

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		15-0165		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: 1/16/2012 TIME 14:16

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: FRANCISCAN PHYSICIANS HOSPITAL, LLC 15-0165 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		
1	HOSPITAL	0		14,016	16,210		0
100	TOTAL	0		14,016	16,210		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.

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	159,522
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	159,522
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)	.463673
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	2,028,752

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	940,678
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	76,624
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	35,528
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	940,678

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0165
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 1/16/2012
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		628,208	628,208	1,074,651	1,702,859
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		3,253,742	3,253,742	2,749	3,256,491
5	0500 EMPLOYEE BENEFITS		1,876,642	1,876,642	177,397	2,054,039
6	0600 ADMINISTRATIVE & GENERAL	8,588,940	9,772,738	18,361,678	-9,915,224	8,446,454
8	0800 OPERATION OF PLANT		799,880	799,880	482,406	1,282,286
9	0900 LAUNDRY & LINEN SERVICE		51,662	51,662	45,652	97,314
10	1000 HOUSEKEEPING		31,571	31,571	237,410	268,981
11	1100 DIETARY		119,606	119,606	95,437	215,043
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION				228,311	228,311
15	1500 CENTRAL SERVICES & SUPPLY		3,426,836	3,426,836	-3,015,044	411,792
16	1600 PHARMACY		599,720	599,720	-219,678	380,042
17	1700 MEDICAL RECORDS & LIBRARY				41,069	41,069
18	1800 SOCIAL SERVICE					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS		17,199	17,199	1,673,421	1,690,620
26	2600 INTENSIVE CARE UNIT				908,064	908,064
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM				899,707	899,707
38	3800 RECOVERY ROOM				603,659	603,659
40	4000 ANESTHESIOLOGY				284,132	284,132
41	4100 RADIOLOGY-DIAGNOSTIC		1,489	1,489	1,183,574	1,185,063
44	4400 LABORATORY		915,301	915,301	782,118	1,697,419
49	4900 RESPIRATORY THERAPY				431,160	431,160
50	5000 PHYSICAL THERAPY				49,988	49,988
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				3,614,764	3,614,764
56	5600 DRUGS CHARGED TO PATIENTS					
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY				120,652	120,652
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	8,588,940	21,494,594	30,083,534	-213,625	29,869,909
	NONREIMBURS COST CENTERS					
98	9800 PHYSICIANS' PRIVATE OFFICES				213,625	213,625
101	TOTAL	8,588,940	21,494,594	30,083,534	-0-	30,083,534

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0165
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 1/16/2012
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	812	812
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	244,836	1,947,695
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		3,256,491
5	0500 EMPLOYEE BENEFITS		2,054,039
6	0600 ADMINISTRATIVE & GENERAL	-1,932,874	6,513,580
8	0800 OPERATION OF PLANT		1,282,286
9	0900 LAUNDRY & LINEN SERVICE		97,314
10	1000 HOUSEKEEPING		268,981
11	1100 DIETARY		215,043
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		228,311
15	1500 CENTRAL SERVICES & SUPPLY		411,792
16	1600 PHARMACY		380,042
17	1700 MEDICAL RECORDS & LIBRARY		41,069
18	1800 SOCIAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,690,620
26	2600 INTENSIVE CARE UNIT		908,064
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		899,707
38	3800 RECOVERY ROOM		603,659
40	4000 ANESTHESIOLOGY		284,132
41	4100 RADIOLOGY-DIAGNOSTIC		1,185,063
44	4400 LABORATORY		1,697,419
49	4900 RESPIRATORY THERAPY		431,160
50	5000 PHYSICAL THERAPY		49,988
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,614,764
56	5600 DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY		120,652
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-1,687,226	28,182,683
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		213,625
101	TOTAL	-1,687,226	28,396,308

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
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	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
150165

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

PREPARED 1/16/2012
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE	
			LINE NO 3	SALARY 4 OTHER 5
1 INSURANCE	A	NEW CAP REL COSTS-BLDG & FIXT	3	94,743
2		NEW CAP REL COSTS-MVBLE EQUIP	4	2,749
3		EMPLOYEE BENEFITS	5	90,851
4 INTEREST EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3	979,908
5 PURCHASED SERVICES	C	OPERATION OF PLANT	8	240,802
6		LAUNDRY & LINEN SERVICE	9	45,652
7		HOUSEKEEPING	10	1,286
8		DIETARY	11	26,913
9		PHARMACY	16	178,420
10		ADULTS & PEDIATRICS	25	69,937
11		OPERATING ROOM	37	86,191
12		ANESTHESIOLOGY	40	284,132
13		RADIOLOGY-DIAGNOSTIC	41	4,212
14		LABORATORY	44	782,118
15		EMERGENCY	61	3,452
16 SALARY RECLASSES	D	EMPLOYEE BENEFITS	5	86,546
17		OPERATION OF PLANT	8	241,604
18		HOUSEKEEPING	10	236,124
19		DIETARY	11	68,524
20		NURSING ADMINISTRATION	14	228,311
21		PHARMACY	16	201,622
22		MEDICAL RECORDS & LIBRARY	17	41,069
23		ADULTS & PEDIATRICS	25	1,603,484
24		INTENSIVE CARE UNIT	26	908,064
25		OPERATING ROOM	37	813,516
26		RECOVERY ROOM	38	603,659
27		RADIOLOGY-DIAGNOSTIC	41	1,179,362
28		RESPIRATORY THERAPY	49	431,160
29		EMERGENCY	61	117,200
30		PHYSICIANS' PRIVATE OFFICES	98	213,625
31		PHYSICAL THERAPY	50	49,988
32 DRUGS CHARGED TO PATIENTS	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	599,720
33 MEDICAL SUPPLIES CHARGED TO PATIENT	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	3,015,044
36 TOTAL RECLASSIFICATIONS				7,023,858 6,506,130

