

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		15-0018		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: 5/13/2011 TIME 15:59

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:
 ELKHART GENERAL HOSPITAL 15-0018

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	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	471,315	273,508	0	
2	SUBPROVIDER	0	7,319	0	0	
2.01	SUBPROVIDER II	0	-23,897	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	454,737	273,508	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete 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.

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	229	83,585			20,307		3,667
2 HMO					2,025		5,107
2 01 HMO - (IRF PPS SUBPROVIDER)							33
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	229	83,585			20,307		3,667
6 INTENSIVE CARE UNIT	24	8,760			1,842		498
6 01 NEONATAL INTENSIVE CARE	8	2,920					
11 NURSERY							248
12 TOTAL	261	95,265			22,149		4,413
13 RPCH VISITS							
14 SUBPROVIDER	16	5,840			776		355
14 01 SUBPROVIDER II	20	7,300			1,876		108
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY					15,422		14,892
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
25 TOTAL	297						
26 OBSERVATION BED DAYS							720
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							399

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	DISSCHARGES / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES -- LESS I&R REPL TOTAL 7	NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			40,867				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			40,867				
6 INTENSIVE CARE UNIT			4,755				
6 01 NEONATAL INTENSIVE CARE			883				
11 NURSERY			2,809				
12 TOTAL			49,314				
13 RPCH VISITS							
14 SUBPROVIDER			2,217				
14 01 SUBPROVIDER II			3,122				
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY			38,997				
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS			2,509				
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			557				
28 01 EMP DISCOUNT DAYS -IRF			49				
29 LABOR & DELIVERY DAYS			647				

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISSCHARGES / TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					4,901	3,004	13,112
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							
6 01 NEONATAL INTENSIVE CARE							
11 NURSERY							
12 TOTAL		1,547.34			4,901	3,004	13,112
13 RPCH VISITS							
14 SUBPROVIDER		19.67			136	99	541
14 01 SUBPROVIDER II		18.76			176	11	293
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
17 OTHER LONG TERM CARE	9	10	11	12	13	14	15
18 HOME HEALTH AGENCY		78.12					
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
25 TOTAL		1,663.89					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

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	91,126,005		91,126,005	3,452,909.00	26.39	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	113,942		113,942	1,383.00	82.39	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	248,480		248,480	2,755.00	90.19	
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	18,791,516	-61,323	18,730,193	635,918.00	29.45	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	6,438,934		6,438,934	208,153.00	30.93	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	1,373,023		1,373,023	9,700.00	141.55	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	22,646,582		22,646,582			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	5,383,064		5,383,064			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	22,329		22,329			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	2,147,614		2,147,614	69,121.00	31.07	
22 ADMINISTRATIVE & GENERAL	10,549,649	154,811	10,704,460	412,956.00	25.92	
22.01 A & G UNDER CONTRACT	5,017,371		5,017,371	67,317.00	74.53	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,414,828		1,414,828	57,819.00	24.47	
25 LAUNDRY & LINEN SERVICE	268,534	-95,073	173,461	13,315.00	13.03	
26 HOUSEKEEPING	1,573,169		1,573,169	138,063.00	11.39	
26.01 HOUSEKEEPING UNDER CONTRACT	83,526		83,526	1,907.00	43.80	
27 DIETARY	1,678,831	-582,680	1,096,151	72,014.00	15.22	
27.01 DIETARY UNDER CONTRACT	766,737		766,737	14,560.00	52.66	
28 CAFETERIA	109,896	582,680	692,576	57,887.00	11.96	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	3,499,127	-413,948	3,085,179	124,716.00	24.74	
31 CENTRAL SERVICE AND SUPPLY	539,334		539,334	32,859.00	16.41	
32 PHARMACY	3,037,857	-2,892,622	145,235	2,027.00	71.65	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,978,742		1,978,742	100,121.00	19.76	
34 SOCIAL SERVICE	887,506	-83,170	804,336	25,429.00	31.63	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	96,745,159		96,745,159	3,533,938.00	27.38	
2 EXCLUDED AREA SALARIES	18,791,516	-61,323	18,730,193	635,918.00	29.45	
3 SUBTOTAL SALARIES	77,953,643	61,323	78,014,966	2,898,020.00	26.92	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	7,811,957		7,811,957	217,853.00	35.86	
5 SUBTOTAL WAGE-RELATED COSTS	22,646,582		22,646,582		29.03	
6 TOTAL	108,412,182	61,323	108,473,505	3,115,873.00	34.81	
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	33,552,721	-3,330,002	30,222,719	1,190,111.00	25.39	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	33,364	9,674	15,865
2 UNDUPLICATED CENSUS COUNT		671.00	215.00	362.00
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	58,903			
2 UNDUPLICATED CENSUS COUNT	1,248.00			

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	17.13		17.13
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL			
6 DIRECTING NURSING SERVICE	32.20		32.20
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	2.55		2.55
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	1.69		1.69
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.81		.81
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	1.17		1.17
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	28.32		28.32
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	4	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		21140	
20.01		43780	
20.02		99915	
20.03		99923	

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	FULL EPI SODES			PEP ONLY EPI SODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	
21 SKILLED NURSING VISITS	5,095	627	282	124
22 SKILLED NURSING VISIT CHARGES	850,956	104,709	47,021	20,708
23 PHYSICAL THERAPY VISITS	1,538	19	50	31
24 PHYSICAL THERAPY VISIT CHARGES	298,372	3,686	9,700	6,014
25 OCCUPATIONAL THERAPY VISITS	666	8	10	14
26 OCCUPATIONAL THERAPY VISIT CHARGES	129,204	1,552	1,940	2,716
27 SPEECH PATHOLOGY VISITS	226	0	5	0
28 SPEECH PATHOLOGY VISIT CHARGES	43,986	0	970	0
29 MEDICAL SOCIAL SERVICE VISITS	162	14	0	4
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	42,282	3,654	0	1,044
31 HOME HEALTH AIDE VISITS	3,230	342	14	43
32 HOME HEALTH AIDE VISIT CHARGES	287,138	30,456	1,250	3,771
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	10,917	1,010	361	216
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	1,651,938	144,057	60,881	34,253
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	591	0	126	17
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	19	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	108,106	17,362	7,502	1,380

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	6, 128
22 SKILLED NURSING VISIT CHARGES	0	0	1, 023, 394
23 PHYSICAL THERAPY VISITS	0	0	1, 638
24 PHYSICAL THERAPY VISIT CHARGES	0	0	317, 772
25 OCCUPATIONAL THERAPY VISITS	0	0	698
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	135, 412
27 SPEECH PATHOLOGY VISITS	0	0	231
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	44, 956
29 MEDICAL SOCIAL SERVICE VISITS	0	0	180
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	46, 980
31 HOME HEALTH AIDE VISITS	0	0	3, 629
32 HOME HEALTH AIDE VISIT CHARGES	0	0	322, 615
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	12, 504
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	1, 891, 129
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	734
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	19
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	134, 350

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0018	FROM 1/1/2010	5/13/2011
	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 2,031,991
17.01	GROSS MEDICAID REVENUES
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 2,031,991
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) .349380
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS 51,822
27	TOTAL SCHIP COST, (LINE 24 * LINE 26) 18,106

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0018	FROM 1/ 1/2010	5/13/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	59,541,764
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	20,802,702
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	27,255,700
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	9,522,596
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	20,820,808

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0018
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/13/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				10,090,905	10,090,905
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		17,701,253	17,701,253	-2,270,561	15,430,692
5	0500 EMPLOYEE BENEFITS	2,147,614	28,585,607	30,733,221	-22,377	30,710,844
6.01	0640 ADMITTING	2,274,548	1,288,353	3,562,901	-106,550	3,456,351
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL	8,275,101	13,560,425	21,835,526	-1,350,558	20,484,968
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	1,414,828	6,892,854	8,307,682	-2,072,214	6,235,468
9	0900 LAUNDRY & LINEN SERVICE	268,534	972,058	1,240,592	-95,073	1,145,519
10	1000 HOUSEKEEPING	1,573,169	512,745	2,085,914		2,085,914
11	1100 DIETARY	1,678,831	1,997,465	3,676,296	-1,633,350	2,042,946
12	1200 CAFETERIA	109,896	159,453	269,349	1,633,347	1,902,696
14	1400 NURSING ADMINISTRATION	3,499,127	1,256,630	4,755,757	-469,451	4,286,306
15	1500 CENTRAL SERVICES & SUPPLY	539,334	186,015	725,349	26,647	751,996
16	1600 PHARMACY	3,037,857	9,896,836	12,934,693	-12,672,641	262,052
17	1700 MEDICAL RECORDS & LIBRARY	1,978,742	598,151	2,576,893	-400,169	2,176,724
18	1800 SOCIAL SERVICE	887,506	409,342	1,296,848	-83,170	1,213,678
24	2400 PARAMED ED PRGM	133,095	96,496	229,591	-2,797	226,794
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	14,352,969	1,478,647	15,831,616	-875,631	14,955,985
26	2600 INTENSIVE CARE UNIT	3,411,901	689,592	4,101,493	-343,240	3,758,253
26.01	2601 NEONATAL INTENSIVE CARE	805,601	75,824	881,425	-55,306	826,119
31	3100 SUBPROVIDER	1,045,818	29,412	1,075,230	-4,220	1,071,010
31.01	3101 SUBPROVIDER II	958,715	125,180	1,083,895	39,926	1,123,821
33	3300 NURSERY	771,933	104,913	876,846	344,026	1,220,872
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,598,891	19,839,261	24,438,152	-17,467,910	6,970,242
37.01	3701 OUTPATIENT SURGERY	1,103,110	556,827	1,659,937	-447,145	1,212,792
38	3800 RECOVERY ROOM	1,070,667	126,321	1,196,988	-92,553	1,104,435
39	3900 DELIVERY ROOM & LABOR ROOM	816,731	119,413	936,144		936,144
40	4000 ANESTHESIOLOGY	27,728	4,470,756	4,498,484	-349,511	4,148,973
41	4100 RADIOLOGY-DIAGNOSTIC	1,825,268	948,397	2,773,665	-418,062	2,355,603
41.01	4101 CT SCAN	682,522	275,423	957,945	136,449	1,094,394
41.02	4102 SPECIAL PROCEDURES	488,292	925,880	1,414,172	-92,208	1,321,964
41.03	4103 RADIATION ONCOLOGY	1,061,807	276,803	1,338,610	110,871	1,449,481
41.04	4104 BREAST CENTER	559,141	150,876	710,017	169,600	879,617
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE	176,434	389,728	566,162	149,367	715,529
43.01	4301 MAG RESONANCE IMAGING	321,344	121,172	442,516	93,280	535,796
43.02	4302 ULTRASOUND	551,443	19,995	571,438	899,512	1,470,950
44	4400 LABORATORY		10,524,528	10,524,528	-366,293	10,158,235
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	48,772	1,696,183	1,744,955		1,744,955
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY	729,650	309,774	1,039,424	-287,410	752,014
48.01	4801 HOME INFUSION THERAPY	454,089	454,655	908,744	26,413	935,157
49	4900 RESPIRATORY THERAPY	2,762,884	412,859	3,175,743	32,253	3,207,996
50	5000 PHYSICAL THERAPY	956,210	31,565	987,775	-730	987,045
50.01	5001 CARDIAC REHAB					
51	5100 OCCUPATIONAL THERAPY	457,090	3,262	460,352	-624	459,728
52	5200 SPEECH PATHOLOGY	164,656	43,220	207,876		207,876
53	5300 ELECTROCARDIOLOGY					
53.01	5301 CARDIAC CATHETER LAB	1,044,207	7,714,405	8,758,612	-6,045,275	2,713,337
53.02	5302 CARDIAC REHAB	165,433	5,603	171,036	-127	170,909
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				16,930,675	16,930,675
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				10,028,998	10,028,998
56	5600 DRUGS CHARGED TO PATIENTS				12,500,142	12,500,142
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)					
59	3020 AMBULATORY INFUSION	256,808	61,447	318,255	-51,257	266,998
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.01	6001 DIABETIC EDUCATION	156,365	71,454	227,819		227,819
60.03	6003 WOMEN'S SERVICES	412,762	80,379	493,141	-246	492,895
61	6100 EMERGENCY	3,644,805	685,169	4,329,974	-392,954	3,937,020
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED	769,889	930,547	1,700,436	-104,671	1,595,765
67	6700 DURABLE MEDICAL EQUIP-SOLD					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY	3,312,441	364,085	3,676,526	-126,190	3,550,336
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		2,212,650	2,212,650	-2,212,650	
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D. P.)					
93	9300 HOSPICE					
95	SUBTOTALS	77,784,558	140,439,888	218,224,446	2,299,287	220,523,733
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0018
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/13/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
NONREIMBURS COST CENTERS						
97 9700	RESEARCH					
98 9800	PHYSICIANS' PRIVATE OFFICES	10,484,272	2,228,927	12,713,199	-187,832	12,525,367
99 9900	NONPAID WORKERS					
99.03 9903	HOME CARE PERSONNEL					
100 7950	OTHER NONREIMBURSABLE COST CENTERS	307,687	2,480,899	2,788,586		2,788,586
100.01 7951	EHCS	152,547	7,775	160,322		160,322
100.02 7952	PSYCH PHYSICIANS	1,525,210	249,982	1,775,192	-124,431	1,650,761
100.03 7953	MARKETING	181,658	2,255,102	2,436,760	-2,076,640	360,120
100.04 7954	ON-SITE CLINICS	289,606	147,907	437,513		437,513
100.05 7955	WOMEN'S BOUTIQUE		796	796		796
100.06 7956	OUTSIDE LAUNDRY				95,073	95,073
100.07 7957	MOB	95,218	186,805	282,023		282,023
100.08 7958	WOMEN'S SERVICES	37,453	1,342	38,795		38,795
100.09 7959	CARDIOVASCULAR CLINIC	267,796	260,224	528,020	-5,457	522,563
101	TOTAL	91,126,005	148,259,647	239,385,652	-0-	239,385,652

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0018
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/13/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-327,442	9,763,463
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	79,582	15,510,274
5	0500 EMPLOYEE BENEFITS	-5,076	30,705,768
6.01	0640 ADMITTING		3,456,351
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL	-749,327	19,735,641
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	-55,574	6,179,894
9	0900 LAUNDRY & LINEN SERVICE	-2,720	1,142,799
10	1000 HOUSEKEEPING	-2,725	2,083,189
11	1100 DIETARY	-256,173	1,786,773
12	1200 CAFETERIA	-1,499,644	403,052
14	1400 NURSING ADMINISTRATION	-758,043	3,528,263
15	1500 CENTRAL SERVICES & SUPPLY		751,996
16	1600 PHARMACY	-159,902	102,150
17	1700 MEDICAL RECORDS & LIBRARY	-107,402	2,069,322
18	1800 SOCIAL SERVICE	-56,555	1,157,123
24	2400 PARAMED ED PRGM	-112,064	114,730
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-8,657	14,947,328
26	2600 INTENSIVE CARE UNIT		3,758,253
26.01	2601 NEONATAL INTENSIVE CARE		826,119
31	3100 SUBPROVIDER		1,071,010
31.01	3101 SUBPROVIDER II		1,123,821
33	3300 NURSERY		1,220,872
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		6,970,242
37.01	3701 OUTPATIENT SURGERY		1,212,792
38	3800 RECOVERY ROOM		1,104,435
39	3900 DELIVERY ROOM & LABOR ROOM	-3,587	932,557
40	4000 ANESTHESIOLOGY	-3,926,182	222,791
41	4100 RADIOLOGY-DIAGNOSTIC	-6,131	2,349,472
41.01	4101 CT SCAN		1,094,394
41.02	4102 SPECIAL PROCEDURES		1,321,964
41.03	4103 RADIATION ONCOLOGY		1,449,481
41.04	4104 BREAST CENTER		879,617
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		715,529
43.01	4301 MAG RESONANCE IMAGING		535,796
43.02	4302 ULTRASOUND		1,470,950
44	4400 LABORATORY		10,158,235
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	-6,862	1,738,093
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		752,014
48.01	4801 HOME INFUSION THERAPY		935,157
49	4900 RESPIRATORY THERAPY	-9,071	3,198,925
50	5000 PHYSICAL THERAPY	-2,396	984,649
50.01	5001 CARDIAC REHAB		
51	5100 OCCUPATIONAL THERAPY		459,728
52	5200 SPEECH PATHOLOGY		207,876
53	5300 ELECTROCARDIOLOGY		
53.01	5301 CARDIAC CATHETER LAB	-9,137	2,704,200
53.02	5302 CARDIAC REHAB	-273	170,636
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		16,930,675
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		10,028,998
56	5600 DRUGS CHARGED TO PATIENTS		12,500,142
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		
59	3020 AMBULATORY INFUSION		266,998
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 DIABETIC EDUCATION		227,819
60.03	6003 WOMEN'S SERVICES	-52,158	440,737
61	6100 EMERGENCY		3,937,020
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		1,595,765
67	6700 DURABLE MEDICAL EQUIP-SOLD		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		3,550,336
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D. P.)		
93	9300 HOSPICE		
95	SUBTOTALS	-8,037,519	212,486,214
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0018
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/13/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	NONREIMBURS COST CENTERS		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		12,525,367
99	9900 NONPAID WORKERS		
99.03	9903 HOME CARE PERSONNEL		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		2,788,586
100.01	7951 EHCS		160,322
100.02	7952 PSYCH PHYSICIANS		1,650,761
100.03	7953 MARKETING		360,120
100.04	7954 ON-SITE CLINICS		437,513
100.05	7955 WOMEN'S BOUTIQUE		796
100.06	7956 OUTSIDE LAUNDRY		95,073
100.07	7957 MOB		282,023
100.08	7958 WOMEN'S SERVICES		38,795
100.09	7959 CARDIOVASCULAR CLINIC		522,563
101	TOTAL	-8,037,519	231,348,133

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.02	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
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	
24	PARAMED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	NEONATAL INTENSIVE CARE	2601	INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER II	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	OUTPATIENT SURGERY	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CT SCAN	4101	RADIOLOGY-DIAGNOSTIC
41.02	SPECIAL PROCEDURES	4102	RADIOLOGY-DIAGNOSTIC
41.03	RADIATION ONCOLOGY	4103	RADIOLOGY-DIAGNOSTIC
41.04	BREAST CENTER	4104	RADIOLOGY-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
43.01	MAG RESONANCE IMAGING	4301	RADIOISOTOPE
43.02	ULTRASOUND	4302	RADIOISOTOPE
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
48.01	HOME INFUSION THERAPY	4801	INTRAVENOUS THERAPY
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	CARDIAC REHAB	5001	PHYSICAL THERAPY
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC CATHETER LAB	5301	ELECTROCARDIOLOGY
53.02	CARDIAC REHAB	5302	ELECTROCARDIOLOGY
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	
58	ASC (NON-DISTINCT PART)	5800	
59	AMBULATORY INFUSION	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	DIABETIC EDUCATION	6001	CLINIC
60.03	WOMEN'S SERVICES	6003	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0018
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/13/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
99.03	HOME CARE PERSONNEL	9903	NONPAID WORKERS
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	EHCS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	PSYCH PHYSICIANS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	MARKETING	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	ON-SITE CLINICS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	WOMEN'S BOUTIQUE	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	OUTSIDE LAUNDRY	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	MOB	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	WOMEN'S SERVICES	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	CARDIOVASCULAR CLINIC	7959	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
150018

