

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	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0026	I	FROM 1/ 1/2010	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/23/2011 TIME 18:30

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:  
 GOSHEN GENERAL HOSPITAL 15-0026  
 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.

*Amy Jlw*  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

ECR ENCRYPTION INFORMATION  
 DATE: 5/23/2011 TIME 18:30

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

y7CT15Tckmbotz5CfMKtxgI0EurFe0  
 Hx6GK0E3NzdIUfYkUvxxYprwbzcfZ  
 qN0e15e7t9022Q00

TITLE

*CFO*  
*5/24/11*

PI ENCRYPTION INFORMATION  
 DATE: 5/23/2011 TIME 18:30

DATE

0:qhKFaRQCY57FePbvjUG.IGZind0  
 ox54R0rtgLG0iJIpLdvn6pnnbq6qTG  
 qnRF6Mn5zN0HEY46

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3		4
1	HOSPITAL	0	249,046	123,099	1,723,935
7	HOSPITAL-BASED HHA	0	0	0	0
100	TOTAL	0	249,046	123,099	1,723,935

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.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 200 HIGH PARK AVENUE P.O. BOX:  
 1.01 CITY: GOSHEN STATE: IN ZIP CODE: 46526- COUNTY: ELKHART

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	GOSHEN GENERAL HOSPITAL	15-0026		7/1/1966	N	P	O
09.00 HOSPITAL-BASED HHA	CARE AT HOME SERVICES	15-7174		4/17/1986	N	O	N
12.00 HOSP-BASED HOSPICE	CARE AT HOME HOSPICE SERVICES	15-1527		4/17/1986			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2010 TO: 12/31/2010  
 18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL  
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 21140
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 OR MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)

25.07 HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THE COST REPORTING PERIOD? ENTER "Y" FOR YES OR "N" FOR NO IN COLUMN 1.

25.08 IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. 0.00

IF LINE 25.07 IS YES, USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENTS FTES BY PROGRAM IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED. (SEE INSTRUCTIONS)

25.09 0000 0.00

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
28.02	0	0.0000	0.0000	

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

0.00 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

- 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
- 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N
- 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (F)(1)(i) TEFRA? N
- 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)? N
- 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)? N
- 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)? N
- 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)? N
- 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

- 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N
- 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
- 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
- 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? V XVIII XIX  
1 2 3

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 15H059

40.01 NAME: CLARIAN HEALTH PARTNERS INC FI/CONTRACTOR NAME NGS FI/CONTRACTOR # 08101  
 40.02 STREET: I-65@21ST STREET P.O. BOX:  
 40.03 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46202-

- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
50.00 HHA	N	N			

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 728,610  
 PAID LOSSES: 505,095  
 AND/OR SELF INSURANCE: 0
- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		Y			
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		N			
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).					
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).					0

MULTICAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

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

MISCELLANEOUS DATA

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

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	111	40,515	2.01	3	4	7,988	5
2 HMO						650	610
2 01 HMO - (IRF PPS SUBPROVIDER)							2,610
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	111	40,515				7,988	610
6 INTENSIVE CARE UNIT	12	4,380				959	34
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							353
12 TOTAL	123	44,895				8,947	997
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
25 TOTAL	123						
26 OBSERVATION BED DAYS							219
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							640

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED	I/P DAYS / NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS / TOTAL OBSERVATION BEDS	INTERNS & RES. FTES -- LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	8
2 HMO			16,984	6.02	7
2 01 HMO - (IRF PPS SUBPROVIDER)					
3 ADULTS & PED-SB SNF					
4 ADULTS & PED-SB NF					
5 TOTAL ADULTS AND PEDS			16,984		
6 INTENSIVE CARE UNIT			2,303		
7 CORONARY CARE UNIT					
8 BURN INTENSIVE CARE UNIT					
9 SURGICAL INTENSIVE CARE UNIT					
11 NURSERY			1,746		
12 TOTAL			21,033		
13 RPCH VISITS					
14 SUBPROVIDER					
15 SKILLED NURSING FACILITY					
18 HOME HEALTH AGENCY			10,592		
20 AMBULATORY SURGICAL CENTER (					
21 HOSPICE					
25 TOTAL					
26 OBSERVATION BED DAYS			1,132		
27 AMBULANCE TRIPS					
28 EMPLOYEE DISCOUNT DAYS					
28 01 EMP DISCOUNT DAYS -IRF					
29 LABOR & DELIVERY DAYS			1,047		

COMPONENT	I & R FTES NET	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					2,338	1,264	7,365
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		912.21			2,338	1,264	7,365
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY		21.96					
20 AMBULATORY SURGICAL CENTER (							

Health Financial Systems MCRIF32 FOR GOSHEN GENERAL HOSPITAL  
 HOSPITAL AND HOSPITAL HEALTH CARE  
 COMPLEX STATISTICAL DATA

IN LIEU OF FORM CMS-2552-96 (01/2010) CONTD  
 PROVIDER NO: 15-0026  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET S-3  
 PART I

COMPONENT	I & R FTES NET	--- FULL TIME EQUIV ---		----- DISCHARGES -----			TOTAL ALL PATIENTS
		EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
21 HOSPICE	9	10	11	12	13	14	15
25 TOTAL		16.88					
26 OBSERVATION BED DAYS		951.05					
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	53,966,545		53,966,545	1,978,200.00	27.28	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	969,773		969,773	6,569.26	147.62	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	5,344,058		5,344,058	26,758.62	199.71	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	3,455,332	679,338	4,134,670	136,188.00	30.36	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	182,515		182,515	2,891.25	63.13	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	492,077		492,077	2,129.25	231.10	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	4,625,442		4,625,442	80,206.00	57.67	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	13,413,392		13,413,392			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,048,653		1,048,653			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	294,315		294,315			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	1,621,860		1,621,860			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	624,881		624,881	25,525.00	24.48	
22 ADMINISTRATIVE & GENERAL	9,550,587	-679,338	8,871,249	306,738.00	28.92	
22.01 A & G UNDER CONTRACT	519,295		519,295	4,993.07	104.00	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	748,133		748,133	34,435.00	21.73	
25 LAUNDRY & LINEN SERVICE	30,270		30,270	2,831.00	10.69	
26 HOUSEKEEPING	910,169		910,169	72,973.00	12.47	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	676,016	-534,280	141,736	12,466.00	11.37	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		534,280	534,280	46,991.00	11.37	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,074,752		1,074,752	35,113.00	30.61	
31 CENTRAL SERVICE AND SUPPLY	192,726		192,726	12,640.00	15.25	
32 PHARMACY	1,112,463		1,112,463	32,459.00	34.27	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,179,371		1,179,371	57,418.00	20.54	
34 SOCIAL SERVICE	331,796		331,796	13,832.00	23.99	
35 OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	49,141,782		49,141,782	1,956,434.45	25.12	
2 EXCLUDED AREA SALARIES	3,455,332	679,338	4,134,670	136,188.00	30.36	
3 SUBTOTAL SALARIES	45,686,450	-679,338	45,007,112	1,820,246.45	24.73	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	5,300,034		5,300,034	85,226.50	62.19	
5 SUBTOTAL WAGE-RELATED COSTS	13,707,707		13,707,707		30.46	
6 TOTAL	64,694,191	-679,338	64,014,853	1,905,472.95	33.60	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES &						

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET 5-3  
 I I TO 12/31/2010 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
11 RELATED COSTS						
12 SUBTOTAL WAGE-RELATED COSTS						
13 TOTAL						
13 TOTAL OVERHEAD COSTS	16,950,459	-679,338	16,271,121	658,414.07	24.71	

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
I 15-0026 I FROM 1/ 1/2010 I WORKSHEET S-4  
I HHA NO: I TO 12/31/2010 I  
I 15-7174 I  
COUNTY:

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	2,129	12	158
2 UNDUPLICATED CENSUS COUNT		461.00	35.00	110.00
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	2,299			
2 UNDUPLICATED CENSUS COUNT	606.00			

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	.48		.48
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.60		1.60
5 OTHER ADMINISTRATIVE PERSONEL	4.68		4.68
6 DIRECTING NURSING SERVICE	8.35		8.35
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	1.43		1.43
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.58		.58
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.21		.21
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	1.49		1.49
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	3.15		3.15
17 HOME HEALTH AIDE SUPERVISOR			
18			

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD? 4 0

20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE). 9915

20.01 2330  
20.02 2114  
20.03 5003

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

	FULL EPISODES		LUPA	PEP ONLY
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	EPISODES 3	EPISODES 4
21 SKILLED NURSING VISITS	2,851	322	168	20
22 SKILLED NURSING VISIT CHARGES	370,630	41,860	21,840	2,600
23 PHYSICAL THERAPY VISITS	1,540	7	11	16
24 PHYSICAL THERAPY VISIT CHARGES	207,900	945	1,485	2,160
25 OCCUPATIONAL THERAPY VISITS	572	2	5	2
26 OCCUPATIONAL THERAPY VISIT CHARGES	77,220	270	675	270
27 SPEECH PATHOLOGY VISITS	137	0	0	3
28 SPEECH PATHOLOGY VISIT CHARGES	19,175	0	0	420
29 MEDICAL SOCIAL SERVICE VISITS	30	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	5,550	0	0	0
31 HOME HEALTH AIDE VISITS	1,855	23	7	0
32 HOME HEALTH AIDE VISIT CHARGES	129,850	1,610	490	0
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	6,985	354	191	41
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	810,325	44,685	24,490	5,450
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	389	0	77	5
37 TOTAL NUMBER OF OUTLIER EPISODES	0	8	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	75,817	9,502	7,538	371

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET S-4  
 I HHA NO: I TO 12/31/2010 I  
 I 15-7174 I  
 COUNTY:

