

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 COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | PROVIDER NO: 15-0022 | PERIOD FROM 1/1/2010 TO 12/31/2010 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2011 TIME 18:41

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 ST. ELIZABETH HEALTH - CR 15-0022 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

Table with 4 columns: TITLE V, A, B, XIX. Rows include HOSPITAL, SUBPROVIDER, and TOTAL with corresponding numerical values.

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	45	16,425				2,980	146
2 HMO							696
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	45	16,425				2,980	146
6 INTENSIVE CARE UNIT	6	2,190				241	4
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							111
12 TOTAL	51	18,615				3,221	261
13 RPCH VISITS							
14 SUBPROVIDER	11	4,015				1,941	
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
25 TOTAL	62						
26 OBSERVATION BED DAYS							93
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

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 / TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			4,970				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			4,970				
6 INTENSIVE CARE UNIT			331				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			626				
12 TOTAL			5,927				
13 RPCH VISITS							
14 SUBPROVIDER			2,160				
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS			867				
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

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					900	178	1,599
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		332.47			900	178	1,599
13 RPCH VISITS							
14 SUBPROVIDER		11.92			154		173
15 SKILLED 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	
16 NURSING FACILITY	9	10	11	12	13	14	15
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
25 TOTAL		344.39					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0022
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB						
6	RVA						
6 .01	RVX						
6 .02	RVL						
7	RHC						
8	RHB						
9	RHA						
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB						
12	RMA						
12 .01	RMX						
12 .02	RML						
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45 .01	ES3						
45 .02	ES2						
45 .03	ES1						
45 .04	HE2						
45 .05	HE1						
45 .06	HD2						
45 .07	HD1						
45 .08	HC2						
45 .09	HC1						
45 .10	HB2						
45 .11	HB1						
45 .12	LE2						
45 .13	LE1						
45 .14	LD2						
45 .15	LD1						
45 .16	LC2						
45 .17	LC1						
45 .18	LB2						
45 .19	LB1						
45 .20	CE2						
45 .21	CE1						
45 .22	CD2						
45 .23	CD1						
46	TOTAL						

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03

Worksheet S-2 reference data:
 Transition Period : 0
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01): 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3 .01	RUX			
3 .02	RUL			
4	RVC			
5	RVB			
6	RVA			
6 .01	RVX			
6 .02	RVL			
7	RHC			
8	RHB			
9	RHA			
9 .01	RHX			
9 .02	RHL			
10	RMC			
11	RMB			
12	RMA			
12 .01	RMX			
12 .02	RML			
13	RLB			
14	RLA			
14 .01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45 .01	ES3			
45 .02	ES2			
45 .03	ES1			
45 .04	HE2			
45 .05	HE1			
45 .06	HD2			
45 .07	HD1			
45 .08	HC2			
45 .09	HC1			
45 .10	HB2			
45 .11	HB1			
45 .12	LE2			
45 .13	LE1			
45 .14	LD2			
45 .15	LD1			
45 .16	LC2			
45 .17	LC1			

	M3PI GROUP(1) 1	REVENUE CODE 2	HIGH COST(2) RUGs DAYS 4. 05	SWING BED SNF DAYS 4. 06	TOTAL 5
45 .18	LB2				
45 .19	LB1				
45 .20	CE2				
45 .21	CE1				
45 .22	CD2				
45 .23	CD1				
46	TOTAL				

-
- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
 - (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.
 - (4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

Worksheet S-2 reference data:

Transition Period	:	0
Wage Index Factor (before 10/01)	:	0.0000
Wage Index Factor (after 10/01)	:	0.0000
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	NOT SPECIFIED
SNF MSA Code	:	NOT SPECIFIED
SNF CBSA Code	:	NOT SPECIFIED

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	647,760
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	647,760
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)	.271027
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)	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	12,697,406
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	3,441,340
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	9,951,175
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,697,037
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	3,441,340

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

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		2,974,644	2,974,644	2,063,980	5,038,624
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		627,838	627,838		627,838
5	0500 EMPLOYEE BENEFITS		6,298,146	6,298,146		6,298,146
6	0600 ADMINISTRATIVE & GENERAL	1,450,218	7,388,916	8,839,134	-1,963,398	6,875,736
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	177,522	1,031,779	1,209,301	-2,145	1,207,156
9	0900 LAUNDRY & LINEN SERVICE	98,964	37,265	136,229	-2	136,227
10	1000 HOUSEKEEPING		528,473	528,473	-575	527,898
11	1100 DIETARY	335,770	237,459	573,229	-288,478	284,751
12	1200 CAFETERIA				287,318	287,318
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	444,883	16,075	460,958	-708	460,250
15	1500 CENTRAL SERVICES & SUPPLY	180,493	1,718,766	1,899,259	-14,405	1,884,854
16	1600 PHARMACY	503,390	840,131	1,343,521	-736,033	607,488
17	1700 MEDICAL RECORDS & LIBRARY	211,999	16,994	228,993	-755	228,238
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,962,872	127,101	2,089,973	-3,050	2,086,923
26	2600 INTENSIVE CARE UNIT	383,587	8,485	392,072	-953	391,119
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	642,853	220,982	863,835	-781	863,054
33	3300 NURSERY	2,826		2,826		2,826
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,328,303	1,643,974	2,972,277	-123,733	2,848,544
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	1,610,512	2,830,671	4,441,183	-1,340,104	3,101,079
41.01	4101 ULTRASOUND	70,790	20,958	91,748		91,748
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE	68,706	100,766	169,472	-60,760	108,712
44	4400 LABORATORY		2,163,914	2,163,914	-752	2,163,162
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	297,621	78,294	375,915	-8,912	367,003
50	5000 PHYSICAL THERAPY	595,664	70,475	666,139	-9,492	656,647
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	137,311	76,852	214,163	-6,504	207,659
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				127,278	127,278
56	5600 DRUGS CHARGED TO PATIENTS				2,180,637	2,180,637
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)					
59	3020 ONCOLOGY					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	133,708	37,431	171,139	-1,564	169,575
61	6100 EMERGENCY	1,109,652	199,117	1,308,769	-24,425	1,284,344
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D. P.)					
93	9300 HOSPICE					
95	SUBTOTALS	11,747,644	29,295,506	41,043,150	71,684	41,114,834
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES	11,072,534	3,049,062	14,121,596	-71,684	14,049,912
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 SPORTS MEDICINE	121,948	6,954	128,902		128,902
100.02	7952 COMMUNITY IND HEALTH					
101	TOTAL	22,942,126	32,351,522	55,293,648	-0-	55,293,648

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	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	-2,106,840	2,931,784
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	471,022	1,098,860
5	0500 EMPLOYEE BENEFITS	-10	6,298,136
6	0600 ADMINISTRATIVE & GENERAL	-1,634,208	5,241,528
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT		1,207,156
9	0900 LAUNDRY & LINEN SERVICE	-33,711	102,516
10	1000 HOUSEKEEPING		527,898
11	1100 DIETARY	-47,594	237,157
12	1200 CAFETERIA	-64,217	223,101
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		460,250
15	1500 CENTRAL SERVICES & SUPPLY		1,884,854
16	1600 PHARMACY	12,513	620,001
17	1700 MEDICAL RECORDS & LIBRARY	-27,737	200,501
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-49,341	2,037,582
26	2600 INTENSIVE CARE UNIT		391,119
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		863,054
33	3300 NURSERY		2,826
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-716,975	2,131,569
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC	-232,133	2,868,946
41.01	4101 ULTRASOUND		91,748
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		108,712
44	4400 LABORATORY		2,163,162
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		367,003
50	5000 PHYSICAL THERAPY		656,647
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		207,659
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		127,278
56	5600 DRUGS CHARGED TO PATIENTS		2,180,637
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		
59	3020 ONCOLOGY		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		169,575
61	6100 EMERGENCY	-37,761	1,246,583
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	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	-4,466,992	36,647,842
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		14,049,912
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 SPORTS MEDICINE		128,902
100.02	7952 COMMUNITY IND HEALTH		
101	TOTAL	-4,466,992	50,826,656