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

PREPARED 5/13/2011
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 INSURANCE	A	NEW CAP REL COSTS-BLDG & FIXT	3		166,389
2		NEW CAP REL COSTS-MVBLE EQUIP	4		16,105
3 INTEREST	B	NEW CAP REL COSTS-BLDG & FIXT	3		2,212,650
4 DIETARY	C	CAFETERIA	12	582,680	1,050,667
5 CASE MGMT	D	SUBPROVIDER II	31.01	60,933	
6		HOME HEALTH AGENCY	71	22,237	
7 SERVICE CONTRACTS	E	OPERATION OF PLANT	8		7,054
8		CENTRAL SERVICES & SUPPLY	15		26,647
9		ADULTS & PEDIATRICS	25		600
10		OPERATING ROOM	37		32,327
11		RADIOLOGY-DIAGNOSTIC	41		74,839
12		CT SCAN	41.01		152,530
13		RADIATION ONCOLOGY	41.03		114,508
14		BREAST CENTER	41.04		169,600
15		RADIOISOTOPE	43		150,241
16		MAG RESONANCE IMAGING	43.01		97,952
17		ULTRASOUND	43.02		900,406
18		RESPIRATORY THERAPY	49		65,202
19		CARDIAC CATHETER LAB	53.01		219,495
20		EMERGENCY	61		10,249
21		PHYSICIANS' PRIVATE OFFICES	98		6,888
22 HOME CARE	F	HOME INFUSION THERAPY	48.01	84,755	
23 PHYS PRACTICE	G	PHYSICIANS' PRIVATE OFFICES	98		48,393
24 NURSERY	H	NURSERY	33	102,051	241,975
25 ONCOLOGY	I	ADULTS & PEDIATRICS	25	292,632	39,233
26		RADIOLOGY-DIAGNOSTIC	41	121,316	16,265
27 LAUNDRY	J	OUTSIDE LAUNDRY	100.06	95,073	
28 MARKETING	L	OTHER ADMINISTRATIVE AND GENERAL	6.02	154,811	1,921,829
29 DRUGS CHARGED	M	DRUGS CHARGED TO PATIENTS	56		9,607,520
30 RENT	N	NEW CAP REL COSTS-BLDG & FIXT	3		477,654
31		NEW CAP REL COSTS-MVBLE EQUIP	4		4,581,253
32					
33					
34					
35					

1 RENT	N				
2					
3					
4					
5					
6					
7 SUPPLIES	O	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		16,930,675
8		IMPL. DEV. CHARGED TO PATIENT	55.30		10,028,998
9					
10					
11					
12					
13					
14					
15					
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RECLASSIFICATIONS

PROVIDER NO:
150018

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

PREPARED 5/13/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 SUPPLIES	0				
2					
3					
4 DEPRECIATION	P	NEW CAP REL COSTS-BLDG & FIXT	3		7,234,212
5 LAB	Q	NEW CAP REL COSTS-MVBLE EQUIP	4		366,293
6 PHARMACY	R	DRUGS CHARGED TO PATIENTS	56	2,892,622	
36 TOTAL RECLASSIFICATIONS				4,409,110	56,968,649

(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:
150018

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

PREPARED 5/13/2011
WORKSHEET A-6

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	REF 10
1 INSURANCE	A	OTHER ADMINISTRATIVE AND GENERAL	6.02		182,494	12
2						12
3 INTEREST	B	INTEREST EXPENSE	88		2,212,650	11
4 DIETARY	C	DIETARY	11	582,680	1,050,667	
5 CASE MGMT	D	SOCIAL SERVICE	18	83,170		
6						
7 SERVICE CONTRACTS	E	OPERATION OF PLANT	8		2,028,538	
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22 HOME CARE	F	HOME HEALTH AGENCY	71	84,755		
23 PHYS PRACTICE	G	OPERATION OF PLANT	8		48,393	
24 NURSERY	H	ADULTS & PEDIATRICS	25	102,051	241,975	
25 ONCOLOGY	I	NURSING ADMINISTRATION	14	413,948	55,498	
26						
27 LAUNDRY	J	LAUNDRY & LINEN SERVICE	9	95,073		
28 MARKETING	L	MARKETING	100.03	154,811	1,921,829	
29 DRUGS CHARGED	M	PHARMACY	16		9,607,520	
30 RENT	N	EMPLOYEE BENEFITS	5		22,377	10
31		ADMINISTRATIVE	6.01		106,550	10
32		OTHER ADMINISTRATIVE AND GENERAL	6.02		3,244,553	
33		OPERATION OF PLANT	8		2,337	1
34		PHARMACY	16		172,499	
35		MEDICAL RECORDS & LIBRARY	17		400,169	
1 RENT	N	RADIOLOGY-DIAGNOSTIC	41		627,739	
2		RESPIRATORY THERAPY	49		5,029	
3		DURABLE MEDICAL EQUIP-RENTED	66		104,671	
4		PHYSICIANS' PRIVATE OFFICES	98		243,095	
5		PSYCH PHYSICIANS	100.02		124,431	
6		CARDIOVASCULAR CLINIC	100.09		5,457	
7 SUPPLIES	O	OTHER ADMINISTRATIVE AND GENERAL	6.02		151	
8		DIETARY	11		3	
9		NURSING ADMINISTRATION	14		5	
10		PARAMEDICAL PRGM	24		2,797	
11		ADULTS & PEDIATRICS	25		864,070	
12		INTENSIVE CARE UNIT	26		343,240	
13		NEONATAL INTENSIVE CARE	26.01		55,306	
14		SUBPROVIDER	31		4,220	
15		SUBPROVIDER II	31.01		21,007	
16		OPERATING ROOM	37		17,500,237	
17		OUTPATIENT SURGERY	37.01		447,145	
18		RECOVERY ROOM	38		92,553	
19		ANESTHESIOLOGY	40		349,511	
20		RADIOLOGY-DIAGNOSTIC	41		2,743	
21		CT SCAN	41.01		16,081	
22		SPECIAL PROCEDURES	41.02		92,208	
23		RADIATION ONCOLOGY	41.03		3,637	
24		RADIOISOTOPE	43		874	
25		MAG RESONANCE IMAGING	43.01		4,672	
26		ULTRASOUND	43.02		894	
27		INTRAVENOUS THERAPY	48		287,410	
28		HOME INFUSION THERAPY	48.01		58,342	
29		RESPIRATORY THERAPY	49		27,920	
30		PHYSICAL THERAPY	50		730	
31		OCCUPATIONAL THERAPY	51		624	
32		CARDIAC CATHETER LAB	53.01		6,264,770	
33		CARDIAC REHAB	53.02		127	
34		AMBULATORY INFUSION	59		51,257	
35		WOMEN'S SERVICES	60.03		246	

RECLASSIFICATIONS

PROVIDER NO:
150018

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

PREPARED 5/13/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER	LINE NO	SALARY 8		OTHER 9
1 SUPPLIES	0	EMERGENCY	61		403,203	
2		HOME HEALTH AGENCY	71		63,672	
3		PHYSICIANS' PRIVATE OFFICES	98		18	
4 DEPRECIATION	P	NEW CAP REL COSTS-MVBLE EQUIP	4		7,234,212	9
5 LAB	Q	LABORATORY	44		366,293	14
6 PHARMACY	R	PHARMACY	16	2,892,622		
36 TOTAL RECLASSIFICATIONS				4,409,110	56,968,649	

(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:
150018

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

PREPARED 5/13/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : ONCOLOGY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	331,865
2.00	RADIOLOGY-DIAGNOSTIC	41	137,581
TOTAL RECLASSIFICATIONS FOR CODE I			469,446

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NURSING ADMINISTRATION	14	469,446	
		0	
		469,446	

RECLASS CODE: J
EXPLANATION : LAUNDRY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OUTSIDE LAUNDRY	100.06	95,073
TOTAL RECLASSIFICATIONS FOR CODE J			95,073

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
LAUNDRY & LINEN SERVICE	9	95,073	
		95,073	

RECLASS CODE: L
EXPLANATION : MARKETING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.02	2,076,640
TOTAL RECLASSIFICATIONS FOR CODE L			2,076,640

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MARKETING	100.03	2,076,640	
		2,076,640	

RECLASS CODE: M
EXPLANATION : DRUGS CHARGED

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	9,607,520
TOTAL RECLASSIFICATIONS FOR CODE M			9,607,520

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	9,607,520	
		9,607,520	

RECLASS CODE: N
EXPLANATION : RENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	477,654
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	4,581,253
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
TOTAL RECLASSIFICATIONS FOR CODE N			5,058,907

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	22,377	
ADMINISTRATION	6.01	106,550	
OTHER ADMINISTRATIVE AND GENER	6.02	3,244,553	
OPERATION OF PLANT	8	2,337	
PHARMACY	16	172,499	
MEDICAL RECORDS & LIBRARY	17	400,169	
RADIOLOGY-DIAGNOSTIC	41	627,739	
RESPIRATORY THERAPY	49	5,029	
DURABLE MEDICAL EQUIP-RENTED	66	104,671	
PHYSICIANS' PRIVATE OFFICES	98	243,095	
PSYCH PHYSICIANS	100.02	124,431	
CARDIOVASCULAR CLINIC	100.09	5,457	
		5,058,907	

RECLASS CODE: O
EXPLANATION : SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	16,930,675
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	10,028,998
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
14.00			0
15.00			0
16.00			0
17.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.02	151	
DIETARY	11	3	
NURSING ADMINISTRATION	14	5	
PARAMED PRGM	24	2,797	
ADULTS & PEDIATRICS	25	864,070	
INTENSIVE CARE UNIT	26	343,240	
NEONATAL INTENSIVE CARE	26.01	55,306	
SUBPROVIDER	31	4,220	
SUBPROVIDER II	31.01	21,007	
OPERATING ROOM	37	17,500,237	
OUTPATIENT SURGERY	37.01	447,145	
RECOVERY ROOM	38	92,553	
ANESTHESIOLOGY	40	349,511	
RADIOLOGY-DIAGNOSTIC	41	2,743	
CT SCAN	41.01	16,081	
SPECIAL PROCEDURES	41.02	92,208	
RADIATION ONCOLOGY	41.03	3,637	

RECLASSIFICATIONS

PROVIDER NO:
150018

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

PREPARED 5/13/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: 0
EXPLANATION : SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
18.00			0	RADIOISOTOPE	43	874	
19.00			0	MAG RESONANCE IMAGING	43.01	4,672	
20.00			0	ULTRASOUND	43.02	894	
21.00			0	INTRAVENOUS THERAPY	48	287,410	
22.00			0	HOME INFUSION THERAPY	48.01	58,342	
23.00			0	RESPIRATORY THERAPY	49	27,920	
24.00			0	PHYSICAL THERAPY	50	730	
25.00			0	OCCUPATIONAL THERAPY	51	624	
26.00			0	CARDIAC CATHETER LAB	53.01	6,264,770	
27.00			0	CARDIAC REHAB	53.02	127	
28.00			0	AMBULATORY INFUSION	59	51,257	
29.00			0	WOMEN'S SERVICES	60.03	246	
30.00			0	EMERGENCY	61	403,203	
31.00			0	HOME HEALTH AGENCY	71	63,672	
32.00			0	PHYSICIANS' PRIVATE OFFICES	98	18	
TOTAL RECLASSIFICATIONS FOR CODE 0			26,959,673	TOTAL RECLASSIFICATIONS FOR CODE 0			26,959,673

RECLASS CODE: P
EXPLANATION : DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	7,234,212	NEW CAP REL COSTS-MVBLE EQUIP	4	7,234,212	
TOTAL RECLASSIFICATIONS FOR CODE P			7,234,212	TOTAL RECLASSIFICATIONS FOR CODE P			7,234,212

RECLASS CODE: Q
EXPLANATION : LAB

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	366,293	LABORATORY	44	366,293	
TOTAL RECLASSIFICATIONS FOR CODE Q			366,293	TOTAL RECLASSIFICATIONS FOR CODE Q			366,293

RECLASS CODE: R
EXPLANATION : PHARMACY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	2,892,622	PHARMACY	16	2,892,622	
TOTAL RECLASSIFICATIONS FOR CODE R			2,892,622	TOTAL RECLASSIFICATIONS FOR CODE R			2,892,622

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS	2,756,990					2,756,990	
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN	32,150,673					32,150,673	
5 FIXED EQUIPMENT	1,201,214					1,201,214	
6 MOVABLE EQUIPMENT	14,524,587					14,524,587	
7 SUBTOTAL	50,633,464					50,633,464	
8 RECONCILING ITEMS							
9 TOTAL	50,633,464					50,633,464	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS	3,646,071	6,447		6,447	25,145	3,627,373	
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN	143,751,908	7,166,227		7,166,227	8,046,406	142,871,729	
5 FIXED EQUIPMENT	2,046,783	127,585		127,585	62,467	2,111,901	
6 MOVABLE EQUIPMENT	90,940,521	8,090,890		8,090,890	3,647,404	95,384,007	
7 SUBTOTAL	240,385,283	15,391,149		15,391,149	11,781,422	243,995,010	
8 RECONCILING ITEMS							
9 TOTAL	240,385,283	15,391,149		15,391,149	11,781,422	243,995,010	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
*								8
3	NEW CAP REL COSTS-BL	146,499,102		146,499,102	.600418			
4	NEW CAP REL COSTS-MV	97,495,908		97,495,908	.399582			
5	TOTAL	243,995,010		243,995,010	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
3	NEW CAP REL COSTS-BL	7,302,561	477,654	1,816,859	166,389			9,763,463
4	NEW CAP REL COSTS-MV	10,546,623	4,581,253		16,105		366,293	15,510,274
5	TOTAL	17,849,184	5,058,907	1,816,859	182,494		366,293	25,273,737

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	17,701,253						17,701,253
5	TOTAL	17,701,253						17,701,253

* All lines numbers except line 5 are to be consistent with Workshseet A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.
 Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF.
			COST CENTER	LINE NO	
	1	2	3	4	5
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	-790,367			
13 SALE OF SCRAP, WASTE, ETC.	B	-2,720	LAUNDRY & LINEN SERVICE	9	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,231,650	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-159,902	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-107,402	MEDICAL RECORDS & LIBRARY	17	
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			UTILIZATION REVIEW-SNF	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		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 TELEVISION EXPENSE	A	-28,660	OTHER ADMINISTRATIVE AND	6.02	
38 PHYSICIAN RECRUITMENT	A	-178,093	OTHER ADMINISTRATIVE AND	6.02	
39 MEALS ON WHEELS EXPENSE	A	-254,744	DIETARY	11	
40 LOBBYING EXPENSES	A	-33,291	OTHER ADMINISTRATIVE AND	6.02	
41 INTEREST RECEIVED ON A/R	A	-5,499	OTHER ADMINISTRATIVE AND	6.02	
42 NSF CHARGES	A	-760	OTHER ADMINISTRATIVE AND	6.02	
43 DELI ARCADE	A	-260,028	CAFETERIA	12	
44 MEDICAL STAFF DUES	B	-113,075	OTHER ADMINISTRATIVE AND	6.02	
45 OTHER ADJUSTMENTS (SPECIFY)					
46 PAYPHONE REVENUE	B	-371	OTHER ADMINISTRATIVE AND	6.02	
47 COMMUNICATIONS	B	-6,348	OTHER ADMINISTRATIVE AND	6.02	
48 ADVOCACY REVENUE	B	-244,047	OTHER ADMINISTRATIVE AND	6.02	
49 EMS REVENUE	B	-112,064	PARAMED PRGM	24	
49.01 MANAGED CARE REVENUE	B	-135,448	OTHER ADMINISTRATIVE AND	6.02	
49.02 CATERING REVENUE	B	-7,409	CAFETERIA	12	
49.03 DIETARY OTHER REVENUE	B	-557	CAFETERIA	12	
49.04 ENVIRONMENTAL SERVICES	B	-2,725	HOUSEKEEPING	10	
49.05 PLANT MAINT. MISC. REVENUE	B	-620	OPERATION OF PLANT	8	
49.06 RIVERPOINT PLANT MAINT.	B	-54,954	OPERATION OF PLANT	8	
49.07 PHYSICAL THERAPY MISC. REVENUE	B	-2,396	PHYSICAL THERAPY	50	
49.08 RESPIRATORY RIVERPOINT REVENUE	B	-109	RESPIRATORY THERAPY	49	
49.09 CCL - CARDIOVASCULAR LAB REVENUE	B	-2,691	CARDIAC CATHETER LAB	53.01	
49.10 IMAGING SERVICES REVENUE	B	-6,131	RADIOLOGY-DIAGNOSTIC	41	
49.11 SALE OF PLASMA	B	-6,862	WHOLE BLOOD & PACKED RED	46	
49.13 DIAGNOSTIC CARDIOLOGY MISC. REVENUE	B	-300	RESPIRATORY THERAPY	49	
49.15 NURSING ADMIN. MISC. REVENUE	B	-525	NURSING ADMINISTRATION	14	
49.16 COMPLEMENTARY TAXI EXPENSE	A	-56,555	SOCIAL SERVICE	18	
49.17 INVESTMENT INCOME	B	-395,791	NEW CAP REL COSTS-BLDG &	3	11
49.19 1998 RE-LIFING ADJUSTMENT	A	14,544	NEW CAP REL COSTS-MVBLE E	4	9
49.20 AHA 89/90 CARRYFORWARD	A	68,349	NEW CAP REL COSTS-BLDG &	3	9
49.21 1998 EXCESS DEPRECIATION	A	988	NEW CAP REL COSTS-MVBLE E	4	9
49.22 89/90 AHA LIVES	A	30,270	NEW CAP REL COSTS-MVBLE E	4	9
49.23 1989 AHA LIVES	A	17,138	NEW CAP REL COSTS-MVBLE E	4	9
49.24 1990 AHA LIVES	A	16,642	NEW CAP REL COSTS-MVBLE E	4	9
49.27 MISC. NUTRITIONAL SERVICES REVENUE	B	-1,429	DIETARY	11	
49.28 LACTATION SUPPLIES SALES REVENUE	B	-3,587	DELIVERY ROOM & LABOR ROO	39	
49.29 WOMENS' SERVICES MISC. REVENUE	B	-52,158	WOMEN'S SERVICES	60.03	
49.30 PHYSICIAN GUARANTEE	A	-3,926,182	ANESTHESIOLOGY	40	
50 TOTAL (SUM OF LINES 1 THRU 49)		-8,037,519			

(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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0018
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/13/2011
 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 6 2	TOTAL VALUE MANAGEMENT	2,440		2,440	171,400	20	1,648	82
2 14	ELKHART CLINIC	1,005,224		1,005,224	171,400	3,006	247,706	12,385
3 6 2	DR. STACEY LANKFORD	10,000		10,000	171,400	135	11,125	556
4 5	DR. THOMAS KOLAKOVICH	15,000		15,000	136,700	151	9,924	496
5 50	DR. THOMAS VIDIC	5,500		5,500	171,400	139	11,454	573
6 53 2	DR. LUISITO GONZALES	375		375	171,400	2	165	8
7 53 2	DR. ELIAS KAKISH	145		145	171,400	1	82	4
8 49	DR. KENNETH GAMMON	7,200		7,200	171,400	176	14,503	725
9 49	DR. A. MAJID MALIK	14,167		14,167	171,400	131	10,795	540
10 37	DR. WALTER HALLORAN	9,600		9,600	204,100	192	18,840	942
11 49	DR. THOMAS NOLAN	9,163		9,163	171,400	47	3,873	194
12 53 1	DR. DONALD WESTERHAUSEN	9,165		9,165	171,400	33	2,719	136
13 41	DR. KARL SCHULTZ	2,500		2,500	231,100	128	14,221	711
14 61	ELKHART EMERGENCY PHYSICIAN	42,000		42,000	171,400	760	62,627	3,131
15 25	DR. MICHAEL RODRIGUEZ	3,690		3,690	154,100	21	1,556	78
16 25	DR. TIMOTHY MORGAN	13,413		13,413	154,100	93	6,890	345
17 26	DR. KENNETH GAMMON	109,500		109,500	171,400	3,285	270,697	13,535
18 6 2	DR. FRANK PIASKOWY	59,966		59,966	171,400	692	57,023	2,851
19 6 2	DR. HENRY FRECHEN	53,976		53,976	171,400	692	57,023	2,851
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,373,024		1,373,024		9,704	802,871	40,143