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	3,361
22 SKILLED NURSING VISIT CHARGES	0	0	436,930
23 PHYSICAL THERAPY VISITS	0	0	1,574
24 PHYSICAL THERAPY VISIT CHARGES	0	0	212,490
25 OCCUPATIONAL THERAPY VISITS	0	0	581
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	78,435
27 SPEECH PATHOLOGY VISITS	0	0	140
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	19,595
29 MEDICAL SOCIAL SERVICE VISITS	0	0	30
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	5,550
31 HOME HEALTH AIDE VISITS	0	0	1,885
32 HOME HEALTH AIDE VISIT CHARGES	0	0	131,950
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	7,571
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	884,950
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	471
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	8
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	93,228

HOSPICE IDENTIFICATION DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/24/2011
I	15-0026	I	FROM 1/ 1/2010	I	WORKSHEET	S-9
I	HOSPICE NO:	I	TO 12/31/2010	I		
I	15-1527	I		I		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE		14,267		
3 INPATIENT RESPITE CARE		29		
4 GENERAL INPATIENT CARE		192		
5 TOTAL HOSPICE DAYS		14,488		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	1,584	15,851
3 INPATIENT RESPITE CARE		29
4 GENERAL INPATIENT CARE	61	253
5 TOTAL HOSPICE DAYS	1,645	16,133

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	256	16		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	56.59			
9 UNDUPLICATED CENSUS COUNT	255	16		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	34	306
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	48.38	52.72
9 UNDUPLICATED CENSUS COUNT	35	306

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/24/2011
I	15-0026	I	FROM 1/1/2010	I	WORKSHEET S-10
I		I	TO 12/31/2010	I	
I		I		I	

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
- 17.01 GROSS MEDICAID REVENUES 35,947,636
- 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 35,947,636

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) .371682

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0026	I	FROM 1/ 1/2010	I	5/24/2011
I		I	TO 12/31/2010	I	WORKSHEET S-10
I		I		I	

DESCRIPTION

25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	28,541,734
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	10,608,449
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	10,608,449

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET A  
 I I TO 12/31/2010 I

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		11,181,070	11,181,070	-5,454,510	5,726,560
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				6,664,453	6,664,453
5	0500 EMPLOYEE BENEFITS	624,881	14,020,088	14,644,969	158,801	14,803,770
6.01	0610 CASHIERING/ACCOUNTS RECEIVABLE	697,830	520,550	1,218,380		1,218,380
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL	8,852,757	12,249,537	21,102,294	23,245	21,125,539
8	0800 OPERATION OF PLANT	748,133	2,290,393	3,038,526	-20	3,038,506
9	0900 LAUNDRY & LINEN SERVICE	30,270	527,183	557,453		557,453
10	1000 HOUSEKEEPING	910,169	381,271	1,291,440	-88	1,291,352
11	1100 DIETARY	676,016	966,068	1,642,084	-1,301,316	340,768
12	1200 CAFETERIA				1,297,799	1,297,799
14	1400 NURSING ADMINISTRATION	1,074,752	146,569	1,221,321	-64	1,221,257
15	1500 CENTRAL SERVICES & SUPPLY	192,726	264,266	456,992	-513	456,479
16	1600 PHARMACY	1,112,463	5,235,897	6,348,360	-4,949,983	1,398,377
17	1700 MEDICAL RECORDS & LIBRARY	1,179,371	1,287,685	2,467,056	-16	2,467,040
18	1800 SOCIAL SERVICE	331,796	5,299	337,095		337,095
24	2400 PARAMED ED PRGM				209,302	209,302
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,871,155	580,503	6,451,658	535,362	6,987,020
26	2600 INTENSIVE CARE UNIT	1,409,338	221,433	1,630,771	-152,805	1,477,966
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER					
33	3300 NURSERY	2,145,323	331,325	2,476,648	-2,258,987	217,661
34	3400 SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,854,181	15,418,028	19,272,209	-1,909,612	17,362,597
38	3800 RECOVERY ROOM	430,280	61,762	492,042	-41,871	450,171
39	3900 DELIVERY ROOM & LABOR ROOM				1,166,265	1,166,265
40	4000 ANESTHESIOLOGY					
40.01	4001 PAIN MANAGEMENT	798,375	967,023	1,765,398	-12,061	1,753,337
41	4100 RADIOLOGY-DIAGNOSTIC	11,051,528	19,541,571	30,593,099	-8,942,080	21,651,019
41.01	4101 MRI					
42	4200 RADIOLOGY-THERAPEUTIC	57,140	3,163	60,303	-19	60,284
43.01	4301 CATH LAB	608,492	2,579,186	3,187,678	-2,064,344	1,123,334
44	4400 LABORATORY	2,279,985	3,082,053	5,362,038	-35,253	5,326,785
49	4900 RESPIRATORY THERAPY	967,295	160,898	1,128,193	-27,199	1,100,994
50	5000 PHYSICAL THERAPY	1,533,586	303,601	1,837,187	-7,017	1,830,170
51	5100 OCCUPATIONAL THERAPY	317,030	8,389	325,419	-3,769	321,650
52	5200 SPEECH PATHOLOGY	233,047	9,007	242,054	-2,296	239,758
53	5300 ELECTROCARDIOLOGY	91,480	75,130	166,610	-2,419	164,191
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				5,817,883	5,817,883
56	5600 DRUGS CHARGED TO PATIENTS				13,458,872	13,458,872
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	257,954	136,506	394,460	-5,847	388,613
60.01	6001 WOMEN'S CENTER					
60.02	6002 WOUND CLINIC	-3,715	1,001,120	997,405	-230,349	767,056
61	6100 EMERGENCY	2,177,575	405,108	2,582,683	-245,855	2,336,828
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	1,229,031	213,909	1,442,940	-31,826	1,411,114
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		2,205,601	2,205,601	-2,205,601	
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE	839,016	899,997	1,739,013	-221,949	1,517,064
95	9500 SUBTOTALS	52,579,260	97,281,189	149,860,449	-775,687	149,084,762
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	436,725	254,390	691,115	-2,738	688,377
96.01	9601 OTHER NR / GRANTS / COMMUNITY ED.	398,774	322,433	721,207	-3	721,204
96.03	9603 LIFELINE	18,868	12,978	31,846		31,846
96.04	9604 COMMUNITY RELATIONS	494,290	3,872,605	4,366,895	778,428	5,145,323
96.05	9605 PRIVATE DUTY	26,128	2,269	28,397		28,397
96.06	9606 PHYSICIAN RECRUITMENT / PROF DEV	12,500	1,451,016	1,463,516		1,463,516
96.07	9607 FOUNDATION		66	66		66
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
101	TOTAL	53,966,545	103,196,946	157,163,491	-0-	157,163,491

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
I 15-0026 I FROM 1/ 1/2010 I WORKSHEET A  
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-1,070,061	4,656,499
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	1,172,561	7,837,014
5	0500 EMPLOYEE BENEFITS		14,803,770
6.01	0610 CASHIERING/ACCOUNTS RECEIVABLE		1,218,380
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL	3,687,015	24,812,554
8	0800 OPERATION OF PLANT		3,038,506
9	0900 LAUNDRY & LINEN SERVICE		557,453
10	1000 HOUSEKEEPING		1,291,352
11	1100 DIETARY	-38,812	301,956
12	1200 CAFETERIA	-912,935	384,864
14	1400 NURSING ADMINISTRATION		1,221,257
15	1500 CENTRAL SERVICES & SUPPLY		456,479
16	1600 PHARMACY		1,398,377
17	1700 MEDICAL RECORDS & LIBRARY	-58,965	2,408,075
18	1800 SOCIAL SERVICE		337,095
24	2400 PARAMED ED PRGM	-73,547	135,755
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-2,760	6,984,260
26	2600 INTENSIVE CARE UNIT		1,477,966
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		
33	3300 NURSERY		217,661
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		17,362,597
38	3800 RECOVERY ROOM		450,171
39	3900 DELIVERY ROOM & LABOR ROOM		1,166,265
40	4000 ANESTHESIOLOGY		
40.01	4001 PAIN MANAGEMENT	-606,636	1,146,701
41	4100 RADIOLOGY-DIAGNOSTIC	-6,030,059	15,620,960
41.01	4101 MRI		
42	4200 RADIOLOGY-THERAPEUTIC		60,284
43.01	4301 CATH LAB	-39,123	1,084,211
44	4400 LABORATORY	-801,759	4,525,026
49	4900 RESPIRATORY THERAPY		1,100,994
50	5000 PHYSICAL THERAPY	-225	1,829,945
51	5100 OCCUPATIONAL THERAPY		321,650
52	5200 SPEECH PATHOLOGY		239,758
53	5300 ELECTROCARDIOLOGY		164,191
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		5,817,883
56	5600 DRUGS CHARGED TO PATIENTS		13,458,872
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		388,613
60.01	6001 WOMEN'S CENTER		
60.02	6002 WOUND CLINIC	-2,924	764,132
61	6100 EMERGENCY		2,336,828
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		1,411,114
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		1,517,064
95	SUBTOTALS	-4,778,230	144,306,532
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		688,377
96.01	9601 OTHER NR / GRANTS / COMMUNITY ED.		721,204
96.03	9603 LIFELINE		31,846
96.04	9604 COMMUNITY RELATIONS		5,145,323
96.05	9605 PRIVATE DUTY		28,397
96.06	9606 PHYSICIAN RECRUITMENT / PROF DEV		1,463,516
96.07	9607 FOUNDATION		66
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
101	TOTAL	-4,778,230	152,385,261

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET  
 I I TO 12/31/2010 I

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	
6.01	CASHIERING/ACCOUNTS RECEIVABLE	0610	NONPATIENT TELEPHONES
6.02	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
24	PARAMED ED PRGM	2400	
	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	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
40.01	PAIN MANAGEMENT	4001	ANESTHESIOLOGY
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	MRI	4101	RADIOLOGY-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
43.01	CATH LAB	4301	RADIOISOTOPE
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	WOMEN'S CENTER	6001	CLINIC
60.02	WOUND CLINIC	6002	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
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	
96.01	OTHER NR / GRANTS / COMMUNITY ED.	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	LIFELINE	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	COMMUNITY RELATIONS	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	PRIVATE DUTY	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	PHYSICIAN RECRUITMENT / PROF DEV	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.07	FOUNDATION	9607	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 150026	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/24/2011 WORKSHEET A-6
------------------------	--	-------------------------------------

