531		10,996,531		10,996,531
59	97 CARDIAC REHABILITATION	324,116		324,116		324,116
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 SLEEP CLINIC	622,992		622,992		622,992
61	EMERGENCY	11,281,216		11,281,216		11,281,216
62	OBSERVATION BEDS (NON-DIS	3,142,725		3,142,725		3,142,725
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	172,963,580		172,963,580		172,963,580
102	LESS OBSERVATION BEDS	3,142,725		3,142,725		3,142,725
103	TOTAL	169,820,855		169,820,855		169,820,855

## COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	64,523,568		64,523,568			
26	INTENSIVE CARE UNIT	8,145,384		8,145,384			
27	CORONARY CARE UNIT						
30	NEONATAL INTENSIVE CARE U	4,058,258		4,058,258			
33	NURSERY	1,405,755		1,405,755			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	29,701,253	23,091,103	52,792,356	.339312	.339312	.339312
37 01	ASC OPERATING ROOM	94,969	37,455,417	37,550,386	.151744	.151744	.151744
38	RECOVERY ROOM	2,092,085	2,908,119	5,000,204	.314785	.314785	.314785
38 01	ASC RECOVERY ROOM	10,164	4,089,172	4,099,336	.352224	.352224	.352224
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,658,645	1,075,778	2,734,423	.769119	.769119	.769119
40 01	ASC ANESTHESIOLOGY	4,531	1,227,309	1,231,840	.123547	.123547	.123547
41	RADIOLOGY-DIAGNOSTIC	17,193,265	24,702,163	41,895,428	.146310	.146310	.146310
43	RADIOISOTOPE	1,256,786	6,400,033	7,656,819	.159874	.159874	.159874
44	LABORATORY	31,267,906	41,878,189	73,146,095	.168619	.168619	.168619
47	BLOOD STORING, PROCESSING	3,749,816	660,499	4,410,315	.449618	.449618	.449618
49	RESPIRATORY THERAPY	7,881,593	1,012,811	8,894,404	.321625	.321625	.321625
50	PHYSICAL THERAPY	3,068,224	94,108	3,162,332	.402391	.402391	.402391
53	ELECTROCARDIOLOGY	12,857,513	4,401,909	17,259,422	.093968	.093968	.093968
54	ELECTROENCEPHALOGRAPHY	645,082	96,570	741,652	.167905	.167905	.167905
55	MEDICAL SUPPLIES CHARGED	5,553,823	5,005,988	10,559,811	.380062	.380062	.380062
55 30	IMPL. DEV. CHARGED TO PAT	20,319,075	13,420,481	33,739,556	.242133	.242133	.242133
56	DRUGS CHARGED TO PATIENTS	35,635,334	15,087,076	50,722,410	.234471	.234471	.234471
57	RENAL DIALYSIS	1,015,716	42,406	1,058,122	.526765	.526765	.526765
59	CARDIAC CATHETERIZATION L	17,077,647	16,426,853	33,504,500	.328211	.328211	.328211
59 97	CARDIAC REHABILITATION	52,160	20,653	72,813	4.451348	4.451348	4.451348
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	SLEEP CLINIC		3,690,665	3,690,665	.168802	.168802	.168802
61	EMERGENCY	13,279,734	35,391,657	48,671,391	.231783	.231783	.231783
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	494,606	2,323,954	2,818,560	1.115011	1.115011	1.115011
101	SUBTOTAL	283,042,892	240,502,913	523,545,805			
102	LESS OBSERVATION BEDS						
103	TOTAL	283,042,892	240,502,913	523,545,805			



COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:  
15-0173

PERIOD:  
FROM 1/1/2010  
TO 12/31/2010

PREPARED 6/20/2011  
WORKSHEET C  
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	64,523,568		64,523,568			
26	INTENSIVE CARE UNIT	8,145,384		8,145,384			
27	CORONARY CARE UNIT						
30	NEONATAL INTENSIVE CARE U	4,058,258		4,058,258			
33	NURSERY	1,405,755		1,405,755			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	29,701,253	23,091,103	52,792,356	.339312	.339312	.339312
37 01	ASC OPERATING ROOM	94,969	37,455,417	37,550,386	.151744	.151744	.151744
38	RECOVERY ROOM	2,092,085	2,908,119	5,000,204	.314785	.314785	.314785
38 01	ASC RECOVERY ROOM	10,164	4,089,172	4,099,336	.352224	.352224	.352224
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,658,645	1,075,778	2,734,423	.769119	.769119	.769119
40 01	ASC ANESTHESIOLOGY	4,531	1,227,309	1,231,840	.123547	.123547	.123547
41	RADIOLOGY-DIAGNOSTIC	17,193,265	24,702,163	41,895,428	.146310	.146310	.146310
43	RADIOISOTOPE	1,256,786	6,400,033	7,656,819	.159874	.159874	.159874
44	LABORATORY	31,267,906	41,878,189	73,146,095	.168619	.168619	.168619
47	BLOOD STORING, PROCESSING	3,749,816	660,499	4,410,315	.449618	.449618	.449618
49	RESPIRATORY THERAPY	7,881,593	1,012,811	8,894,404	.321625	.321625	.321625
50	PHYSICAL THERAPY	3,068,224	94,108	3,162,332	.402391	.402391	.402391
53	ELECTROCARDIOLOGY	12,857,513	4,401,909	17,259,422	.093968	.093968	.093968
54	ELECTROENCEPHALOGRAPHY	645,082	96,570	741,652	.167905	.167905	.167905
55	MEDICAL SUPPLIES CHARGED	5,553,823	5,005,988	10,559,811	.380062	.380062	.380062
55 30	IMPL. DEV. CHARGED TO PAT	20,319,075	13,420,481	33,739,556	.242133	.242133	.242133
56	DRUGS CHARGED TO PATIENTS	35,635,334	15,087,076	50,722,410	.234471	.234471	.234471
57	RENAL DIALYSIS	1,015,716	42,406	1,058,122	.526765	.526765	.526765
59	CARDIAC CATHETERIZATION L	17,077,647	16,426,853	33,504,500	.328211	.328211	.328211
59 97	CARDIAC REHABILITATION	52,160	20,653	72,813	4.451348	4.451348	4.451348
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	SLEEP CLINIC		3,690,665	3,690,665	.168802	.168802	.168802
61	EMERGENCY	13,279,734	35,391,657	48,671,391	.231783	.231783	.231783
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	494,606	2,323,954	2,818,560	1.115011	1.115011	1.115011
101	SUBTOTAL	283,042,892	240,502,913	523,545,805			
102	LESS OBSERVATION BEDS						
103	TOTAL	283,042,892	240,502,913	523,545,805			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	17,913,069	4,073,617	13,839,452			17,913,069
37	01 ASC OPERATING ROOM	5,698,050	685,590	5,012,460			5,698,050
38	RECOVERY ROOM	1,573,987	450,499	1,123,488			1,573,987
38	01 ASC RECOVERY ROOM	1,443,883	253,508	1,190,375			1,443,883
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	2,103,096	144,403	1,958,693			2,103,096
40	01 ASC ANESTHESIOLOGY	152,190	19,205	132,985			152,190
41	RADIOLOGY-DIAGNOSTIC	6,129,706	1,321,479	4,808,227			6,129,706
43	RADIOISOTOPE	1,224,130	207,467	1,016,663			1,224,130
44	LABORATORY	12,333,820	1,365,067	10,968,753			12,333,820
47	BLOOD STORING, PROCESSING	1,982,957	86,158	1,896,799			1,982,957
49	RESPIRATORY THERAPY	2,860,659	173,242	2,687,417			2,860,659
50	PHYSICAL THERAPY	1,272,494	204,111	1,068,383			1,272,494
53	ELECTROCARDIOLOGY	1,621,841	215,220	1,406,621			1,621,841
54	ELECTROENCEPHALOGRAPHY	124,527	3,084	121,443			124,527
55	MEDICAL SUPPLIES CHARGED	4,013,387	24,832	3,988,555			4,013,387
55	30 IMPL. DEV. CHARGED TO PAT	8,169,460	65,256	8,104,204			8,169,460
56	DRUGS CHARGED TO PATIENTS	11,892,958	591,533	11,301,425			11,892,958
57	RENAL DIALYSIS	557,382	169,123	388,259			557,382
59	CARDIAC CATHETERIZATION L	10,996,531	1,597,370	9,399,161			10,996,531
59	97 CARDIAC REHABILITATION	324,116	5,449	318,667			324,116
60	OUTPAT SERVICE COST CNTRS						
60	01 CLINIC						
60	01 SLEEP CLINIC	622,992	17,838	605,154			622,992
61	EMERGENCY	11,281,216	2,677,808	8,603,408			11,281,216
62	OBSERVATION BEDS (NON-DIS	3,142,725	756,070	2,386,655			3,142,725
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	107,435,176	15,107,929	92,327,247			107,435,176
102	LESS OBSERVATION BEDS	3,142,725	756,070	2,386,655			3,142,725
103	TOTAL	104,292,451	14,351,859	89,940,592			104,292,451