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	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	4101	RADIOLOGY-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
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	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	ONCOLOGY	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	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	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	SPORTS MEDICINE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	COMMUNITY IND HEALTH	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 CAPTIAL	A	NEW CAP REL COSTS-BLDG & FIXT	3		109,719
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19 INTEREST EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3		1,954,261
20					
21 DIETARY	C	CAFETERIA	12	168,297	119,021
22 MEDICAL SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		127,278
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 MEDICAL SUPPLIES	D				
2					
3					
4 DRUGS	E	DRUGS CHARGED TO PATIENTS	56		2,180,637
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
36 TOTAL RECLASSIFICATIONS				168,297	4,490,916

(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

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		OTHER 9	A-7 REF 10
			LINE NO 7	SALARY 8		
1 CAPTIAL	A	ADMINISTRATIVE & GENERAL	6		7,931	9
2		OPERATION OF PLANT	8		2,120	
3		HOUSEKEEPING	10		460	
4		DIETARY	11		1,155	
5		NURSING ADMINISTRATION	14		595	
6		CENTRAL SERVICES & SUPPLY	15		134	
7		MEDICAL RECORDS & LIBRARY	17		755	
8		ADULTS & PEDIATRICS	25		1,487	
9		INTENSIVE CARE UNIT	26		257	
10		OPERATING ROOM	37		16,818	
11		RADIOLOGY-DIAGNOSTIC	41		298	
12		LABORATORY	44		748	
13		RESPIRATORY THERAPY	49		1,017	
14		PHYSICAL THERAPY	50		211	
15		ELECTROCARDIOLOGY	53		222	
16		CLINIC	60		412	
17		EMERGENCY	61		3,415	
18		PHYSICIANS' PRIVATE OFFICES	98		71,684	
19 INTEREST EXPENSE	B	ADMINISTRATIVE & GENERAL	6		1,953,919	11
20		OPERATING ROOM	37		342	
21 DIETARY	C	DIETARY	11	168,297	119,021	
22 MEDICAL SUPPLIES	D	ADMINISTRATIVE & GENERAL	6		481	
23		OPERATION OF PLANT	8		25	
24		LAUNDRY & LINEN SERVICE	9		2	
25		HOUSEKEEPING	10		115	
26		DIETARY	11		5	
27		NURSING ADMINISTRATION	14		50	
28		CENTRAL SERVICES & SUPPLY	15		14,186	
29		PHARMACY	16		295	
30		INTENSIVE CARE UNIT	26		461	
31		SUBPROVIDER	31		768	
32		OPERATING ROOM	37		35,249	
33		RADIOLOGY-DIAGNOSTIC	41		34,438	
34		RESPIRATORY THERAPY	49		7,894	
35		PHYSICAL THERAPY	50		8,688	
1 MEDICAL SUPPLIES	D	ELECTROCARDIOLOGY	53		5,306	
2		CLINIC	60		722	
3		EMERGENCY	61		18,593	
4 DRUGS	E	ADMINISTRATIVE & GENERAL	6		1,067	
5		NURSING ADMINISTRATION	14		63	
6		CENTRAL SERVICES & SUPPLY	15		85	
7		PHARMACY	16		735,738	
8		ADULTS & PEDIATRICS	25		1,563	
9		INTENSIVE CARE UNIT	26		235	
10		SUBPROVIDER	31		13	
11		OPERATING ROOM	37		71,324	
12		RADIOLOGY-DIAGNOSTIC	41		1,305,368	
13		RADIOISOTOPE	43		60,760	
14		LABORATORY	44		4	
15		RESPIRATORY THERAPY	49		1	
16		PHYSICAL THERAPY	50		593	
17		ELECTROCARDIOLOGY	53		976	
18		CLINIC	60		430	
19		EMERGENCY	61		2,417	
36 TOTAL RECLASSIFICATIONS				168,297	4,490,916	

(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: 150022	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/26/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A
EXPLANATION : CAPITAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	109,719	ADMINISTRATIVE & GENERAL	6	7,931	
2.00			0	OPERATION OF PLANT	8	2,120	
3.00			0	HOUSEKEEPING	10	460	
4.00			0	DIETARY	11	1,155	
5.00			0	NURSING ADMINISTRATION	14	595	
6.00			0	CENTRAL SERVICES & SUPPLY	15	134	
7.00			0	MEDICAL RECORDS & LIBRARY	17	755	
8.00			0	ADULTS & PEDIATRICS	25	1,487	
9.00			0	INTENSIVE CARE UNIT	26	257	
10.00			0	OPERATING ROOM	37	16,818	
11.00			0	RADIOLOGY-DIAGNOSTIC	41	298	
12.00			0	LABORATORY	44	748	
13.00			0	RESPIRATORY THERAPY	49	1,017	
14.00			0	PHYSICAL THERAPY	50	211	
15.00			0	ELECTROCARDIOLOGY	53	222	
16.00			0	CLINIC	60	412	
17.00			0	EMERGENCY	61	3,415	
18.00			0	PHYSICIANS' PRIVATE OFFICES	98	71,684	
TOTAL RECLASSIFICATIONS FOR CODE A			109,719	TOTAL RECLASSIFICATIONS FOR CODE A			109,719

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	1,954,261	ADMINISTRATIVE & GENERAL	6	1,953,919	
2.00			0	OPERATING ROOM	37	342	
TOTAL RECLASSIFICATIONS FOR CODE B			1,954,261	TOTAL RECLASSIFICATIONS FOR CODE B			1,954,261

RECLASS CODE: C
EXPLANATION : DIETARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	287,318	DIETARY	11	287,318	
TOTAL RECLASSIFICATIONS FOR CODE C			287,318	TOTAL RECLASSIFICATIONS FOR CODE C			287,318

RECLASS CODE: D
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	127,278	ADMINISTRATIVE & GENERAL	6	481	
2.00			0	OPERATION OF PLANT	8	25	
3.00			0	LAUNDRY & LINEN SERVICE	9	2	
4.00			0	HOUSEKEEPING	10	115	
5.00			0	DIETARY	11	5	
6.00			0	NURSING ADMINISTRATION	14	50	
7.00			0	CENTRAL SERVICES & SUPPLY	15	14,186	
8.00			0	PHARMACY	16	295	
9.00			0	INTENSIVE CARE UNIT	26	461	
10.00			0	SUBPROVIDER	31	768	
11.00			0	OPERATING ROOM	37	35,249	
12.00			0	RADIOLOGY-DIAGNOSTIC	41	34,438	
13.00			0	RESPIRATORY THERAPY	49	7,894	
14.00			0	PHYSICAL THERAPY	50	8,688	
15.00			0	ELECTROCARDIOLOGY	53	5,306	
16.00			0	CLINIC	60	722	
17.00			0	EMERGENCY	61	18,593	
TOTAL RECLASSIFICATIONS FOR CODE D			127,278	TOTAL RECLASSIFICATIONS FOR CODE D			127,278

RECLASS CODE: E
EXPLANATION : DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	2,180,637	ADMINISTRATIVE & GENERAL	6	1,067	
2.00			0	NURSING ADMINISTRATION	14	63	
3.00			0	CENTRAL SERVICES & SUPPLY	15	85	
4.00			0	PHARMACY	16	735,738	