EXPLANATION OF RECLASSIFICATION		INCREASE		
CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1	2	3	4	5
1	SUPPLIES	A OTHER ADMINISTRATIVE AND GENERAL	6.02	92,952
2		MEDICAL SUPPLIES CHARGED TO PATIENTS	55	5,818,258
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33	PHARMACY	B DRUGS CHARGED TO PATIENTS	56	13,465,038
34				
35				
1	PHARMACY	B		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14	DIETARY	C CAFETERIA	12	534,280
15	CAPITAL INSURANCE	D OTHER ADMINISTRATIVE AND GENERAL	6.02	763,519
16		EMPLOYEE BENEFITS	5	96,673
17		OTHER ADMINISTRATIVE AND GENERAL	6.02	180,000
18				728,610
19		OTHER ADMINISTRATIVE AND GENERAL	6.02	97,794
20		NEW CAP REL COSTS-MVBLE EQUIP	4	2,067
21	CAPITAL INTEREST	E NEW CAP REL COSTS-BLDG & FIXT	3	2,216,347
22				
23	CAPITAL DEPRECIATION	F		
24				
25		NEW CAP REL COSTS-MVBLE EQUIP	4	6,662,386
26	CIRCLE OF CARE	G ADULTS & PEDIATRICS	25	846,759
27		DELIVERY ROOM & LABOR ROOM	39	1,094,329
28	COMMUNITY HEALTH	H COMMUNITY RELATIONS	96.04	571,261
29				212,596
30				
31	EMT	I PARAMED ED PRGM	24	108,077
36	TOTAL RECLASSIFICATIONS			3,154,706
				30,565,063

(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: 150026	PERIOD: FROM 1/1/2010 TO 12/31/2010	PREPARED 5/24/2011 WORKSHEET A-6
------------------------	---	-------------------------------------

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 SUPPLIES	A	EMPLOYEE BENEFITS	5			487	
2							
3		OPERATION OF PLANT	8			20	
4		HOUSEKEEPING	10			88	
5		DIETARY	11			3,517	
6		NURSING ADMINISTRATION	14			64	
7		CENTRAL SERVICES & SUPPLY	15			513	
8		PHARMACY	16			20,677	
9		MEDICAL RECORDS & LIBRARY	17			16	
10		ADULTS & PEDIATRICS	25			367,038	
11		INTENSIVE CARE UNIT	26			152,805	
12		NURSERY	33			190,301	
13		OPERATING ROOM	37			1,909,291	
14		RECOVERY ROOM	38			41,871	
15		PAIN MANAGEMENT	40.01			395	
16		RADIOLOGY-DIAGNOSTIC	41			552,025	
17		RADIOLOGY-THERAPEUTIC	42			19	
18		CATH LAB	43.01			2,064,287	
19		LABORATORY	44			35,104	
20		RESPIRATORY THERAPY	49			27,180	
21		PHYSICAL THERAPY	50			5,128	
22		OCCUPATIONAL THERAPY	51			3,769	
23		SPEECH PATHOLOGY	52			2,296	
24		ELECTROCARDIOLOGY	53			2,419	
25		CLINIC	60			5,847	
26		WOUND CLINIC	60.02			226,218	
27		EMERGENCY	61			245,855	
28		HOME HEALTH AGENCY	71			24,381	
29		HOSPICE	93			23,618	
30		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96			608	
31		OTHER NR / GRANTS / COMMUNITY ED.	96.01			3	
32		COMMUNITY RELATIONS	96.04			5,370	
33 PHARMACY	B	OTHER ADMINISTRATIVE AND GENERAL	6.02			6,166	
34		PHARMACY	16			4,929,306	
35		ADULTS & PEDIATRICS	25			21	
1 PHARMACY	B	OPERATING ROOM	37			321	
2		PAIN MANAGEMENT	40.01			11,666	
3		RADIOLOGY-DIAGNOSTIC	41			8,282,636	
4		CATH LAB	43.01			57	
5		LABORATORY	44			149	
6		PHYSICAL THERAPY	50			1,889	
7		WOUND CLINIC	60.02			4,131	
8		HOME HEALTH AGENCY	71			7,445	
9		HOSPICE	93			198,331	
10		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96			2,130	
11		EMPLOYEE BENEFITS	5			20,712	
12		RESPIRATORY THERAPY	49			19	
13		COMMUNITY RELATIONS	96.04			59	
14 DIETARY	C	DIETARY	11		534,280	763,519	
15 CAPITAL INSURANCE	D	RADIOLOGY-DIAGNOSTIC	41			96,673	
16		NEW CAP REL COSTS-BLDG & FIXT	3			180,000	12
17		NEW CAP REL COSTS-BLDG & FIXT	3			728,610	12
18		NEW CAP REL COSTS-BLDG & FIXT	3			99,861	12
19							
20							12
21 CAPITAL INTEREST	E	RADIOLOGY-DIAGNOSTIC	41			10,746	
22		INTEREST EXPENSE	88			2,205,601	11
23 CAPITAL DEPRECIATION	F	NEW CAP REL COSTS-BLDG & FIXT	3			5,552,472	9
24		NEW CAP REL COSTS-BLDG & FIXT	3			1,109,914	9
25							9
26 CIRCLE OF CARE	G	NURSERY	33		1,941,088	127,598	
27							
28 COMMUNITY HEALTH	H	OTHER ADMINISTRATIVE AND GENERAL	6.02		571,261	206,055	
29		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			375	
30		DRUGS CHARGED TO PATIENTS	56			6,166	
31 EMT	I	OTHER ADMINISTRATIVE AND GENERAL	6.02		108,077	101,225	
36 TOTAL RECLASSIFICATIONS					3,154,706	30,565,063	

(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.

RECLASS CODE: A  
 EXPLANATION: SUPPLIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.02	92,952	EMPLOYEE BENEFITS	5	487	
2.00	MEDICAL SUPPLIES CHARGED TO PA	55	5,818,258	OPERATION OF PLANT	8	20	
3.00			0	HOUSEKEEPING	10	88	
4.00			0	DIETARY	11	3,517	
5.00			0	NURSING ADMINISTRATION	14	64	
6.00			0	CENTRAL SERVICES & SUPPLY	15	513	
7.00			0	PHARMACY	16	20,677	
8.00			0	MEDICAL RECORDS & LIBRARY	17	16	
9.00			0	ADULTS & PEDIATRICS	25	367,038	
10.00			0	INTENSIVE CARE UNIT	26	152,805	
11.00			0	NURSERY	33	190,301	
12.00			0	OPERATING ROOM	37	1,909,291	
14.00			0	RECOVERY ROOM	38	41,871	
15.00			0	PAIN MANAGEMENT	40.01	395	
16.00			0	RADIOLOGY-DIAGNOSTIC	41	552,025	
17.00			0	RADIOLOGY-THERAPEUTIC	42	19	
18.00			0	CATH LAB	43.01	2,064,287	
19.00			0	LABORATORY	44	35,104	
20.00			0	RESPIRATORY THERAPY	49	27,180	
21.00			0	PHYSICAL THERAPY	50	5,128	
22.00			0	OCCUPATIONAL THERAPY	51	3,769	
23.00			0	SPEECH PATHOLOGY	52	2,296	
24.00			0	ELECTROCARDIOLOGY	53	2,419	
25.00			0	CLINIC	60	5,847	
27.00			0	WOUND CLINIC	60.02	226,218	
28.00			0	EMERGENCY	61	245,855	
29.00			0	HOME HEALTH AGENCY	71	24,381	
30.00			0	HOSPICE	93	23,618	
31.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	608	
32.00			0	OTHER NR / GRANTS / COMMUNITY	96.01	3	
33.00			0	COMMUNITY RELATIONS	96.04	5,370	
34.00			0				
TOTAL RECLASSIFICATIONS FOR CODE A			5,911,210	TOTAL RECLASSIFICATIONS FOR CODE A			5,911,210

RECLASS CODE: B  
 EXPLANATION: PHARMACY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	13,465,038	OTHER ADMINISTRATIVE AND GENER	6.02	6,166	
5.00			0	PHARMACY	16	4,929,306	
6.00			0	ADULTS & PEDIATRICS	25	21	
8.00			0	OPERATING ROOM	37	321	
9.00			0	PAIN MANAGEMENT	40.01	11,666	
10.00			0	RADIOLOGY-DIAGNOSTIC	41	8,282,636	
11.00			0	CATH LAB	43.01	57	
12.00			0	LABORATORY	44	149	
13.00			0	PHYSICAL THERAPY	50	1,889	
15.00			0	WOUND CLINIC	60.02	4,131	
17.00			0	HOME HEALTH AGENCY	71	7,445	
18.00			0	HOSPICE	93	198,331	
19.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	2,130	
20.00			0	EMPLOYEE BENEFITS	5	20,712	
21.00			0	RESPIRATORY THERAPY	49	19	
22.00			0	COMMUNITY RELATIONS	96.04	59	
TOTAL RECLASSIFICATIONS FOR CODE B			13,465,038	TOTAL RECLASSIFICATIONS FOR CODE B			13,465,038

RECLASS CODE: C  
 EXPLANATION: DIETARY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	CAFETERIA	12	1,297,799	DIETARY	11	1,297,799	
TOTAL RECLASSIFICATIONS FOR CODE C			1,297,799	TOTAL RECLASSIFICATIONS FOR CODE C			1,297,799