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	52,792,356	.339312	.339312
37 01	ASC OPERATING ROOM	37,550,386	.151744	.151744
38	RECOVERY ROOM	5,000,204	.314785	.314785
38 01	ASC RECOVERY ROOM	4,099,336	.352224	.352224
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	2,734,423	.769119	.769119
40 01	ASC ANESTHESIOLOGY	1,231,840	.123547	.123547
41	RADIOLOGY-DIAGNOSTIC	41,895,428	.146310	.146310
43	RADIOISOTOPE	7,656,819	.159874	.159874
44	LABORATORY	73,146,095	.168619	.168619
47	BLOOD STORING, PROCESSING	4,410,315	.449618	.449618
49	RESPIRATORY THERAPY	8,894,404	.321625	.321625
50	PHYSICAL THERAPY	3,162,332	.402391	.402391
53	ELECTROCARDIOLOGY	17,259,422	.093968	.093968
54	ELECTROENCEPHALOGRAPHY	741,652	.167905	.167905
55	MEDICAL SUPPLIES CHARGED	10,559,811	.380062	.380062
55 30	IMPL. DEV. CHARGED TO PAT	33,739,556	.242133	.242133
56	DRUGS CHARGED TO PATIENTS	50,722,410	.234471	.234471
57	RENAL DIALYSIS	1,058,122	.526765	.526765
59	CARDIAC CATHETERIZATION L	33,504,500	.328211	.328211
59 97	CARDIAC REHABILITATION	72,813	4.451348	4.451348
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	SLEEP CLINIC	3,690,665	.168802	.168802
61	EMERGENCY	48,671,391	.231783	.231783
62	OBSERVATION BEDS (NON-DIS	2,818,560	1.115011	1.115011
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	445,412,840		
102	LESS OBSERVATION BEDS	2,818,560		
103	TOTAL	442,594,280		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	17,913,069	4,073,617	13,839,452	407,362	802,688	16,703,019
37	01 ASC OPERATING ROOM	5,698,050	685,590	5,012,460	68,559	290,723	5,338,768
38	RECOVERY ROOM	1,573,987	450,499	1,123,488	45,050	65,162	1,463,775
38	01 ASC RECOVERY ROOM	1,443,883	253,508	1,190,375	25,351	69,042	1,349,490
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	2,103,096	144,403	1,958,693	14,440	113,604	1,975,052
40	01 ASC ANESTHESIOLOGY	152,190	19,205	132,985	1,921	7,713	142,556
41	RADIOLOGY-DIAGNOSTIC	6,129,706	1,321,479	4,808,227	132,148	278,877	5,718,681
43	RADIOISOTOPE	1,224,130	207,467	1,016,663	20,747	58,966	1,144,417
44	LABORATORY	12,333,820	1,365,067	10,968,753	136,507	636,188	11,561,125
47	BLOOD STORING, PROCESSING	1,982,957	86,158	1,896,799	8,616	110,014	1,864,327
49	RESPIRATORY THERAPY	2,860,659	173,242	2,687,417	17,324	155,870	2,687,465
50	PHYSICAL THERAPY	1,272,494	204,111	1,068,383	20,411	61,966	1,190,117
53	ELECTROCARDIOLOGY	1,621,841	215,220	1,406,621	21,522	81,584	1,518,735
54	ELECTROENCEPHALOGRAPHY	124,527	3,084	121,443	308	7,044	117,175
55	MEDICAL SUPPLIES CHARGED	4,013,387	24,832	3,988,555	2,483	231,336	3,779,568
55	30 IMPL. DEV. CHARGED TO PAT	8,169,460	65,256	8,104,204	6,526	470,044	7,692,890
56	DRUGS CHARGED TO PATIENTS	11,892,958	591,533	11,301,425	59,153	655,483	11,178,322
57	RENAL DIALYSIS	557,382	169,123	388,259	16,912	22,519	517,951
59	CARDIAC CATHETERIZATION L	10,996,531	1,597,370	9,399,161	159,737	545,151	10,291,643
59	97 CARDIAC REHABILITATION	324,116	5,449	318,667	545	18,483	305,088
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 SLEEP CLINIC	622,992	17,838	605,154	1,784	35,099	586,109
61	EMERGENCY	11,281,216	2,677,808	8,603,408	267,781	498,998	10,514,437
62	OBSERVATION BEDS (NON-DIS	3,142,725	756,070	2,386,655	75,607	138,426	2,928,692
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	107,435,176	15,107,929	92,327,247	1,510,794	5,354,980	100,569,402
102	LESS OBSERVATION BEDS	3,142,725	756,070	2,386,655	75,607	138,426	2,928,692
103	TOTAL	104,292,451	14,351,859	89,940,592	1,435,187	5,216,554	97,640,710