RECLASSIFICATIONS

PROVIDER NO:
150022

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

PREPARED 5/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: E
EXPLANATION : DRUGS

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
5.00		ADULTS & PEDIATRICS	25 1,563
6.00		INTENSIVE CARE UNIT	26 235
7.00		SUBPROVIDER	31 13
8.00		OPERATING ROOM	37 71,324
9.00		RADIOLOGY-DIAGNOSTIC	41 1,305,368
10.00		RADIOISOTOPE	43 60,760
11.00		LABORATORY	44 4
12.00		RESPIRATORY THERAPY	49 1
13.00		PHYSICAL THERAPY	50 593
14.00		ELECTROCARDIOLOGY	53 976
15.00		CLINIC	60 430
16.00		EMERGENCY	61 2,417
TOTAL RECLASSIFICATIONS FOR CODE E			2,180,637

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,000,120					1,000,120	
2 LAND IMPROVEMENTS	1,391,783	13,257		13,257		1,405,040	
3 BUILDINGS & FIXTURE	28,263,478	340,833		340,833		28,604,311	
4 BUILDING IMPROVEMENT	432,855	52,499		52,499		485,354	
5 FIXED EQUIPMENT	4,310	5,514		5,514		9,824	
6 MOVABLE EQUIPMENT	19,618,355	1,457,645		1,457,645		21,076,000	
7 SUBTOTAL	50,710,901	1,869,748		1,869,748		52,580,649	
8 RECONCILING ITEMS		1		1		1	
9 TOTAL	50,710,901	1,869,747		1,869,747		52,580,648	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		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							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	2,268,986	472,729	145,541			44,528	2,931,784
4	NEW CAP REL COSTS-MV	471,022	627,838					1,098,860
5	TOTAL	2,740,008	1,100,567	145,541			44,528	4,030,644

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	2,316,298	613,818				44,528	2,974,644
4	NEW CAP REL COSTS-MV		627,838					627,838
5	TOTAL	2,316,298	1,241,656				44,528	3,602,482

* 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

DESCR IPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
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	B	-111,642	NEW CAP REL COSTS-BLDG &	3	11
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	B	-152,053	ADMINISTRATIVE & GENERAL	6	
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	-836,668			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-259,709			
15 LAUNDRY AND LINEN SERVICE	B	-33,711	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-64,217	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS	B	-100,535	NEW CAP REL COSTS-BLDG &	3	9
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-27,737	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-7,214	DIETARY	11	
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			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		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MISC INCOME	B	-180,009	OPERATING ROOM	37	
38 APPLICATION PROCESSING FEES	B	-5,500	ADMINISTRATIVE & GENERAL	6	
39 HOME DELIVERED MEALS	B	-40,380	DIETARY	11	
40 EMPLOYEE BADGES	B	-10	EMPLOYEE BENEFITS	5	
41 GOODWILL	A	-58,050	NEW CAP REL COSTS-BLDG &	3	9
42 PROPERTY TAX	A	-1,254	ADMINISTRATIVE & GENERAL	6	
43 PROPERTY TAX	A	-19,533	RADIOLOGY-DIAGNOSTIC	41	
44 ADVERTISING EXPENSE	A	-102,843	ADMINISTRATIVE & GENERAL	6	
45 INTEREST EXPENSE	A	-1,697,078	NEW CAP REL COSTS-BLDG &	3	11
46 PENSION	A	-768,849	ADMINISTRATIVE & GENERAL	6	
47					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,466,992			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & INT	1,812,830	1,953,919	-141,089	10
2	3	NEW CAP REL COSTS-BLDG & OLD CAP	1,554		1,554	9
3	4	NEW CAP REL COSTS-MVBLE E NEW CAP	471,022		471,022	9
4	6	ADMINISTRATIVE & GENERAL A&G	2,701,632	3,305,341	-603,709	
4.01	16	PHARMACY COEP	83,289	70,776	12,513	
5		TOTALS	5,070,327	5,330,036	-259,709	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B	FRANCISCAN ST. ELIZABETH	100.00	FRANCISCAN ALLIANCE, INC.	100.00	MANAGEMENT
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.

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ROUTINE	67,242	21,242	46,000	159,800	233	17,901	895
2 37	SURGERY	561,763	4,664	557,009	182,900	282	24,797	1,240
3 41	RADIOLOGY	2,600	2,600		217,600			
4 41	RADIOLOGY-THERAPEUTIC	210,000	210,000		217,600			
5 50	PT	525		525	159,800	10	768	38
6 61	EMERGENCY	51,667		51,667	159,800	181	13,906	695
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	893,797	238,506	655,201		706	57,372	2,868

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 25	ROUTINE					17,901	28,099	49,341
2 37	SURGERY					24,797	532,212	536,966
3 41	RADIOLOGY							2,600
4 41	RADIOLOGY-THERAPEUTIC							210,000
5 50	PT					768		
6 61	EMERGENCY					13,906	37,761	37,761
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					57,372	598,072	836,668

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	7	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	9	MEALS	SERVED	ENTERED
12	CAFETERIA	10	FTES		ENTERED
13	MAINTENANCE OF PERSONNEL	11	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	12	DI RECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	13	COSTED	REQUIS.	ENTERED
16	PHARMACY	14	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	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	EMPLOYEE BENE FITS 5	SUBTOTAL 5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	2,931,784			2,931,784			
005 NEW CAP REL COSTS-MVBLE E	1,098,860				1,098,860		
006 EMPLOYEE BENEFITS	6,298,136			19,960	7,481	6,325,577	
007 ADMINISTRATIVE & GENERAL	5,241,528			443,276	166,143	399,853	6,250,800
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,207,156			219,306	82,198	48,946	1,557,606
010 LAUNDRY & LINEN SERVICE	102,516			85,415	32,014	27,286	247,231
011 HOUSEKEEPING	527,898			6,819	2,556		537,273
012 DIETARY	237,157			85,056	31,880	46,175	400,268
013 CAFETERIA	223,101			46,655	17,487	46,403	333,646
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	460,250			27,965	10,482	122,663	621,360
016 CENTRAL SERVICES & SUPPLY	1,884,854			156,280	58,575	49,765	2,149,474
017 PHARMACY	620,001			8,282	3,104	138,794	770,181
025 MEDICAL RECORDS & LIBRARY	200,501			53,419	20,022	58,452	332,394
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	2,037,582			434,195	162,740	541,201	3,175,718
028 INTENSIVE CARE UNIT	391,119			51,873	19,442	105,762	568,196
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER	863,054			118,984	44,596	177,247	1,203,881
035 NURSERY	2,826			16,592	6,219	779	26,416
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	2,131,569			173,176	64,908	366,238	2,735,891
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC	2,868,946			427,294	160,154	444,049	3,900,443
046 01 ULTRASOUND	91,748			7,757	2,908	19,518	121,931
047 RADIOLOGY-THERAPEUTIC							
048 RADIOISOTOPE	108,712			7,371	2,763	18,944	137,790
049 LABORATORY	2,163,162			148,689	55,730		2,367,581
050 PBP CLINICAL LAB SERVICES							
051 WHOLE BLOOD & PACKED RED							
052 BLOOD STORING, PROCESSING							
053 INTRAVENOUS THERAPY							
054 RESPIRATORY THERAPY	367,003			11,208	4,201	82,060	464,472
055 PHYSICAL THERAPY	656,647			64,296	24,099	164,236	909,278
056 OCCUPATIONAL THERAPY							
057 SPEECH PATHOLOGY							
058 ELECTROCARDIOLOGY	207,659			8,917	3,342	37,859	257,777
059 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED	127,278			38,980	14,610		180,868
061 DRUGS CHARGED TO PATIENTS	2,180,637			117,907	44,193		2,342,737
062 RENAL DIALYSIS							
092 ASC (NON-DISTINCT PART)							
093 ONCOLOGY							
095 OUTPAT SERVICE COST CNTRS							
096 CLINIC	169,575			23,493	8,805	36,866	238,739
097 EMERGENCY	1,246,583			74,096	27,772	305,952	1,654,403
098 OBSERVATION BEDS (NON-DIS							
099 SPEC PURPOSE COST CENTERS							
100 AMBULATORY SURGICAL CENTE							
101 HOSPICE							
102 SUBTOTALS	36,647,842			2,877,261	1,078,424	3,239,048	33,486,354
103 NONREIMBURS COST CENTERS							
104 GIFT, FLOWER, COFFEE SHOP				9,690	3,632		13,322
105 RESEARCH							
106 PHYSICIANS' PRIVATE OFFIC	14,049,912					3,052,906	17,102,818
107 NONPAID WORKERS							
108 OTHER NONREIMBURSABLE COS							
109 01 SPORTS MEDICINE	128,902					33,623	162,525
110 02 COMMUNITY IND HEALTH				44,833	16,804		61,637
111 CROSS FOOT ADJUSTMENT							
112 NEGATIVE COST CENTER							
113 TOTAL	50,826,656			2,931,784	1,098,860	6,325,577	50,826,656