RECLASS CODE: D  
 EXPLANATION: CAPITAL INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.02	96,673	RADIOLOGY-DIAGNOSTIC	41	96,673	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150026	FROM 1/1/2010	5/24/2011
	TO 12/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: D  
EXPLANATION : CAPITAL INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	EMPLOYEE BENEFITS	5	180,000	NEW CAP REL COSTS-BLDG & FIXT	3	180,000	
3.00	OTHER ADMINISTRATIVE AND GENER	6.02	728,610	NEW CAP REL COSTS-BLDG & FIXT	3	728,610	
4.00			0	NEW CAP REL COSTS-BLDG & FIXT	3	99,861	
5.00	OTHER ADMINISTRATIVE AND GENER	6.02	97,794			0	
6.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,067			0	
TOTAL RECLASSIFICATIONS FOR CODE D			1,105,144				1,105,144

RECLASS CODE: E  
EXPLANATION : CAPITAL INTEREST

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,216,347	RADIOLOGY-DIAGNOSTIC	41	10,746	
2.00			0	INTEREST EXPENSE	88	2,205,601	
TOTAL RECLASSIFICATIONS FOR CODE E			2,216,347				2,216,347

RECLASS CODE: F  
EXPLANATION : CAPITAL DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00			0	NEW CAP REL COSTS-BLDG & FIXT	3	5,552,472	
2.00			0	NEW CAP REL COSTS-BLDG & FIXT	3	1,109,914	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	6,662,386			0	
TOTAL RECLASSIFICATIONS FOR CODE F			6,662,386				6,662,386

RECLASS CODE: G  
EXPLANATION : CIRCLE OF CARE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	902,421	NURSERY	33	2,068,686	
2.00	DELIVERY ROOM & LABOR ROOM	39	1,166,265			0	
TOTAL RECLASSIFICATIONS FOR CODE G			2,068,686				2,068,686

RECLASS CODE: H  
EXPLANATION : COMMUNITY HEALTH

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	COMMUNITY RELATIONS	96.04	783,857	OTHER ADMINISTRATIVE AND GENER	6.02	777,316	
2.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	375	
3.00			0	DRUGS CHARGED TO PATIENTS	56	6,166	
TOTAL RECLASSIFICATIONS FOR CODE H			783,857				783,857

RECLASS CODE: I  
EXPLANATION : EMT

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED ED PRGM	24	209,302	OTHER ADMINISTRATIVE AND GENER	6.02	209,302	
TOTAL RECLASSIFICATIONS FOR CODE I			209,302				209,302

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
	BALANCES		DONATION		AND		BALANCE
	1	2	3	4	5	6	7
1 LAND	3,765,987	117,900		117,900		3,883,887	
2 LAND IMPROVEMENTS	2,876,098	112,697		112,697		2,988,795	196,484
3 BUILDINGS & FIXTURE	79,776,598	4,993,666		4,993,666		84,770,264	4,385,598
4 BUILDING IMPROVEMEN	113,748					113,748	76,800
5 FIXED EQUIPMENT	8,723,849	512,096		512,096	63,847	9,172,098	2,885,261
6 MOVABLE EQUIPMENT	73,883,131	4,755,926		4,755,926	952,323	77,686,734	38,173,190
7 SUBTOTAL	169,139,411	10,492,285		10,492,285	1,016,170	178,615,526	45,717,333
8 RECONCILING ITEMS							
9 TOTAL	169,139,411	10,492,285		10,492,285	1,016,170	178,615,526	45,717,333

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITIALIZED GROSS ASSETS		ALLOCATION OF OTHER CAPITAL OTHER CAPITAL RELATED COSTS			TOTAL 8
			LEASES 2	FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	100,928,793		100,928,793	.565062			
4	NEW CAP REL COSTS-MV	77,686,734		77,686,734	.434938			
5	TOTAL	178,615,527		178,615,527	1.000000			

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL							15
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	4,063,517		1,601,453	-1,008,471			4,656,499
4	NEW CAP REL COSTS-MV	8,308,242		-473,295	2,067			7,837,014
5	TOTAL	12,371,759		1,128,158	-1,006,404			12,493,513

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL							15
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	11,181,070						11,181,070
4	NEW CAP REL COSTS-MV							
5	TOTAL	11,181,070						11,181,070

\* All lines numbers except line 5 are to be consistent with workshcet 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

I PROVIDER NO: I PERIOD:  
I 15-0026 I FROM 1/ 1/2010 I PREPARED 5/24/2011  
I I TO 12/31/2010 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	
	1	2	3	LINE NO	
1			OLD CAP REL COSTS-BLDG &	1	
2			OLD CAP REL COSTS-MVBLE E	2	
3	B	-614,894	NEW CAP REL COSTS-BLDG &	3	11
4	B	-473,295	NEW CAP REL COSTS-MVBLE E	4	11
5					
6	B	-91,178	OTHER ADMINISTRATIVE AND	6.02	
7	B	-408,781	OTHER ADMINISTRATIVE AND	6.02	
8	B	-858,644	NEW CAP REL COSTS-BLDG &	3	9
9					
10					
11					
12	A-8-2	-6,671,520			
13					
14	A-8-1	14,890,034			
15					
16	B	-908,002	CAFETERIA	12	
17					
18					
19					
20	B	-36,481	MEDICAL RECORDS & LIBRARY	17	
21					
22	B	-4,933	CAFETERIA	12	
23	B	-194,861	OTHER ADMINISTRATIVE AND	6.02	
24					
25	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	A-8-3				
28			**COST CENTER DELETED**	89	
29			OLD CAP REL COSTS-BLDG &	1	
30			OLD CAP REL COSTS-MVBLE E	2	
31			NEW CAP REL COSTS-BLDG &	3	
32			NEW CAP REL COSTS-MVBLE E	4	
33			**COST CENTER DELETED**	20	
34					
35	A-8-4		OCCUPATIONAL THERAPY	51	
36	A-8-4		SPEECH PATHOLOGY	52	
37	B	-73,547	PARAMED ED PRGM	24	
38	B	-1,197,275	RADIOLOGY-DIAGNOSTIC	41	
39					
40	B	-225	PHYSICAL THERAPY	50	
41	B	-38,302	OTHER ADMINISTRATIVE AND	6.02	
42	A	-44,411	OTHER ADMINISTRATIVE AND	6.02	
43	A	-665	OTHER ADMINISTRATIVE AND	6.02	
44	A	-29,685	OTHER ADMINISTRATIVE AND	6.02	
45	A	-839,183	OTHER ADMINISTRATIVE AND	6.02	
46	A	-7,036,926	OTHER ADMINISTRATIVE AND	6.02	
47	A	-102,444	NEW CAP REL COSTS-BLDG &	3	
48	B	-2,760	ADULTS & PEDIATRICS	25	9
49	B	-38,812	DIETARY	11	
49.04	B	-1,440	LABORATORY	44	
49.07					
50		-4,778,230			

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-I.  
 (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 & HOME OFFICE				11
2	3	NEW CAP REL COSTS-BLDG & HOME OFFICE	505,921		505,921	9
3	4	NEW CAP REL COSTS-MVBLE E HOME OFFICE	1,645,856		1,645,856	9
4	6 2	OTHER ADMINISTRATIVE AND HOME OFFICE	12,738,257		12,738,257	
5		TOTALS	14,890,034		14,890,034	

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET A-8-2  
 I I TO 12/31/2010 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6 2	AGGREGATE	581,500		581,500	171,400	2,600	214,250	10,713
2 17	AGGREGATE	127,219		127,219	171,400	1,271	104,735	5,237
3 40 1	AGGREGATE	626,495	593,495	33,000	171,400	241	19,859	993
4 41	AGGREGATE	5,217,654	4,615,211	602,443	231,100	3,464	384,870	19,244
5 43 1	AGGREGATE	50,000		50,000	171,400	132	10,877	544
6 44	AGGREGATE	858,847	800,319	58,528	219,500	825	87,061	4,353
7 60 2	AGGREGATE	4,160		4,160	171,400	15	1,236	62
8 61	AGGREGATE	5,000		5,000	171,400	151	12,443	622
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	7,470,875	6,009,025	1,461,850		8,699	835,331	41,768

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	6 2	AGGREGATE				214,250	367,250	367,250
2	17	AGGREGATE				104,735	22,484	22,484
3	40 1	AGGREGATE				19,859	13,141	606,636
4	41	AGGREGATE				384,870	217,573	4,832,784
5	43 1	AGGREGATE				10,877	39,123	39,123
6	44	AGGREGATE				87,061		800,319
7	60 2	AGGREGATE				1,236	2,924	2,924
8	61	AGGREGATE				12,443		
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL				835,331	662,495	6,671,520