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
15-0018

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

PREPARED 5/13/2011
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6 2	TOTAL VALUE MANAGEMENT					1,648	792	792
2 14	ELKHART CLINIC					247,706	757,518	757,518
3 6 2	DR. STACEY LANKFORD					11,125		
4 5	DR. THOMAS KOLAKOVICH					9,924	5,076	5,076
5 50	DR. THOMAS VIDIC					11,454		
6 53 2	DR. LUISITO GONZALES					165	210	210
7 53 2	DR. ELIAS KAKISH					82	63	63
8 49	DR. KENNETH GAMMON					14,503		
9 49	DR. A. MAJID MALIK					10,795	3,372	3,372
10 37	DR. WALTER HALLORAN					18,840		
11 49	DR. THOMAS NOLAN					3,873	5,290	5,290
12 53 1	DR. DONALD WESTERHAUSEN					2,719	6,446	6,446
13 41	DR. KARL SCHULTZ					14,221		
14 61	ELKHART EMERGENCY PHYSICIAN					62,627		
15 25	DR. MICHAEL RODRIGUEZ					1,556	2,134	2,134
16 25	DR. TIMOTHY MORGAN					6,890	6,523	6,523
17 26	DR. KENNETH GAMMON					270,697		
18 6 2	DR. FRANK PIASKOWY					57,023	2,943	2,943
19 6 2	DR. HENRY FRECHEN					57,023		
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					802,871	790,367	790,367

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0018
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/13/2011
 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
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6.01	ADMINISTRATIVE	23	REVENUE		ENTERED
6.02	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	12	HOURS		ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	24	DISCHARGES		ENTERED
24	PARAMEDICAL PRGM	22	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	ADMINITTING	SUBTOTAL	OTHER ADMINISTRATIVE AND
	0	3	4	5	6.01	6a.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	9,763,463	9,763,463					
005 NEW CAP REL COSTS-MVBLE E	15,510,274		15,510,274				
006 EMPLOYEE BENEFITS	30,705,768	29,095	13,500	30,748,363			
006 01 ADMINITTING	3,456,351	103,671	55,766	786,018	4,401,806		
006 02 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	19,735,641	505,920	3,245,691	2,913,133		26,400,385	26,400,385
008 OPERATION OF PLANT	6,179,894	1,925,936	1,356,487	488,924		9,951,241	1,281,869
009 LAUNDRY & LINEN SERVICE	1,142,799	199,522	62,057	59,943		1,464,321	188,627
010 HOUSEKEEPING	2,083,189	60,362	3,829	543,642		2,691,022	346,644
011 DIETARY	1,786,773	153,419	71,690	378,798		2,390,680	307,955
012 CAFETERIA	403,052	58,753	10,279	239,334		711,418	91,641
014 NURSING ADMINISTRATION	3,528,263	35,321	322,675	1,066,148		4,952,407	637,944
015 CENTRAL SERVICES & SUPPLY	751,996	167,770	93,696	186,378		1,199,840	154,557
016 PHARMACY	102,150	35,094	338,841	50,189		526,274	67,792
017 MEDICAL RECORDS & LIBRARY	2,069,322	65,693	111,101	683,796		2,929,912	377,417
018 SOCIAL SERVICE	1,157,123	10,022	1,462	277,955		1,446,562	186,339
024 PARAMED PRGM	114,730	3,796	27,984	45,994		192,504	24,797
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	14,947,328	1,628,995	823,370	5,025,840	497,214	22,922,747	2,952,830
026 INTENSIVE CARE UNIT	3,758,253	169,880	56,088	1,179,054	109,844	5,273,119	679,257
026 01 NEONATAL INTENSIVE CARE	826,119	35,382	13,618	278,392	16,156	1,169,667	150,671
031 SUBPROVIDER	1,071,010	165,704	45,658	361,404	27,636	1,671,412	215,303
031 01 SUBPROVIDER II	1,123,821	144,262	11,982	352,361	33,259	1,665,685	214,565
033 NURSERY	1,220,872	158,765	50,856	302,024	23,558	1,756,075	226,209
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	6,970,242	664,670	1,248,543	1,589,243	296,288	10,768,986	1,387,207
037 01 OUTPATIENT SURGERY	1,212,792	123,853	419,024	381,203	64,267	2,201,139	283,540
038 RECOVERY ROOM	1,104,435	59,558	47,249	369,991	67,034	1,648,267	212,322
039 DELIVERY ROOM & LABOR ROOM	932,557	156,365	67,440	282,239	25,339	1,463,940	188,577
040 ANESTHESIOLOGY	222,791	8,656	123,084	9,582	56,756	420,869	54,214
041 RADIOLOGY-DIAGNOSTIC	2,349,472	173,844	2,218,708	672,683	95,595	5,510,302	709,810
041 01 CT SCAN	1,094,394	17,964	145,057	235,860	259,717	1,752,992	225,812
041 02 SPECIAL PROCEDURES	1,321,964	32,725	323,628	168,740	45,294	1,892,351	243,763
041 03 RADIATION ONCOLOGY	1,449,481	206,083	359,611	366,930	92,229	2,474,334	318,731
041 04 BREAST CENTER	879,617	51,509	118,035	193,223	34,431	1,276,815	164,473
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	715,529	23,963	5,842	60,970	33,210	839,514	108,142
043 01 MAG RESONANCE IMAGING	535,796	54,470	214,548	111,047	72,806	988,667	127,355
043 02 ULTRASOUND	1,470,950	7,350	84,709	190,563	43,943	1,797,515	231,547
044 LABORATORY	10,158,235	82,442	5,771		304,288	10,550,736	1,359,093
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED BLOOD STORING, PROCESSING	1,738,093		2,856	16,854	65,598	1,823,401	234,881
047 INTRAVENOUS THERAPY	752,014	8,474	5,380	252,146	4,622	1,022,636	131,731
048 HOME INFUSION THERAPY	935,157	29,369	8,636	186,209	17,041	1,176,412	151,540
049 RESPIRATORY THERAPY	3,198,925	99,055	249,873	954,773	190,406	4,693,032	604,533
050 PHYSICAL THERAPY	984,649	72,556	16,874	330,438	28,216	1,432,733	184,558
050 01 CARDIAC REHAB							
051 OCCUPATIONAL THERAPY	459,728	36,217	16,000	157,957	15,505	685,407	88,291
052 SPEECH PATHOLOGY	207,876	21,715	728	56,900	5,757	292,976	37,740
053 ELECTROCARDIOLOGY							
053 01 CARDIAC CATHETER LAB	2,704,200	61,835	1,141,796	360,848	226,733	4,495,412	579,076
053 02 CARDIAC REHAB	170,636	50,568	25,870	57,169	3,834	308,077	39,685
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	16,930,675				744,547	17,675,222	2,276,834
055 30 IMPL. DEV. CHARGED TO PAT	10,028,998				202,727	10,231,725	1,318,000
056 DRUGS CHARGED TO PATIENTS	12,500,142			999,606	409,972	13,909,720	1,791,781
057 RENAL DIALYSIS							
058 ASC (NON-DISSERTANT PART)							
059 AMBULATORY INFUSION	266,998	25,238	967	88,745	15,998	397,946	51,261
060 OUTPAT SERVICE COST CNTRS CLINIC							
060 01 DIABETIC EDUCATION	227,819	14,745	1,633	54,035	19,859	318,091	40,975
060 03 WOMEN'S SERVICES	440,737	66,421	25,774	142,639	8,446	684,017	88,112
061 EMERGENCY	3,937,020	299,033	721,761	1,259,539	210,516	6,427,869	828,006
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN	1,595,765		56,031	266,051	33,127	1,950,974	251,315
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	3,550,336	138,294	27,367	1,123,079		4,839,076	623,346
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTER							
095 HOSPICE							
096 SUBTOTALS	212,486,214	8,244,334	14,399,425	26,158,589	4,401,768	205,266,424	23,040,668
097 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
098 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE	12,525,367	406,061	1,025,023	3,623,060		17,579,511	2,264,505

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE ADMITTING FITS 5	6.01	SUBTOTAL 6a.01	OTHER ADMINISTRATIVE AND 6.02
099 NONREIMBURS COST CENTERS							
099 03 NONPAID WORKERS							
100 03 HOME CARE PERSONNEL							
100 01 OTHER NONREIMBURSABLE COS	2,788,586	9,506		106,328		2,904,420	374,133
100 01 EHCS	160,322	27,714		52,716		241,056	31,052
100 02 PSYCH PHYSICIANS	1,650,761			527,068		2,205,546	284,107
100 03 MARKETING	360,120	15,869	27,717	9,278		431,574	55,593
100 04 ON-SITE CLINICS	437,513	20,060	1,216	100,079		558,868	71,991
100 05 WOMEN'S BOUTIQUE	796	13,955	731			15,482	1,994
100 06 OUTSIDE LAUNDRY	95,073			32,854		127,927	16,479
100 07 MOB	282,023	997,916	152	32,905		1,312,996	169,134
100 08 WOMEN'S SERVICES	38,795			12,943		51,738	6,665
100 09 CARDIOVASCULAR CLINIC	522,563	28,048	9,399	92,543	38	652,591	84,064
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	231,348,133	9,763,463	15,510,274	30,748,363	4,401,806	231,348,133	26,400,385

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS PLANT		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	7	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINITTING							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		11,233,110					
009 LAUNDRY & LINEN SERVICE		311,336	1,964,284				
010 HOUSEKEEPING		94,190		3,131,856			
011 DIETARY		239,396		5,956	2,943,987		
012 CAFETERIA		91,678		31,511		926,248	
014 NURSING ADMINISTRATION		55,116		11,254		43,125	5,699,846
015 CENTRAL SERVICES & SUPPLY		261,788	40,451	49,518		12,149	57
016 PHARMACY		54,760		22,508		32,342	
017 MEDICAL RECORDS & LIBRARY		102,507		14,959		37,019	
018 SOCIAL SERVICE		15,639		6,475		10,321	391
024 PARAMED PRGM		5,924		1,454		2,040	32
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		2,541,892	834,217	1,088,116	2,373,162	208,156	2,272,496
026 INTENSIVE CARE UNIT		265,082	128,696	103,191	210,529	43,817	546,770
026 01 NEONATAL INTENSIVE CARE		55,211	31,601	19,807		8,567	105,860
031 SUBPROVIDER		258,566	16,975	73,827	149,692	15,131	
031 01 SUBPROVIDER II		225,108	73,581	73,827	210,604	14,426	126,789
033 NURSERY		247,737	40,935	96,266		5,890	123,218
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		1,037,154	96,196	281,283		66,234	393,353
037 01 OUTPATIENT SURGERY		193,261	76,862	44,393		13,709	159,045
038 RECOVERY ROOM		92,934	48,642	27,772		13,492	172,491
039 DELIVERY ROOM & LABOR ROO		243,993	44,113	82,380		6,195	128,701
040 ANESTHESIOLOGY		13,506		4,502		715	76
041 RADIOLOGY-DIAGNOSTIC		271,267	28,960	13,505		28,885	11,194
041 01 CT SCAN		28,032	28,960	6,752		8,966	
041 02 SPECIAL PROCEDURES		51,064	9,770	9,003		5,356	21,744
041 03 RADIATION ONCOLOGY		321,572	23,855	27,010		9,135	12,822
041 04 BREAST CENTER		80,375	29,217	27,010		8,241	11,515
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		37,392	9,770	9,003		2,096	
043 01 MAG RESONANCE IMAGING		84,996	28,960	8,934		3,822	11,131
043 02 ULTRASOUND		11,469	58,008	5,090		6,589	
044 LABORATORY		128,643		27,010			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED			51			855	8,588
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY		13,222		21,816		8,486	130,417
048 01 HOME INFUSION THERAPY		45,827		9,973		4,387	32,073
049 RESPIRATORY THERAPY		154,566		28,464		37,568	20,273
050 PHYSICAL THERAPY		113,217	14,408	18,007		12,308	
050 01 CARDIAC REHAB							
051 OCCUPATIONAL THERAPY		56,514		1,454		5,730	
052 SPEECH PATHOLOGY		33,885		9,003		2,041	
053 ELECTROCARDIOLOGY							
053 01 CARDIAC CATHETER LAB		96,488	13,887	47,475		13,195	79,838
053 02 CARDIAC REHAB		78,906	19,839	9,003		2,151	28,678
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISSERTCT PART)							
059 AMBULATORY INFUSION		39,382	3,825	8,830		3,347	52,005
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION		23,008		4,155		1,832	25
060 03 WOMEN'S SERVICES		103,644		15,063		4,261	27,328
061 EMERGENCY		466,613	238,038	309,539		60,270	487,023
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN						14,842	32
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY		215,795		52,634			322,236
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS		8,862,655	1,939,817	2,707,732	2,943,987	777,691	5,286,201
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		633,619	24,467	41,415		112,583	371,313

COST CENTER DESCRIPTION	MAINTENANCE & OPERATIONS	REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	7	8	9	10	11	12	14		
099 NONREIMBURS COST CENTERS									
099 03 NONPAID WORKERS									
100 03 HOME CARE PERSONNEL									
100 01 OTHER NONREIMBURSABLE COS		14,833		9,003		3,555			
100 02 EHCS		43,244		9,419		4,898		2,644	
100 03 PSYCH PHYSICIANS						13,336		27,782	
100 04 MARKETING		24,762		4,502		2,888		170	
100 05 ON-SITE CLINICS		31,302		17,660		4,376		2,057	
100 06 WOMEN'S BOUTIQUE		21,776							
100 07 OUTSIDE LAUNDRY									
100 08 MOB		1,557,153		324,118		3,259			
100 09 WOMEN'S SERVICES									
100 09 CARDIOVASCULAR CLINIC		43,766		18,007		3,662		9,679	
101 CROSS FOOT ADJUSTMENT									
102 NEGATIVE COST CENTER									
103 TOTAL		11,233,110		1,964,284		3,131,856		2,943,987	
						2,943,987		926,248	
								5,699,846	

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PR GM	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	15	16	17	18	24	25	
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINISTRATION							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	1,718,360						
016 PHARMACY	18,297	721,973					
017 MEDICAL RECORDS & LIBRARY			3,461,814				
018 SOCIAL SERVICE				1,665,727			
024 PARAMED ED PRGM	3,673				230,424		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	27,535		409,912	1,370,351	115,212	37,116,626	
026 INTENSIVE CARE UNIT	7,531		85,878	116,313		7,460,183	
026 01 NEONATAL INTENSIVE CARE	859		12,631			1,554,874	
031 SUBPROVIDER	211		21,606			2,422,723	
031 01 SUBPROVIDER II	982		26,002			2,631,569	
033 NURSERY	1,065		18,418	179,063		2,694,876	
034 SKILLED NURSING FACILITY	2					2	
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	88,659		231,642			14,350,714	
037 01 OUTPATIENT SURGERY	3,023		50,245			3,025,217	
038 RECOVERY ROOM	1,151		52,408		115,212	2,384,691	
039 DELIVERY ROOM & LABOR ROO	1,470		19,810			2,179,179	
040 ANESTHESIOLOGY	4,734		44,372			542,988	
041 RADIOLOGY-DIAGNOSTIC	2,024		74,737			6,650,684	
041 01 CT SCAN	12,563		203,050			2,267,127	
041 02 SPECIAL PROCEDURES	35,426		35,412			2,303,889	
041 03 RADIATION ONCOLOGY	1,309		72,106			3,260,874	
041 04 BREAST CENTER	5,533		26,918			1,630,097	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	471		25,964			1,032,352	
043 01 MAG RESONANCE IMAGING	5,110		56,921			1,315,896	
043 02 ULTRASOUND	914		34,356			2,145,488	
044 LABORATORY			237,897			12,303,379	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED			51,286			2,119,062	
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY	1,090		3,614			1,333,012	
048 01 HOME INFUSION THERAPY	2,981		13,323			1,436,516	
049 RESPIRATORY THERAPY	10,774		148,862			5,698,072	
050 PHYSICAL THERAPY	524		22,060			1,797,815	
050 01 CARDIAC REHAB							
051 OCCUPATIONAL THERAPY	95		12,122			849,613	
052 SPEECH PATHOLOGY	101		4,501			380,247	
053 ELECTROCARDIOLOGY							
053 01 CARDIAC CATHETER LAB	72,662		177,263			5,575,296	
053 02 CARDIAC REHAB	200		2,997			489,536	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	853,776		582,098			21,387,930	
055 30 IMPL. DEV. CHARGED TO PAT	505,732		158,495			12,213,952	
056 DRUGS CHARGED TO PATIENTS		721,973	320,522			16,743,996	
057 RENAL DIALYSIS							
058 ASC (NON-DISSERTANT PART)							
059 AMBULATORY INFUSION	345		12,507			569,448	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION	3,171		15,526			406,783	
060 03 WOMEN'S SERVICES	1,283		5,870			929,578	
061 EMERGENCY	9,785		164,584			8,991,727	
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN	3,502		25,899			2,246,564	
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	2,279					6,055,366	
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE	31					31	
095 SUBTOTALS	1,690,873	721,973	3,461,814	1,665,727	230,424	198,497,972	
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	22,535					21,049,948	

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PR GM	ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	15	16	17	18	24		25	
099 NONREIMBURS COST CENTERS								
099 03 NONPAID WORKERS								
100 03 HOME CARE PERSONNEL								
100 01 OTHER NONREIMBURSABLE COS	411						3,306,355	
100 01 EHCS	69						332,382	
100 02 PSYCH PHYSICIANS	1,654						2,532,425	
100 03 MARKETING	541						520,030	
100 04 ON-SITE CLINICS	1,003						687,257	
100 05 WOMEN'S BOUTIQUE							39,252	
100 06 OUTSIDE LAUNDRY							144,406	
100 07 MOB	833						3,367,493	
100 08 WOMEN'S SERVICES							58,403	
100 09 CARDIOVASCULAR CLINIC	441						812,210	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	1,718,360	721,973	3,461,814	1,665,727	230,424		231,348,133	

COST ALLOCATION - GENERAL SERVICE COSTS

TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
003 GENERAL SERVICE COST CNTR	
004 NEW CAP REL COSTS-BLDG &	
005 NEW CAP REL COSTS-MVBLE E	
006 EMPLOYEE BENEFITS	
006 01 ADMITTING	
006 02 OTHER ADMINISTRATIVE AND	
007 MAINTENANCE & REPAIRS	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
024 PARAMED ED PRGM	
025 INPAT ROUTINE SRVC CNTRS	
025 ADULTS & PEDIATRICS	37,116,626
026 INTENSIVE CARE UNIT	7,460,183
026 01 NEONATAL INTENSIVE CARE	1,554,874
031 SUBPROVIDER	2,422,723
031 01 SUBPROVIDER II	2,631,569
033 NURSERY	2,694,876
034 SKILLED NURSING FACILITY	2
035 NURSING FACILITY	
036 OTHER LONG TERM CARE	
ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	14,350,714
037 01 OUTPATIENT SURGERY	3,025,217
038 RECOVERY ROOM	2,384,691
039 DELIVERY ROOM & LABOR ROO	2,179,179
040 ANESTHESIOLOGY	542,988
041 RADIOLOGY-DIAGNOSTIC	6,650,684
041 01 CT SCAN	2,267,127
041 02 SPECIAL PROCEDURES	2,303,889
041 03 RADIATION ONCOLOGY	3,260,874
041 04 BREAST CENTER	1,630,097
042 RADIOLOGY-THERAPEUTIC	
043 RADIOISOTOPE	1,032,352
043 01 MAG RESONANCE IMAGING	1,315,896
043 02 ULTRASOUND	2,145,488
044 LABORATORY	12,303,379
045 PBP CLINICAL LAB SERVICES	
046 WHOLE BLOOD & PACKED RED	2,119,062
047 BLOOD STORING, PROCESSING	
048 INTRAVENOUS THERAPY	1,333,012
048 01 HOME INFUSION THERAPY	1,436,516
049 RESPIRATORY THERAPY	5,698,072
050 PHYSICAL THERAPY	1,797,815
050 01 CARDIAC REHAB	
051 OCCUPATIONAL THERAPY	849,613
052 SPEECH PATHOLOGY	380,247
053 ELECTROCARDIOLOGY	
053 01 CARDIAC CATHETER LAB	5,575,296
053 02 CARDIAC REHAB	489,536
054 ELECTROENCEPHALOGRAPHY	
055 MEDICAL SUPPLIES CHARGED	21,387,930
055 30 IMPL. DEV. CHARGED TO PAT	12,213,952
056 DRUGS CHARGED TO PATIENTS	16,743,996
057 RENAL DIALYSIS	
058 ASC (NON-DISSERT PART)	
059 AMBULATORY INFUSION	569,448
OUTPAT SERVICE COST CNTRS	
CLINIC	
060 01 DIABETIC EDUCATION	406,783
060 03 WOMEN'S SERVICES	929,578
061 EMERGENCY	8,991,727
062 OBSERVATION BEDS (NON-DIS	
OTHER REIMBURS COST CNTRS	
064 HOME PROGRAM DIALYSIS	
065 AMBULANCE SERVICES	
066 DURABLE MEDICAL EQUIP-REN	2,246,564
067 DURABLE MEDICAL EQUIP-SOL	
070 I&R SERVICES-NOT APPRVD P	
071 HOME HEALTH AGENCY	6,055,366
SPEC PURPOSE COST CENTERS	
092 AMBULATORY SURGICAL CENTE	
093 HOSPICE	31
095 SUBTOTALS	198,497,972
NONREIMBURS COST CENTERS	
096 GIFT, FLOWER, COFFEE SHOP	
097 RESEARCH	
098 PHYSICIANS' PRIVATE OFFIC	21,049,948