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	52,792,356	.316391	.331595
37	01 ASC OPERATING ROOM	37,550,386	.142176	.149918
38	RECOVERY ROOM	5,000,204	.292743	.305775
38	01 ASC RECOVERY ROOM	4,099,336	.329197	.346039
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	2,734,423	.722292	.763838
40	01 ASC ANESTHESIOLOGY	1,231,840	.115726	.121987
41	RADIOLOGY-DIAGNOSTIC	41,895,428	.136499	.143155
43	RADIOISOTOPE	7,656,819	.149464	.157165
44	LABORATORY	73,146,095	.158055	.166753
47	BLOOD STORING, PROCESSING	4,410,315	.422720	.447664
49	RESPIRATORY THERAPY	8,894,404	.302152	.319677
50	PHYSICAL THERAPY	3,162,332	.376342	.395937
53	ELECTROCARDIOLOGY	17,259,422	.087995	.092721
54	ELECTROENCEPHALOGRAPHY	741,652	.157992	.167490
55	MEDICAL SUPPLIES CHARGED	10,559,811	.357920	.379827
55	30 IMPL. DEV. CHARGED TO PAT	33,739,556	.228008	.241940
56	DRUGS CHARGED TO PATIENTS	50,722,410	.220382	.233305
57	RENAL DIALYSIS	1,058,122	.489500	.510782
59	CARDIAC CATHETERIZATION L	33,504,500	.307172	.323443
59	97 CARDIAC REHABILITATION	72,813	4.190021	4.443863
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 SLEEP CLINIC	3,690,665	.158809	.168319
61	EMERGENCY	48,671,391	.216029	.226281
62	OBSERVATION BEDS (NON-DIS	2,818,560	1.039074	1.088186
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	445,412,840		
102	LESS OBSERVATION BEDS	2,818,560		
103	TOTAL	442,594,280		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				12,360,334		12,360,334
26	INTENSIVE CARE UNIT				1,411,473		1,411,473
27	CORONARY CARE UNIT						
30	NEONATAL INTENSIVE CARE U				1,224,386		1,224,386
33	NURSERY				704,061		704,061
101	TOTAL				15,700,254		15,700,254

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	31,977	16,409			386.54	6,342,735
26	INTENSIVE CARE UNIT	2,742	1,657			514.76	852,957
27	CORONARY CARE UNIT						
30	NEONATAL INTENSIVE CARE U	1,630				751.16	
33	NURSERY	1,755				401.17	
101	TOTAL	38,104	18,066				7,195,692