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET  
 I I TO 12/31/2010 I

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

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET B  
 I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL OSTS-BLDG &	C OLD CAP REL OSTS-MVBLE	C NEW CAP REL OSTS-BLDG &	C NEW CAP REL OSTS-MVBLE	C EMPLOYEE BENE FITS	CASHIERING/AC COUNTS RECEI
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	4,656,499			4,656,499			
004 NEW CAP REL COSTS-MVBLE E	7,837,014				7,837,014		
005 EMPLOYEE BENEFITS	14,803,770			62,340	41,984	14,908,094	
006 01 CASHIERING/ACCOUNTS RECEI	1,218,380			9,555	3,284	195,018	1,426,237
006 02 OTHER ADMINISTRATIVE AND	24,812,554			471,007	1,913,895	2,284,176	
008 OPERATION OF PLANT	3,038,506			389,846	86,696	209,076	
009 LAUNDRY & LINEN SERVICE	557,453			25,429	1,293	8,459	
010 HOUSEKEEPING	1,291,352			6,595	8,335	254,359	
011 DIETARY	301,956			22,194	3,728	39,610	
012 CAFETERIA	384,864			83,666	14,053	149,312	
014 NURSING ADMINISTRATION	1,221,257			13,506	85,152	300,354	
015 CENTRAL SERVICES & SUPPLY	456,479			35,452	94,515	53,860	
016 PHARMACY	1,398,377			29,243	8,169	310,893	
017 MEDICAL RECORDS & LIBRARY	2,408,075			141,518	58,180	329,592	
018 SOCIAL SERVICE	337,095			8,880	1,967	92,725	
024 PARAMED ED PRGM	135,755			3,098		30,204	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	6,984,260			513,893	215,360	1,877,415	107,240
026 INTENSIVE CARE UNIT	1,477,966			137,126	227,737	393,859	27,627
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	217,661			17,802	12,651	57,076	6,376
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	17,362,597			628,771	1,243,882	1,077,105	163,949
038 RECOVERY ROOM	450,171			43,644	18,185	120,248	12,558
039 DELIVERY ROOM & LABOR ROO	1,166,265			95,396	67,786	305,826	14,840
040 ANESTHESIOLOGY							
040 01 PAIN MANAGEMENT	1,146,701			40,339	28,951	223,117	6,147
041 RADIOLOGY-DIAGNOSTIC	15,620,960			952,518	2,896,777	3,088,487	483,563
041 01 MRI							
042 RADIOLOGY-THERAPEUTIC	60,284			5,507	15,311	15,969	256
043 01 CATH LAB	1,084,211			37,834	414,477	170,052	52,514
044 LABORATORY	4,525,026			85,676	75,774	637,174	96,604
049 RESPIRATORY THERAPY	1,100,994			30,440	45,249	270,324	21,855
050 PHYSICAL THERAPY	1,829,945			158,012	48,986	428,582	21,187
051 OCCUPATIONAL THERAPY	321,650			9,211	485	88,598	5,826
052 SPEECH PATHOLOGY	239,758			8,674		65,128	2,306
053 ELECTROCARDIOLOGY	164,191			6,664	31,642	25,565	12,519
055 MEDICAL SUPPLIES CHARGED	5,817,883						133,739
056 DRUGS CHARGED TO PATIENTS	13,458,872						157,853
OUTPAT SERVICE COST CNTRS							
060 CLINIC	388,613			27,260	18,434	72,089	6,362
060 01 WOMEN'S CENTER							
060 02 WOUND CLINIC	764,132			51,780	9,281		12,782
061 EMERGENCY	2,336,828			338,094	92,922	608,554	59,894
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	1,411,114			70,559	13,886	343,470	5,987
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE	1,517,064					234,475	12,301
095 SUBTOTALS	144,306,532			4,561,529	7,799,027	14,360,751	1,424,285
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	688,377			54,369	1,527	122,049	800
096 01 OTHER NR / GRANTS / COMMU	721,204					111,443	535
096 03 LIFELINE	31,846					5,273	401
096 04 COMMUNITY RELATIONS	5,145,323			40,601	14,643	297,783	
096 05 PRIVATE DUTY	28,397					7,302	216
096 06 PHYSICIAN RECRUITMENT / P	1,463,516				29	3,493	
096 07 FOUNDATION	66						
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	152,385,261			4,656,499	7,837,014	14,908,094	1,426,237

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SUBTOTAL 6a.01	OTHER ADMINIS TRATIVE AND 6.02	OPERATION OF PLANT 8	LAUNDRY & LIN EN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 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							
006 01 CASHIERING/ACCOUNTS RECEI							
006 02 OTHER ADMINISTRATIVE AND	29,481,632	29,481,632					
008 OPERATION OF PLANT	3,724,124	893,328	4,617,452				
009 LAUNDRY & LINEN SERVICE	592,634	142,159	31,532	766,325			
010 HOUSEKEEPING	1,560,641	374,360	8,177		1,943,178		
011 DIETARY	367,488	88,152	27,520		11,682	494,842	
012 CAFETERIA	631,895	151,576	103,746		44,039		931,256
014 NURSING ADMINISTRATION	1,620,269	388,664	16,748		7,109		22,148
015 CENTRAL SERVICES & SUPPLY	640,306	153,594	43,960		18,660		7,973
016 PHARMACY	1,746,682	418,987	36,261		15,392		20,474
017 MEDICAL RECORDS & LIBRARY	2,937,365	704,603	175,483		74,490		36,217
018 SOCIAL SERVICE	440,667	105,705	11,011		4,674		8,725
024 PARAMED ED PRGM	169,057	40,553	3,841		1,631		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,698,168	2,326,358	637,228	176,740	270,493	435,748	179,868
026 INTENSIVE CARE UNIT	2,264,315	543,155	170,037	70,736	72,178	59,094	31,448
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	311,566	74,737	22,074	5,790	9,370		5,411
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	20,476,304	4,911,774	779,676	141,064	330,960		94,346
038 RECOVERY ROOM	644,806	154,673	54,118		22,972		8,901
039 DELIVERY ROOM & LABOR ROO	1,650,113	395,823	118,292	31,021	50,213		28,990
040 ANESTHESIOLOGY							
040 01 PAIN MANAGEMENT	1,445,255	346,682	50,021		21,233		7,077
041 RADIOLOGY-DIAGNOSTIC	23,042,305	5,527,296	1,181,123	124,890	501,367		192,982
041 01 MRI							
042 RADIOLOGY-THERAPEUTIC	97,327	23,346	6,829		2,899		1,378
043 01 CATH LAB	1,759,088	421,963	46,914		19,914		12,241
044 LABORATORY	5,420,254	1,300,189	106,239		45,097		51,075
049 RESPIRATORY THERAPY	1,468,862	352,345	37,746		16,023		22,570
050 PHYSICAL THERAPY	2,486,712	596,503	195,935		83,171		40,099
051 OCCUPATIONAL THERAPY	425,770	102,132	11,421		4,848		7,118
052 SPEECH PATHOLOGY	315,866	75,769	10,755		4,565		4,406
053 ELECTROCARDIOLOGY	240,581	57,710	8,263		3,507		1,988
055 MEDICAL SUPPLIES CHARGED	5,951,622	1,427,651					
056 DRUGS CHARGED TO PATIENTS	13,616,725	3,266,326					
OUTPAT SERVICE COST CNTRS							
060 CLINIC	512,758	122,998	33,802		14,349		6,945
060 01 WOMEN'S CENTER							
060 02 WOUND CLINIC	837,975	201,010	64,208	15,880	27,255		
061 EMERGENCY	3,436,292	824,284	419,236	200,204	177,959		52,973
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	1,845,016	442,575	87,494		37,140		28,816
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE	1,763,840	423,103					22,147
095 SUBTOTALS	143,624,280	27,380,083	4,499,690	766,325	1,893,190	494,842	896,316
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	867,122	208,002	67,417		28,617		11,361
096 01 OTHER NR / GRANTS / COMMU	833,182	199,860					10,593
096 03 LIFELINE	59,308	14,227					761
096 04 COMMUNITY RELATIONS	5,498,350	1,318,922	50,345		21,371		11,310
096 05 PRIVATE DUTY	35,915	8,615					915
096 06 PHYSICIAN RECRUITMENT / P	1,467,038	351,907					
096 07 FOUNDATION	66	16					
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	152,385,261	29,481,632	4,617,452	766,325	1,943,178	494,842	931,256

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET B  
 I I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	PARAMED ED PR	SUBTOTAL
	14	15	16	17	18	24	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							
006 01 CASHIERING/ACCOUNTS RECEI							
006 02 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION	2,054,938						
015 CENTRAL SERVICES & SUPPLY		864,493					
016 PHARMACY		1,641	2,239,437				
017 MEDICAL RECORDS & LIBRARY		10		3,928,168			
018 SOCIAL SERVICE					570,782		
024 PARAMED ED PRGM						215,082	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	726,638	21,845		295,404	527,905		15,296,395
026 INTENSIVE CARE UNIT	164,085	7,153		76,102	37,160		3,495,463
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	21,225	912		17,563			468,648
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	292,373	543,490		451,615			28,021,602
038 RECOVERY ROOM	50,157	2,061		34,592			972,280
039 DELIVERY ROOM & LABOR ROO	113,715	4,886		40,877			2,433,930
040 ANESTHESIOLOGY							
040 01 PAIN MANAGEMENT	16,760	72		16,932			1,904,032
041 RADIOLOGY-DIAGNOSTIC	196,155	63,029		1,331,481			32,160,628
041 01 MRI							
042 RADIOLOGY-THERAPEUTIC		1		705			132,485
043 01 CATH LAB	37,173	83,991		144,656			2,525,940
044 LABORATORY	3,421	75,025		266,105			7,267,405
049 RESPIRATORY THERAPY		3,999		60,202			1,961,747
050 PHYSICAL THERAPY		483		58,361			3,461,264
051 OCCUPATIONAL THERAPY		146		16,047			567,482
052 SPEECH PATHOLOGY		124		6,352			417,837
053 ELECTROCARDIOLOGY	11,777	193		34,486			358,505
055 MEDICAL SUPPLIES CHARGED				368,397			7,747,670
056 DRUGS CHARGED TO PATIENTS			2,239,437	434,822			19,557,310
OUTPAT SERVICE COST CNTRS							
060 CLINIC		655		17,526			709,033
060 01 WOMEN'S CENTER		10,140					10,140
060 02 WOUND CLINIC				35,208			1,181,536
061 EMERGENCY	239,842	12,061		164,984	5,717	215,082	5,748,634
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	66,611	1,668		16,492			2,525,812
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE	49,127	24,300		33,884			2,316,401
095 SUBTOTALS	1,989,059	857,885	2,239,437	3,922,793	570,782	215,082	141,242,179
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	45,808	2,862		2,204			1,233,393
096 01 OTHER NR / GRANTS / COMMU	16,747	3,482		1,473			1,065,337
096 03 LIFELINE				1,104			75,400
096 04 COMMUNITY RELATIONS	1,309	264					6,901,871
096 05 PRIVATE DUTY	2,015			594			48,054
096 06 PHYSICIAN RECRUITMENT / P							1,818,945
096 07 FOUNDATION							82
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,054,938	864,493	2,239,437	3,928,168	570,782	215,082	152,385,261