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0018
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/13/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL
NONREIMBURS COST CENTERS		27
099	NONPAID WORKERS	
099	03 HOME CARE PERSONNEL	
100	OTHER NONREIMBURSABLE COS	3,306,355
100	01 EHCS	332,382
100	02 PSYCH PHYSICIANS	2,532,425
100	03 MARKETING	520,030
100	04 ON-SITE CLINICS	687,257
100	05 WOMEN'S BOUTIQUE	39,252
100	06 OUTSIDE LAUNDRY	144,406
100	07 MOB	3,367,493
100	08 WOMEN'S SERVICES	58,403
100	09 CARDIOVASCULAR CLINIC	812,210
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	231,348,133

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
15-0018

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

PREPARED 5/13/2011
WORKSHEET B
PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMITTING	OTHER ADMINISTRATIVE AND
	0	3	4	4a	5	6.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS					42,595		
006 01 ADMITTING		29,095	13,500	42,595			
006 02 OTHER ADMINISTRATIVE AND		103,671	55,766	159,437	1,090	160,527	
007 MAINTENANCE & REPAIRS		505,920	3,245,691	3,751,611	4,038		3,755,649
008 OPERATION OF PLANT		1,925,936	1,356,487	3,282,423	678		182,356
009 LAUNDRY & LINEN SERVICE		199,522	62,057	261,579	83		26,834
010 HOUSEKEEPING		60,362	3,829	64,191	754		49,313
011 DIETARY		153,419	71,690	225,109	525		43,809
012 CAFETERIA		58,753	10,279	69,032	332		13,037
014 NURSING ADMINISTRATION		35,321	322,675	357,996	1,478		90,753
015 CENTRAL SERVICES & SUPPLY		167,770	93,696	261,466	258		21,987
016 PHARMACY		35,094	338,841	373,935	70		9,644
017 MEDICAL RECORDS & LIBRARY		65,693	111,101	176,794	948		53,691
018 SOCIAL SERVICE		10,022	1,462	11,484	385		26,508
024 PARAMED ED PRGM		3,796	27,984	31,780	64		3,528
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,628,995	823,370	2,452,365	6,937	18,122	420,039
026 INTENSIVE CARE UNIT		169,880	56,088	225,968	1,634	4,004	96,630
026 01 NEONATAL INTENSIVE CARE		35,382	13,618	49,000	386	589	21,434
031 SUBPROVIDER		165,704	45,658	211,362	501	1,007	30,629
031 01 SUBPROVIDER II		144,262	11,982	156,244	488	1,212	30,524
033 NURSERY		158,765	50,856	209,621	419	859	32,180
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		664,670	1,248,543	1,913,213	2,203	10,799	197,342
037 01 OUTPATIENT SURGERY		123,853	419,024	542,877	528	2,342	40,336
038 RECOVERY ROOM		59,558	47,249	106,807	513	2,443	30,204
039 DELIVERY ROOM & LABOR ROO		156,365	67,440	223,805	391	962	26,827
040 ANESTHESIOLOGY		8,656	123,084	131,740	13	2,069	7,712
041 RADIOLOGY-DIAGNOSTIC		173,844	2,218,708	2,392,552	932	3,484	100,976
041 01 CT SCAN		17,964	145,057	163,021	327	9,466	32,124
041 02 SPECIAL PROCEDURES		32,725	323,628	356,353	234	1,651	34,677
041 03 RADIATION ONCOLOGY		206,083	359,611	565,694	509	3,362	45,342
041 04 BREAST CENTER		51,509	118,035	169,544	268	1,255	23,398
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		23,963	5,842	29,805	85	1,210	15,384
043 01 MAG RESONANCE IMAGING		54,470	214,548	269,018	154	2,654	18,117
043 02 ULTRASOUND		7,350	84,709	92,059	264	1,602	32,939
044 LABORATORY		82,442	5,771	88,213		11,090	193,342
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED			2,856	2,856	23	2,391	33,414
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY		8,474	5,380	13,854	350	168	18,740
048 01 HOME INFUSION THERAPY		29,369	8,636	38,005	258	621	21,558
049 RESPIRATORY THERAPY		99,055	249,873	348,928	1,323	6,940	86,000
050 PHYSICAL THERAPY		72,556	16,874	89,430	458	1,028	26,255
050 01 CARDIAC REHAB							
051 OCCUPATIONAL THERAPY		36,217	16,000	52,217	219	565	12,560
052 SPEECH PATHOLOGY		21,715	728	22,443	79	210	5,369
053 ELECTROCARDIOLOGY							
053 01 CARDIAC CATHETER LAB		61,835	1,141,796	1,203,631	500	8,264	82,378
053 02 CARDIAC REHAB		50,568	25,870	76,438	79	140	5,646
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED						27,229	323,898
055 30 IMPL. DEV. CHARGED TO PAT						7,389	187,496
056 DRUGS CHARGED TO PATIENTS					1,386	14,942	254,896
057 RENAL DIALYSIS							
058 ASC (NON-DI STINCT PART)							
059 AMBULATORY INFUSION		25,238	967	26,205	123	583	7,292
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION		14,745	1,633	16,378	75	724	5,829
060 03 WOMEN'S SERVICES		66,421	25,774	92,195	198	308	12,535
061 EMERGENCY		299,033	721,761	1,020,794	1,746	7,673	117,791
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES			56,031	56,031	369	1,207	35,752
067 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY		138,294	27,367	165,661	1,557		88,676
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS		8,244,334	14,399,425	22,643,759	36,232	160,526	3,277,701
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		406,061	1,025,023	1,431,084	5,022		322,145

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	ADMITTING 6.01	OTHER ADMINISTRATIVE AND 6.02
099 NONREIMBURS COST CENTERS							
099 03 HOME CARE PERSONNEL							
100 OTHER NONREIMBURSABLE COS		9,506		9,506	147		53,223
100 01 EHCS		27,714	304	28,018	73		4,417
100 02 PSYCH PHYSICIANS			27,717	27,717	731		40,417
100 03 MARKETI NG		15,869	46,307	62,176	13		7,909
100 04 ON-SI TE CLI NICS		20,060	1,216	21,276	139		10,241
100 05 WOMEN' S BOUTI QUE		13,955	731	14,686			284
100 06 OUTSIDE LAUNDRY					46		2,344
100 07 MOB		997,916	152	998,068	46		24,061
100 08 WOMEN' S SERVI CES					18		948
100 09 CARDIOVASCULAR CLI NIC		28,048	9,399	37,447	128	1	11,959
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		9,763,463	15,510,274	25,273,737	42,595	160,527	3,755,649

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0018
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/13/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	7	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINISTRATION							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		3,465,457					
009 LAUNDRY & LINEN SERVICE		96,048	384,544				
010 HOUSEKEEPING		29,058		143,316			
011 DIETARY		73,855		273	343,571		
012 CAFETERIA		28,283		1,442		112,126	
014 NURSING ADMINISTRATION		17,003		515		5,220	472,965
015 CENTRAL SERVICES & SUPPLY		80,763	7,919	2,266		1,471	5
016 PHARMACY		16,894		1,030		3,915	
017 MEDICAL RECORDS & LIBRARY		31,624		685		4,481	
018 SOCIAL SERVICE		4,825		296		1,249	32
024 PARAMEDICAL PRGM		1,828		67		247	3
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		784,180	163,312	49,793	276,955	25,198	188,569
026 INTENSIVE CARE UNIT		81,779	25,195	4,722	24,569	5,304	45,370
026 01 NEONATAL INTENSIVE CARE		17,033	6,186	906		1,037	8,784
031 SUBPROVIDER		79,769	3,323	3,378	17,469	1,832	
031 01 SUBPROVIDER II		69,447	14,405	3,378	24,578	1,746	10,521
033 NURSERY		76,428	8,014	4,405		713	10,224
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		319,966	18,832	12,872		8,018	32,640
037 01 OUTPATIENT SURGERY		59,622	15,047	2,031		1,660	13,197
038 RECOVERY ROOM		28,670	9,523	1,271		1,633	14,313
039 DELIVERY ROOM & LABOR ROOM		75,273	8,636	3,770		750	10,679
040 ANESTHESIOLOGY		4,167		206		87	6
041 RADIOLOGY-DIAGNOSTIC		83,687	5,669	618		3,497	929
041 01 CT SCAN		8,648	5,669	309		1,085	
041 02 SPECIAL PROCEDURES		15,753	1,913	412		648	1,804
041 03 RADIATION ONCOLOGY		99,206	4,670	1,236		1,106	1,064
041 04 BREAST CENTER		24,796	5,720	1,236		998	956
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		11,535	1,913	412		254	
043 01 MAGNETIC RESONANCE IMAGING		26,222	5,669	409		463	924
043 02 ULTRASOUND		3,538	11,356	233		798	
044 LABORATORY		39,687		1,236			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED			10			103	713
047 BLOOD STORAGE, PROCESSING							
048 INTRAVENOUS THERAPY		4,079		998		1,027	10,822
048 01 HOME INFUSION THERAPY		14,138		456		531	2,661
049 RESPIRATORY THERAPY		47,684		1,303		4,548	1,682
050 PHYSICAL THERAPY		34,928	2,821	824		1,490	
050 01 CARDIAC REHAB							
051 OCCUPATIONAL THERAPY		17,435		67		694	
052 SPEECH PATHOLOGY		10,454		412		247	
053 ELECTROCARDIOLOGY							
053 01 CARDIAC CATHETER LAB		29,767	2,719	2,172		1,597	6,625
053 02 CARDIAC REHAB		24,343	3,884	412		260	2,380
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DIAGNOSTIC PART)							
059 AMBULATORY INFUSION		12,149	749	404		405	4,315
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION		7,098		190		222	2
060 03 WOMEN'S SERVICES		31,975		689		516	2,268
061 EMERGENCY		143,952	46,600	14,165		7,296	40,412
062 OBSERVATION BEDS (NON-DIS)							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN						1,797	3
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY		66,574		2,409			26,739
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
095 SUBTOTALS		2,734,163	379,754	123,908	343,571	94,143	438,642
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE		195,474	4,790	1,895		13,629	30,811

COST CENTER DESCRIPTION	MAINTENANCE & OPERATIONS OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	7	8	9	10	11	12	14
099 NONREIMBURS COST CENTERS							
099 03 HOME CARE PERSONNEL							
100 OTHER NONREIMBURSABLE COS		4,576		412		430	
100 01 EHCS		13,341		431		593	219
100 02 PSYCH PHYSICIANS						1,614	2,305
100 03 MARKETING		7,639		206		350	14
100 04 ON-SITE CLINICS		9,657		808		530	171
100 05 WOMEN'S BOUTIQUE		6,718					
100 06 OUTSIDE LAUNDRY							
100 07 MOB		480,387		14,832		394	
100 08 WOMEN'S SERVICES							
100 09 CARDIOVASCULAR CLINIC		13,502		824		443	803
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		3,465,457	384,544	143,316	343,571	112,126	472,965

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0018
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/13/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM	ED PR	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	15	16	17	18	24		25	26
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 ADMINISTRATION								
006 02 OTHER ADMINISTRATIVE AND								
007 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY								
012 CAFETERIA								
014 NURSING ADMINISTRATION								
015 CENTRAL SERVICES & SUPPLY	376,135							
016 PHARMACY	4,005	409,493						
017 MEDICAL RECORDS & LIBRARY			268,223					
018 SOCIAL SERVICE				44,779				
024 PARAMED PRGM	804				38,321			
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	6,027		31,762	36,838			4,460,097	
026 INTENSIVE CARE UNIT	1,648		6,654	3,127			526,604	
026 01 NEONATAL INTENSIVE CARE	188		979				106,522	
031 SUBPROVIDER	46		1,674				350,990	
031 01 SUBPROVIDER II	215		2,015				314,773	
033 NURSERY	233		1,427	4,814			349,337	
034 SKILLED NURSING FACILITY								
035 NURSING FACILITY								
036 OTHER LONG TERM CARE								
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	19,406		17,949				2,553,240	
037 01 OUTPATIENT SURGERY	662		3,893				682,195	
038 RECOVERY ROOM	252		4,061				199,690	
039 DELIVERY ROOM & LABOR ROO	322		1,535				352,912	
040 ANESTHESIOLOGY	1,036		3,438				150,474	
041 RADIOLOGY-DIAGNOSTIC	443		5,791				2,598,578	
041 01 CT SCAN	2,750		15,734				239,133	
041 02 SPECIAL PROCEDURES	7,754		2,744				423,943	
041 03 RADIATION ONCOLOGY	287		5,587				728,063	
041 04 BREAST CENTER	1,211		2,086				231,468	
042 RADIOLOGY-THERAPEUTIC								
043 RADIOISOTOPE	103		2,012				62,713	
043 01 MAG RESONANCE IMAGING	1,119		4,411				329,160	
043 02 ULTRASOUND	200		2,662				145,651	
044 LABORATORY			18,434				352,002	
045 PBP CLINICAL LAB SERVICES								
046 WHOLE BLOOD & PACKED RED			3,974				43,484	
047 BLOOD STORING, PROCESSING								
048 INTRAVENOUS THERAPY	239		280				50,557	
048 01 HOME INFUSION THERAPY	653		1,032				79,913	
049 RESPIRATORY THERAPY	2,358		11,535				512,301	
050 PHYSICAL THERAPY	115		1,709				159,058	
050 01 CARDIAC REHAB								
051 OCCUPATIONAL THERAPY	21		939				84,717	
052 SPEECH PATHOLOGY	22		349				39,585	
053 ELECTROCARDIOLOGY								
053 01 CARDIAC CATHETER LAB	15,905		13,735				1,367,293	
053 02 CARDIAC REHAB	44		232				113,858	
054 ELECTROENCEPHALOGRAPHY								
055 MEDICAL SUPPLIES CHARGED	186,886		45,086				583,099	
055 30 IMPL. DEV. CHARGED TO PAT	110,699		12,281				317,865	
056 DRUGS CHARGED TO PATIENTS		409,493	24,836				705,553	
057 RENAL DIALYSIS								
058 ASC (NON-DISTINCT PART)								
059 AMBULATORY INFUSION	76		969				53,270	
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC								
060 01 DIABETIC EDUCATION	694		1,203				32,415	
060 03 WOMEN'S SERVICES	281		455				141,420	
061 EMERGENCY	2,142		12,753				1,415,324	
062 OBSERVATION BEDS (NON-DIS								
064 OTHER REIMBURS COST CNTRS								
065 HOME PROGRAM DIALYSIS								
066 AMBULANCE SERVICES								
066 DURABLE MEDICAL EQUIP-REN	767		2,007				97,933	
067 DURABLE MEDICAL EQUIP-SOL								
070 I&R SERVICES-NOT APPRVD P								
071 HOME HEALTH AGENCY	499						352,115	
092 SPEC PURPOSE COST CENTERS								
093 AMBULATORY SURGICAL CENTE								
093 HOSPICE	7						7	
095 SUBTOTALS	370,119	409,493	268,223	44,779			21,307,312	
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC	4,933						2,009,783	

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	15	16	17	18	24	25	26
099 NONREIMBURS COST CENTERS							
099 03 HOME CARE PERSONNEL							
100 OTHER NONREIMBURSABLE COS	90					68,384	
100 01 EHCS	15					47,107	
100 02 PSYCH PHYSICIANS	362					73,146	
100 03 MARKETING	118					78,425	
100 04 ON-SITE CLINICS	219					43,041	
100 05 WOMEN'S BOUTIQUE						21,688	
100 06 OUTSIDE LAUNDRY						2,390	
100 07 MOB	182					1,517,970	
100 08 WOMEN'S SERVICES						966	
100 09 CARDIOVASCULAR CLINIC	97					65,204	
101 CROSS FOOT ADJUSTMENTS					38,321	38,321	
102 NEGATIVE COST CENTER							
103 TOTAL	376,135	409,493	268,223	44,779	38,321	25,273,737	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
024	PARAMEDICAL PRGM	
025	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	4,460,097
026	INTENSIVE CARE UNIT	526,604
026 01	NEONATAL INTENSIVE CARE	106,522
031	SUBPROVIDER	350,990
031 01	SUBPROVIDER II	314,773
033	NURSERY	349,337
034	SKILLED NURSING FACILITY	
035	NURSING FACILITY	
036	OTHER LONG TERM CARE	
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	2,553,240
037 01	OUTPATIENT SURGERY	682,195
038	RECOVERY ROOM	199,690
039	DELIVERY ROOM & LABOR ROO	352,912
040	ANESTHESIOLOGY	150,474
041	RADIOLOGY-DIAGNOSTIC	2,598,578
041 01	CT SCAN	239,133
041 02	SPECIAL PROCEDURES	423,943
041 03	RADIATION ONCOLOGY	728,063
041 04	BREAST CENTER	231,468
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE	62,713
043 01	MAG RESONANCE IMAGING	329,160
043 02	ULTRASOUND	145,651
044	LABORATORY	352,002
045	PBP CLINICAL LAB SERVICES	
046	WHOLE BLOOD & PACKED RED	43,484
047	BLOOD STORING, PROCESSING	
048	INTRAVENOUS THERAPY	50,557
048 01	HOME INFUSION THERAPY	79,913
049	RESPIRATORY THERAPY	512,301
050	PHYSICAL THERAPY	159,058
050 01	CARDIAC REHAB	
051	OCCUPATIONAL THERAPY	84,717
052	SPEECH PATHOLOGY	39,585
053	ELECTROCARDIOLOGY	
053 01	CARDIAC CATHETER LAB	1,367,293
053 02	CARDIAC REHAB	113,858
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	583,099
055 30	IMPL. DEV. CHARGED TO PAT	317,865
056	DRUGS CHARGED TO PATIENTS	705,553
057	RENAL DIALYSIS	
058	ASC (NON-DISSERT PART)	
059	AMBULATORY INFUSION	53,270
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	
060 01	DIABETIC EDUCATION	32,415
060 03	WOMEN'S SERVICES	141,420
061	EMERGENCY	1,415,324
062	OBSERVATION BEDS (NON-DIS	
064	OTHER REIMBURS COST CNTRS	
065	HOME PROGRAM DIALYSIS	
066	AMBULANCE SERVICES	
066	DURABLE MEDICAL EQUIP-REN	97,933
067	DURABLE MEDICAL EQUIP-SOL	
070	I&R SERVICES-NOT APPRVD P	
071	HOME HEALTH AGENCY	352,115
092	SPEC PURPOSE COST CENTERS	
092	AMBULATORY SURGICAL CENTE	
093	HOSPICE	7
095	SUBTOTALS	21,307,312
096	NONREIMBURS COST CENTERS	
097	GIFT, FLOWER, COFFEE SHOP	
097	RESEARCH	
098	PHYSICIANS' PRIVATE OFFIC	2,009,783