(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: 150165	PERIOD: FROM 1/1/2010 TO 12/31/2010	PREPARED 1/16/2012 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER	LINE NO	SALARY 8		OTHER 9
1 INSURANCE	A	ADMINISTRATIVE & GENERAL	6		188,343	12
2						12
3						12
4 INTEREST EXPENSE	B	ADMINISTRATIVE & GENERAL	6		979,908	11
5 PURCHASED SERVICES	C	ADMINISTRATIVE & GENERAL	6		1,723,115	
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16 SALARY RECLASSES	D	ADMINISTRATIVE & GENERAL	6	7,023,858		
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32 DRUGS CHARGED TO PATIENTS	E	PHARMACY	16		599,720	
33 MEDICAL SUPPLIES CHARGED TO PATIENT	F	CENTRAL SERVICES & SUPPLY	15		3,015,044	
36 TOTAL RECLASSIFICATIONS				7,023,858	6,506,130	

(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:
150165

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

PREPARED 1/16/2012
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	94,743	ADMINISTRATIVE & GENERAL	6	188,343	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,749			0	
3.00	EMPLOYEE BENEFITS	5	90,851			0	
TOTAL RECLASSIFICATIONS FOR CODE A			188,343			188,343	

RECLASS CODE: B
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	979,908	ADMINISTRATIVE & GENERAL	6	979,908	
TOTAL RECLASSIFICATIONS FOR CODE B			979,908			979,908	

RECLASS CODE: C
EXPLANATION : PURCHASED SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	240,802	ADMINISTRATIVE & GENERAL	6	1,723,115	
2.00	LAUNDRY & LINEN SERVICE	9	45,652			0	
3.00	HOUSEKEEPING	10	1,286			0	
4.00	DIETARY	11	26,913			0	
5.00	PHARMACY	16	178,420			0	
6.00	ADULTS & PEDIATRICS	25	69,937			0	
7.00	OPERATING ROOM	37	86,191			0	
8.00	ANESTHESIOLOGY	40	284,132			0	
9.00	RADIOLOGY-DIAGNOSTIC	41	4,212			0	
10.00	LABORATORY	44	782,118			0	
11.00	EMERGENCY	61	3,452			0	
TOTAL RECLASSIFICATIONS FOR CODE C			1,723,115			1,723,115	

RECLASS CODE: D
EXPLANATION : SALARY RECLASSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	86,546	ADMINISTRATIVE & GENERAL	6	7,023,858	
2.00	OPERATION OF PLANT	8	241,604			0	
3.00	HOUSEKEEPING	10	236,124			0	
4.00	DIETARY	11	68,524			0	
5.00	NURSING ADMINISTRATION	14	228,311			0	
6.00	PHARMACY	16	201,622			0	
7.00	MEDICAL RECORDS & LIBRARY	17	41,069			0	
8.00	ADULTS & PEDIATRICS	25	1,603,484			0	
9.00	INTENSIVE CARE UNIT	26	908,064			0	
10.00	OPERATING ROOM	37	813,516			0	
11.00	RECOVERY ROOM	38	603,659			0	
12.00	RADIOLOGY-DIAGNOSTIC	41	1,179,362			0	
13.00	RESPIRATORY THERAPY	49	431,160			0	
14.00	EMERGENCY	61	117,200			0	
15.00	PHYSICIANS' PRIVATE OFFICES	98	213,625			0	
16.00	PHYSICAL THERAPY	50	49,988			0	
TOTAL RECLASSIFICATIONS FOR CODE D			7,023,858			7,023,858	

RECLASS CODE: E
EXPLANATION : DRUGS CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	55	599,720	PHARMACY	16	599,720	
TOTAL RECLASSIFICATIONS FOR CODE E			599,720			599,720	

RECLASS CODE: F
EXPLANATION : MEDICAL SUPPLIES CHARGED TO PATIENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	55	3,015,044	CENTRAL SERVICES & SUPPLY	15	3,015,044	
TOTAL RECLASSIFICATIONS FOR CODE F			3,015,044			3,015,044	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS		222,842		222,842		222,842	
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN	954,611	61,622		61,622		1,016,233	
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	2,530,389	289,579		289,579		2,819,968	
7 SUBTOTAL	3,485,000	574,043		574,043		4,059,043	
8 RECONCILING ITEMS							
9 TOTAL	3,485,000	574,043		574,043		4,059,043	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
		1	2	3	4	5	6	7	8
*									
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL	812						812
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	869,295		983,657	94,743			1,947,695
4	NEW CAP REL COSTS-MV	3,253,742			2,749			3,256,491
5	TOTAL	4,123,849		983,657	97,492			5,204,998

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	628,208						628,208
4	NEW CAP REL COSTS-MV	3,253,742						3,253,742
5	TOTAL	3,881,950						3,881,950