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0173  
 COMPONENT NO: 15-0173  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 6/20/2011  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		4,073,617	52,792,356	13,960,708		
37 01	ASC OPERATING ROOM		685,590	37,550,386	33,452		
38	RECOVERY ROOM		450,499	5,000,204	923,551		
38 01	ASC RECOVERY ROOM		253,508	4,099,336	3,736		
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY		144,403	2,734,423	776,072		
40 01	ASC ANESTHESIOLOGY		19,205	1,231,840	1,236		
41	RADIOLOGY-DIAGNOSTIC		1,321,479	41,895,428	9,172,005		
43	RADIOISOTOPE		207,467	7,656,819	709,549		
44	LABORATORY		1,365,067	73,146,095	17,376,593		
47	BLOOD STORING, PROCESSING		86,158	4,410,315	2,137,126		
49	RESPIRATORY THERAPY		173,242	8,894,404	4,826,990		
50	PHYSICAL THERAPY		204,111	3,162,332	2,139,433		
53	ELECTROCARDIOLOGY		215,220	17,259,422	7,897,886		
54	ELECTROENCEPHALOGRAPHY		3,084	741,652	394,540		
55	MEDICAL SUPPLIES CHARGED		24,832	10,559,811	3,046,201		
55 30	IMPL. DEV. CHARGED TO PAT		65,256	33,739,556	10,525,469		
56	DRUGS CHARGED TO PATIENTS		591,533	50,722,410	18,153,921		
57	RENAL DIALYSIS		169,123	1,058,122	739,029		
59	CARDIAC CATHETERIZATION L		1,597,370	33,504,500	9,323,541		
59 97	CARDIAC REHABILITATION		5,449	72,813	25,558		
60	OUTPAT SERVICE COST CNTRS CLINIC						
60 01	SLEEP CLINIC		17,838	3,690,665			
61	EMERGENCY		2,677,808	48,671,391	7,269,023		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		756,070	2,818,560	180,893		
101	TOTAL		15,107,929	445,412,840	109,616,512		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0173  
 COMPONENT NO: 15-0173  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 6/20/2011  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.077163	1,077,250
37 01	ASC OPERATING ROOM	.018258	611
38	RECOVERY ROOM	.090096	83,208
38 01	ASC RECOVERY ROOM	.061841	231
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.052809	40,984
40 01	ASC ANESTHESIOLOGY	.015590	19
41	RADIOLOGY-DIAGNOSTIC	.031542	289,303
43	RADIOISOTOPE	.027096	19,226
44	LABORATORY	.018662	324,282
47	BLOOD STORING, PROCESSING	.019536	41,751
49	RESPIRATORY THERAPY	.019478	94,020
50	PHYSICAL THERAPY	.064544	138,088
53	ELECTROCARDIOLOGY	.012470	98,487
54	ELECTROENCEPHALOGRAPHY	.004158	1,640
55	MEDICAL SUPPLIES CHARGED	.002352	7,165
55 30	IMPL. DEV. CHARGED TO PAT	.001934	20,356
56	DRUGS CHARGED TO PATIENTS	.011662	211,711
57	RENAL DIALYSIS	.159833	118,121
59	CARDIAC CATHETERIZATION L	.047676	444,509
59 97	CARDIAC REHABILITATION	.074836	1,913
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	SLEEP CLINIC	.004833	
61	EMERGENCY	.055018	399,927
62	OBSERVATION BEDS (NON-DIS	.268247	48,524
	OTHER REIMBURS COST CNTRS		
101	TOTAL		3,461,326

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XVIII, PART A

PROVIDER NO: 15-0173  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 6/20/2011  
WORKSHEET D  
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					31,977	
26	INTENSIVE CARE UNIT					2,742	
27	CORONARY CARE UNIT						
30	NEONATAL INTENSIVE CARE U					1,630	
33	NURSERY					1,755	
101	TOTAL					38,104	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	16,409	
26	INTENSIVE CARE UNIT	1,657	
27	CORONARY CARE UNIT		
30	NEONATAL INTENSIVE CARE U		
33	NURSERY		
101	TOTAL	18,066	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
			1	1.01	2	2.01	2.02	2.03
37		ANCILLARY SRVC COST CNTRS						
		OPERATING ROOM						
37	01	ASC OPERATING ROOM						
38		RECOVERY ROOM						
38	01	ASC RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
40	01	ASC ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
43		RADIOISOTOPE						
44		LABORATORY						
47		BLOOD STORING, PROCESSING						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
55	30	IMPL. DEV. CHARGED TO PAT						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
59		CARDIAC CATHETERIZATION L						
59	97	CARDIAC REHABILITATION						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	SLEEP CLINIC						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
101		TOTAL						