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0022
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
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							
007 ADMINISTRATIVE & GENERAL	6,250,800						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	218,420		1,776,026				
010 LAUNDRY & LINEN SERVICE	34,669		67,444	349,344			
011 HOUSEKEEPING	75,341		5,384	38,399	656,397		
012 DIETARY	56,129		67,161	2,327	25,883	551,768	
013 CAFETERIA	46,787		36,839		14,198		431,470
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	87,132		22,082		8,510		14,382
016 CENTRAL SERVICES & SUPPLY	301,416		123,401	1,279	47,558		11,985
017 PHARMACY	108,001		6,540		2,520		16,779
025 MEDICAL RECORDS & LIBRARY	46,611		42,180		16,256		16,779
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	445,325		342,847	105,033	132,130	367,556	83,899
028 INTENSIVE CARE UNIT	79,677		40,959	9,852	15,785	24,475	14,382
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U	168,818		93,951	32,309	36,208	159,737	28,765
034 SUBPROVIDER	3,704		13,101	2,987	5,049		
035 NURSERY							
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	383,649		136,741	46,271	52,699		62,323
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC	546,951		337,396	12,876	130,029		76,706
046 01 ULTRASOUND	17,098		6,125		2,361		2,397
047 RADIOLOGY-THERAPEUTIC							
048 RADIOISOTOPE	19,322		5,820		2,243		2,397
049 LABORATORY	332,001		117,406		45,247		
050 PBP CLINICAL LAB SERVICES							
051 WHOLE BLOOD & PACKED RED							
052 BLOOD STORING, PROCESSING							
053 INTRAVENOUS THERAPY							
054 RESPIRATORY THERAPY	65,132		8,850	1,784	3,411		11,985
055 PHYSICAL THERAPY	127,506		50,769	8,998	19,566		28,765
056 OCCUPATIONAL THERAPY							
057 SPEECH PATHOLOGY							
058 ELECTROCARDIOLOGY	36,148		7,041		2,713		7,191
059 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED	25,363		30,779		11,862		
061 DRUGS CHARGED TO PATIENTS	328,517		93,101		35,880		
062 RENAL DIALYSIS							
092 ASC (NON-DISTINCT PART)							
093 ONCOLOGY							
095 OUTPAT SERVICE COST CNTRS							
096 CLINIC	33,478		18,550		7,149		4,794
097 EMERGENCY	231,994		58,507	87,229	22,548		47,941
098 OBSERVATION BEDS (NON-DIS							
099 SPEC PURPOSE COST CENTERS							
100 AMBULATORY SURGICAL CENTE							
101 HOSPICE							
102 SUBTOTALS	3,819,189		1,732,974	349,344	639,805	551,768	431,470
103 NONREIMBURS COST CENTERS							
104 GIFT, FLOWER, COFFEE SHOP	1,868		7,651		2,949		
105 RESEARCH							
106 PHYSICIANS' PRIVATE OFFIC	2,398,309						
107 NONPAID WORKERS							
108 OTHER NONREIMBURSABLE COS							
109 01 SPORTS MEDICINE	22,791						
110 02 COMMUNITY IND HEALTH	8,643		35,401		13,643		
111 CROSS FOOT ADJUSTMENT							
112 NEGATIVE COST CENTER							
113 TOTAL	6,250,800		1,776,026	349,344	656,397	551,768	431,470

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	13	14	15	16	17	25	
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							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		753,466					
016 CENTRAL SERVICES & SUPPLY		22,175	2,657,288				
017 PHARMACY		29,733		933,754			
025 MEDICAL RECORDS & LIBRARY		29,838			484,058		
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		153,416			19,552	4,825,476	
028 INTENSIVE CARE UNIT		24,635			3,030	780,991	
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER		52,080			11,228	1,786,977	
035 NURSERY		336			1,522	53,115	
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		112,260			40,931	3,570,765	
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC		138,338			120,626	5,263,365	
046 01 ULTRASOUND		4,783			10,170	164,865	
047 RADIOLOGY-THERAPEUTIC							
048 RADIOISOTOPE		4,397			4,995	176,964	
049 LABORATORY					63,143	2,925,378	
050 PBP CLINICAL LAB SERVICES							
051 WHOLE BLOOD & PACKED RED							
052 BLOOD STORING, PROCESSING							
053 INTRAVENOUS THERAPY							
054 RESPIRATORY THERAPY		23,063			6,724	585,421	
055 PHYSICAL THERAPY		50,498			9,968	1,205,348	
056 OCCUPATIONAL THERAPY							
057 SPEECH PATHOLOGY							
058 ELECTROCARDIOLOGY		12,470			12,005	335,345	
059 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED			2,657,288		84,397	2,990,557	
061 DRUGS CHARGED TO PATIENTS				933,754	37,488	3,771,477	
062 RENAL DIALYSIS							
063 ASC (NON-DISTINCT PART)							
064 ONCOLOGY							
065 OUTPAT SERVICE COST CNTRS							
066 CLINIC		9,827			7,536	320,073	
067 EMERGENCY		85,617			50,743	2,238,982	
068 OBSERVATION BEDS (NON-DIS							
069 SPEC PURPOSE COST CENTERS							
070 AMBULATORY SURGICAL CENTE							
071 HOSPICE							
072 SUBTOTALS		753,466	2,657,288	933,754	484,058	30,995,099	
073 NONREIMBURS COST CENTERS							
074 GIFT, FLOWER, COFFEE SHOP						25,790	
075 RESEARCH							
076 PHYSICIANS' PRIVATE OFFIC						19,501,127	
077 NONPAID WORKERS							
078 OTHER NONREIMBURSABLE COS							
079 01 SPORTS MEDICINE						185,316	
080 02 COMMUNITY IND HEALTH						119,324	
081 CROSS FOOT ADJUSTMENT							
082 NEGATIVE COST CENTER							
083 TOTAL		753,466	2,657,288	933,754	484,058	50,826,656	