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET B  
 I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION	I&R COST		TOTAL
	POST STEP- DOWN	ADJ	
	26		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 01 EMPLOYEE BENEFITS			
006 02 CASHIERING/ACCOUNTS RECEI			
008 OTHER ADMINISTRATIVE AND			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
015 NURSING ADMINISTRATION			
016 CENTRAL SERVICES & SUPPLY			
017 PHARMACY			
018 MEDICAL RECORDS & LIBRARY			
024 SOCIAL SERVICE			
025 PARAMED ED PRGM			
026 INPAT ROUTINE SRVC CNTRS			15,296,395
027 ADULTS & PEDIATRICS			3,495,463
028 INTENSIVE CARE UNIT			
029 CORONARY CARE UNIT			
031 BURN INTENSIVE CARE UNIT			
033 SURGICAL INTENSIVE CARE U			
034 SUBPROVIDER			468,648
037 NURSERY			
038 SKILLED NURSING FACILITY			
039 ANCILLARY SRVC COST CNTRS			
040 OPERATING ROOM			28,021,602
040 RECOVERY ROOM			972,280
040 DELIVERY ROOM & LABOR ROO			2,433,930
040 ANESTHESIOLOGY			
040 01 PAIN MANAGEMENT			1,904,032
041 RADIOLOGY-DIAGNOSTIC			32,160,628
041 01 MRI			
042 RADIOLOGY-THERAPEUTIC			132,485
043 01 CATH LAB			2,525,940
044 LABORATORY			7,267,405
049 RESPIRATORY THERAPY			1,961,747
050 PHYSICAL THERAPY			3,461,264
051 OCCUPATIONAL THERAPY			567,482
052 SPEECH PATHOLOGY			417,837
053 ELECTROCARDIOLOGY			358,505
055 MEDICAL SUPPLIES CHARGED			7,747,670
056 DRUGS CHARGED TO PATIENTS			19,557,310
060 OUTPAT SERVICE COST CNTRS			
060 CLINIC			709,033
060 01 WOMEN'S CENTER			10,140
060 02 WOUND CLINIC			1,181,536
061 EMERGENCY			5,748,634
062 OBSERVATION BEDS (NON-DIS			
071 OTHER REIMBURS COST CNTRS			2,525,812
092 HOME HEALTH AGENCY			
093 SPEC PURPOSE COST CENTERS			
095 AMBULATORY SURGICAL CENTE			
092 HOSPICE			2,316,401
095 SUBTOTALS			141,242,179
096 NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP			1,233,393
096 01 OTHER NR / GRANTS / COMMU			1,065,337
096 03 LIFELINE			75,400
096 04 COMMUNITY RELATIONS			6,901,871
096 05 PRIVATE DUTY			48,054
096 06 PHYSICIAN RECRUITMENT / P			1,818,945
096 07 FOUNDATION			82
097 RESEARCH			
098 PHYSICIANS' PRIVATE OFFIC			
099 NONPAID WORKERS			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL			152,385,261

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
	0	1	2	3	4	4a	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				62,340	41,984	104,324	104,324
006 01 CASHIERING/ACCOUNTS RECEI				9,555	3,284	12,839	1,365
006 02 OTHER ADMINISTRATIVE AND				471,007	1,913,895	2,384,902	15,987
008 OPERATION OF PLANT				389,846	86,696	476,542	1,463
009 LAUNDRY & LINEN SERVICE				25,429	1,293	26,722	59
010 HOUSEKEEPING				6,595	8,335	14,930	1,780
011 DIETARY				22,194	3,728	25,922	277
012 CAFETERIA				83,666	14,053	97,719	1,045
014 NURSING ADMINISTRATION				13,506	85,152	98,658	2,102
015 CENTRAL SERVICES & SUPPLY				35,452	94,515	129,967	377
016 PHARMACY				29,243	8,169	37,412	2,176
017 MEDICAL RECORDS & LIBRARY				141,518	58,180	199,698	2,307
018 SOCIAL SERVICE				8,880	1,967	10,847	649
024 PARAMED ED PRGM				3,098		3,098	211
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				513,893	215,360	729,253	13,140
026 INTENSIVE CARE UNIT				137,126	227,737	364,863	2,757
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY				17,802	12,651	30,453	399
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				628,771	1,243,882	1,872,653	7,539
038 RECOVERY ROOM				43,644	18,185	61,829	842
039 DELIVERY ROOM & LABOR ROO				95,396	67,786	163,182	2,141
040 ANESTHESIOLOGY							
040 01 PAIN MANAGEMENT				40,339	28,951	69,290	1,562
041 RADIOLOGY-DIAGNOSTIC				952,518	2,896,777	3,849,295	21,598
041 01 MRI							
042 RADIOLOGY-THERAPEUTIC				5,507	15,311	20,818	112
043 01 CATH LAB				37,834	414,477	452,311	1,190
044 LABORATORY				85,676	75,774	161,450	4,460
049 RESPIRATORY THERAPY				30,440	45,249	75,689	1,892
050 PHYSICAL THERAPY				158,012	48,986	206,998	3,000
051 OCCUPATIONAL THERAPY				9,211	485	9,696	620
052 SPEECH PATHOLOGY				8,674		8,674	456
053 ELECTROCARDIOLOGY				6,664	31,642	38,306	179
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC				27,260	18,434	45,694	505
060 01 WOMEN'S CENTER							
060 02 WOUND CLINIC				51,780	9,281	61,061	
061 EMERGENCY				338,094	92,922	431,016	4,259
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY				70,559	13,886	84,445	2,404
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							1,641
095 SUBTOTALS				4,561,529	7,799,027	12,360,556	100,494
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				54,369	1,527	55,896	854
096 01 OTHER NR / GRANTS / COMMU							780
096 03 LIFELINE					21,788	21,788	37
096 04 COMMUNITY RELATIONS				40,601	14,643	55,244	2,084
096 05 PRIVATE DUTY							51
096 06 PHYSICIAN RECRUITMENT / P					29	29	24
096 07 FOUNDATION							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				4,656,499	7,837,014	12,493,513	104,324

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6.01	6.02	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							
006 01 CASHIERING/ACCOUNTS RECEI	14,204						
006 02 OTHER ADMINISTRATIVE AND		2,400,889					
008 OPERATION OF PLANT		72,751	550,756				
009 LAUNDRY & LINEN SERVICE		11,577	3,761	42,119			
010 HOUSEKEEPING		30,487	975		48,172		
011 DIETARY		7,179	3,283			36,951	
012 CAFETERIA		12,344	12,375		1,092		124,575
014 NURSING ADMINISTRATION		31,652	1,998		176		2,963
015 CENTRAL SERVICES & SUPPLY		12,508	5,243		463		1,067
016 PHARMACY		34,121	4,325		382		2,739
017 MEDICAL RECORDS & LIBRARY		57,381	20,931		1,847		4,845
018 SOCIAL SERVICE		8,608	1,313		116		1,167
024 PARAMED ED PRGM		3,303	458		40		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,056	189,454	76,007	9,714	6,706	32,538	24,061
026 INTENSIVE CARE UNIT	272	44,233	20,281	3,888	1,789	4,413	4,207
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	63	6,086	2,633	318	232		724
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,614	400,005	92,997	7,753	8,205		12,621
038 RECOVERY ROOM	124	12,596	6,455		569		1,191
039 DELIVERY ROOM & LABOR ROO	146	32,235	14,109	1,705	1,245		3,878
040 ANESTHESIOLOGY							
040 01 PAIN MANAGEMENT	61	28,233	5,966		526		947
041 RADIOLOGY-DIAGNOSTIC	4,921	450,099	140,882	6,864	12,427		25,814
041 01 MRI							
042 RADIOLOGY-THERAPEUTIC	3	1,901	815		72		184
043 01 CATH LAB	517	34,364	5,596		494		1,638
044 LABORATORY	951	105,885	12,672		1,118		6,832
049 RESPIRATORY THERAPY	215	28,694	4,502		397		3,019
050 PHYSICAL THERAPY	209	48,578	23,371		2,062		5,364
051 OCCUPATIONAL THERAPY	57	8,317	1,362		120		952
052 SPEECH PATHOLOGY	23	6,170	1,283		113		589
053 ELECTROCARDIOLOGY	123	4,700	986		87		266
055 MEDICAL SUPPLIES CHARGED	1,317	116,265					
056 DRUGS CHARGED TO PATIENTS	1,554	266,003					
OUTPAT SERVICE COST CNTRS							
060 CLINIC	63	10,017	4,032		356		929
060 01 WOMEN'S CENTER							
060 02 WOUND CLINIC	126	16,370	7,658	873	676		
061 EMERGENCY	590	67,128	50,005	11,004	4,412		7,086
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	59	36,042	10,436		921		3,855
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE	121	34,457					2,963
095 SUBTOTALS	14,185	2,229,743	536,710	42,119	46,933	36,951	119,901
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	8	16,939	8,041		709		1,520
096 01 OTHER NR / GRANTS / COMMU	5	16,276					1,417
096 03 LIFELINE	4	1,159					102
096 04 COMMUNITY RELATIONS		107,410	6,005		530		1,513
096 05 PRIVATE DUTY	2	702					122
096 06 PHYSICIAN RECRUITMENT / P		28,659					
096 07 FOUNDATION		1					
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	14,204	2,400,889	550,756	42,119	48,172	36,951	124,575

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET B  
 I I TO 12/31/2010 I PART III

	COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	SUBTOTAL
		14	15	16	17	18	24	25
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 CASHIERING/ACCOUNTS RECEI							
006	02 OTHER ADMINISTRATIVE AND							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
014	NURSING ADMINISTRATION	137,549						
015	CENTRAL SERVICES & SUPPLY		149,625					
016	PHARMACY		284	81,439				
017	MEDICAL RECORDS & LIBRARY		2		287,011			
018	SOCIAL SERVICE					22,700		
024	PARAMED ED PRGM						7,110	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	48,638	3,781		21,593	20,995		1,176,936
026	INTENSIVE CARE UNIT	10,983	1,238		5,563	1,478		465,965
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER							
033	NURSERY	1,421	158		1,284			43,771
034	SKILLED NURSING FACILITY							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	19,570	94,067		33,011			2,550,035
038	RECOVERY ROOM	3,357	357		2,528			89,848
039	DELIVERY ROOM & LABOR ROO	7,612	846		2,988			230,087
040	ANESTHESIOLOGY							
040	01 PAIN MANAGEMENT	1,122	12		1,238			108,957
041	RADIOLOGY-DIAGNOSTIC	13,130	10,909		97,204			4,633,143
041	01 MRI							
042	RADIOLOGY-THERAPEUTIC				52			23,957
043	01 CATH LAB	2,488	14,537		10,574			523,709
044	LABORATORY	229	12,985		19,451			326,033
049	RESPIRATORY THERAPY		692		4,400			119,500
050	PHYSICAL THERAPY		84		4,266			293,932
051	OCCUPATIONAL THERAPY		25		1,173			22,322
052	SPEECH PATHOLOGY		21		464			17,793
053	ELECTROCARDIOLOGY	788	33		2,521			47,989
055	MEDICAL SUPPLIES CHARGED				26,928			144,510
056	DRUGS CHARGED TO PATIENTS			81,439	31,783			380,779
	OUTPAT SERVICE COST CNTRS							
060	CLINIC		113		1,281			62,990
060	01 WOMEN'S CENTER		1,755					1,755
060	02 WOUND CLINIC				2,574			89,338
061	EMERGENCY	16,054	2,087		12,060	227		605,928
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	4,459	289		1,205			144,115
	SPEC PURPOSE COST CENTERS							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE	3,288	4,206		2,477			49,153
095	SUBTOTALS	133,139	148,481	81,439	286,618	22,700		12,152,545
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	3,066	495		161			87,689
096	01 OTHER NR / GRANTS / COMMU	1,121	603		108			20,310
096	03 LIFELINE				81			23,171
096	04 COMMUNITY RELATIONS	88	46					172,920
096	05 PRIVATE DUTY	135			43			1,055
096	06 PHYSICIAN RECRUITMENT / P							28,712
096	07 FOUNDATION							1
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENTS						7,110	7,110
102	NEGATIVE COST CENTER							
103	TOTAL	137,549	149,625	81,439	287,011	22,700	7,110	12,493,513

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER	POST STEPDOWN ADJUSTMENT	TOTAL
	26	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	
006 01	CASHIERING/ACCOUNTS RECEI	
006 02	OTHER ADMINISTRATIVE AND	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
024	PARAMED ED PRGM	
025	INPAT ROUTINE SRVC CNTRS	1,176,936
026	ADULTS & PEDIATRICS	465,965
027	INTENSIVE CARE UNIT	
028	CORONARY CARE UNIT	
029	BURN INTENSIVE CARE UNIT	
031	SURGICAL INTENSIVE CARE U	
033	SUBPROVIDER	
033	NURSERY	43,771
034	SKILLED NURSING FACILITY	
037	ANCILLARY SRVC COST CNTRS	
038	OPERATING ROOM	2,550,035
039	RECOVERY ROOM	89,848
040	DELIVERY ROOM & LABOR ROO	230,087
040	ANESTHESIOLOGY	
040 01	PAIN MANAGEMENT	108,957
041	RADIOLOGY-DIAGNOSTIC	4,633,143
041 01	MRI	
042	RADIOLOGY-THERAPEUTIC	23,957
043 01	CATH LAB	523,709
044	LABORATORY	326,033
049	RESPIRATORY THERAPY	119,500
050	PHYSICAL THERAPY	293,932
051	OCCUPATIONAL THERAPY	22,322
052	SPEECH PATHOLOGY	17,793
053	ELECTROCARDIOLOGY	47,989
055	MEDICAL SUPPLIES CHARGED	144,510
056	DRUGS CHARGED TO PATIENTS	380,779
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	62,990
060 01	WOMEN'S CENTER	1,755
060 02	WOUND CLINIC	89,338
061	EMERGENCY	605,928
062	OBSERVATION BEDS (NON-DIS	
071	OTHER REIMBURS COST CNTRS	
092	HOME HEALTH AGENCY	144,115
093	SPEC PURPOSE COST CENTERS	
093	AMBULATORY SURGICAL CENTE	
093	HOSPICE	49,153
095	SUBTOTALS	12,152,545
096	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	87,689
096 01	OTHER NR / GRANTS / COMMU	20,310
096 03	LIFELINE	23,171
096 04	COMMUNITY RELATIONS	172,920
096 05	PRIVATE DUTY	1,055
096 06	PHYSICIAN RECRUITMENT / P	28,712
096 07	FOUNDATION	1
097	RESEARCH	
098	PHYSICIANS' PRIVATE OFFIC	
099	NONPAID WORKERS	
101	CROSS FOOT ADJUSTMENTS	7,110
102	NEGATIVE COST CENTER	
103	TOTAL	12,493,513

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	CASHIERING/AC
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	COUNTS RECEI
	(SQUARE FEET	(DOLLAR )VALUE	(SQUARE )FEET	(DOLLAR )VALUE	( GROSS ) SALARIES	(GROSS )CHARGES
	1	2	3	4	5	6.01
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD			338,219			
005 NEW CAP REL COSTS-MVB				6,662,385		
006 EMPLOYEE BENEFITS			4,528	35,691	53,345,379	
006 01 CASHIERING/ACCOUNTS R			694	2,792	697,830	369,551,756
006 02 OTHER ADMINISTRATIVE			34,211	1,627,036	8,173,419	
008 OPERATION OF PLANT			28,316	73,702	748,133	
009 LAUNDRY & LINEN SERVI			1,847	1,099	30,270	
010 HOUSEKEEPING			479	7,086	910,169	
011 DIETARY			1,612	3,169	141,736	
012 CAFETERIA			6,077	11,947	534,280	
014 NURSING ADMINISTRATIO			981	72,389	1,074,752	
015 CENTRAL SERVICES & SU			2,575	80,349	192,726	
016 PHARMACY			2,124	6,945	1,112,463	
017 MEDICAL RECORDS & LIB			10,279	49,460	1,179,371	
018 SOCIAL SERVICE			645	1,672	331,796	
024 PARAMED ED PRGM			225		108,077	
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS			37,326	183,081	6,717,914	27,789,647
026 INTENSIVE CARE UNIT			9,960	193,603	1,409,338	7,159,168
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER						
033 NURSERY			1,293	10,755	204,235	1,652,250
034 SKILLED NURSING FACIL						
034 ANCILLARY SRVC COST C						
037 OPERATING ROOM			45,670	1,057,446	3,854,181	42,484,932
038 RECOVERY ROOM			3,170	15,459	430,280	3,254,140
039 DELIVERY ROOM & LABOR			6,929	57,626	1,094,329	3,845,457
040 ANESTHESIOLOGY						
040 01 PAIN MANAGEMENT			2,930	24,612	798,375	1,592,819
041 RADIOLOGY-DIAGNOSTIC			69,185	2,462,603	11,051,528	125,272,662
041 01 MRI						
042 RADIOLOGY-THERAPEUTIC			400	13,016	57,140	66,336
043 01 CATH LAB			2,748	352,354	608,492	13,608,239
044 LABORATORY			6,223	64,417	2,279,985	25,033,426
049 RESPIRATORY THERAPY			2,211	38,467	967,295	5,663,432
050 PHYSICAL THERAPY			11,477	41,644	1,533,586	5,490,219
051 OCCUPATIONAL THERAPY			669	412	317,030	1,509,604
052 SPEECH PATHOLOGY			630		233,047	597,590
053 ELECTROCARDIOLOGY			484	26,899	91,480	3,244,202
055 MEDICAL SUPPLIES CHAR						34,656,330
056 DRUGS CHARGED TO PATI						40,905,153
056 OUTPAT SERVICE COST C						
060 CLINIC			1,980	15,671	257,954	1,648,695
060 01 WOMEN'S CENTER						
060 02 WOUND CLINIC			3,761	7,890		3,312,177
061 EMERGENCY			24,557	78,995	2,177,575	15,520,612
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY			5,125	11,805	1,229,031	1,551,479
071 SPEC PURPOSE COST CEN						
092 AMBULATORY SURGICAL C						
093 HOSPICE					839,016	3,187,555
095 SUBTOTALS			331,321	6,630,092	51,386,833	369,046,124
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			3,949	1,298	436,725	207,333
096 01 OTHER NR / GRANTS / C					398,774	138,537
096 03 LIFELINE					18,522	103,865
096 04 COMMUNITY RELATIONS			2,949	12,448	1,065,551	
096 05 PRIVATE DUTY					26,128	55,897
096 06 PHYSICIAN RECRUITMENT				25	12,500	
096 07 FOUNDATION						
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			4,656,499	7,837,014	14,908,094	1,426,237
103 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			13.767704		.279464	
104 (WRKSHT B, PT I)				1.176308		.003859
105 COST TO BE ALLOCATED						
105 (WRKSHT B, PART II)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET B-1  
 I I TO 12/31/2010 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	CASHIERING/AC
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	COUNTS RECEI
	(SQUARE FEET	(DOLLAR )VALUE	(SQUARE )FEET	(DOLLAR )VALUE	( GROSS ) SALARIES	(GROSS )CHARGES )
	1	2	3	4	5	6.01
106 NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSH B, PT II)						
107 COST TO BE ALLOCATED (WRKSH B, PART III)					104,324	14,204
108 UNIT COST MULTIPLIER (WRKSH B, PT III)					.001956	.000038