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			52,792,356			13,960,708	
37	01 ASC OPERATING ROOM			37,550,386			33,452	
38	RECOVERY ROOM			5,000,204			923,551	
38	01 ASC RECOVERY ROOM			4,099,336			3,736	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			2,734,423			776,072	
40	01 ASC ANESTHESIOLOGY			1,231,840			1,236	
41	RADIOLOGY-DIAGNOSTIC			41,895,428			9,172,005	
43	RADIOISOTOPE			7,656,819			709,549	
44	LABORATORY			73,146,095			17,376,593	
47	BLOOD STORING, PROCESSING			4,410,315			2,137,126	
49	RESPIRATORY THERAPY			8,894,404			4,826,990	
50	PHYSICAL THERAPY			3,162,332			2,139,433	
53	ELECTROCARDIOLOGY			17,259,422			7,897,886	
54	ELECTROENCEPHALOGRAPHY			741,652			394,540	
55	MEDICAL SUPPLIES CHARGED			10,559,811			3,046,201	
55	30 IMPL. DEV. CHARGED TO PAT			33,739,556			10,525,469	
56	DRUGS CHARGED TO PATIENTS			50,722,410			18,153,921	
57	RENAL DIALYSIS			1,058,122			739,029	
59	CARDIAC CATHETERIZATION L			33,504,500			9,323,541	
59	97 CARDIAC REHABILITATION			72,813			25,558	
60	OUTPAT SERVICE COST CNTRS CLINIC							
60	01 SLEEP CLINIC			3,690,665				
61	EMERGENCY			48,671,391			7,269,023	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			2,818,560			180,893	
101	TOTAL			445,412,840			109,616,512	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	6,603,490					
37 01	ASC OPERATING ROOM	6,976,848					
38	RECOVERY ROOM	736,190					
38 01	ASC RECOVERY ROOM	327,907					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	264,494					
40 01	ASC ANESTHESIOLOGY	177,197					
41	RADIOLOGY-DIAGNOSTIC	6,291,087					
43	RADIOISOTOPE	2,345,489					
44	LABORATORY	1,709,847					
47	BLOOD STORING, PROCESSING	206,899					
49	RESPIRATORY THERAPY	366,938					
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	2,549,260					
54	ELECTROENCEPHALOGRAPHY	6,282					
55	MEDICAL SUPPLIES CHARGED	1,535,017					
55 30	IMPL. DEV. CHARGED TO PAT	5,947,328					
56	DRUGS CHARGED TO PATIENTS	4,326,572					
57	RENAL DIALYSIS	8,590					
59	CARDIAC CATHETERIZATION L	7,192,167					
59 97	CARDIAC REHABILITATION	4,070					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	SLEEP CLINIC	1,019,886					
61	EMERGENCY	6,944,443					
62	OBSERVATION BEDS (NON-DIS	538,666					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	56,078,667					









TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.234471
2	PROGRAM VACCINE CHARGES		29,084
3	PROGRAM COSTS		6,819







TITLE XVIII, PART A      HOSPITAL      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		31,510,037	
26	INTENSIVE CARE UNIT		5,047,320	
27	CORONARY CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.339312	13,960,708	4,737,036
37 01	ASC OPERATING ROOM	.151744	33,452	5,076
38	RECOVERY ROOM	.314785	923,551	290,720
38 01	ASC RECOVERY ROOM	.352224	3,736	1,316
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.769119	776,072	596,892
40 01	ASC ANESTHESIOLOGY	.123547	1,236	153
41	RADIOLOGY-DIAGNOSTIC	.146310	9,172,005	1,341,956
43	RADIOISOTOPE	.159874	709,549	113,438
44	LABORATORY	.168619	17,376,593	2,930,024
47	BLOOD STORING, PROCESSING & TRANS.	.449618	2,137,126	960,890
49	RESPIRATORY THERAPY	.321625	4,826,990	1,552,481
50	PHYSICAL THERAPY	.402391	2,139,433	860,889
53	ELECTROCARDIOLOGY	.093968	7,897,886	742,149
54	ELECTROENCEPHALOGRAPHY	.167905	394,540	66,245
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.380062	3,046,201	1,157,745
55 30	IMPL. DEV. CHARGED TO PATIENT	.242133	10,525,469	2,548,563
56	DRUGS CHARGED TO PATIENTS	.234471	18,153,921	4,256,568
57	RENAL DIALYSIS	.526765	739,029	389,295
59	CARDIAC CATHETERIZATION LABORATORY	.328211	9,323,541	3,060,089
59 97	CARDIAC REHABILITATION	4.451348	25,558	113,768
60	OUTPAT SERVICE COST CNTRS CLINIC			
60 01	SLEEP CLINIC	.168802		
61	EMERGENCY	.231783	7,269,023	1,684,836
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.115011	180,893	201,698
101	TOTAL		109,616,512	27,611,827
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		109,616,512	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	29,438,242	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	25,373,769	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	135.64	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		2.76
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		13.71
4.02 SUM OF LINES 4 AND 4.01		16.47
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		3.46
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		1,018,563
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0173	FROM 1/1/2010	6/20/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
15-0173		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	55,830,574	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	55,830,574	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	9,058,465	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	64,889,039	
17 PRIMARY PAYER PAYMENTS	4,345	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	64,884,694	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,718,822	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	56,650	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	398,308	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	278,816	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	320,768	
22 SUBTOTAL	62,388,038	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	62,388,038	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	59,057,535	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	3,330,503	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	2,779,452	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	6,819
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	13,710,761
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	12,472,983
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	6,819
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	29,084
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	29,084
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	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).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	29,084
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	22,265
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	6,819
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	12,472,983
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,436,922
19	SUBTOTAL (SEE INSTRUCTIONS)	10,042,880
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	10,042,880
24	PRIMARY PAYER PAYMENTS	50
25	SUBTOTAL	10,042,830
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	392,330
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	274,631
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	342,477
28	SUBTOTAL	10,317,461
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	10,317,461
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	10,048,524
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	268,937
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		58,175,586		10,048,524
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 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)				
ADJUSTMENTS TO PROVIDER .01	8/12/2010	881,949		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		881,949		NONE
4 TOTAL INTERIM PAYMENTS		59,057,535		10,048,524
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT		3,330,503		268,937
AMOUNT (BALANCE DUE)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		62,388,038		10,317,461