COST CENTER DESCRIPTION		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	
007	ADMINISTRATIVE & GENERAL	
008	MAINTENANCE & REPAIRS	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
013	CAFETERIA	
014	MAINTENANCE OF PERSONNEL	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
018	MEDICAL RECORDS & LIBRARY	
019	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	4,825,476
026	INTENSIVE CARE UNIT	780,991
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
031	SUBPROVIDER	1,786,977
033	NURSERY	53,115
034	SKILLED NURSING FACILITY	
035	NURSING FACILITY	
035	01 ICF/MR	
036	OTHER LONG TERM CARE	
037	ANCILLARY SRVC COST CNTRS	
038	OPERATING ROOM	3,570,765
039	RECOVERY ROOM	
040	DELIVERY ROOM & LABOR ROO	
041	ANESTHESIOLOGY	
041	RADIOLOGY-DIAGNOSTIC	5,263,365
041	01 ULTRASOUND	164,865
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE	176,964
044	LABORATORY	2,925,378
045	PBP CLINICAL LAB SERVICES	
046	WHOLE BLOOD & PACKED RED	
047	BLOOD STORING, PROCESSING	
048	INTRAVENOUS THERAPY	
049	RESPIRATORY THERAPY	585,421
050	PHYSICAL THERAPY	1,205,348
051	OCCUPATIONAL THERAPY	
052	SPEECH PATHOLOGY	
053	ELECTROCARDIOLOGY	335,345
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	2,990,557
056	DRUGS CHARGED TO PATIENTS	3,771,477
057	RENAL DIALYSIS	
058	ASC (NON-DISTINCT PART)	
059	ONCOLOGY	
060	OUTPAT SERVICE COST CNTRS	
061	CLINIC	320,073
062	EMERGENCY	2,238,982
063	OBSERVATION BEDS (NON-DIS	
064	SPEC PURPOSE COST CENTERS	
092	AMBULATORY SURGICAL CENTE	
093	HOSPICE	
095	SUBTOTALS	30,995,099
096	NONREIMBURS COST CENTERS	
097	GIFT, FLOWER, COFFEE SHOP	25,790
098	RESEARCH	
099	PHYSICIANS' PRIVATE OFFIC	19,501,127
100	NONPAID WORKERS	
100	OTHER NONREIMBURSABLE COS	
100	01 SPORTS MEDICINE	185,316
100	02 COMMUNITY IND HEALTH	119,324
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	50,826,656

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0022
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 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				19,960	7,481	27,441	27,441
007 ADMINSTRATIVE & GENERAL				443,276	166,143	609,419	1,734
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				219,306	82,198	301,504	212
010 LAUNDRY & LINEN SERVICE				85,415	32,014	117,429	118
011 HOUSEKEEPING				6,819	2,556	9,375	
012 DIETARY				85,056	31,880	116,936	200
013 CAFETERIA				46,655	17,487	64,142	201
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION				27,965	10,482	38,447	532
016 CENTRAL SERVICES & SUPPLY				156,280	58,575	214,855	216
017 PHARMACY				8,282	3,104	11,386	602
025 MEDICAL RECORDS & LIBRARY				53,419	20,022	73,441	254
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS				434,195	162,740	596,935	2,348
028 INTENSIVE CARE UNIT				51,873	19,442	71,315	459
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER				118,984	44,596	163,580	769
035 NURSERY				16,592	6,219	22,811	3
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM				173,176	64,908	238,084	1,589
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC				427,294	160,154	587,448	1,926
046 01 ULTRASOUND				7,757	2,908	10,665	85
047 RADIOLOGY-THERAPEUTIC							
048 RADIOISOTOPE				7,371	2,763	10,134	82
049 LABORATORY				148,689	55,730	204,419	
050 PBP CLINICAL LAB SERVICES							
051 WHOLE BLOOD & PACKED RED							
052 BLOOD STORING, PROCESSING							
053 INTRAVENOUS THERAPY							
054 RESPIRATORY THERAPY				11,208	4,201	15,409	356
055 PHYSICAL THERAPY				64,296	24,099	88,395	712
056 OCCUPATIONAL THERAPY							
057 SPEECH PATHOLOGY							
058 ELECTROCARDIOLOGY				8,917	3,342	12,259	164
059 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED				38,980	14,610	53,590	
061 DRUGS CHARGED TO PATIENTS				117,907	44,193	162,100	
062 RENAL DIALYSIS							
092 ASC (NON-DISTINCT PART)							
093 ONCOLOGY							
095 OUTPAT SERVICE COST CNTRS							
096 CLINIC				23,493	8,805	32,298	160
097 EMERGENCY				74,096	27,772	101,868	1,327
098 OBSERVATION BEDS (NON-DIS							
099 SPEC PURPOSE COST CENTERS							
100 AMBULATORY SURGICAL CENTE							
101 HOSPICE							
102 SUBTOTALS				2,877,261	1,078,424	3,955,685	14,049
103 NONREIMBURS COST CENTERS							
104 GIFT, FLOWER, COFFEE SHOP				9,690	3,632	13,322	
105 RESEARCH							
106 PHYSICIANS' PRIVATE OFFIC							13,246
107 NONPAID WORKERS							
108 OTHER NONREIMBURSABLE COS							
109 01 SPORTS MEDICINE							146
110 02 COMMUNITY IND HEALTH				44,833	16,804	61,637	
111 CROSS FOOT ADJUSTMENTS							
112 NEGATIVE COST CENTER							
113 TOTAL				2,931,784	1,098,860	4,030,644	27,441

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
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							
007 ADMINISTRATIVE & GENERAL	611,153						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	21,355		323,071				
010 LAUNDRY & LINEN SERVICE	3,390		12,269	133,206			
011 HOUSEKEEPING	7,366		979	14,641	32,361		
012 DIETARY	5,488		12,217	887	1,276	137,004	
013 CAFETERIA	4,574		6,701		700		76,318
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	8,519		4,017		420		2,544
016 CENTRAL SERVICES & SUPPLY	29,469		22,447	488	2,345		2,120
017 PHARMACY	10,559		1,190		124		2,968
025 MEDICAL RECORDS & LIBRARY	4,557		7,673		801		2,968
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	43,539		62,365	40,051	6,513	91,264	14,838
028 INTENSIVE CARE UNIT	7,790		7,451	3,756	778	6,077	2,544
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER	16,505		17,090	12,319	1,785	39,663	5,088
035 NURSERY	362		2,383	1,139	249		
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	37,509		24,874	17,643	2,598		11,024
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC	53,475		61,375	4,910	6,411		13,568
046 01 ULTRASOUND	1,672		1,114		116		424
047 RADIOLOGY-THERAPEUTIC							
048 RADIOISOTOPE	1,889		1,059		111		424
049 LABORATORY	32,460		21,357		2,231		
050 PBP CLINICAL LAB SERVICES							
051 WHOLE BLOOD & PACKED RED							
052 BLOOD STORING, PROCESSING							
053 INTRAVENOUS THERAPY							
054 RESPIRATORY THERAPY	6,368		1,610	680	168		2,120
055 PHYSICAL THERAPY	12,466		9,235	3,431	965		5,088
056 OCCUPATIONAL THERAPY							
057 SPEECH PATHOLOGY							
058 ELECTROCARDIOLOGY	3,534		1,281		134		1,272
059 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED	2,480		5,599		585		
061 DRUGS CHARGED TO PATIENTS	32,119		16,936		1,769		
062 RENAL DIALYSIS							
092 ASC (NON-DISTINCT PART)							
093 ONCOLOGY							
095 OUTPAT SERVICE COST CNTRS							
096 CLINIC	3,273		3,374		352		848
097 EMERGENCY	22,682		10,643	33,261	1,112		8,480
098 OBSERVATION BEDS (NON-DIS							
099 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	373,400		315,239	133,206	31,543	137,004	76,318
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP	183		1,392		145		
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC	234,497						
100 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 SPORTS MEDICINE	2,228						
100 02 COMMUNITY IND HEALTH	845		6,440		673		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	611,153		323,071	133,206	32,361	137,004	76,318