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0018
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/13/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION		TOTAL
NONREIMBURS COST CENTERS		27
099	NONPAID WORKERS	
099	03 HOME CARE PERSONNEL	
100	OTHER NONREIMBURSABLE COS	68,384
100	01 EHCS	47,107
100	02 PSYCH PHYSICIANS	73,146
100	03 MARKETING	78,425
100	04 ON-SITE CLINICS	43,041
100	05 WOMEN'S BOUTIQUE	21,688
100	06 OUTSIDE LAUNDRY	2,390
100	07 MOB	1,517,970
100	08 WOMEN'S SERVICES	966
100	09 CARDIOVASCULAR CLINIC	65,204
101	CROSS FOOT ADJUSTMENTS	38,321
102	NEGATIVE COST CENTER	
103	TOTAL	25,273,737

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	ADMITTING (REVENUE)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCU. COST)
	3	4	5	6.01	6a.02	6.02
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	642,946					
004 NEW CAP REL COSTS-MVB		12,234,414				
005 EMPLOYEE BENEFITS	1,916	10,649	88,978,391			
006 01 ADMITTING	6,827	43,988	2,274,548	547,563,196		
006 02 OTHER ADMINISTRATIVE	33,316	2,560,182	8,429,912		-26,400,385	204,947,748
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	126,827	1,069,989	1,414,828			9,951,241
009 LAUNDRY & LINEN SERVI	13,139	48,950	173,461			1,464,321
010 HOUSEKEEPING	3,975	3,020	1,573,169			2,691,022
011 DIETARY	10,103	56,549	1,096,151			2,390,680
012 CAFETERIA	3,869	8,108	692,576			711,418
014 NURSING ADMINISTRATIO	2,326	254,524	3,085,179			4,952,407
015 CENTRAL SERVICES & SU	11,048	73,907	539,334			1,199,840
016 PHARMACY	2,311	267,276	145,235			526,274
017 MEDICAL RECORDS & LIB	4,326	87,636	1,978,742			2,929,912
018 SOCIAL SERVICE	660	1,153	804,336			1,446,562
024 PARAMED ED PRGM	250	22,074	133,095			192,504
INPAT ROUTINE SRVC CN						
ADULTS & PEDIATRICS	107,273	649,469	14,543,550	61,850,243		22,922,747
026 INTENSIVE CARE UNIT	11,187	44,242	3,411,901	13,663,939		5,273,119
026 01 NEONATAL INTENSIVE CA	2,330	10,742	805,601	2,009,667		1,169,667
031 SUBPROVIDER	10,912	36,015	1,045,818	3,437,710		1,671,412
031 01 SUBPROVIDER II	9,500	9,451	1,019,648	4,137,167		1,665,685
033 NURSERY	10,455	40,115	873,984	2,930,410		1,756,075
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
036 OTHER LONG TERM CARE						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	43,770	984,843	4,598,891	36,856,294		10,768,986
037 01 OUTPATIENT SURGERY	8,156	330,524	1,103,110	7,994,430		2,201,139
038 RECOVERY ROOM	3,922	37,270	1,070,667	8,338,582		1,648,267
039 DELIVERY ROOM & LABOR	10,297	53,196	816,731	3,152,001		1,463,940
040 ANESTHESIOLOGY	570	97,088	27,728	7,060,034		420,869
041 RADIOLOGY-DIAGNOSTIC	11,448	1,750,104	1,946,584	11,891,401		5,510,302
041 01 CT SCAN	1,183	114,420	682,522	32,307,066		1,752,992
041 02 SPECIAL PROCEDURES	2,155	255,276	488,292	5,634,342		1,892,351
041 03 RADIATION ONCOLOGY	13,571	283,659	1,061,807	11,472,726		2,474,334
041 04 BREAST CENTER	3,392	93,105	559,141	4,282,944		1,276,815
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE	1,578	4,608	176,434	4,131,123		839,514
043 01 MAG RESONANCE IMAGING	3,587	169,234	321,344	9,056,615		988,667
043 02 ULTRASOUND	484	66,818	551,443	5,466,287		1,797,515
044 LABORATORY	5,429	4,552		37,851,534		10,550,736
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED		2,253	48,772	8,160,004		1,823,401
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY	558	4,244	729,650	574,974		1,022,636
048 01 HOME INFUSION THERAPY	1,934	6,812	538,844	2,119,746		1,176,412
049 RESPIRATORY THERAPY	6,523	197,098	2,762,884	23,685,326		4,693,032
050 PHYSICAL THERAPY	4,778	13,310	956,210	3,509,934		1,432,733
050 01 CARDIAC REHAB						
051 OCCUPATIONAL THERAPY	2,385	12,621	457,090	1,928,779		685,407
052 SPEECH PATHOLOGY	1,430	574	164,656	716,183		292,976
053 ELECTROCARDIOLOGY						
053 01 CARDIAC CATHETER LAB	4,072	900,642	1,044,207	28,204,164		4,495,412
053 02 CARDIAC REHAB	3,330	20,406	165,433	476,923		308,077
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR				92,623,533		17,675,222
055 30 IMPL. DEV. CHARGED TO				25,217,930		10,231,725
056 DRUGS CHARGED TO PATI			2,892,622	50,997,900		13,909,720
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR						
059 AMBULATORY INFUSION	1,662	763	256,808	1,990,036		397,946
060 OUTPAT SERVICE COST C						
060 01 DIABETIC EDUCATION	971	1,288	156,365	2,470,303		318,091
060 03 WOMEN'S SERVICES	4,374	20,330	412,762	1,050,682		684,017
061 EMERGENCY	19,692	569,321	3,644,805	26,186,808		6,427,869
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP		44,197	769,889	4,120,756		1,950,974
067 DURABLE MEDICAL EQUIP						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY	9,107	21,587	3,249,923			4,839,076
SPEC PURPOSE COST CEN						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS	542,908	11,358,182	75,696,682	547,558,496	-26,400,385	178,866,039

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FIT S	ADMITTING (REVENUE)	RECONCILI- IATION	OTHER ADMINI S TRATIVE AND (ACCUM. COST)
	(SQUARE FEET	(DOLLAR)VALUE	(GROSS SALARIES)	6. 01	6a. 02	6. 02
096 SPEC PURPOSE COST CEN						
097 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE						
099 RESEARCH						
099 PHYSICIANS' PRIVATE O	26,740	808,532	10,484,272			17,579,511
099 NONPAID WORKERS						
099 03 HOME CARE PERSONNEL						
100 OTHER NONREIMBURSABLE	626		307,687			2,904,420
100 01 EHCS	1,825	240	152,547			241,056
100 02 PSYCH PHYSICIANS		21,863	1,525,210			2,205,546
100 03 MARKETING	1,045	36,527	26,847			431,574
100 04 ON-SITE CLINICS	1,321	959	289,606			558,868
100 05 WOMEN'S BOUTIQUE	919	577				15,482
100 06 OUTSIDE LAUNDRY			95,073			127,927
100 07 MOB	65,715	120	95,218			1,312,996
100 08 WOMEN'S SERVICES			37,453			51,738
100 09 CARDIOVASCULAR CLINIC	1,847	7,414	267,796	4,700		652,591
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	9,763,463	15,510,274	30,748,363	4,401,806		26,400,385
104 (WRKSHT B, PART I)						
UNIT COST MULTIPLIER	15.185510		.345571			
104 (WRKSHT B, PT I)		1.267758		.008039		.128815
105 COST TO BE ALLOCATED						
105 (WRKSHT B, PART II)						
UNIT COST MULTIPLIER						
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			42,595	160,527		3,755,649
107 (WRKSHT B, PART III)						
UNIT COST MULTIPLIER			.000479	.000293		.018325
108 (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(HOURS)	(DIRECT SING HRS)	(NR)
	7	8	9	10	11	12	14	
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
006	01	ADMINISTRATIVE						
006	02	OTHER ADMINISTRATIVE						
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE		474,060					
010	HOUSEKEEPING		13,139	1,473,746				
011	DIETARY		3,975		90,443			
012	CAFETERIA		10,103		172	157,513		
014	NURSING ADMINISTRATION		3,869		910		2,505,121	
015	CENTRAL SERVICES & SU		2,326		325		116,635	903,331
016	PHARMACY		11,048	30,349	1,430		32,859	9
017	MEDICAL RECORDS & LIB		2,311		650		87,472	
018	SOCIAL SERVICE		4,326		432		100,121	
024	PARAMED PRGM		660		187		27,914	62
	INPAT ROUTINE SRVC CN		250		42		5,518	5
025	ADULTS & PEDIATRICS		107,273	625,888	31,423	126,972	562,977	360,153
026	INTENSIVE CARE UNIT		11,187	96,557	2,980	11,264	118,508	86,654
026	01	NEONATAL INTENSIVE CA	2,330	23,709	572		23,169	16,777
031	SUBPROVIDER		10,912	12,736	2,132	8,009	40,923	
031	01	SUBPROVIDER II	9,500	55,206	2,132	11,268	39,017	20,094
033	NURSERY		10,455	30,712	2,780		15,930	19,528
034	SKILLED NURSING FACIL							
035	NURSING FACILITY							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM		43,770	72,173	8,123		179,135	62,340
037	01	OUTPATIENT SURGERY	8,156	57,667	1,282		37,077	25,206
038	RECOVERY ROOM		3,922	36,495	802		36,491	27,337
039	DELIVERY ROOM & LABOR		10,297	33,097	2,379		16,756	20,397
040	ANESTHESIOLOGY		570		130		1,933	12
041	RADIOLOGY-DIAGNOSTIC		11,448	21,728	390		78,123	1,774
041	01	CT SCAN	1,183	21,728	195		24,250	
041	02	SPECIAL PROCEDURES	2,155	7,330	260		14,485	3,446
041	03	RADIATION ONCOLOGY	13,571	17,898	780		24,706	2,032
041	04	BREAST CENTER	3,392	21,921	780		22,288	1,825
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE		1,578	7,330	260		5,668	
043	01	MAG RESONANCE IMAGING	3,587	21,728	258		10,337	1,764
043	02	ULTRASOUND	484	43,522	147		17,820	
044	LABORATORY		5,429		780			
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED			38			2,312	1,361
047	BLOOD STORING, PROCES							
048	INTRAVENOUS THERAPY		558		630		22,951	20,669
048	01	HOME INFUSION THERAPY	1,934		288		11,866	5,083
049	RESPIRATORY THERAPY		6,523		822		101,606	3,213
050	PHYSICAL THERAPY		4,778	10,810	520		33,288	
050	01	CARDIAC REHAB						
051	OCCUPATIONAL THERAPY		2,385		42		15,496	
052	SPEECH PATHOLOGY		1,430		260		5,519	
053	ELECTROCARDIOLOGY							
053	01	CARDIAC CATHETER LAB	4,072	10,419	1,371		35,687	12,653
053	02	CARDIAC REHAB	3,330	14,885	260		5,818	4,545
054	ELECTROENCEPHALOGRAPH							
055	MEDICAL SUPPLIES CHAR							
055	30	IMPL. DEV. CHARGED TO						
056	DRUGS CHARGED TO PATI							
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PAR							
059	AMBULATORY INFUSION		1,662	2,870	255		9,052	8,242
060	OUTPAT SERVICE COST C							
060	CLINIC							
060	01	DIABETIC EDUCATION	971		120		4,954	4
060	03	WOMEN'S SERVICES	4,374		435		11,524	4,331
061	EMERGENCY		19,692	178,593	8,939		163,006	77,185
062	OBSERVATION BEDS (NON							
	OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP					40,142	5	
067	DURABLE MEDICAL EQUIP							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY		9,107		1,520			51,069
	SPEC PURPOSE COST CEN							
092	AMBULATORY SURGICAL C							
093	HOSPICE							
095	SUBTOTALS		374,022	1,455,389	78,195	157,513	2,103,333	837,775

COST CENTER DESCRIPTION	MAINTENANCE & OPERATIONS REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(HOURS)	(DIRECT) (SING HRS)
	7	8	9	10	11	12	14
096 SPEC PURPOSE COST CEN							
097 NONREIMBURS COST CEN							
098 GIFT, FLOWER, COFFEE							
099 RESEARCH							
099 PHYSICIANS' PRIVATE O		26,740	18,357	1,196		304,492	58,847
099 NONPAID WORKERS							
099 03 HOME CARE PERSONNEL							
100 OTHER NONREIMBURSABLE		626		260		9,616	
100 01 EHCS		1,825		272		13,248	419
100 02 PSYCH PHYSICIANS						36,068	4,403
100 03 MARKETING		1,045		130		7,812	27
100 04 ON-SITE CLINICS		1,321		510		11,836	326
100 05 WOMEN'S BOUTIQUE		919					
100 06 OUTSIDE LAUNDRY							
100 07 MOB		65,715		9,360		8,813	
100 08 WOMEN'S SERVICES							
100 09 CARDIOVASCULAR CLINIC		1,847		520		9,903	1,534
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		11,233,110	1,964,284	3,131,856	2,943,987	926,248	5,699,846
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		23.695545	1.332851	34.627954	18.690438	.369742	6.309809
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		3,465,457	384,544	143,316	343,571	112,126	472,965
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		7.310165	.260930	1.584600	2.181223	.044759	.523579
(WRKSHT B, PT III)							

	COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMEDICAL PROGRAM
		(COSTED EQUI S.)	R(COSTED)EQUI S.	R(GROSS) CHARGES	(DISCHARGES)	(ASSIGNED TIME)
		15	16	17	18	24
096	SPEC PURPOSE COST CEN					
097	NONREIMBURS COST CEN					
098	GIFT, FLOWER, COFFEE					
099	RESEARCH					
099	PHYSICIANS' PRIVATE O	460,567				
099	NONPAID WORKERS					
100	03 HOME CARE PERSONNEL					
100	OTHER NONREIMBURSABLE	8,403				
100	01 EHCS	1,419				
100	02 PSYCH PHYSICIANS	33,806				
100	03 MARKETING	11,060				
100	04 ON-SITE CLINICS	20,494				
100	05 WOMEN'S BOUTIQUE	2				
100	06 OUTSIDE LAUNDRY					
100	07 MOB	17,029				
100	08 WOMEN'S SERVICES					
100	09 CARDIOVASCULAR CLINIC	9,019				
101	CROSS FOOT ADJUSTMENT					
102	NEGATIVE COST CENTER					
103	COST TO BE ALLOCATED	1,718,360	721,973	3,461,814	1,665,727	230,424
104	(PER WRKSHT B, PART					
104	UNIT COST MULTIPLIER		7,219.730000		119.295782	
105	(WRKSHT B, PT I)	.048929		.006285		57,606.000000
106	COST TO BE ALLOCATED					
106	(PER WRKSHT B, PART					
106	UNIT COST MULTIPLIER					
107	(WRKSHT B, PT II)					
107	COST TO BE ALLOCATED	376,135	409,493	268,223	44,779	38,321
108	(PER WRKSHT B, PART					
108	UNIT COST MULTIPLIER		4,094.930000		3.206976	
108	(WRKSHT B, PT III)	.010710		.000487		9,580.250000

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	37,116,626		37,116,626	8,657	37,125,283
26	INTENSIVE CARE UNIT	7,460,183		7,460,183		7,460,183
26 01	NEONATAL INTENSIVE CARE	1,554,874		1,554,874		1,554,874
31	SUBPROVIDER	2,422,723		2,422,723		2,422,723
31 01	SUBPROVIDER II	2,631,569		2,631,569		2,631,569
33	NURSERY	2,694,876		2,694,876		2,694,876
34	SKILLED NURSING FACILITY		2			2
35	NURSING FACILITY					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	14,350,714		14,350,714		14,350,714
37 01	OUTPATIENT SURGERY	3,025,217		3,025,217		3,025,217
38	RECOVERY ROOM	2,384,691		2,384,691		2,384,691
39	DELIVERY ROOM & LABOR ROOM	2,179,179		2,179,179		2,179,179
40	ANESTHESIOLOGY	542,988		542,988		542,988
41	RADIOLOGY-DIAGNOSTIC	6,650,684		6,650,684		6,650,684
41 01	CT SCAN	2,267,127		2,267,127		2,267,127
41 02	SPECIAL PROCEDURES	2,303,889		2,303,889		2,303,889
41 03	RADIATION ONCOLOGY	3,260,874		3,260,874		3,260,874
41 04	BREAST CENTER	1,630,097		1,630,097		1,630,097
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	1,032,352		1,032,352		1,032,352
43 01	MAG RESONANCE IMAGING	1,315,896		1,315,896		1,315,896
43 02	ULTRASOUND	2,145,488		2,145,488		2,145,488
44	LABORATORY	12,303,379		12,303,379		12,303,379
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED	2,119,062		2,119,062		2,119,062
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY	1,333,012		1,333,012		1,333,012
48 01	HOME INFUSION THERAPY	1,436,516		1,436,516		1,436,516
49	RESPIRATORY THERAPY	5,698,072		5,698,072	8,662	5,706,734
50	PHYSICAL THERAPY	1,797,815		1,797,815		1,797,815
50 01	CARDIAC REHAB					
51	OCCUPATIONAL THERAPY	849,613		849,613		849,613
52	SPEECH PATHOLOGY	380,247		380,247		380,247
53	ELECTROCARDIOLOGY					
53 01	CARDIAC CATHETER LAB	5,575,296		5,575,296	6,446	5,581,742
53 02	CARDIAC REHAB	489,536		489,536	273	489,809
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	21,387,930		21,387,930		21,387,930
55 30	IMPL. DEV. CHARGED TO PAT	12,213,952		12,213,952		12,213,952
56	DRUGS CHARGED TO PATIENTS	16,743,996		16,743,996		16,743,996
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	AMBULATORY INFUSION	569,448		569,448		569,448
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	DIABETIC EDUCATION	406,783		406,783		406,783
60 03	WOMEN'S SERVICES	929,578		929,578		929,578
61	EMERGENCY	8,991,727		8,991,727		8,991,727
62	OBSERVATION BEDS (NON-DIS)	2,147,428		2,147,428		2,147,428
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN	2,246,564		2,246,564		2,246,564
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	194,590,003		194,590,003	24,038	194,614,041
102	LESS OBSERVATION BEDS	2,147,428		2,147,428		2,147,428
103	TOTAL	192,442,575		192,442,575	24,038	192,466,613

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	61,850,243		61,850,243			
26	INTENSIVE CARE UNIT	13,663,939		13,663,939			
26 01	NEONATAL INTENSIVE CARE	2,009,667		2,009,667			
31	SUBPROVIDER	3,437,710		3,437,710			
31 01	SUBPROVIDER II	4,137,167		4,137,167			
33	NURSERY	2,930,410		2,930,410			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	26,851,910	10,004,384	36,856,294	.389369	.389369	.389369
37 01	OUTPATIENT SURGERY	1,204,182	6,790,248	7,994,430	.378416	.378416	.378416
38	RECOVERY ROOM	3,628,442	4,710,140	8,338,582	.285983	.285983	.285983
39	DELIVERY ROOM & LABOR ROO	2,856,670	295,331	3,152,001	.691364	.691364	.691364
40	ANESTHESIOLOGY	4,739,318	2,320,716	7,060,034	.076910	.076910	.076910
41	RADIOLOGY-DIAGNOSTIC	2,025,238	9,866,163	11,891,401	.559285	.559285	.559285
41 01	CT SCAN	5,185,955	27,121,111	32,307,066	.070174	.070174	.070174
41 02	SPECIAL PROCEDURES	2,343,292	3,291,050	5,634,342	.408901	.408901	.408901
41 03	RADIATION ONCOLOGY	795,559	10,677,167	11,472,726	.284228	.284228	.284228
41 04	BREAST CENTER	17,859	4,265,085	4,282,944	.380602	.380602	.380602
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,663,088	2,468,035	4,131,123	.249896	.249896	.249896
43 01	MAG RESONANCE IMAGING	1,838,531	7,218,084	9,056,615	.145297	.145297	.145297
43 02	ULTRASOUND	1,061,494	4,404,793	5,466,287	.392495	.392495	.392495
44	LABORATORY	16,528,106	21,323,428	37,851,534	.325043	.325043	.325043
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	6,530,903	1,629,101	8,160,004	.259689	.259689	.259689
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY	547,357	27,617	574,974	2.318387	2.318387	2.318387
48 01	HOME INFUSION THERAPY		2,119,746	2,119,746	.677683	.677683	.677683
49	RESPIRATORY THERAPY	15,109,474	8,575,852	23,685,326	.240574	.240574	.240940
50	PHYSICAL THERAPY	2,047,703	1,462,231	3,509,934	.512208	.512208	.512208
50 01	CARDIAC REHAB						
51	OCCUPATIONAL THERAPY	1,563,764	365,015	1,928,779	.440493	.440493	.440493
52	SPEECH PATHOLOGY	398,308	317,875	716,183	.530936	.530936	.530936
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATHETER LAB	12,867,347	15,336,817	28,204,164	.197676	.197676	.197905
53 02	CARDIAC REHAB	8,600	468,323	476,923	1.026447	1.026447	1.027019
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	58,889,222	33,734,311	92,623,533	.230912	.230912	.230912
55 30	IMPL. DEV. CHARGED TO PAT	18,381,332	6,836,598	25,217,930	.484336	.484336	.484336
56	DRUGS CHARGED TO PATIENTS	37,710,079	13,287,821	50,997,900	.328327	.328327	.328327
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	AMBULATORY INFUSION	45,236	1,944,800	1,990,036	.286150	.286150	.286150
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	DIABETIC EDUCATION	2,224,936	245,367	2,470,303	.164669	.164669	.164669
60 03	WOMEN'S SERVICES	282	933,742	934,024	.995240	.995240	.995240
61	EMERGENCY	5,378,448	20,808,360	26,186,808	.343369	.343369	.343369
62	OBSERVATION BEDS (NON-DIS	152,299	3,218,186	3,370,485	.637127	.637127	.637127
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN		4,120,756	4,120,756	.545182	.545182	.545182
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	320,624,070	230,188,253	550,812,323			
102	LESS OBSERVATION BEDS						
103	TOTAL	320,624,070	230,188,253	550,812,323			