* All lines numbers except line 5 are to be consistent with Worksheet 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 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		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	-881,390				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	853,796				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS						
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS						
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**		52	
37 ELIMINATE BAD DEBT EXPENSE	A	-567,665	ADMINISTRATIVE & GENERAL		6	
38 DONATIONS OFFSET	A	-64,145	ADMINISTRATIVE & GENERAL		6	
39 MISC INCOME OFFSET	B	-13,103	ADMINISTRATIVE & GENERAL		6	
40 PROPERTY TAX	A	-811,612	ADMINISTRATIVE & GENERAL		6	
41 FLOWER/FLORIST	A	-2,802	ADMINISTRATIVE & GENERAL		6	
42 PATIENT REFUNDS	A	-37,786	ADMINISTRATIVE & GENERAL		6	
43 ADVERTISING	A	-160,671	ADMINISTRATIVE & GENERAL		6	
44 SPECIAL EVENTS	A	-1,848	ADMINISTRATIVE & GENERAL		6	
45 OTHER ADJUSTMENTS (SPECIFY)						
46 OTHER ADJUSTMENTS (SPECIFY)						
47 OTHER ADJUSTMENTS (SPECIFY)						
48 OTHER ADJUSTMENTS (SPECIFY)						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,687,226				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	CORPORATE OFFICE ASSESSME	300,408	-300,408	
2	6	ADMINISTRATIVE & GENERAL	INTERCO - AIS	322,992	-322,992	
3						
4	1	OLD CAP REL COSTS-BLDG &	ALLOWABLE OLD CAPITAL	812	812	9
4.01	3	NEW CAP REL COSTS-BLDG &	ALLOWABLE NEW CAPITAL	241,087	241,087	9
4.02	6	ADMINISTRATIVE & GENERAL	ADMIN & GENERAL	1,231,548	1,231,548	9
4.03	3	NEW CAP REL COSTS-BLDG &	INTEREST - AIS	3,749	3,749	11
5		TOTALS		1,477,196	623,400	853,796

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	FRANCISCAN ALLIANCE	79.30	0.00	
2			0.00	0.00	
3			0.00	0.00	
4			0.00	0.00	
5			0.00	0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0165
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 1/16/2012
 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 ADMIN / ANESTHESIA	16,485	16,485		200,300			
2	6 ADMIN / ANESTHESIA	368,123	368,123		200,300			
3	6 ADMIN / HILTON HUDSON	197,816	113,816	84,000	231,100	480	53,331	2,667
4	6 ADMIN / CHICAGO HEART & V	137,852	27,778	110,074	231,100	432	47,998	2,400
5	6 ADMIN / HOSPITALIST	21,754	19,354	2,400	171,400	24	1,978	99
6	6 ADMIN / JO-CV CORP CARDIO	265,183	62,667	202,516	231,100	514	57,108	2,855
7	6 ADMIN / STEPHENSON	25,500	25,500		204,100			
8	6 ADMIN / STEPHENSON	9,092	9,092		204,100			
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,041,805	642,815	398,990		1,450	160,415	8,021

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0165
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 1/16/2012
 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 ADMIN / ANESTHESIA							16,485
2	6 ADMIN / ANESTHESIA							368,123
3	6 ADMIN / HILTON HUDSON					53,331	30,669	144,485
4	6 ADMIN / CHICAGO HEART & V					47,998	62,076	89,854
5	6 ADMIN / HOSPITALIST					1,978	422	19,776
6	6 ADMIN / JO-CV CORP CARDIO					57,108	145,408	208,075
7	6 ADMIN / STEPHENSON							25,500
8	6 ADMIN / STEPHENSON							9,092
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					160,415	238,575	881,390

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	7	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	6	SQUARE	FEET	ENTERED
11	DIETARY	8	MEALS	SERVED	ENTERED
12	CAFETERIA	9	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	10	DIRECT	NRSNG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	11	COSTED	REQUIS.	ENTERED
16	PHARMACY	12	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	13	GROSS	REVENUE	ENTERED
18	SOCIAL SERVICE	14	TIME	SPENT	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0165
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 1/16/2012
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	812	812					
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	1,947,695			1,947,695			
005 NEW CAP REL COSTS-MVBLE E	3,256,491				3,256,491		
006 EMPLOYEE BENEFITS	2,054,039	2		5,295	8,853	2,068,189	
008 ADMINISTRATIVE & GENERAL	6,513,580	119		286,237	478,580	340,012	7,618,528
009 OPERATION OF PLANT	1,282,286	24		57,710	96,489	61,696	1,498,205
010 LAUNDRY & LINEN SERVICE	97,314						97,314
011 HOUSEKEEPING	268,981	2		4,102	6,858	58,724	338,667
012 DIETARY	215,043	15		35,470	59,305	18,880	328,713
014 CAFETERIA							
015 NURSING ADMINISTRATION	228,311	15		35,798	59,854	54,482	378,460
016 CENTRAL SERVICES & SUPPLY	411,792						411,792
017 PHARMACY	380,042	2		5,221	8,729	47,377	441,371
018 MEDICAL RECORDS & LIBRARY	41,069	5		11,903	19,901	10,788	83,666
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	1,690,620	160		385,174	644,002	402,025	3,121,981
037 INTENSIVE CARE UNIT	908,064	39		94,493	157,989	227,498	1,388,083
038 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	899,707	160		384,697	643,203	202,457	2,130,224
040 RECOVERY ROOM	603,659					153,410	757,069
041 ANESTHESIOLOGY	284,132						284,132
044 RADIOLOGY-DIAGNOSTIC	1,185,063	120		287,281	480,326	294,909	2,247,699
049 LABORATORY	1,697,419	12		27,982	46,786	2,009	1,774,208
050 RESPIRATORY THERAPY	431,160					120,171	551,331
055 PHYSICAL THERAPY	49,988	8		18,004	30,101	12,442	110,543
056 MEDICAL SUPPLIES CHARGED	3,614,764						3,614,764
061 DRUGS CHARGED TO PATIENTS							
062 OUTPAT SERVICE COST CNTRS							
EMERGENCY	120,652						120,652
071 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
SUBTOTALS	28,182,683	683		1,639,367	2,740,976	2,006,880	27,297,402
098 NONREIMBURS COST CENTERS							
PHYSICIANS' PRIVATE OFFICE	213,625	129		308,328	515,515	61,309	1,098,906
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	28,396,308	812		1,947,695	3,256,491	2,068,189	28,396,308