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0022
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	13	14	15	16	17	25	26
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							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		54,479					
016 CENTRAL SERVICES & SUPPLY		1,603	273,543				
017 PHARMACY		2,150		28,979			
025 MEDICAL RECORDS & LIBRARY		2,157			91,851		
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		11,092			3,709	872,654	
028 INTENSIVE CARE UNIT		1,781			575	102,526	
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER		3,766			2,130	262,695	
035 NURSERY		24			289	27,260	
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		8,117			7,765	349,203	
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC		10,002			22,908	762,023	
046 01 ULTRASOUND		346			1,929	16,351	
047 RADIOLOGY-THERAPEUTIC							
048 RADIOISOTOPE		318			948	14,965	
049 LABORATORY					11,978	272,445	
050 PBP CLINICAL LAB SERVICES							
051 WHOLE BLOOD & PACKED RED							
052 BLOOD STORING, PROCESSING							
053 INTRAVENOUS THERAPY							
054 RESPIRATORY THERAPY		1,668			1,275	29,654	
055 PHYSICAL THERAPY		3,651			1,891	125,834	
056 OCCUPATIONAL THERAPY							
057 SPEECH PATHOLOGY							
058 ELECTROCARDIOLOGY		902			2,277	21,823	
059 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED			273,543		16,010	351,807	
061 DRUGS CHARGED TO PATIENTS				28,979	7,111	249,014	
062 RENAL DIALYSIS							
063 ASC (NON-DISTINCT PART)							
064 ONCOLOGY							
065 OUTPAT SERVICE COST CNTRS							
066 CLINIC		711			1,430	42,446	
067 EMERGENCY		6,191			9,626	195,190	
068 OBSERVATION BEDS (NON-DIS							
069 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS		54,479	273,543	28,979	91,851	3,695,890	
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP						15,042	
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC						247,743	
100 NONPAID WORKERS							
101 OTHER NONREIMBURSABLE COS							
102 01 SPORTS MEDICINE						2,374	
103 02 COMMUNITY IND HEALTH						69,595	
104 CROSS FOOT ADJUSTMENTS							
105 NEGATIVE COST CENTER							
103 TOTAL		54,479	273,543	28,979	91,851	4,030,644	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		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	
007	ADMINISTRATIVE & GENERAL	
008	MAINTENANCE & REPAIRS	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
013	CAFETERIA	
014	MAINTENANCE OF PERSONNEL	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
025	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	872,654
026	INTENSIVE CARE UNIT	102,526
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
031	SUBPROVIDER	262,695
033	NURSERY	27,260
034	SKILLED NURSING FACILITY	
035	NURSING FACILITY	
035	01 ICF/MR	
036	OTHER LONG TERM CARE	
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	349,203
038	RECOVERY ROOM	
039	DELIVERY ROOM & LABOR ROO	
040	ANESTHESIOLOGY	
041	RADIOLOGY-DIAGNOSTIC	762,023
041	01 ULTRASOUND	16,351
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE	14,965
044	LABORATORY	272,445
045	PBP CLINICAL LAB SERVICES	
046	WHOLE BLOOD & PACKED RED	
047	BLOOD STORING, PROCESSING	
048	INTRAVENOUS THERAPY	
049	RESPIRATORY THERAPY	29,654
050	PHYSICAL THERAPY	125,834
051	OCCUPATIONAL THERAPY	
052	SPEECH PATHOLOGY	
053	ELECTROCARDIOLOGY	21,823
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	351,807
056	DRUGS CHARGED TO PATIENTS	249,014
057	RENAL DIALYSIS	
058	ASC (NON-DISTINCT PART)	
059	ONCOLOGY	
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	42,446
061	EMERGENCY	195,190
062	OBSERVATION BEDS (NON-DIS	
062	SPEC PURPOSE COST CENTERS	
092	AMBULATORY SURGICAL CENTE	
093	HOSPICE	
095	SUBTOTALS	3,695,890
096	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	15,042
097	RESEARCH	
098	PHYSICIANS' PRIVATE OFFIC	247,743
099	NONPAID WORKERS	
100	OTHER NONREIMBURSABLE COS	
100	01 SPORTS MEDICINE	2,374
100	02 COMMUNITY IND HEALTH	69,595
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	4,030,644

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0022
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 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	(GROSS SALARIES)	
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(SQUARE FEET)	()	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	106,199					
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			106,199			
004 NEW CAP REL COSTS-MVB				106,199		
005 EMPLOYEE BENEFITS	723		723	723	22,942,126	
006 ADMINISTRATIVE & GENE	16,057		16,057	16,057	1,450,218	-6,250,800
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	7,944		7,944	7,944	177,522	
009 LAUNDRY & LINEN SERVI	3,094		3,094	3,094	98,964	
010 HOUSEKEEPING	247		247	247		
011 DIETARY	3,081		3,081	3,081	167,473	
012 CAFETERIA	1,690		1,690	1,690	168,297	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO	1,013		1,013	1,013	444,883	
015 CENTRAL SERVICES & SU	5,661		5,661	5,661	180,493	
016 PHARMACY	300		300	300	503,390	
017 MEDICAL RECORDS & LIB	1,935		1,935	1,935	211,999	
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	15,728		15,728	15,728	1,962,872	
026 INTENSIVE CARE UNIT	1,879		1,879	1,879	383,587	
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER	4,310		4,310	4,310	642,853	
033 NURSERY	601		601	601	2,826	
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
036 01 ICF/MR						
037 OTHER LONG TERM CARE						
038 ANCILLARY SRVC COST C						
039 OPERATING ROOM	6,273		6,273	6,273	1,328,303	
040 RECOVERY ROOM						
041 DELIVERY ROOM & LABOR						
042 ANESTHESIOLOGY						
043 RADIOLOGY-DIAGNOSTIC	15,478		15,478	15,478	1,610,512	
044 01 ULTRASOUND	281		281	281	70,790	
045 RADIOLOGY-THERAPEUTIC						
046 RADIOISOTOPE	267		267	267	68,706	
047 LABORATORY	5,386		5,386	5,386		
048 PBP CLINICAL LAB SERV						
049 WHOLE BLOOD & PACKED						
050 BLOOD STORING, PROCES						
051 INTRAVENOUS THERAPY						
052 RESPIRATORY THERAPY	406		406	406	297,621	
053 PHYSICAL THERAPY	2,329		2,329	2,329	595,664	
054 OCCUPATIONAL THERAPY						
055 SPEECH PATHOLOGY						
056 ELECTROCARDIOLOGY	323		323	323	137,311	
057 ELECTROENCEPHALOGRAPH						
058 MEDICAL SUPPLIES CHAR	1,412		1,412	1,412		
059 DRUGS CHARGED TO PATI	4,271		4,271	4,271		
060 RENAL DIALYSIS						
061 ASC (NON-DISTINCT PAR						
062 ONCOLOGY						
OUTPAT SERVICE COST C						
060 CLINIC	851		851	851	133,708	
061 EMERGENCY	2,684		2,684	2,684	1,109,652	
062 OBSERVATION BEDS (NON						
092 SPEC PURPOSE COST CEN						
093 AMBULATORY SURGICAL C						
095 HOSPICE						
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	104,224		104,224	104,224	11,747,644	-6,250,800
097 RESEARCH	351		351	351		
098 PHYSICIANS' PRIVATE O					11,072,534	
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE						
100 01 SPORTS MEDICINE					121,948	
100 02 COMMUNITY IND HEALTH	1,624		1,624	1,624		
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			2,931,784	1,098,860	6,325,577	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			27.606512		.275719	
(WRKSHT B, PT I)				10.347178		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						