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	14,350,714	2,553,240	11,797,474			14,350,714
37 01	OUTPATIENT SURGERY	3,025,217	682,195	2,343,022			3,025,217
38	RECOVERY ROOM	2,384,691	199,690	2,185,001			2,384,691
39	DELIVERY ROOM & LABOR ROO	2,179,179	352,912	1,826,267			2,179,179
40	ANESTHESIOLOGY	542,988	150,474	392,514			542,988
41	RADIOLOGY-DIAGNOSTIC	6,650,684	2,598,578	4,052,106			6,650,684
41 01	CT SCAN	2,267,127	239,133	2,027,994			2,267,127
41 02	SPECIAL PROCEDURES	2,303,889	423,943	1,879,946			2,303,889
41 03	RADIATION ONCOLOGY	3,260,874	728,063	2,532,811			3,260,874
41 04	BREAST CENTER	1,630,097	231,468	1,398,629			1,630,097
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,032,352	62,713	969,639			1,032,352
43 01	MAG RESONANCE IMAGING	1,315,896	329,160	986,736			1,315,896
43 02	ULTRASOUND	2,145,488	145,651	1,999,837			2,145,488
44	LABORATORY	12,303,379	352,002	11,951,377			12,303,379
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	2,119,062	43,484	2,075,578			2,119,062
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY	1,333,012	50,557	1,282,455			1,333,012
48 01	HOME INFUSION THERAPY	1,436,516	79,913	1,356,603			1,436,516
49	RESPIRATORY THERAPY	5,698,072	512,301	5,185,771			5,698,072
50	PHYSICAL THERAPY	1,797,815	159,058	1,638,757			1,797,815
50 01	CARDIAC REHAB						
51	OCCUPATIONAL THERAPY	849,613	84,717	764,896			849,613
52	SPEECH PATHOLOGY	380,247	39,585	340,662			380,247
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATHETER LAB	5,575,296	1,367,293	4,208,003			5,575,296
53 02	CARDIAC REHAB	489,536	113,858	375,678			489,536
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	21,387,930	583,099	20,804,831			21,387,930
55 30	IMPL. DEV. CHARGED TO PAT	12,213,952	317,865	11,896,087			12,213,952
56	DRUGS CHARGED TO PATIENTS	16,743,996	705,553	16,038,443			16,743,996
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	AMBULATORY INFUSION	569,448	53,270	516,178			569,448
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	DIABETIC EDUCATION	406,783	32,415	374,368			406,783
60 03	WOMEN'S SERVICES	929,578	141,420	788,158			929,578
61	EMERGENCY	8,991,727	1,415,324	7,576,403			8,991,727
62	OBSERVATION BEDS (NON-DIS	2,147,428	257,983	1,889,445			2,147,428
	OTHER REIMBURS COST CNTRS						
	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN	2,246,564	97,933	2,148,631			2,246,564
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	140,709,150	15,104,850	125,604,300			140,709,150
102	LESS OBSERVATION BEDS	2,147,428	257,983	1,889,445			2,147,428
103	TOTAL	138,561,722	14,846,867	123,714,855			138,561,722

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	36,856,294	.389369	.389369
37 01	OUTPATIENT SURGERY	7,994,430	.378416	.378416
38	RECOVERY ROOM	8,338,582	.285983	.285983
39	DELIVERY ROOM & LABOR ROO	3,152,001	.691364	.691364
40	ANESTHESIOLOGY	7,060,034	.076910	.076910
41	RADIOLOGY-DIAGNOSTIC	11,891,401	.559285	.559285
41 01	CT SCAN	32,307,066	.070174	.070174
41 02	SPECIAL PROCEDURES	5,634,342	.408901	.408901
41 03	RADIATION ONCOLOGY	11,472,726	.284228	.284228
41 04	BREAST CENTER	4,282,944	.380602	.380602
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	4,131,123	.249896	.249896
43 01	MAG RESONANCE IMAGING	9,056,615	.145297	.145297
43 02	ULTRASOUND	5,466,287	.392495	.392495
44	LABORATORY	37,851,534	.325043	.325043
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED	8,160,004	.259689	.259689
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY	574,974	2.318387	2.318387
48 01	HOME INFUSION THERAPY	2,119,746	.677683	.677683
49	RESPIRATORY THERAPY	23,685,326	.240574	.240574
50	PHYSICAL THERAPY	3,509,934	.512208	.512208
50 01	CARDIAC REHAB			
51	OCCUPATIONAL THERAPY	1,928,779	.440493	.440493
52	SPEECH PATHOLOGY	716,183	.530936	.530936
53	ELECTROCARDIOLOGY			
53 01	CARDIAC CATHETER LAB	28,204,164	.197676	.197676
53 02	CARDIAC REHAB	476,923	1.026447	1.026447
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	92,623,533	.230912	.230912
55 30	IMPL. DEV. CHARGED TO PAT	25,217,930	.484336	.484336
56	DRUGS CHARGED TO PATIENTS	50,997,900	.328327	.328327
57	RENAL DIALYSIS			
58	ASC (NON-DISSERT PART)			
59	AMBULATORY INFUSION	1,990,036	.286150	.286150
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	DIABETIC EDUCATION	2,470,303	.164669	.164669
60 03	WOMEN'S SERVICES	934,024	.995240	.995240
61	EMERGENCY	26,186,808	.343369	.343369
62	OBSERVATION BEDS (NON-DIS	3,370,485	.637127	.637127
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN	4,120,756	.545182	.545182
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	462,783,187		
102	LESS OBSERVATION BEDS	3,370,485		
103	TOTAL	459,412,702		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0018
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/13/2011
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	43,376	20,307			102.82	2,087,966
26	INTENSIVE CARE UNIT	4,755	1,842			110.75	204,002
26	01 NEONATAL INTENSIVE CARE	883				120.64	
31	SUBPROVIDER	2,217	776			158.32	122,856
31	01 SUBPROVIDER II	3,122	1,876			100.82	189,138
33	NURSERY	2,809				124.36	
101	TOTAL	57,162	24,801				2,603,962

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0018
 COMPONENT NO: 15-0018
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/13/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.069276	877,323
37 01	OUTPATIENT SURGERY	.085334	77,682
38	RECOVERY ROOM	.023948	27,948
39	DELIVERY ROOM & LABOR ROO	.111964	956
40	ANESTHESIOLOGY	.021313	52,203
41	RADIOLOGY-DIAGNOSTIC	.218526	330,452
41 01	CT SCAN	.007402	29,796
41 02	SPECIAL PROCEDURES	.075243	133,137
41 03	RADIATION ONCOLOGY	.063460	19,850
41 04	BREAST CENTER	.054044	404
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE	.015181	9,550
43 01	MAG RESONANCE IMAGING	.036345	32,175
43 02	ULTRASOUND	.026645	13,516
44	LABORATORY	.009300	89,348
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED	.005329	17,675
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY	.087929	24,370
48 01	HOME INFUSION THERAPY	.037699	
49	RESPIRATORY THERAPY	.021629	132,017
50	PHYSICAL THERAPY	.045317	30,163
50 01	CARDIAC REHAB		
51	OCCUPATIONAL THERAPY	.043923	19,279
52	SPEECH PATHOLOGY	.055272	9,163
53	ELECTROCARDIOLOGY		
53 01	CARDIAC CATHETER LAB	.048478	475,577
53 02	CARDIAC REHAB	.238735	758
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.006295	135,453
55 30	IMPL. DEV. CHARGED TO PAT	.012605	95,535
56	DRUGS CHARGED TO PATIENTS	.013835	255,821
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
59	AMBULATORY INFUSION	.026768	68
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	DIABETIC EDUCATION	.013122	13,863
60 03	WOMEN'S SERVICES	.151409	17
61	EMERGENCY	.054047	123,794
62	OBSERVATION BEDS (NON-DIS	.076542	10,990
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN	.023766	
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		3,038,883

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0018
 COMPONENT NO: 15-S018
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/13/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.069276	635
37 01	OUTPATIENT SURGERY	.085334	
38	RECOVERY ROOM	.023948	131
39	DELIVERY ROOM & LABOR ROO	.111964	
40	ANESTHESIOLOGY	.021313	182
41	RADIOLOGY-DIAGNOSTIC	.218526	1,633
41 01	CT SCAN	.007402	186
41 02	SPECIAL PROCEDURES	.075243	98
41 03	RADIATION ONCOLOGY	.063460	
41 04	BREAST CENTER	.054044	
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE	.015181	40
43 01	MAG RESONANCE IMAGING	.036345	665
43 02	ULTRASOUND	.026645	125
44	LABORATORY	.009300	1,156
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED	.005329	
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY	.087929	
48 01	HOME INFUSION THERAPY	.037699	
49	RESPIRATORY THERAPY	.021629	721
50	PHYSICAL THERAPY	.045317	245
50 01	CARDIAC REHAB		
51	OCCUPATIONAL THERAPY	.043923	129
52	SPEECH PATHOLOGY	.055272	
53	ELECTROCARDIOLOGY		
53 01	CARDIAC CATHETER LAB	.048478	
53 02	CARDIAC REHAB	.238735	
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.006295	194
55 30	IMPL. DEV. CHARGED TO PAT	.012605	
56	DRUGS CHARGED TO PATIENTS	.013835	1,402
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
59	AMBULATORY INFUSION	.026768	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	DIABETIC EDUCATION	.013122	152
60 03	WOMEN'S SERVICES	.151409	
61	EMERGENCY	.054047	1,309
62	OBSERVATION BEDS (NON-DIS	.076542	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN	.023766	
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		9,003

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0018
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 15-T018
 PREPARED 5/13/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.069276	320
37 01	OUTPATIENT SURGERY	.085334	78
38	RECOVERY ROOM	.023948	27
39	DELIVERY ROOM & LABOR ROO	.111964	
40	ANESTHESIOLOGY	.021313	46
41	RADIOLOGY-DIAGNOSTIC	.218526	3,938
41 01	CT SCAN	.007402	157
41 02	SPECIAL PROCEDURES	.075243	223
41 03	RADIATION ONCOLOGY	.063460	
41 04	BREAST CENTER	.054044	
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE	.015181	
43 01	MAG RESONANCE IMAGING	.036345	158
43 02	ULTRASOUND	.026645	819
44	LABORATORY	.009300	1,886
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED	.005329	364
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY	.087929	156
48 01	HOME INFUSION THERAPY	.037699	
49	RESPIRATORY THERAPY	.021629	1,516
50	PHYSICAL THERAPY	.045317	23,176
50 01	CARDIAC REHAB		
51	OCCUPATIONAL THERAPY	.043923	22,844
52	SPEECH PATHOLOGY	.055272	4,034
53	ELECTROCARDIOLOGY		
53 01	CARDIAC CATHETER LAB	.048478	65
53 02	CARDIAC REHAB	.238735	
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.006295	723
55 30	IMPL. DEV. CHARGED TO PAT	.012605	
56	DRUGS CHARGED TO PATIENTS	.013835	4,532
57	RENAL DIALYSIS		
58	ASC (NON-DISSERTIC PART)		
59	AMBULATORY INFUSION	.026768	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	DIABETIC EDUCATION	.013122	738
60 03	WOMEN'S SERVICES	.151409	
61	EMERGENCY	.054047	
62	OBSERVATION BEDS (NON-DIS	.076542	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN	.023766	
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		65,800

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

PROVIDER NO: 15-0018
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/13/2011
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		115,212		115,212	43,376	2.66
26	INTENSIVE CARE UNIT					4,755	
26	01 NEONATAL INTENSIVE CARE					883	
31	SUBPROVIDER					2,217	
31	01 SUBPROVIDER II					3,122	
33	NURSERY					2,809	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
101	TOTAL		115,212		115,212	57,162	

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

PROVIDER NO: 15-0018
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/13/2011
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	20,307	54,017
26	INTENSIVE CARE UNIT	1,842	
26 01	NEONATAL INTENSIVE CARE		
31	SUBPROVIDER	776	
31 01	SUBPROVIDER II	1,876	
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
101	TOTAL	24,801	54,017

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
		ANCILLARY SRVC COST CNTRS										
37		OPERATING ROOM										
37	01	OUTPATIENT SURGERY										
38		RECOVERY ROOM										
39		DELIVERY ROOM & LABOR ROO										
40		ANESTHESIOLOGY										
41		RADIOLOGY-DIAGNOSTIC										
41	01	CT SCAN										
41	02	SPECIAL PROCEDURES										
41	03	RADIATION ONCOLOGY										
41	04	BREAST CENTER										
42		RADIOLOGY-THERAPEUTIC										
43		RADIOISOTOPE										
43	01	MAG RESONANCE IMAGING										
43	02	ULTRASOUND										
44		LABORATORY										
45		PBP CLINICAL LAB SERVICES										
46		WHOLE BLOOD & PACKED RED										
47		BLOOD STORING, PROCESSING										
48		INTRAVENOUS THERAPY										
48	01	HOME INFUSION THERAPY										
49		RESPIRATORY THERAPY										
50		PHYSICAL THERAPY										
50	01	CARDIAC REHAB										
51		OCCUPATIONAL THERAPY										
52		SPEECH PATHOLOGY										
53		ELECTROCARDIOLOGY										
53	01	CARDIAC CATHETER LAB										
53	02	CARDIAC REHAB										
54		ELECTROENCEPHALOGRAPHY										
55		MEDICAL SUPPLIES CHARGED										
55	30	IMPL. DEV. CHARGED TO PAT										
56		DRUGS CHARGED TO PATIENTS										
57		RENAL DIALYSIS										
58		ASC (NON-DISTINCT PART)										
59		AMBULATORY INFUSION										
		OUTPAT SERVICE COST CNTRS										
60		CLINIC										
60	01	DIABETIC EDUCATION										
60	03	WOMEN'S SERVICES										
61		EMERGENCY										
62		OBSERVATION BEDS (NON-DIS										
		OTHER REIMBURS COST CNTRS										
64		HOME PROGRAM DIALYSIS										
65		AMBULANCE SERVICES										
66		DURABLE MEDICAL EQUIP-REN										
67		DURABLE MEDICAL EQUIP-SOL										
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			36,856,294			12,664,165	
37 01	OUTPATIENT SURGERY			7,994,430			910,328	
38	RECOVERY ROOM	115,212	115,212	8,338,582	.013817	.013817	1,167,044	16,125
39	DELIVERY ROOM & LABOR ROO			3,152,001			8,540	
40	ANESTHESIOLOGY			7,060,034			2,449,350	
41	RADIOLOGY-DIAGNOSTIC			11,891,401			1,512,185	
41 01	CT SCAN			32,307,066			4,025,398	
41 02	SPECIAL PROCEDURES			5,634,342			1,769,423	
41 03	RADIATION ONCOLOGY			11,472,726			312,788	
41 04	BREAST CENTER			4,282,944			7,475	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			4,131,123			629,103	
43 01	MAG RESONANCE IMAGING			9,056,615			885,276	
43 02	ULTRASOUND			5,466,287			507,245	
44	LABORATORY			37,851,534			9,607,290	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED			8,160,004			3,316,674	
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY			574,974			277,159	
48 01	HOME INFUSION THERAPY			2,119,746				
49	RESPIRATORY THERAPY			23,685,326			6,103,690	
50	PHYSICAL THERAPY			3,509,934			665,597	
50 01	CARDIAC REHAB							
51	OCCUPATIONAL THERAPY			1,928,779			438,934	
52	SPEECH PATHOLOGY			716,183			165,775	
53	ELECTROCARDIOLOGY							
53 01	CARDIAC CATHETER LAB			28,204,164			9,810,169	
53 02	CARDIAC REHAB			476,923			3,175	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			92,623,533			21,517,497	
55 30	IMPL. DEV. CHARGED TO PAT			25,217,930			7,579,137	
56	DRUGS CHARGED TO PATIENTS			50,997,900			18,490,872	
57	RENAL DIALYSIS							
58	ASC (NON-DISSERT PART)							
59	AMBULATORY INFUSION			1,990,036			2,542	
60	OUTPAT SERVICE COST CNTRS CLINIC							
60 01	DIABETIC EDUCATION			2,470,303			1,056,441	
60 03	WOMEN'S SERVICES			934,024			112	
61	EMERGENCY			26,186,808			2,290,480	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	6,663	6,663	3,370,485	.001977	.001977	143,575	284
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN			4,120,756				
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	121,875	121,875	462,783,187			108,317,439	16,409

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	4,416,838					
37 01	OUTPATIENT SURGERY	1,661,791					
38	RECOVERY ROOM	821,284			11,348		
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	808,569					
41	RADIOLOGY-DIAGNOSTIC	2,337,065					
41 01	CT SCAN	6,048,618					
41 02	SPECIAL PROCEDURES	1,619,475					
41 03	RADIATION ONCOLOGY	3,991,192					
41 04	BREAST CENTER	240,958					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	552,827					
43 01	MAG RESONANCE IMAGING	1,627,195					
43 02	ULTRASOUND	482,297					
44	LABORATORY	581,953					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	924,422					
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY	8,058					
48 01	HOME INFUSION THERAPY						
49	RESPIRATORY THERAPY	1,996,357					
50	PHYSICAL THERAPY						
50 01	CARDIAC REHAB						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATHETER LAB	3,964,545					
53 02	CARDIAC REHAB	217,197					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	6,806,238					
55 30	IMPL. DEV. CHARGED TO PAT	1,307,115					
56	DRUGS CHARGED TO PATIENTS	4,396,457					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	AMBULATORY INFUSION	840,100					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	DIABETIC EDUCATION	56					
60 03	WOMEN'S SERVICES	416,455					
61	EMERGENCY	3,287,723					
62	OBSERVATION BEDS (NON-DIS	899,736			1,779		
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	50,254,521			13,127		

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM										
37 01	OUTPATIENT SURGERY										
38	RECOVERY ROOM			115,212							
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41 01	CT SCAN										
41 02	SPECIAL PROCEDURES										
41 03	RADIATION ONCOLOGY										
41 04	BREAST CENTER										
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
43 01	MAG RESONANCE IMAGING										
43 02	ULTRASOUND										
44	LABORATORY										
45	PBP CLINICAL LAB SERVICES										
46	WHOLE BLOOD & PACKED RED										
47	BLOOD STORING, PROCESSING										
48	INTRAVENOUS THERAPY										
48 01	HOME INFUSION THERAPY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
50 01	CARDIAC REHAB										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
53 01	CARDIAC CATHETER LAB										
53 02	CARDIAC REHAB										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55 30	IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
59	AMBULATORY INFUSION										
60	OUTPAT SERVICE COST CNTRS CLINIC										
60 01	DIABETIC EDUCATION										
60 03	WOMEN'S SERVICES										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			6,663							
64	HOME PROGRAM DIALYSIS										
65	AMBULANCE SERVICES										
66	DURABLE MEDICAL EQUIP-REN										
67	DURABLE MEDICAL EQUIP-SOL										
101	TOTAL			121,875							