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0165
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 1/16/2012
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	7,618,528						
009 OPERATION OF PLANT	549,342	2,047,547					
010 LAUNDRY & LINEN SERVICE	35,682		132,996				
011 HOUSEKEEPING	124,178	5,254	354	468,453			
012 DIETARY	120,528	45,436		10,711	505,388		
014 CAFETERIA							
015 NURSING ADMINISTRATION	138,769	45,856		10,810			573,895
016 CENTRAL SERVICES & SUPPLY	150,991						
017 PHARMACY	161,836	6,687		1,590			
018 MEDICAL RECORDS & LIBRARY	30,678	15,247		3,594			
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS	1,144,727	493,392	56,599	111,964	327,806		195,321
037 ADULTS & PEDIATRICS	508,964	121,041		28,535	177,582		142,589
038 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	781,083	492,780	76,043	116,171			129,514
041 RECOVERY ROOM	277,592						106,471
044 ANESTHESIOLOGY	104,182						
049 RADIOLOGY-DIAGNOSTIC	824,157	367,994		86,753			
050 LABORATORY	650,544	35,844		8,450			
055 RESPIRATORY THERAPY	202,155						
056 PHYSICAL THERAPY	40,532	23,062		5,437			
061 MEDICAL SUPPLIES CHARGED	1,325,416						
062 DRUGS CHARGED TO PATIENTS							
071 OUTPAT SERVICE COST CNTRS							
095 EMERGENCY	44,239						
098 OBSERVATION BEDS (NON-DIS							
101 OTHER REIMBURS COST CNTRS							
102 HOME HEALTH AGENCY							
103 SPEC PURPOSE COST CENTERS							
SUBTOTALS	7,215,595	1,652,593	132,996	384,015	505,388		573,895
NONREIMBURS COST CENTERS							
PHYSICIANS' PRIVATE OFFICE	402,933	394,954		84,438			
CROSS FOOT ADJUSTMENT							
NEGATIVE COST CENTER							
TOTAL	7,618,528	2,047,547	132,996	468,453	505,388		573,895

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	15	16	17	18	25		27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION	562,783						
016 CENTRAL SERVICES & SUPPLY		611,484					
017 PHARMACY			133,185				
018 MEDICAL RECORDS & LIBRARY							
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS			5,051		5,456,841		5,456,841
037 ADULTS & PEDIATRICS			5,968		2,372,762		2,372,762
038 INTENSIVE CARE UNIT							
040 ANCILLARY SRVC COST CNTRS			8,641		3,734,456		3,734,456
041 OPERATING ROOM			4,285		1,145,417		1,145,417
044 RECOVERY ROOM					388,314		388,314
049 ANESTHESIOLOGY			44,812		3,571,415		3,571,415
050 RADIOLOGY-DIAGNOSTIC			9,037		2,478,083		2,478,083
055 LABORATORY			2,257		755,743		755,743
056 RESPIRATORY THERAPY			491		180,065		180,065
061 PHYSICAL THERAPY	562,783		36,900		5,539,863		5,539,863
062 MEDICAL SUPPLIES CHARGED		611,484	15,743		627,227		627,227
066 DRUGS CHARGED TO PATIENTS							
071 OUTPAT SERVICE COST CNTRS							
095 EMERGENCY					164,891		164,891
098 OBSERVATION BEDS (NON-DIS							
101 OTHER REIMBURS COST CNTRS							
102 HOME HEALTH AGENCY							
103 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	562,783	611,484	133,185		26,415,077		26,415,077
098 NONREIMBURS COST CENTERS							
101 PHYSICIANS' PRIVATE OFFICE					1,981,231		1,981,231
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	562,783	611,484	133,185		28,396,308		28,396,308

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0165
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 1/16/2012
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		2				2	2
008 ADMINISTRATIVE & GENERAL		119				119	
009 OPERATION OF PLANT		24				24	
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING		2				2	
012 DIETARY		15				15	
014 CAFETERIA							
015 NURSING ADMINISTRATION		15				15	
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY		2				2	
018 MEDICAL RECORDS & LIBRARY		5				5	
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS		160				160	2
037 INTENSIVE CARE UNIT		39				39	
038 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM		160				160	
040 RECOVERY ROOM							
041 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC		120				120	
LABORATORY		12				12	
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		8				8	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS		683				683	2
098 NONREIMBURS COST CENTERS							
PHYSICIANS' PRIVATE OFFIC		129				129	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		812				812	2