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

BALANCE SHEET

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	7,445,362			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	32,905,413			
5 OTHER RECEIVABLES	-207,819			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	3,552,003			
8 PREPAID EXPENSES	1,789,120			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	45,484,079			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	179,504,040			
14.01 LESS ACCUMULATED DEPRECIATION	-12,719,555			
15 LEASEHOLD IMPROVEMENTS	647,020			
15.01 LESS ACCUMULATED DEPRECIATION	-31,216			
16 FIXED EQUIPMENT	2,889,962			
16.01 LESS ACCUMULATED DEPRECIATION	-884,358			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	52,994,821			
18.01 LESS ACCUMULATED DEPRECIATION	-21,606,894			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	200,793,820			
OTHER ASSETS				
22 INVESTMENTS	1,077,079			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	2,064,846			
26 TOTAL OTHER ASSETS	3,141,925			
27 TOTAL ASSETS	249,419,824			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	12,670,294			
29 SALARIES, WAGES & FEES PAYABLE	15,023,198			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,393,477			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	2,808,150			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	33,895,119			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	251,879,448			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1,095,645			
42 TOTAL LONG-TERM LIABILITIES	252,975,093			
43 TOTAL LIABILITIES	286,870,212			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-37,450,388			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	-37,450,388			
52 TOTAL LIABILITIES AND FUND BALANCES	249,419,824			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		-57,320,873		
2	NET INCOME (LOSS)		19,870,485		
3	TOTAL		-37,450,388		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		-37,450,388		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		-37,450,388		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	65,929,323		65,929,323
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	65,929,323		65,929,323
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	8,145,384		8,145,384
11 00 CORONARY CARE UNIT			
14 00 NEONATAL INTENSIVE CARE UNIT	4,058,258		4,058,258
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	12,203,642		12,203,642
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	78,132,965		78,132,965
17 00 ANCILLARY SERVICES	204,909,927	236,814,873	441,724,800
18 00 OUTPATIENT SERVICES		3,690,665	3,690,665
24 00 PHYSICIAN CLINICS	73,900	271,295,900	271,369,800
25 00 TOTAL PATIENT REVENUES	283,116,792	511,801,438	794,918,230

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	296,756,868		
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		296,756,868	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0173  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 6/20/2011  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	794,918,230
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	461,774,929
3	NET PATIENT REVENUES	333,143,301
4	LESS: TOTAL OPERATING EXPENSES	296,756,868
5	NET INCOME FROM SERVICE TO PATIENTS	36,386,433
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	2,623,911
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	INCOME RELATED ENTITIES	147,480
25	TOTAL OTHER INCOME	2,771,391
26	TOTAL	39,157,824
	OTHER EXPENSES	
27	BAD DEBTS EXP	19,287,339
28		
29		
30	TOTAL OTHER EXPENSES	19,287,339
31	NET INCOME (OR LOSS) FOR THE PERIOD	19,870,485

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0173	FROM 1/1/2010	6/20/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
15-0173		PARTS I-IV

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	7,195,692
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	3,461,326
3	TOTAL INPATIENT PROGRAM CAPITAL COST	10,657,018
4	CAPITAL COST PAYMENT FACTOR	85
5	TOTAL INPATIENT PROGRAM CAPITAL COST	9,058,465
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	