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	3,925,211		3,925,211			
26	INTENSIVE CARE UNIT	715,721		715,721			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	2,652,581		2,652,581			
33	NURSERY	359,648		359,648			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,066,056	7,603,383	9,669,439	.369284	.369284	.424324
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	2,542,090	25,962,732	28,504,822	.184648	.184648	.184648
01	ULTRASOUND	218,181	2,184,368	2,402,549	.068621	.068621	.068621
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	106,041	1,074,054	1,180,095	.149957	.149957	.149957
44	LABORATORY	3,795,831	11,121,005	14,916,836	.196112	.196112	.196112
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,190,551	397,855	1,588,406	.368559	.368559	.368559
50	PHYSICAL THERAPY	269,631	2,085,307	2,354,938	.511839	.511839	.511839
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	751,584	2,084,385	2,835,969	.118247	.118247	.118247
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	10,624,312	9,313,608	19,937,920	.149993	.149993	.149993
56	DRUGS CHARGED TO PATIENTS	4,994,652	3,861,377	8,856,029	.425865	.425865	.425865
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	ONCOLOGY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		1,780,357	1,780,357	.179780	.179780	.179780
61	EMERGENCY	1,364,229	10,623,156	11,987,385	.186778	.186778	.189928
62	OBSERVATION BEDS (NON-DIS		693,632	693,632	1.039352	1.039352	1.039352
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	35,576,319	78,785,219	114,361,538			
102	LESS OBSERVATION BEDS						
103	TOTAL	35,576,319	78,785,219	114,361,538			

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						
38	OPERATING ROOM	3,570,765	349,203	3,221,562			3,570,765
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	5,263,365	762,023	4,501,342			5,263,365
41	01 ULTRASOUND	164,865	16,351	148,514			164,865
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	176,964	14,965	161,999			176,964
44	LABORATORY	2,925,378	272,445	2,652,933			2,925,378
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	585,421	29,654	555,767			585,421
50	PHYSICAL THERAPY	1,205,348	125,834	1,079,514			1,205,348
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	335,345	21,823	313,522			335,345
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	2,990,557	351,807	2,638,750			2,990,557
56	DRUGS CHARGED TO PATIENTS	3,771,477	249,014	3,522,463			3,771,477
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	ONCOLOGY						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	320,073	42,446	277,627			320,073
61	EMERGENCY	2,238,982	195,190	2,043,792			2,238,982
62	OBSERVATION BEDS (NON-DIS	720,928	129,620	591,308			720,928
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	24,269,468	2,560,375	21,709,093			24,269,468
102	LESS OBSERVATION BEDS	720,928	129,620	591,308			720,928
103	TOTAL	23,548,540	2,430,755	21,117,785			23,548,540

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	9,669,439	.369284	.369284
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	28,504,822	.184648	.184648
41	01 ULTRASOUND	2,402,549	.068621	.068621
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	1,180,095	.149957	.149957
44	LABORATORY	14,916,836	.196112	.196112
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	1,588,406	.368559	.368559
50	PHYSICAL THERAPY	2,354,938	.511839	.511839
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	2,835,969	.118247	.118247
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	19,937,920	.149993	.149993
56	DRUGS CHARGED TO PATIENTS	8,856,029	.425865	.425865
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	ONCOLOGY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,780,357	.179780	.179780
61	EMERGENCY	11,987,385	.186778	.186778
62	OBSERVATION BEDS (NON-DIS	693,632	1.039352	1.039352
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	106,708,377		
102	LESS OBSERVATION BEDS	693,632		
103	TOTAL	106,014,745		

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						
38	OPERATING ROOM	3,570,765	349,203	3,221,562	34,920	186,851	3,348,994
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROOM						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	5,263,365	762,023	4,501,342	76,202	261,078	4,926,085
41	01 ULTRASOUND	164,865	16,351	148,514	1,635	8,614	154,616
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	176,964	14,965	161,999	1,497	9,396	166,071
44	LABORATORY	2,925,378	272,445	2,652,933	27,245	153,870	2,744,263
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	585,421	29,654	555,767	2,965	32,234	550,222
50	PHYSICAL THERAPY	1,205,348	125,834	1,079,514	12,583	62,612	1,130,153
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	335,345	21,823	313,522	2,182	18,184	314,979
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	2,990,557	351,807	2,638,750	35,181	153,048	2,802,328
56	DRUGS CHARGED TO PATIENTS	3,771,477	249,014	3,522,463	24,901	204,303	3,542,273
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	ONCOLOGY						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	320,073	42,446	277,627	4,245	16,102	299,726
61	EMERGENCY	2,238,982	195,190	2,043,792	19,519	118,540	2,100,923
62	OBSERVATION BEDS (NON-DIS	720,928	129,620	591,308	12,962	34,296	673,670
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	24,269,468	2,560,375	21,709,093	256,037	1,259,128	22,754,303
102	LESS OBSERVATION BEDS	720,928	129,620	591,308	12,962	34,296	673,670
103	TOTAL	23,548,540	2,430,755	21,117,785	243,075	1,224,832	22,080,633

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			
38	OPERATING ROOM	9,669,439	.346348	.365672
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	28,504,822	.172816	.181975
41	01 ULTRASOUND	2,402,549	.064355	.067940
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	1,180,095	.140727	.148689
44	LABORATORY	14,916,836	.183971	.194286
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	1,588,406	.346399	.366692
50	PHYSICAL THERAPY	2,354,938	.479908	.506495
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	2,835,969	.111066	.117478
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	19,937,920	.140553	.148229
56	DRUGS CHARGED TO PATIENTS	8,856,029	.399984	.423054
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	ONCOLOGY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,780,357	.168352	.177396
61	EMERGENCY	11,987,385	.175261	.185150
62	OBSERVATION BEDS (NON-DIS	693,632	.971221	1.020665
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	106,708,377		
102	LESS OBSERVATION BEDS	693,632		
103	TOTAL	106,014,745		

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	5,837	2,980			149.50	445,510
26	INTENSIVE CARE UNIT	331	241			309.75	74,650
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	2,160	1,941			121.62	236,064
33	NURSERY	626				43.55	
101	TOTAL	8,954	5,162				756,224

TITLE XVIII, PART A		HOSPITAL		PPS			
WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		349,203	9,669,439	903,402		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		762,023	28,504,822	1,817,512		
41	01 ULTRASOUND		16,351	2,402,549	1,516		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE		14,965	1,180,095			
44	LABORATORY		272,445	14,916,836	2,166,834		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		29,654	1,588,406	605,668		
50	PHYSICAL THERAPY		125,834	2,354,938	172,294		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		21,823	2,835,969	509,121		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		351,807	19,937,920	4,709,733		
56	DRUGS CHARGED TO PATIENTS		249,014	8,856,029	2,848,718		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	ONCOLOGY						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC		42,446	1,780,357			
61	EMERGENCY		195,190	11,987,385	888,842		
62	OBSERVATION BEDS (NON-DIS		129,620	693,632			
62	OTHER REIMBURS COST CNTRS						
101	TOTAL		2,560,375	106,708,377	14,623,640		

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

PROVIDER NO: 15-0022
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
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					5,837	
26	INTENSIVE CARE UNIT					331	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER					2,160	
33	NURSERY					626	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
101	TOTAL					8,954	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	2,980	
26	INTENSIVE CARE UNIT	241	
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER	1,941	
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
01	ICF/MR		
101	TOTAL	5,162	

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			9,669,439			903,402	
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			28,504,822			1,817,512	
41 01	ULTRASOUND			2,402,549			1,516	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			1,180,095				
44	LABORATORY			14,916,836			2,166,834	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			1,588,406			605,668	
50	PHYSICAL THERAPY			2,354,938			172,294	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			2,835,969			509,121	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			19,937,920			4,709,733	
56	DRUGS CHARGED TO PATIENTS			8,856,029			2,848,718	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
59	ONCOLOGY							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,780,357				
61	EMERGENCY			11,987,385			888,842	
62	OBSERVATION BEDS (NON-DIS			693,632				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			106,708,377			14,623,640	