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	119						
009 OPERATION OF PLANT	9	33					
010 LAUNDRY & LINEN SERVICE	1		1				
011 HOUSEKEEPING	2			4			
012 DIETARY	2	1				18	
014 CAFETERIA							
015 NURSING ADMINISTRATION	2	1					18
016 CENTRAL SERVICES & SUPPLY	2						
017 PHARMACY	3						
018 MEDICAL RECORDS & LIBRARY	1						
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	19	8		1		12	7
040 INTENSIVE CARE UNIT	8	2				6	4
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM	13	8	1	1			4
049 RECOVERY ROOM	5						3
050 ANESTHESIOLOGY	2						
055 RADIOLOGY-DIAGNOSTIC	13	6		1			
056 LABORATORY	11	1					
061 RESPIRATORY THERAPY	3						
062 PHYSICAL THERAPY	1						
095 MEDICAL SUPPLIES CHARGED	14						
098 DRUGS CHARGED TO PATIENTS							
101 OUTPAT SERVICE COST CNTRS							
102 EMERGENCY	1						
103 OBSERVATION BEDS (NON-DIS)							
095 OTHER REIMBURS COST CNTRS							
098 HOME HEALTH AGENCY							
101 SPEC PURPOSE COST CENTERS							
102 SUBTOTALS	112	27	1	3	18		18
103 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFICE	7	6		1			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	119	33	1	4	18		18

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0165
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 1/16/2012
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY	2						
017 PHARMACY		5					
018 MEDICAL RECORDS & LIBRARY			6				
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS					209		209
037 ADULTS & PEDIATRICS					59		59
038 INTENSIVE CARE UNIT							
040 ANCILLARY SRVC COST CNTRS					187		187
041 OPERATING ROOM					8		8
044 RECOVERY ROOM					2		2
049 ANESTHESIOLOGY					146		146
050 RADIOLOGY-DIAGNOSTIC			6		24		24
055 LABORATORY					3		3
056 RESPIRATORY THERAPY					9		9
061 PHYSICAL THERAPY	2				16		16
062 MEDICAL SUPPLIES CHARGED		5			5		5
071 DRUGS CHARGED TO PATIENTS							
095 OUTPAT SERVICE COST CNTRS					1		1
098 EMERGENCY							
101 OBSERVATION BEDS (NON-DIS							
102 OTHER REIMBURS COST CNTRS							
103 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS	2	5	6		669		669
101 NONREIMBURS COST CENTERS							
102 PHYSICIANS' PRIVATE OFFIC					143		143
103 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2	5	6		812		812

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0165
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 1/16/2012
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				5,295	8,853	14,148	14,148
008 ADMINISTRATIVE & GENERAL				286,237	478,580	764,817	2,326
009 OPERATION OF PLANT				57,710	96,489	154,199	422
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING				4,102	6,858	10,960	402
012 DIETARY				35,470	59,305	94,775	129
014 CAFETERIA							
015 NURSING ADMINISTRATION				35,798	59,854	95,652	373
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY				5,221	8,729	13,950	324
018 MEDICAL RECORDS & LIBRARY				11,903	19,901	31,804	74
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS				385,174	644,002	1,029,176	2,751
038 INTENSIVE CARE UNIT				94,493	157,989	252,482	1,556
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM				384,697	643,203	1,027,900	1,385
044 RECOVERY ROOM							1,049
049 ANESTHESIOLOGY							
050 RADIOLOGY-DIAGNOSTIC				287,281	480,326	767,607	2,017
055 LABORATORY				27,982	46,786	74,768	14
056 RESPIRATORY THERAPY							822
061 PHYSICAL THERAPY				18,004	30,101	48,105	85
062 MEDICAL SUPPLIES CHARGED							
071 DRUGS CHARGED TO PATIENTS							
095 OUTPAT SERVICE COST CNTRS							
098 EMERGENCY							
101 OBSERVATION BEDS (NON-DIS							
102 OTHER REIMBURS COST CNTRS							
103 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS				1,639,367	2,740,976	4,380,343	13,729
101 NONREIMBURS COST CENTERS							
102 PHYSICIANS' PRIVATE OFFICE				308,328	515,515	823,843	419
103 CROSS FOOT ADJUSTMENTS							
095 NEGATIVE COST CENTER							
098 TOTAL				1,947,695	3,256,491	5,204,186	14,148

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0165
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 1/16/2012
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	767,143						
009 OPERATION OF PLANT	55,315	209,936					
010 LAUNDRY & LINEN SERVICE	3,593		3,593				
011 HOUSEKEEPING	12,504	539	10	24,415			
012 DIETARY	12,136	4,659		558	112,257		
014 CAFETERIA							
015 NURSING ADMINISTRATION	13,973	4,702		563			115,263
016 CENTRAL SERVICES & SUPPLY	15,204						
017 PHARMACY	16,296	686		83			
018 MEDICAL RECORDS & LIBRARY	3,089	1,563		187			
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS	115,267	50,586	1,529	5,835	72,812		39,229
037 ADULTS & PEDIATRICS	51,249	12,410		1,487	39,445		28,638
038 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	78,650	50,525	2,054	6,057			26,012
041 RECOVERY ROOM	27,952						21,384
044 ANESTHESIOLOGY	10,490						
049 RADIOLOGY-DIAGNOSTIC	82,987	37,731		4,521			
050 LABORATORY	65,506	3,675		440			
055 RESPIRATORY THERAPY	20,356						
056 PHYSICAL THERAPY	4,081	2,365		283			
061 MEDICAL SUPPLIES CHARGED	133,467						
062 DRUGS CHARGED TO PATIENTS							
071 OUTPAT SERVICE COST CNTRS	4,455						
095 EMERGENCY							
098 OBSERVATION BEDS (NON-DIS							
101 OTHER REIMBURS COST CNTRS							
102 HOME HEALTH AGENCY							
103 SPEC PURPOSE COST CENTERS							
SUBTOTALS	726,570	169,441	3,593	20,014	112,257		115,263
NONREIMBURS COST CENTERS							
PHYSICIANS' PRIVATE OFFICE	40,573	40,495		4,401			
CROSS FOOT ADJUSTMENTS							
NEGATIVE COST CENTER							
TOTAL	767,143	209,936	3,593	24,415	112,257		115,263