TITLE XVIII, PART A SUBPROVIDER 1 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			36,856,294			9,163	
37 01	OUTPATIENT SURGERY			7,994,430				
38	RECOVERY ROOM	115,212	115,212	8,338,582	.013817	.013817	5,484	76
39	DELIVERY ROOM & LABOR ROO			3,152,001				
40	ANESTHESIOLOGY			7,060,034			8,559	
41	RADIOLOGY-DIAGNOSTIC			11,891,401			7,473	
41 01	CT SCAN			32,307,066			25,097	
41 02	SPECIAL PROCEDURES			5,634,342			1,303	
41 03	RADIATION ONCOLOGY			11,472,726				
41 04	BREAST CENTER			4,282,944				
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			4,131,123			2,621	
43 01	MAG RESONANCE IMAGING			9,056,615			18,305	
43 02	ULTRASOUND			5,466,287			4,692	
44	LABORATORY			37,851,534			124,272	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED			8,160,004				
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY			574,974				
48 01	HOME INFUSION THERAPY			2,119,746				
49	RESPIRATORY THERAPY			23,685,326			33,314	
50	PHYSICAL THERAPY			3,509,934			5,406	
50 01	CARDIAC REHAB							
51	OCCUPATIONAL THERAPY			1,928,779			2,930	
52	SPEECH PATHOLOGY			716,183				
53	ELECTROCARDIOLOGY							
53 01	CARDIAC CATHETER LAB			28,204,164				
53 02	CARDIAC REHAB			476,923				
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			92,623,533			30,745	
55 30	IMPL. DEV. CHARGED TO PAT			25,217,930				
56	DRUGS CHARGED TO PATIENTS			50,997,900			101,349	
57	RENAL DIALYSIS							
58	ASC (NON-DISSERTANT)							
59	AMBULATORY INFUSION			1,990,036				
60	OUTPAT SERVICE COST CNTRS CLINIC							
60 01	DIABETIC EDUCATION			2,470,303			11,562	
60 03	WOMEN'S SERVICES			934,024				
61	EMERGENCY			26,186,808			24,216	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	6,663	6,663	3,370,485	.001977	.001977		
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN			4,120,756				
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	121,875	121,875	462,783,187			416,491	76

TITLE XVIII, PART A SUBPROVIDER 1 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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 OUTPATIENT SURGERY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CT SCAN						
41	02 SPECIAL PROCEDURES						
41	03 RADIATION ONCOLOGY						
41	04 BREAST CENTER						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 MAG RESONANCE IMAGING						
43	02 ULTRASOUND						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
48	01 HOME INFUSION THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50	01 CARDIAC REHAB						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC CATHETER LAB						
53	02 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	AMBULATORY INFUSION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETIC EDUCATION						
60	03 WOMEN'S SERVICES						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM										
37 01	OUTPATIENT SURGERY										
38	RECOVERY ROOM			115,212							
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41 01	CT SCAN										
41 02	SPECIAL PROCEDURES										
41 03	RADIATION ONCOLOGY										
41 04	BREAST CENTER										
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
43 01	MAG RESONANCE IMAGING										
43 02	ULTRASOUND										
44	LABORATORY										
45	PBP CLINICAL LAB SERVICES										
46	WHOLE BLOOD & PACKED RED										
47	BLOOD STORING, PROCESSING										
48	INTRAVENOUS THERAPY										
48 01	HOME INFUSION THERAPY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
50 01	CARDIAC REHAB										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
53 01	CARDIAC CATHETER LAB										
53 02	CARDIAC REHAB										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55 30	IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
59	AMBULATORY INFUSION										
60	OUTPAT SERVICE COST CNTRS CLINIC										
60 01	DIABETIC EDUCATION										
60 03	WOMEN'S SERVICES										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			6,663							
64	HOME PROGRAM DIALYSIS										
65	AMBULANCE SERVICES										
66	DURABLE MEDICAL EQUIP-REN										
67	DURABLE MEDICAL EQUIP-SOL										
101	TOTAL			121,875							

TITLE XVIII, PART A SUBPROVIDER 2 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			36,856,294			4,626	
37 01	OUTPATIENT SURGERY			7,994,430			918	
38	RECOVERY ROOM	115,212	115,212	8,338,582	.013817	.013817	1,115	15
39	DELIVERY ROOM & LABOR ROO			3,152,001				
40	ANESTHESIOLOGY			7,060,034			2,140	
41	RADIOLOGY-DIAGNOSTIC			11,891,401			18,020	
41 01	CT SCAN			32,307,066			21,178	
41 02	SPECIAL PROCEDURES			5,634,342			2,969	
41 03	RADIATION ONCOLOGY			11,472,726				
41 04	BREAST CENTER			4,282,944				
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			4,131,123				
43 01	MAG RESONANCE IMAGING			9,056,615			4,340	
43 02	ULTRASOUND			5,466,287			30,734	
44	LABORATORY			37,851,534			202,764	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED			8,160,004			68,310	
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY			574,974			1,771	
48 01	HOME INFUSION THERAPY			2,119,746				
49	RESPIRATORY THERAPY			23,685,326			70,096	
50	PHYSICAL THERAPY			3,509,934			511,414	
50 01	CARDIAC REHAB							
51	OCCUPATIONAL THERAPY			1,928,779			520,090	
52	SPEECH PATHOLOGY			716,183			72,979	
53	ELECTROCARDIOLOGY							
53 01	CARDIAC CATHETER LAB			28,204,164			1,343	
53 02	CARDIAC REHAB			476,923				
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			92,623,533			114,862	
55 30	IMPL. DEV. CHARGED TO PAT			25,217,930				
56	DRUGS CHARGED TO PATIENTS			50,997,900			327,593	
57	RENAL DIALYSIS							
58	ASC (NON-DI STINCT PART)							
59	AMBULATORY INFUSION			1,990,036				
60	OUTPAT SERVICE COST CNTRS CLINIC							
60 01	DIABETIC EDUCATION			2,470,303			56,216	
60 03	WOMEN'S SERVICES			934,024				
61	EMERGENCY			26,186,808				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	6,663	6,663	3,370,485	.001977	.001977		
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN			4,120,756				
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	121,875	121,875	462,783,187			2,033,478	15

TITLE XVIII, PART A SUBPROVIDER 2 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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 OUTPATIENT SURGERY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CT SCAN						
41	02 SPECIAL PROCEDURES						
41	03 RADIATION ONCOLOGY						
41	04 BREAST CENTER						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 MAG RESONANCE IMAGING						
43	02 ULTRASOUND						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
48	01 HOME INFUSION THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50	01 CARDIAC REHAB						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC CATHETER LAB						
53	02 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	AMBULATORY INFUSION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETIC EDUCATION						
60	03 WOMEN'S SERVICES						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,509
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	855.89
85	OBSERVATION BED COST	2,147,428

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	37,125,283		2,147,428	
87	NEW CAPITAL-RELATED COST	4,460,097	.120136	2,147,428	257,983
88	NON PHYSICIAN ANESTHETIST	37,125,283		2,147,428	
89	MEDICAL EDUCATION	115,212	.003103	2,147,428	6,663
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER II PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	842.91
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	2,631,569			
87	NEW CAPITAL-RELATED COST	314,773	.119614		
88	NON PHYSICIAN ANESTHETIST	2,631,569			
89	MEDICAL EDUCATION	2,631,569			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P SUBPROVIDER II OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	842.91
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0018
 COMPONENT NO: 15-S018
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/13/2011
 WORKSHEET D-4

TITLE XIX

SUBPROVIDER 1

OTHER

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			
26	INTENSIVE CARE UNIT			
26	01 NEONATAL INTENSIVE CARE			
31	SUBPROVIDER		561,057	
31	01 SUBPROVIDER II ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.389369		
37	01 OUTPATIENT SURGERY	.378416		
38	RECOVERY ROOM	.285983		
39	DELIVERY ROOM & LABOR ROOM	.691364		
40	ANESTHESIOLOGY	.076910		
41	RADIOLOGY-DIAGNOSTIC	.559285	3,677	2,056
41	01 CT SCAN	.070174	16,705	1,172
41	02 SPECIAL PROCEDURES	.408901		
41	03 RADIATION ONCOLOGY	.284228		
41	04 BREAST CENTER	.380602		
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.249896		
43	01 MAG RESONANCE IMAGING	.145297	4,441	645
43	02 ULTRASOUND	.392495	6,004	2,357
44	LABORATORY	.325043	96,856	31,482
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.259689		
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY	2.318387		
48	01 HOME INFUSION THERAPY	.677683		
49	RESPIRATORY THERAPY	.240574	15,788	3,798
50	PHYSICAL THERAPY	.512208	1,581	810
50	01 CARDIAC REHAB			
51	OCCUPATIONAL THERAPY	.440493		
52	SPEECH PATHOLOGY	.530936		
53	ELECTROCARDIOLOGY			
53	01 CARDIAC CATHETER LAB	.197676		
53	02 CARDIAC REHAB	1.026447		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.230912	6,332	1,462
55	30 IMPL. DEV. CHARGED TO PATIENT	.484336	3,751	1,817
56	DRUGS CHARGED TO PATIENTS	.328327	59,956	19,685
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	AMBULATORY INFUSION	.286150		
	OUTPAT SERVICE COST CNTRS CLINIC			
60	01 DIABETIC EDUCATION	.164669	2,690	443
60	03 WOMEN'S SERVICES	.995240		
61	EMERGENCY	.343369	42,609	14,631
62	OBSERVATION BEDS (NON-DISTINCT PART)	.637127		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED	.545182		
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		260,390	80,358
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		260,390	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0018
 COMPONENT NO: 15-T018
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/13/2011
 WORKSHEET D-4

TITLE XIX

SUBPROVIDER 2

OTHER

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			
26	INTENSIVE CARE UNIT			
26	01 NEONATAL INTENSIVE CARE			
31	SUBPROVIDER			
31	01 SUBPROVIDER II		161,762	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.389369		
37	01 OUTPATIENT SURGERY	.378416		
38	RECOVERY ROOM	.285983		
39	DELIVERY ROOM & LABOR ROOM	.691364		
40	ANESTHESIOLOGY	.076910		
41	RADIOLOGY-DIAGNOSTIC	.559285	2,307	1,290
41	01 CT SCAN	.070174	2,628	184
41	02 SPECIAL PROCEDURES	.408901	1,502	614
41	03 RADIATION ONCOLOGY	.284228		
41	04 BREAST CENTER	.380602		
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.249896		
43	01 MAG RESONANCE IMAGING	.145297		
43	02 ULTRASOUND	.392495	523	205
44	LABORATORY	.325043	10,743	3,492
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.259689	954	248
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY	2.318387		
48	01 HOME INFUSION THERAPY	.677683		
49	RESPIRATORY THERAPY	.240574	14,314	3,444
50	PHYSICAL THERAPY	.512208	35,335	18,099
50	01 CARDIAC REHAB			
51	OCCUPATIONAL THERAPY	.440493	34,646	15,261
52	SPEECH PATHOLOGY	.530936	10,516	5,583
53	ELECTROCARDIOLOGY			
53	01 CARDIAC CATHETER LAB	.197676		
53	02 CARDIAC REHAB	1.026447		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.230912	10,593	2,446
55	30 IMPL. DEV. CHARGED TO PATIENT	.484336	6,275	3,039
56	DRUGS CHARGED TO PATIENTS	.328327	27,448	9,012
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	AMBULATORY INFUSION	.286150		
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60	01 DIABETIC EDUCATION	.164669	3,325	548
60	03 WOMEN'S SERVICES	.995240		
61	EMERGENCY	.343369		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.637127		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED	.545182		
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		161,109	63,465
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		161,109	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	28,002,891	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9,503,736	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	2,793,040	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	895,049	
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)	1,570,148	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	254.13	
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)		2.71
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		19.63
4.02 SUM OF LINES 4 AND 4.01		22.34
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		7.65
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		2,869,257
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)		

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		41,102,899		10,169,986
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	8/5/2010	239,572		
ADJUSTMENTS TO PROVIDER .02	12/30/2010	114,168		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50			8/5/2010	3,060
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		353,740		-3,060
4 TOTAL INTERIM PAYMENTS		41,456,639		10,166,926
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				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		471,315		273,508
7 TOTAL MEDICARE PROGRAM LIABILITY		41,927,954		10,440,434

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.

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		551,009		
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				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			551,009	
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				
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER .01			7,319	
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY			558,328	

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.

TITLE XVII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,349,086		
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		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		2,349,086		
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		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
		23,897		
7 TOTAL MEDICARE PROGRAM LIABILITY		2,325,189		

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.

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	558,328
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	551,009
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	7,319
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----		
50	ORIGINAL PPS AMOUNT OR 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).	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		2,206,690
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0196
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		64,124
1.05	OUTLIER PAYMENTS		77,460
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		2,348,274
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		8.553425
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		2,348,274
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		2,348,274
7	DEDUCTIBLES		23,100
8	SUBTOTAL		2,325,174
9	COINSURANCE		
10	SUBTOTAL		2,325,174
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		2,325,174
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		15
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
	OTHER ADJUSTMENTS (SPECIFY)		
15	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,325,189
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,349,086
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-23,897
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

	----- FI ONLY -----	
50	ORIGINAL PPS AMOUNT OR 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).	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		12,857,780	
2	MEDICAL AND OTHER SERVICES		8,829,764	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		21,687,544	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		21,687,544	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		14,825,458	
11	ANCILLARY SERVICE CHARGES		58,343,791	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		73,169,249	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	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)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		73,169,249	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		51,481,705	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		21,687,544	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		21,687,544	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		21,687,544	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		21,687,544	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		21,687,544	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		21,687,544	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		21,687,544	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		21,687,544	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0018	FROM 1/ 1/2010	5/13/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
-		PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX

HOSPITAL

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	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)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0018	FROM 1/ 1/2010	5/13/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
15-S018		PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX

SUBPROVIDER 1

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	SUBPROVIDER 2	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
			154,499	
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
			154,499	
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
			154,499	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
			161,762	
11	ANCILLARY SERVICE CHARGES			
			161,109	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
			322,871	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	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)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
			322,871	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
			168,372	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
			154,499	
24	PROSPECTIVE PAYMENT AMOUNT			
25	OTHER THAN OUTLIER PAYMENTS			
26	OUTLIER PAYMENTS			
27	PROGRAM CAPITAL PAYMENTS			
28	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
29	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
30	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
			154,499	
31	SUBTOTAL			
32	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
			154,499	
33	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30 DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
			154,499	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
			154,499	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
			154,499	
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
			154,499	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
			154,499	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0018	FROM 1/ 1/2010	5/13/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
15-T018		PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX

SUBPROVIDER 2

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	39,386,416			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	94,971,635			
5 OTHER RECEIVABLES	2,436,507			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-41,952,473			
7 INVENTORY	5,881,189			
8 PREPAID EXPENSES	5,978,958			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	106,702,232			
FIXED ASSETS				
12 LAND	6,384,362			
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	170,699,966			
14.01 LESS ACCUMULATED DEPRECIATION	-155,940,897			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	116,688,833			
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	137,832,264			
OTHER ASSETS				
22 INVESTMENTS	2,168,283			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	163,085,903			
26 TOTAL OTHER ASSETS	165,254,186			
27 TOTAL ASSETS	409,788,682			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	8,591,390			
29 SALARIES, WAGES & FEES PAYABLE	12,082,873			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,085,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	3,623,379			
36 TOTAL CURRENT LIABILITIES	26,382,642			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	84,470,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	33,096,561			
42 TOTAL LONG-TERM LIABILITIES	117,566,561			
43 TOTAL LIABILITIES	143,949,203			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	265,839,479			
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	265,839,479			
52 TOTAL LIABILITIES AND FUND BALANCES	409,788,682			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		239,840,529		
2	NET INCOME (LOSS)		25,501,675		
3	TOTAL		265,342,204		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	RESTRICTED FUNDED INCREASE	497,310			
6					
7					
8					
9					
10	TOTAL ADDITIONS		497,310		
11	SUBTOTAL		265,839,514		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM	35			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		35		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		265,839,479		

		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	RESTRICTED FUNDED INCREASE				
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	64,682,182		64,682,182
2 00 SUBPROVIDER	3,484,890		3,484,890
2 01 SUBPROVIDER II	3,881,605		3,881,605
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	72,048,677		72,048,677
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	13,708,039		13,708,039
10 01 NEONATAL INTENSIVE CARE	2,010,540		2,010,540
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	15,718,579		15,718,579
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	87,767,256		87,767,256
17 00 ANCILLARY SERVICES	235,601,962	254,252,353	489,854,315
18 00 OUTPATIENT SERVICES		4,120,756	4,120,756
19 00 HOME HEALTH AGENCY		7,567,847	7,567,847
20 00 AMBULANCE SERVICES			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	323,369,218	265,940,956	589,310,174

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		239,385,652	
ADD (SPECIFY)			
27 00 PROVISION FOR BAD DEBT	16,300,685		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		16,300,685	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		255,686,337	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0018
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/13/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	589,310,174
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	338,118,211
3	NET PATIENT REVENUES	251,191,963
4	LESS: TOTAL OPERATING EXPENSES	255,686,337
5	NET INCOME FROM SERVICE TO PATIENTS	-4,494,374
	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	
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	OTHER (SPECIFY)	
24.01	OTHER OPERATING INCOME	9,218,154
24.02	OTHER NON-OPERATING INCOME	20,777,895
25	TOTAL OTHER INCOME	29,996,049
26	TOTAL	25,501,675
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	25,501,675

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	772,888		151,620	22,612	102,051	1,049,171
HHA REIMBURSABLE SERVICES						
6	1,534,229					1,534,229
7	162,945					162,945
8	100,603					100,603
9	48,922					48,922
10	55,396					55,396
11	637,458					637,458
12					110,761	110,761
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	3,312,441		151,620	22,612	212,812	3,699,485

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-85,477	963,694		963,694
HHA REIMBURSABLE SERVICES				
6		1,534,229		1,534,229
7		162,945		162,945
8		100,603		100,603
9		48,922		48,922
10		55,396		55,396
11		637,458		637,458
12	-63,672	47,089		47,089
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-149,149	3,550,336		3,550,336