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
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	2, 528, 268					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	8, 298, 563					
41	01 ULTRASOUND	57, 484					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	305, 354					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	68, 117					
50	PHYSICAL THERAPY	9, 536					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	943, 128					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	2, 242, 814					
56	DRUGS CHARGED TO PATIENTS	1, 500, 914					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	ONCOLOGY						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	8, 948					
61	EMERGENCY	2, 188, 235					
62	OBSERVATION BEDS (NON-DIS	216, 621					
62	OTHER REIMBURS COST CNTRS						
101	TOTAL	18, 367, 982					

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		349,203	9,669,439	2,523		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		762,023	28,504,822	79,007		
41	01 ULTRASOUND		16,351	2,402,549			
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE		14,965	1,180,095			
44	LABORATORY		272,445	14,916,836	300,562		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		29,654	1,588,406	22,861		
50	PHYSICAL THERAPY		125,834	2,354,938	19,357		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		21,823	2,835,969	33,819		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		351,807	19,937,920	100,354		
56	DRUGS CHARGED TO PATIENTS		249,014	8,856,029	624,754		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	ONCOLOGY						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC		42,446	1,780,357			
61	EMERGENCY		195,190	11,987,385	67,137		
62	OBSERVATION BEDS (NON-DIS		129,620	693,632			
62	OTHER REIMBURS COST CNTRS						
101	TOTAL		2,560,375	106,708,377	1,250,374		

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			9,669,439			2,523	
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			28,504,822			79,007	
41 01	ULTRASOUND			2,402,549				
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			1,180,095				
44	LABORATORY			14,916,836			300,562	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			1,588,406			22,861	
50	PHYSICAL THERAPY			2,354,938			19,357	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			2,835,969			33,819	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			19,937,920			100,354	
56	DRUGS CHARGED TO PATIENTS			8,856,029			624,754	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
59	ONCOLOGY							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,780,357				
61	EMERGENCY			11,987,385			67,137	
62	OBSERVATION BEDS (NON-DIS			693,632				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			106,708,377			1,250,374	

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						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	ONCOLOGY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
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	867
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	831.52
85	OBSERVATION BED COST	720,928

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	4,853,575		720,928	
87	NEW CAPITAL-RELATED COST	872,654	.179796	720,928	129,620
88	NON PHYSICIAN ANESTHETIST	4,853,575		720,928	
89	MEDICAL EDUCATION	4,853,575		720,928	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER I 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	827.30
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	1,786,977			
87	NEW CAPITAL-RELATED COST	262,695	1,786,977		
88	NON PHYSICIAN ANESTHETIST		1,786,977	.147005	
89	MEDICAL EDUCATION		1,786,977		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL 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	867
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	826.70
85	OBSERVATION BED COST	716,749

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				

TITLE XIX - I/P SUBPROVIDER I OTHER

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

1

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 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
- 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					

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	3,327,268	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1,109,089	
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		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	38,845	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		48.62
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)		2.10
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		16.15
4.02 SUM OF LINES 4 AND 4.01		18.25
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		4.61
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		204,516
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)		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	4,679,718	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	4,120,215	
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)	4,679,718	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	375,497	
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	5,055,215	
17 PRIMARY PAYER PAYMENTS	6,196	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	5,049,019	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	751,108	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	3,850	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	174,070	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	121,849	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	125,291	
22 SUBTOTAL	4,415,910	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)	98,849	
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	4,514,759	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	4,530,560	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-15,801	
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)	6,849
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	4,282,360
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	4,321,424
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.922
1.04	LINE 1.01 TIMES LINE 1.03.	3,948,336
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	6,849
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	16,082
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	16,082
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)	16,082
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	9,233
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	6,849
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	4,321,424
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,098,147
19	SUBTOTAL (SEE INSTRUCTIONS)	3,230,126
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	3,230,126
24	PRIMARY PAYER PAYMENTS	1,268
25	SUBTOTAL	3,228,858
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	162,974
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	114,082
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	115,387
28	SUBTOTAL	3,342,940
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	3,342,940
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,472,418
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-129,478
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,491,149		3,483,872
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	7/29/2010	39,411		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50			7/29/2010	11,454
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		39,411		-11,454
4 TOTAL INTERIM PAYMENTS		4,530,560		3,472,418
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02		15,801		129,478
7 TOTAL MEDICARE PROGRAM LIABILITY		4,514,759		3,342,940

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
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)		1,665,976
1.09	NET IPF PPS OUTLIER PAYMENTS		488
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)		5.917808
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.		
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)		1,666,464
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)		1,666,464
	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)		
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)		1,666,464
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		1,666,464
7	DEDUCTIBLES		90,136
8	SUBTOTAL		1,576,328
9	COINSURANCE		2,475
10	SUBTOTAL		1,573,853
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		1,573,853
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	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 1

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,573,853
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,573,854
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-1
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

PROVIDER NO:	PERIOD:	PREPARED
15-0022	FROM 1/ 1/2010	5/26/2011
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 XVIII SNF	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		
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		
8	INPATIENT PRIMARY PAYER PAYMENTS		
9	OUTPATIENT PRIMARY PAYER PAYMENTS		
10	SUBTOTAL		
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
11	ROUTINE SERVICE CHARGES		
12	ANCILLARY SERVICE CHARGES		
13	INTERNS AND RESIDENTS SERVICE CHARGES		
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
15	TEACHING PHYSICIANS		
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
17	TOTAL REASONABLE CHARGES		
	CUSTOMARY CHARGES		
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
19	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)		
20	RATIO OF LINE 17 TO LINE 18		
21	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
22	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
23	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
24	COST OF COVERED SERVICES		
25	PROSPECTIVE PAYMENT AMOUNT		
26	OTHER THAN OUTLIER PAYMENTS		
27	OUTLIER PAYMENTS		
28	PROGRAM CAPITAL PAYMENTS		
29	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
30	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
31	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
32	SUBTOTAL		491,010
33	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
34	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		491,010
35	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
36	EXCESS OF REASONABLE COST		
37	SUBTOTAL		491,010
38	COINSURANCE		
39	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
40	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
41	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
42	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
44	UTILIZATION REVIEW		
45	SUBTOTAL (SEE INSTRUCTIONS)		470,100
46	INPATIENT ROUTINE SERVICE COST		
47	MEDICARE INPATIENT ROUTINE CHARGES		
48	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
49	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
50	RATIO OF LINE 43 TO 44		
51	TOTAL CUSTOMARY CHARGES		
52	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
53	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
54	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
55	OTHER ADJUSTMENTS (SPECIFY)		
56	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
57	SUBTOTAL		470,100
58	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
59	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
60	TOTAL AMOUNT PAYABLE TO THE PROVIDER		470,100
61	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
62	INTERIM PAYMENTS		470,100
63	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
64	BALANCE DUE PROVIDER/PROGRAM		

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

TITLE XVIII

SNF

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.

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
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES 659,824			
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 659,824			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL 659,824			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES 2,110,721			
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 2,110,721			
	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) 2,110,721			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST 1,450,897			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES 659,824			
	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 659,824			
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 30 659,824			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL 659,824			
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) 659,824			
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) -659,824			
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			

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		1	2

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS		
	CAPITAL FEDERAL AMOUNT		
2	CAPITAL DRG OTHER THAN OUTLIER		359,888
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997		
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997		15,609
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS		14.52
	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		375,497
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)		