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0165
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 1/16/2012
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION	15,204						
016 CENTRAL SERVICES & SUPPLY		31,339					
017 PHARMACY			36,717				
018 MEDICAL RECORDS & LIBRARY							
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS			1,393		1,318,578		1,318,578
026 INTENSIVE CARE UNIT			1,646		388,913		388,913
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM			2,383		1,194,966		1,194,966
038 RECOVERY ROOM			1,182		51,567		51,567
040 ANESTHESIOLOGY					10,490		10,490
041 RADIOLOGY-DIAGNOSTIC			12,347		907,210		907,210
044 LABORATORY			2,492		146,895		146,895
049 RESPIRATORY THERAPY			622		21,800		21,800
050 PHYSICAL THERAPY			135		55,054		55,054
055 MEDICAL SUPPLIES CHARGED	15,204		10,176		158,847		158,847
056 DRUGS CHARGED TO PATIENTS		31,339	4,341		35,680		35,680
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY					4,455		4,455
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	15,204	31,339	36,717		4,294,455		4,294,455
098 NONREIMBURS COST CENTERS							
PHYSICIANS' PRIVATE OFFICE					909,731		909,731
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	15,204	31,339	36,717		5,204,186		5,204,186

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0165
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 1/16/2012
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	130,578					
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			130,578			
004 NEW CAP REL COSTS-MVB				130,578		
005 EMPLOYEE BENEFITS	355		355	355	8,273,933	
006 ADMINISTRATIVE & GENE	19,190		19,190	19,190	1,360,244	-7,618,528
008 OPERATION OF PLANT	3,869		3,869	3,869	246,821	
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING	275		275	275	234,930	
011 DIETARY	2,378		2,378	2,378	75,529	
012 CAFETERIA						
014 NURSING ADMINISTRATION	2,400		2,400	2,400	217,961	
015 CENTRAL SERVICES & SU						
016 PHARMACY	350		350	350	189,535	
017 MEDICAL RECORDS & LIB	798		798	798	43,157	
018 SOCIAL SERVICE						
025 INPAT ROUTINE SRVC CN						
ADULTS & PEDIATRICS	25,823		25,823	25,823	1,608,316	
026 INTENSIVE CARE UNIT	6,335		6,335	6,335	910,125	
ANCILLARY SRVC COST C						
037 OPERATING ROOM	25,791		25,791	25,791	809,945	
038 RECOVERY ROOM					613,729	
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	19,260		19,260	19,260	1,179,804	
044 LABORATORY	1,876		1,876	1,876	8,039	
049 RESPIRATORY THERAPY					480,752	
050 PHYSICAL THERAPY	1,207		1,207	1,207	49,775	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
OUTPAT SERVICE COST C						
061 EMERGENCY						
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	109,907		109,907	109,907	8,028,662	-7,618,528
NONREIMBURS COST CENT						
098 PHYSICIANS' PRIVATE O	20,671		20,671	20,671	245,271	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	812		1,947,695	3,256,491	2,068,189	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.006219		14.915951	24.939048	.249964	
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED					2	
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					14,148	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.001710	
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(MEALS SERVED)	(DIRECT NRSNG HRS)
		6	8	9	10	11	12	14
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL	20,777,780						
008	OPERATION OF PLANT	1,498,205	107,164					
009	LAUNDRY & LINEN SERVICE	97,314		113,144				
010	HOUSEKEEPING	338,667	275	301	104,001			
011	DIETARY	328,713	2,378		2,378	14,039		
012	CAFETERIA						14,039	
014	NURSING ADMINISTRATION	378,460	2,400		2,400			135,363
015	CENTRAL SERVICES & SUPPLIES	411,792						
016	PHARMACY	441,371	350		353			
017	MEDICAL RECORDS & LIBRARY	83,666	798		798			
018	SOCIAL SERVICE							
	INPAT ROUTINE SRVC CNTR							
025	ADULTS & PEDIATRICS	3,121,981	25,823	48,151	24,857	9,106	9,106	46,070
026	INTENSIVE CARE UNIT	1,388,083	6,335		6,335	4,933	4,933	33,632
	ANCILLARY SRVC COST CENTER							
037	OPERATING ROOM	2,130,224	25,791	64,692	25,791			30,548
038	RECOVERY ROOM	757,069						25,113
040	ANESTHESIOLOGY	284,132						
041	RADIOLOGY-DIAGNOSTIC	2,247,699	19,260		19,260			
044	LABORATORY	1,774,208	1,876		1,876			
049	RESPIRATORY THERAPY	551,331						
050	PHYSICAL THERAPY	110,543	1,207		1,207			
055	MEDICAL SUPPLIES CHARGED TO PATIENT	3,614,764						
056	DRUGS CHARGED TO PATIENT							
061	OUTPAT SERVICE COST CENTER							
062	EMERGENCY	120,652						
	OBSERVATION BEDS (NON-REIMBURSABLE)							
071	HOME HEALTH AGENCY SPEC PURPOSE COST CENTER							
095	SUBTOTALS	19,678,874	86,493	113,144	85,255	14,039	14,039	135,363
	NONREIMBURSABLE COST CENTER							
098	PHYSICIANS' PRIVATE OFFICE	1,098,906	20,671		18,746			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	7,618,528	2,047,547	132,996	468,453	505,388		573,895
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.366667	19.106668		4.504312			
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	119	33	1.175458	4	35.998860	18	4.239674
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000006	.000308		.000038			
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	767,143	209,936	3,593	24,415	112,257		115,263
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.036921	1.959016	.031756	.234757	7.996082		.851510