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
5		963,694				963,694	963,694
HHA REIMBURSABLE SERVICES							
6		1,534,229				1,534,229	571,600
7		162,945				162,945	60,708
8		100,603				100,603	37,481
9		48,922				48,922	18,227
10		55,396				55,396	20,639
11		637,458				637,458	237,495
12		47,089				47,089	17,544
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		3,550,336				3,550,336	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6		2,105,829					
7		223,653					
8		138,084					
9		67,149					
10		76,035					
11		874,953					
12		64,633					
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		3,550,336					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-963,694	2,586,642
6	SKILLED NURSING CARE					1,534,229	
7	PHYSICAL THERAPY					162,945	
8	OCCUPATIONAL THERAPY					100,603	
9	SPEECH PATHOLOGY					48,922	
10	MEDICAL SOCIAL SERVICES					55,396	
11	HOME HEALTH AIDE					637,458	
12	SUPPLIES					47,089	
13	DRUGS						
13. 20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-963,694	2,586,642
25	COST TO BE ALLOCATED					963,694	
26	UNIT COST MULTIPLIER					.372566	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	ADMINITTING	SUBTOTAL
	0	3	4	5	6.01	6A.01
1 ADMIN & GENERAL		138,294	27,367	245,484		411,145
2 SKILLED NURSING CARE	2,105,829			530,185		2,636,014
3 PHYSICAL THERAPY	223,653			56,309		279,962
4 OCCUPATIONAL THERAPY	138,084			34,765		172,849
5 SPEECH PATHOLOGY	67,149			16,906		84,055
6 MEDICAL SOCIAL SERVICES	76,035			19,143		95,178
7 HOME HEALTH AIDE	874,953			220,287		1,095,240
8 SUPPLIES	64,633					64,633
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,550,336	138,294	27,367	1,123,079		4,839,076
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	OTHER ADMINI STRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LI NEN SERVICE	HOUSEKEEPING	DIETARY
	6.02	7	8	9	10	11
1 ADMIN & GENERAL	52,962		215,795		52,634	
2 SKILLED NURSING CARE	339,558					
3 PHYSICAL THERAPY	36,063					
4 OCCUPATIONAL THERAPY	22,266					
5 SPEECH PATHOLOGY	10,828					
6 MEDICAL SOCIAL SERVICES	12,260					
7 HOME HEALTH AIDE	141,083					
8 SUPPLIES	8,326					
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	623,346		215,795		52,634	
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
1 ADMIN & GENERAL		322,236	2,279			
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		322,236	2,279			
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	PARAMED P RGM 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		1,057,051		1,057,051		
2 SKILLED NURSING CARE		2,975,572		2,975,572	629,280	3,604,852
3 PHYSICAL THERAPY		316,025		316,025	66,833	382,858
4 OCCUPATIONAL THERAPY		195,115		195,115	41,263	236,378
5 SPEECH PATHOLOGY		94,883		94,883	20,066	114,949
6 MEDICAL SOCIAL SERVICES		107,438		107,438	22,721	130,159
7 HOME HEALTH AIDE		1,236,323		1,236,323	261,459	1,497,782
8 SUPPLIES		72,959		72,959	15,429	88,388
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		6,055,366		6,055,366	1,057,051 0.211481	6,055,366
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	ADMITTING (REVENUE) 6.01	RECONCILIATION 6A.02	OTHER ADMINISTRATIVE AND ACCUM. COST) 6.02
1 ADMIN & GENERAL	9,107	21,587	710,371			411,145
2 SKILLED NURSING CARE			1,534,228			2,636,014
3 PHYSICAL THERAPY			162,945			279,962
4 OCCUPATIONAL THERAPY			100,603			172,849
5 SPEECH PATHOLOGY			48,922			84,055
6 MEDICAL SOCIAL SERVICES			55,396			95,178
7 HOME HEALTH AIDE			637,458			1,095,240
8 SUPPLIES						64,633
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	9,107	21,587	3,249,923			4,839,076
21 COST TO BE ALLOCATED	138,294	27,367	1,123,079			623,346
22 UNIT COST MULTIPLIER	15.185462	1.267754	0.345571			0.128815

HHA COST CENTER	MAINTENANCE & REPAIRS (SQUARE FEET) 7	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (HOURS) 12
1 ADMIN & GENERAL		9,107		1,520		
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		9,107		1,520		
21 COST TO BE ALLOCATED		215,795		52,634		
22 UNIT COST MULTIPLIER		23.695509		34.627632		

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMEDIC PROGRAM
	(DIRECT NRSING HRS)	(COSTED NR) EQUI S.	(COSTED R) EQUI S.	(GROSS CHARGES)	(DISCHARGES)	(ASSIGNED TIME)
	14	15	16	17	18	24
1 ADMIN & GENERAL	51,069	46,572				
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	51,069	46,572				
21 COST TO BE ALLOCATED	322,236	2,279				
22 UNIT COST MULTIPLIER	6.309816	0.048935				

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
								PART A
1	SKILLED NURSING	2	3,604,852	2	3,604,852	15,966	225.78	3,967
2	PHYSICAL THERAPY	3	382,858		382,858	2,626	145.80	941
3	OCCUPATIONAL THERAPY	4	236,378		236,378	1,128	209.55	446
4	SPEECH PATHOLOGY	5	114,949		114,949	514	223.64	126
5	MEDICAL SOCIAL SERVICES	6	130,159		130,159	454	286.69	110
6	HOME HEALTH AIDE SERVICE	7	1,497,782		1,497,782	18,309	81.81	901
7	TOTAL		5,966,978		5,966,978	38,997		6,491

PROGRAM VISITS	COST OF SERVICES	TOTAL PROGRAM COST
1	SKILLED NURSING	2,161
2	PHYSICAL THERAPY	697
3	OCCUPATIONAL THERAPY	252
4	SPEECH PATHOLOGY	105
5	MEDICAL SOCIAL SERVICES	70
6	HOME HEALTH AIDE SERVICES	2,728
7	TOTAL	6,013

LIMITATION COST COMPUTATION	PATIENT SERVICES	PROGRAM COST LIMITS	PROGRAM VISITS
			PART A
8	SKILLED NURSING	1	6
8.01	SKILLED NURSING		
8.02	SKILLED NURSING		
8.03	SKILLED NURSING		
9	PHYSICAL THERAPY	2	
9.01	PHYSICAL THERAPY		
9.02	PHYSICAL THERAPY		
9.03	PHYSICAL THERAPY		
10	OCCUPATIONAL THERAPY	3	
10.01	OCCUPATIONAL THERAPY		
10.02	OCCUPATIONAL THERAPY		
10.03	OCCUPATIONAL THERAPY		
11	SPEECH PATHOLOGY	4	
11.01	SPEECH PATHOLOGY		
11.02	SPEECH PATHOLOGY		
11.03	SPEECH PATHOLOGY		
12	MEDICAL SOCIAL SERVICES	5	
12.01	MEDICAL SOCIAL SERVICES		
12.02	MEDICAL SOCIAL SERVICES		
12.03	MEDICAL SOCIAL SERVICES		
13	HOME HEALTH AIDE SERVICE	6	
13.01	HOME HEALTH AIDE SERVICE		
13.02	HOME HEALTH AIDE SERVICE		
13.03	HOME HEALTH AIDE SERVICE		
14	TOTAL		

PROGRAM VISITS	COST OF SERVICES	TOTAL PROGRAM COST
8	SKILLED NURSING	2,161
8.01	SKILLED NURSING	697
8.02	SKILLED NURSING	252
8.03	SKILLED NURSING	105
9	PHYSICAL THERAPY	70
9.01	PHYSICAL THERAPY	2,728
9.02	PHYSICAL THERAPY	6,013
9.03	PHYSICAL THERAPY	
10	OCCUPATIONAL THERAPY	895,669
10.01	OCCUPATIONAL THERAPY	137,198
10.02	OCCUPATIONAL THERAPY	93,459
10.03	OCCUPATIONAL THERAPY	28,179
11	SPEECH PATHOLOGY	31,536
11.01	SPEECH PATHOLOGY	20,068
11.02	SPEECH PATHOLOGY	73,711
11.03	SPEECH PATHOLOGY	223,178
12	MEDICAL SOCIAL SERVICES	1,259,752
12.01	MEDICAL SOCIAL SERVICES	487,911
12.02	MEDICAL SOCIAL SERVICES	101,623
12.03	MEDICAL SOCIAL SERVICES	52,807
13	HOME HEALTH AIDE SERVICE	23,482
13.01	HOME HEALTH AIDE SERVICE	20,068
13.02	HOME HEALTH AIDE SERVICE	73,711
13.03	HOME HEALTH AIDE SERVICE	223,178
14	TOTAL	2,168,821

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15-7202		HHA 1	

[] TITLE V [X] TITLE XVIII [] TITLE XIX

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
	-----PART B-----		-----PART B-----			
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
	7	8	9	10	11	12
11	SPEECH PATHOLOGY					
11.01	SPEECH PATHOLOGY					
11.02	SPEECH PATHOLOGY					
11.03	SPEECH PATHOLOGY					
12	MEDICAL SOCIAL SERVICES					
12.01	MEDICAL SOCIAL SERVICES					
12.02	MEDICAL SOCIAL SERVICES					
12.03	MEDICAL SOCIAL SERVICES					
13	HOME HEALTH AIDE SERVICE					
13.01	HOME HEALTH AIDE SERVICE					
13.02	HOME HEALTH AIDE SERVICE					
13.03	HOME HEALTH AIDE SERVICE					
14	TOTAL					

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	88,388		88,388	134,350	.657894	67,089
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES		67,261	44,137	44,251
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.02 PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.03 PROGRAM UNDUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM FI)		
17.01 PER BENE COST LIMITATION (FRM FI)		
17.02 PER BENE COST LIMITATION (FRM FI)		
17.03 PER BENE COST LIMITATION (FRM FI)		
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.512208			COL 2, LN 2
1.01 CARDIAC REHAB	50.01				
2 OCCUPATIONAL THERAPY	51	.440493			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.530936			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.230912			COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.484336			
5 DRUGS CHARGED TO PATIENTS	56	.328327			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 2.01	PROGRAM VISITS 1/1/1998 TO 12/31/1998 3	
1 PHYSICAL THERAPY		145.80			
2 OCCUPATIONAL THERAPY		209.55			
3 SPEECH PATHOLOGY		223.64			
4 TOTAL (SUM OF LINES 1-3)					

[] TITLE V [] TITLE XVIII [X] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
			1	2	3	4	5	6
1	SKILLED NURSING	2	3,604,852		3,604,852	15,966	225.78	
2	PHYSICAL THERAPY	3	382,858		382,858	2,626	145.80	
3	OCCUPATIONAL THERAPY	4	236,378		236,378	1,128	209.55	
4	SPEECH PATHOLOGY	5	114,949		114,949	514	223.64	
5	MEDICAL SOCIAL SERVICES	6	130,159		130,159	454	286.69	
6	HOME HEALTH AIDE SERVICE	7	1,497,782		1,497,782	18,309	81.81	
7	TOTAL		5,966,978		5,966,978	38,997		

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	PART A 9	PART B 10	11	12
1	SKILLED NURSING					
2	PHYSICAL THERAPY					
3	OCCUPATIONAL THERAPY					
4	SPEECH PATHOLOGY					
5	MEDICAL SOCIAL SERVICES					
6	HOME HEALTH AIDE SERVICES					
7	TOTAL					

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS 5	PROGRAM VISITS PART A 6
8	SKILLED NURSING						
8.01	SKILLED NURSING						
8.02	SKILLED NURSING						
8.03	SKILLED NURSING						
9	PHYSICAL THERAPY						
9.01	PHYSICAL THERAPY						
9.02	PHYSICAL THERAPY						
9.03	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
10.01	OCCUPATIONAL THERAPY						
10.02	OCCUPATIONAL THERAPY						
10.03	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
11.01	SPEECH PATHOLOGY						
11.02	SPEECH PATHOLOGY						
11.03	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
12.01	MEDICAL SOCIAL SERVICES						
12.02	MEDICAL SOCIAL SERVICES						
12.03	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICE						
13.01	HOME HEALTH AIDE SERVICE						
13.02	HOME HEALTH AIDE SERVICE						
13.03	HOME HEALTH AIDE SERVICE						
14	TOTAL						

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	PART A 9	PART B 10	11	12
8	SKILLED NURSING					
8.01	SKILLED NURSING					
8.02	SKILLED NURSING					
8.03	SKILLED NURSING					
9	PHYSICAL THERAPY					
9.01	PHYSICAL THERAPY					
9.02	PHYSICAL THERAPY					
9.03	PHYSICAL THERAPY					
10	OCCUPATIONAL THERAPY					
10.01	OCCUPATIONAL THERAPY					
10.02	OCCUPATIONAL THERAPY					
10.03	OCCUPATIONAL THERAPY					

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15-7202		HHA 1	

[] TITLE V [] TITLE XVIII [X] TITLE XIX

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
	-----PART B-----		-----PART B-----			
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
	7	8	9	10	11	12
11	SPEECH PATHOLOGY					
11.01	SPEECH PATHOLOGY					
11.02	SPEECH PATHOLOGY					
11.03	SPEECH PATHOLOGY					
12	MEDICAL SOCIAL SERVICES					
12.01	MEDICAL SOCIAL SERVICES					
12.02	MEDICAL SOCIAL SERVICES					
12.03	MEDICAL SOCIAL SERVICES					
13	HOME HEALTH AIDE SERVICE					
13.01	HOME HEALTH AIDE SERVICE					
13.02	HOME HEALTH AIDE SERVICE					
13.03	HOME HEALTH AIDE SERVICE					
14	TOTAL					

PROVIDER NO: 15-0018
 HHA NO: 15-7202
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 PREPARED 5/13/2011
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 PARTS III & III
 HHA 1

[] TITLE V [] TITLE XVIII [X] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	88,388		88,388			
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES				
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.02 PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.03 PROGRAM UNDUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM FI)		
17.01 PER BENE COST LIMITATION (FRM FI)		
17.02 PER BENE COST LIMITATION (FRM FI)		
17.03 PER BENE COST LIMITATION (FRM FI)		
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.512208			COL 2, LN 2
1.01 CARDIAC REHAB	50.01				
2 OCCUPATIONAL THERAPY	51	.440493			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.530936			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.230912			COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.484336			
5 DRUGS CHARGED TO PATIENTS	56	.328327			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 2.01	PROGRAM VISITS 1/1/1998 TO 12/31/1998 3	
1 PHYSICAL THERAPY		145.80			
2 OCCUPATIONAL THERAPY		209.55			
3 SPEECH PATHOLOGY		223.64			
4 TOTAL (SUM OF LINES 1-3)					

TITLE XVII HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES			
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES			
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	928,317	626,243
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	12,469	33,483
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	34,114	11,711
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	7,901	8,217
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	6,668	5,426
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	989,469	685,080
13 EXCESS REASONABLE COST		
14 SUBTOTAL	989,469	685,080
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	989,469	685,080
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	989,469	685,080
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	989,469	685,080
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	989,469	685,080
25 INTERIM PAYMENTS	989,469	685,080
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
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15-0018		PARTS I-IV

FULLY PROSPECTIVE METHOD

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	3,065,825
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	247,630
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	128.94
	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	2.71
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	19.63
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	22.34
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.63
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	141,948
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,455,403
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	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
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)	

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	14,350,714	2,553,240	11,797,474	255,324	684,253	13,411,137
37 01	OUTPATIENT SURGERY	3,025,217	682,195	2,343,022	68,220	135,895	2,821,102
38	RECOVERY ROOM	2,384,691	199,690	2,185,001	19,969	126,730	2,237,992
39	DELIVERY ROOM & LABOR ROO	2,179,179	352,912	1,826,267	35,291	105,923	2,037,965
40	ANESTHESIOLOGY	542,988	150,474	392,514	15,047	22,766	505,175
41	RADIOLOGY-DIAGNOSTIC	6,650,684	2,598,578	4,052,106	259,858	235,022	6,155,804
41 01	CT SCAN	2,267,127	239,133	2,027,994	23,913	117,624	2,125,590
41 02	SPECIAL PROCEDURES	2,303,889	423,943	1,879,946	42,394	109,037	2,152,458
41 03	RADIATION ONCOLOGY	3,260,874	728,063	2,532,811	72,806	146,903	3,041,165
41 04	BREAST CENTER	1,630,097	231,468	1,398,629	23,147	81,120	1,525,830
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,032,352	62,713	969,639	6,271	56,239	969,842
43 01	MAG RESONANCE IMAGING	1,315,896	329,160	986,736	32,916	57,231	1,225,749
43 02	ULTRASOUND	2,145,488	145,651	1,999,837	14,565	115,991	2,014,932
44	LABORATORY	12,303,379	352,002	11,951,377	35,200	693,180	11,574,999
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	2,119,062	43,484	2,075,578	4,348	120,384	1,994,330
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY	1,333,012	50,557	1,282,455	5,056	74,382	1,253,574
48 01	HOME INFUSION THERAPY	1,436,516	79,913	1,356,603	7,991	78,683	1,349,842
49	RESPIRATORY THERAPY	5,698,072	512,301	5,185,771	51,230	300,775	5,346,067
50	PHYSICAL THERAPY	1,797,815	159,058	1,638,757	15,906	95,048	1,686,861
50 01	CARDIAC REHAB						
51	OCCUPATIONAL THERAPY	849,613	84,717	764,896	8,472	44,364	796,777
52	SPEECH PATHOLOGY	380,247	39,585	340,662	3,959	19,758	356,530
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATHETER LAB	5,575,296	1,367,293	4,208,003	136,729	244,064	5,194,503
53 02	CARDIAC REHAB	489,536	113,858	375,678	11,386	21,789	456,361
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	21,387,930	583,099	20,804,831	58,310	1,206,680	20,122,940
55 30	IMPL. DEV. CHARGED TO PAT	12,213,952	317,865	11,896,087	31,787	689,973	11,492,192
56	DRUGS CHARGED TO PATIENTS	16,743,996	705,553	16,038,443	70,555	930,230	15,743,211
57	RENAL DIALYSIS						
58	ASC (NON-DISSERT PART)						
59	AMBULATORY INFUSION	569,448	53,270	516,178	5,327	29,938	534,183
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	DIABETIC EDUCATION	406,783	32,415	374,368	3,242	21,713	381,828
60 03	WOMEN'S SERVICES	929,578	141,420	788,158	14,142	45,713	869,723
61	EMERGENCY	8,991,727	1,415,324	7,576,403	141,532	439,431	8,410,764
62	OBSERVATION BEDS (NON-DIS	2,147,428	257,983	1,889,445	25,798	109,588	2,012,042
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN	2,246,564	97,933	2,148,631	9,793	124,621	2,112,150
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	140,709,150	15,104,850	125,604,300	1,510,484	7,285,048	131,913,618
102	LESS OBSERVATION BEDS	2,147,428	257,983	1,889,445	25,798	109,588	2,012,042
103	TOTAL	138,561,722	14,846,867	123,714,855	1,484,686	7,175,460	129,901,576

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	36,856,294	.363876	.382442
37 01	OUTPATIENT SURGERY	7,994,430	.352883	.369882
38	RECOVERY ROOM	8,338,582	.268390	.283588
39	DELIVERY ROOM & LABOR ROO	3,152,001	.646562	.680167
40	ANESTHESIOLOGY	7,060,034	.071554	.074779
41	RADIOLOGY-DIAGNOSTIC	11,891,401	.517669	.537433
41 01	CT SCAN	32,307,066	.065793	.069434
41 02	SPECIAL PROCEDURES	5,634,342	.382025	.401377
41 03	RADIATION ONCOLOGY	11,472,726	.265078	.277882
41 04	BREAST CENTER	4,282,944	.356257	.375198
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	4,131,123	.234765	.248378
43 01	MAG RESONANCE IMAGING	9,056,615	.135343	.141662
43 02	ULTRASOUND	5,466,287	.368611	.389830
44	LABORATORY	37,851,534	.305800	.324113
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED	8,160,004	.244403	.259156
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY	574,974	2.180227	2.309593
48 01	HOME INFUSION THERAPY	2,119,746	.636794	.673913
49	RESPIRATORY THERAPY	23,685,326	.225712	.238411
50	PHYSICAL THERAPY	3,509,934	.480596	.507676
50 01	CARDIAC REHAB			
51	OCCUPATIONAL THERAPY	1,928,779	.413099	.436100
52	SPEECH PATHOLOGY	716,183	.497820	.525408
53	ELECTROCARDIOLOGY			
53 01	CARDIAC CATHETER LAB	28,204,164	.184175	.192829
53 02	CARDIAC REHAB	476,923	.956886	1.002573
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	92,623,533	.217255	.230283
55 30	IMPL. DEV. CHARGED TO PAT	25,217,930	.455715	.483076
56	DRUGS CHARGED TO PATIENTS	50,997,900	.308703	.326944
57	RENAL DIALYSIS			
58	ASC (NON-DIESTINCT PART)			
59	AMBULATORY INFUSION	1,990,036	.268429	.283473
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	DIABETIC EDUCATION	2,470,303	.154567	.163357
60 03	WOMEN'S SERVICES	934,024	.931157	.980099
61	EMERGENCY	26,186,808	.321183	.337964
62	OBSERVATION BEDS (NON-DIS	3,370,485	.596959	.629473
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN	4,120,756	.512564	.542806
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	462,783,187		
102	LESS OBSERVATION BEDS	3,370,485		
103	TOTAL	459,412,702		