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICES (TIME SPENT)
	15	16	17	18
GENERAL SERVICE COST				
001 OLD CAP REL COSTS-BLD				
002 OLD CAP REL COSTS-MVB				
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENERAL				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY	100			
016 PHARMACY		100		
017 MEDICAL RECORDS & LIBRARY			56,947,058	
018 SOCIAL SERVICE				
INPATIENT ROUTINE SERVICE CENTER				
025 ADULTS & PEDIATRICS			2,159,338	
026 INTENSIVE CARE UNIT			2,551,520	
ANCILLARY SERVICE COST CENTER				
037 OPERATING ROOM			3,694,343	
038 RECOVERY ROOM			1,832,105	
040 ANESTHESIOLOGY				
041 RADIOLOGY-DIAGNOSTIC			19,164,785	
044 LABORATORY			3,863,603	
049 RESPIRATORY THERAPY			964,853	
050 PHYSICAL THERAPY			209,747	
055 MEDICAL SUPPLIES CHARGED TO PATIENT	100		15,776,167	
056 DRUGS CHARGED TO PATIENT		100	6,730,597	
061 OUTPATIENT SERVICE COST CENTER				
062 EMERGENCY				
OBSERVATION BEDS (NON-REIMBURSABLE)				
071 HOME HEALTH AGENCY				
SPECIAL PURPOSE COST CENTER				
095 SUBTOTALS	100	100	56,947,058	
NONREIMBURSABLE COST CENTER				
098 PHYSICIANS' PRIVATE OFFICE				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	562,783	611,484	133,185	
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)	5,627.830000	6,114.840000	.002339	
105 COST TO BE ALLOCATED (PER WORKSHEET B, PART II)	2	5	6	
106 UNIT COST MULTIPLIER (WORKSHEET B, PART II)	.020000	.050000		
107 COST TO BE ALLOCATED (PER WORKSHEET B, PART III)	15,204	31,339	36,717	
108 UNIT COST MULTIPLIER (WORKSHEET B, PART III)	152.040000	313.390000	.000645	

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	3,734,456	1,195,153	2,539,303			3,734,456
38	RECOVERY ROOM	1,145,417	51,575	1,093,842			1,145,417
40	ANESTHESIOLOGY	388,314	10,492	377,822			388,314
41	RADIOLOGY-DIAGNOSTIC	3,571,415	907,356	2,664,059			3,571,415
44	LABORATORY	2,478,083	146,919	2,331,164			2,478,083
49	RESPIRATORY THERAPY	755,743	21,803	733,940			755,743
50	PHYSICAL THERAPY	180,065	55,063	125,002			180,065
55	MEDICAL SUPPLIES CHARGED	5,539,863	158,863	5,381,000			5,539,863
56	DRUGS CHARGED TO PATIENTS	627,227	35,685	591,542			627,227
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	164,891	4,456	160,435			164,891
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	18,585,474	2,587,365	15,998,109			18,585,474
102	LESS OBSERVATION BEDS						
103	TOTAL	18,585,474	2,587,365	15,998,109			18,585,474

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	3,694,344	1.010858	1.010858
38	RECOVERY ROOM	1,832,105	.625192	.625192
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	19,164,785	.186353	.186353
44	LABORATORY	3,863,603	.641392	.641392
49	RESPIRATORY THERAPY	964,853	.783273	.783273
50	PHYSICAL THERAPY	209,747	.858487	.858487
55	MEDICAL SUPPLIES CHARGED	15,776,167	.351154	.351154
56	DRUGS CHARGED TO PATIENTS	6,730,597	.093190	.093190
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	22,109	7.458094	7.458094
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	585,596		
101	SUBTOTAL	52,843,906		
102	LESS OBSERVATION BEDS	585,596		
103	TOTAL	52,258,310		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27	WKST B PT II & III, COL. 27	COST NET OF CAPITAL COST	REDUCTION	REDUCTION AMOUNT	CAP AND OPER COST REDUCTION
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS	3,734,456	1,195,153	2,539,303	119,515	147,280	3,467,661
38	OPERATING ROOM	1,145,417	51,575	1,093,842	5,158	63,443	1,076,816
40	RECOVERY ROOM	388,314	10,492	377,822	1,049	21,914	365,351
41	ANESTHESIOLOGY	3,571,415	907,356	2,664,059	90,736	154,515	3,326,164
44	RADIOLOGY-DIAGNOSTIC	2,478,083	146,919	2,331,164	14,692	135,208	2,328,183
49	LABORATORY	755,743	21,803	733,940	2,180	42,569	710,994
50	RESPIRATORY THERAPY	180,065	55,063	125,002	5,506	7,250	167,309
55	PHYSICAL THERAPY	5,539,863	158,863	5,381,000	15,886	312,098	5,211,879
56	MEDICAL SUPPLIES CHARGED	627,227	35,685	591,542	3,569	34,309	589,349
	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	164,891	4,456	160,435	446	9,305	155,140
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	18,585,474	2,587,365	15,998,109	258,737	927,891	17,398,846
102	LESS OBSERVATION BEDS						
103	TOTAL	18,585,474	2,587,365	15,998,109	258,737	927,891	17,398,846

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	3,694,344	.938641	.978507
38	RECOVERY ROOM	1,832,105	.587748	.622376
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	19,164,785	.173556	.181618
44	LABORATORY	3,863,603	.602594	.637589
49	RESPIRATORY THERAPY	964,853	.736894	.781013
50	PHYSICAL THERAPY	209,747	.797671	.832236
55	MEDICAL SUPPLIES CHARGED	15,776,167	.330364	.350147
56	DRUGS CHARGED TO PATIENTS	6,730,597	.087563	.092660
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	22,109	7.017052	7.437921
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	585,596		
101	SUBTOTAL	52,843,906		
102	LESS OBSERVATION BEDS	585,596		
103	TOTAL	52,258,310		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	209		209	1,318,578		1,318,578
26	INTENSIVE CARE UNIT	59		59	388,913		388,913
101	TOTAL	268		268	1,707,491		1,707,491

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

PROVIDER NO: 15-0165
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 1/16/2012
 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					1,787	
26	INTENSIVE CARE UNIT					1,623	
101	TOTAL					3,410	

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

PROVIDER NO:	PERIOD:	PREPARED
15-0165	FROM 1/ 1/2010	1/16/2012
	TO 12/31/2010	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		1,525
26	INTENSIVE CARE UNIT		298
101	TOTAL		1,823

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			3,694,344			183,409	
38	RECOVERY ROOM			1,832,105			69,342	
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			19,164,785			3,326,447	
44	LABORATORY			3,863,603			1,316,237	
49	RESPIRATORY THERAPY			964,853			564,914	
50	PHYSICAL THERAPY			209,747			151,686	
55	MEDICAL SUPPLIES CHARGED			15,776,167			1,566,825	
56	DRUGS CHARGED TO PATIENTS			6,730,597			2,166,579	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			22,109			940	
62	OBSERVATION BEDS (NON-DIS			585,596				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			52,843,906			9,346,379	

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	991,105					
38	RECOVERY ROOM	362,708					
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	5,228,822					
44	LABORATORY	460,506					
49	RESPIRATORY THERAPY	23,171					
50	PHYSICAL THERAPY	6,869					
55	MEDICAL SUPPLIES CHARGED	2,981,301					
56	DRUGS CHARGED TO PATIENTS	916,614					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS	67,178					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	11,038,274					

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	209		209	1,318,578		1,318,578
26	INTENSIVE CARE UNIT	59		59	388,913		388,913
101	TOTAL	268		268	1,707,491		1,707,491

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,787	38	.12	5	737.87	28,039
26	INTENSIVE CARE UNIT	1,623	17	.04	1	239.63	4,074
101	TOTAL	3,410	55		6		32,113

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 15-0165
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 1/16/2012
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					1,787	
26	INTENSIVE CARE UNIT					1,623	
101	TOTAL					3,410	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		38
26	INTENSIVE CARE UNIT		17
101	TOTAL		55

TITLE XIX

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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			3,694,344				
38	RECOVERY ROOM			1,832,105			6,210	
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			19,164,785			53,425	
44	LABORATORY			3,863,603			29,371	
49	RESPIRATORY THERAPY			964,853			28,915	
50	PHYSICAL THERAPY			209,747			6,975	
55	MEDICAL SUPPLIES CHARGED			15,776,167			103,112	
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS			6,730,597			86,602	
61	EMERGENCY			22,109			40	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			585,596				
101	TOTAL			52,843,906			314,650	

TITLE XIX

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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	3,053.63
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	1	2	3	4	5
	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
86	209	5,456,841	.000038		
87	1,318,578	5,456,841	.241638		
88		5,456,841			
89		5,456,841			
89.01					
89.02					

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	3,944,415	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	3,944,415	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	364,710	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	4,309,125	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	4,309,125	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	344,236	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	20,023	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	14,016	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	14,408	
22 SUBTOTAL	3,978,905	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	3,978,905	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	3,964,889	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	14,016	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).		3,654,761
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.		
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.		2,489,762
1.04	LINE 1.01 TIMES LINE 1.03.		
1.05	LINE 1.02 DIVIDED BY LINE 1.04.		
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D, IV (COLS 9, 9.01, 9.02) LINE 101		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)		

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES		
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES		

CUSTOMARY CHARGES			
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)		
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)		2,489,762

COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		537,354
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)		
19	SUBTOTAL (SEE INSTRUCTIONS)		1,952,408
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL		1,952,408
24	PRIMARY PAYER PAYMENTS		
25	SUBTOTAL		1,952,408

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)		22,915
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		16,041
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		19,980
28	SUBTOTAL		1,968,449
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL		1,968,449
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS		1,952,239
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM		16,210
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		

TO BE COMPLETED BY CONTRACTOR			
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
54	TOTAL (SUM OF LINES 51 AND 53)		

TITLE XVII I HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,964,889		1,952,239
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 PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		3,964,889		1,952,239
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		NONE		NONE
6 DETERMINED NET SETTLEMENT		14,016		16,210
AMOUNT (BALANCE DUE)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		3,978,905		1,968,449

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.

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		-15,180,976		
2	NET INCOME (LOSS)		-6,896,117		
3	TOTAL		-22,077,093		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		-22,077,093		
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		-22,077,093		

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

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS		
	CAPITAL FEDERAL AMOUNT		
2	CAPITAL DRG OTHER THAN OUTLIER		266,371
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997		
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997		98,339
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS		9.34
	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		.00
	(SEE INSTRUCTIONS)		
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO		.00
	MEDICARE PART A PATIENT DAYS		
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL		.00
	DAYS REPORTED ON S-3, PART I		
5.02	SUM OF 5 AND 5.01		.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE		.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT		.00
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS		364,710
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)		