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	RECONCILIATION	OTHER ADMINISTRATIVE AND ACCUM. COST	OPERATION OF PLANT (SQUARE) FEET	LAUNDRY & LINEN SERVICE (POUNDS OF) LAUNDRY	HOUSEKEEPING (SQUARE) FEET	DIETARY (MEALS) SERVED	CAFETERIA (MANHOURS)
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 CASHIERING/ACCOUNTS R							
006 02 OTHER ADMINISTRATIVE	-29,481,632	122,903,629					
008 OPERATION OF PLANT		3,724,124	270,470				
009 LAUNDRY & LINEN SERVI		592,634	1,847	703,363			
010 HOUSEKEEPING		1,560,641	479		268,144		
011 DIETARY		367,488	1,612		1,612	58,717	
012 CAFETERIA		631,895	6,077		6,077		1,476,400
014 NURSING ADMINISTRATIO		1,620,269	981		981		35,113
015 CENTRAL SERVICES & SU		640,306	2,575		2,575		12,640
016 PHARMACY		1,746,682	2,124		2,124		32,459
017 MEDICAL RECORDS & LIB		2,937,365	10,279		10,279		57,418
018 SOCIAL SERVICE		440,667	645		645		13,832
024 PARAMED ED PRGM		169,057	225		225		
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		9,698,168	37,326	162,219	37,326	51,705	285,161
026 INTENSIVE CARE UNIT		2,264,315	9,960	64,924	9,960	7,012	49,858
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
033 NURSERY		311,566	1,293	5,314	1,293		8,578
034 SKILLED NURSING FACIL							
034 ANCILLARY SRVC COST C							
037 OPERATING ROOM		20,476,304	45,670	129,474	45,670		149,575
038 RECOVERY ROOM		644,806	3,170		3,170		14,111
039 DELIVERY ROOM & LABOR		1,650,113	6,929	28,472	6,929		45,961
040 ANESTHESIOLOGY							
040 01 PAIN MANAGEMENT		1,445,255	2,930		2,930		11,220
041 RADIOLOGY-DIAGNOSTIC		23,042,305	69,185	114,629	69,185		305,953
041 01 MRI							
042 RADIOLOGY-THERAPEUTIC		97,327	400		400		2,184
043 01 CATH LAB		1,759,088	2,748		2,748		19,407
044 LABORATORY		5,420,254	6,223		6,223		80,974
049 RESPIRATORY THERAPY		1,468,862	2,211		2,211		35,782
050 PHYSICAL THERAPY		2,486,712	11,477		11,477		63,572
051 OCCUPATIONAL THERAPY		425,770	669		669		11,284
052 SPEECH PATHOLOGY		315,866	630		630		6,985
053 ELECTROCARDIOLOGY		240,581	484		484		3,152
055 MEDICAL SUPPLIES CHAR		5,951,622					
056 DRUGS CHARGED TO PATI		13,616,725					
060 OUTPAT SERVICE COST C							
060 CLINIC		512,758	1,980		1,980		11,011
060 01 WOMEN'S CENTER							
060 02 WOUND CLINIC		837,975	3,761	14,575	3,761		
061 EMERGENCY		3,436,292	24,557	183,756	24,557		83,982
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY		1,845,016	5,125		5,125		45,684
071 SPEC PURPOSE COST CEN							
092 AMBULATORY SURGICAL C							
093 HOSPICE		1,763,840					35,111
095 SUBTOTALS	-29,481,632	114,142,648	263,572	703,363	261,246	58,717	1,421,007
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE		867,122	3,949		3,949		18,011
096 01 OTHER NR / GRANTS / C		833,182					16,794
096 03 LIFELINE		59,308					1,207
096 04 COMMUNITY RELATIONS		5,498,350	2,949		2,949		17,931
096 05 PRIVATE DUTY		35,915					1,450
096 06 PHYSICIAN RECRUITMENT		1,467,038					
096 07 FOUNDATION		66					
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		29,481,632	4,617,452	766,325	1,943,178	494,842	931,256
103 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.239876		1.089516		8.427576	
104 (WRKSHT B, PT I)			17.071956		7.246770		.630761
105 COST TO BE ALLOCATED							
105 (WRKSHT B, PART II)							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET B-1  
 I I TO 12/31/2010 I

	COST CENTER DESCRIPTION	RECONCILIATION	OTHER ADMINIS	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA
			TRATIVE AND	PLANT	EN SERVICE			
			( ACCUM. COST	(SQUARE )FEET	(POUNDS OF )LAUNDRY	(SQUARE )FEET	(MEALS )SERVED	(MANHOURS )
		6a.02	6.02	8	9	10	11	12
106	NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)		2,400,889	550,756	42,119	48,172	36,951	124,575
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		.019535	2.036292	.059882	.179650	.629307	.084378

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET B-1  
 I TO 12/31/2010 I

	COST CENTER DESCRIPTION	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	PARAMED ED PR
		ISTRATION	CES & SUPPLY		DS & LIBRARY	E	GM
		(DIRECT NRSNG HRS	(COSTED )REQUIS.	(COSTED )REQUIS.	(GROSS )CHARGES	(TIME )SPENT	(ASSIGNED )TIME
		14	15	16	17	18	24
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD						
003	OLD CAP REL COSTS-MVB						
004	NEW CAP REL COSTS-BLD						
005	NEW CAP REL COSTS-MVB						
006	EMPLOYEE BENEFITS						
006	01 CASHIERING/ACCOUNTS R						
006	02 OTHER ADMINISTRATIVE						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVI						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATIO	463,086					
015	CENTRAL SERVICES & SU		22,195,284				
016	PHARMACY		42,124	13,465,038			
017	MEDICAL RECORDS & LIB		246		369,551,756		
018	SOCIAL SERVICE		7			4,992	
024	PARAMED ED PRGM						100
025	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	163,750	560,872		27,789,647	4,617	
026	INTENSIVE CARE UNIT	36,977	183,645		7,159,168	325	
027	CORONARY CARE UNIT						
028	BURN INTENSIVE CARE U						
029	SURGICAL INTENSIVE CA						
031	SUBPROVIDER						
033	NURSERY	4,783	23,414		1,652,250		
034	SKILLED NURSING FACIL						
	ANCILLARY SRVC COST C						
037	OPERATING ROOM	65,887	13,953,616		42,484,932		
038	RECOVERY ROOM	11,303	52,921		3,254,140		
039	DELIVERY ROOM & LABOR	25,626	125,454		3,845,457		
040	ANESTHESIOLOGY						
040	01 PAIN MANAGEMENT	3,777	1,842		1,592,819		
041	RADIOLOGY-DIAGNOSTIC	44,204	1,618,257		125,272,662		
041	01 MRI						
042	RADIOLOGY-THERAPEUTIC		29		66,336		
043	01 CATH LAB	8,377	2,156,446		13,608,239		
044	LABORATORY	771	1,926,243		25,033,426		
049	RESPIRATORY THERAPY		102,668		5,663,432		
050	PHYSICAL THERAPY		12,404		5,490,219		
051	OCCUPATIONAL THERAPY		3,744		1,509,604		
052	SPEECH PATHOLOGY		3,177		597,590		
053	ELECTROCARDIOLOGY	2,654	4,968		3,244,202		
055	MEDICAL SUPPLIES CHAR				34,656,330		
056	DRUGS CHARGED TO PATI			13,465,038	40,905,153		
	OUTPAT SERVICE COST C						
060	CLINIC		16,814		1,648,695		
060	01 WOMEN'S CENTER		260,339				
060	02 WOUND CLINIC				3,312,177		
061	EMERGENCY	54,049	309,668		15,520,612	50	100
062	OBSERVATION BEDS (NON						
	OTHER REIMBURS COST C						
071	HOME HEALTH AGENCY	15,011	42,835		1,551,479		
	SPEC PURPOSE COST CEN						
092	AMBULATORY SURGICAL C						
093	HOSPICE	11,071	623,901		3,187,555		
095	SUBTOTALS	448,240	22,025,634	13,465,038	369,046,124	4,992	100
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE	10,323	73,482		207,333		
096	01 OTHER NR / GRANTS / C	3,774	89,388		138,537		
096	03 LIFELINE				103,865		
096	04 COMMUNITY RELATIONS	295	6,780				
096	05 PRIVATE DUTY	454			55,897		
096	06 PHYSICIAN RECRUITMENT						
096	07 FOUNDATION						
097	RESEARCH						
098	PHYSICIANS' PRIVATE O						
099	NONPAID WORKERS						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED	2,054,938	864,493	2,239,437	3,928,168	570,782	215,082
	(PER WRKSHT B, PART						
104	UNIT COST MULTIPLIER		.038949		.010630		2,150.820000
	(WRKSHT B, PT I)						
105	COST TO BE ALLOCATED	4.437487		.166315		114.339343	
	(PER WRKSHT B, PART						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/1/2010 I WORKSHEET B-1  
 I I TO 12/31/2010 I

	COST CENTER DESCRIPTION	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	PARAMED ED PR
		ISTRATION	CES & SUPPLY		DS & LIBRARY	E	GM
		(DIRECT NRSING HRS	(COSTED )REQUIS.	(COSTED )REQUIS.	(GROSS )CHARGES	(TIME )SPENT	(ASSIGNED )TIME
		14	15	16	17	18	24
106	NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (PER WRKSHT B, PART	137,549	149,625	81,439	287,011	22,700	7,110
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.297027	.006741	.006048	.000777	4.547276	71.100000

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET C  
 I I TO 12/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	15,296,395		15,296,395		15,296,395
26	INTENSIVE CARE UNIT	3,495,463		3,495,463		3,495,463
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY	468,648		468,648		468,648
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	28,021,602		28,021,602		28,021,602
38	RECOVERY ROOM	972,280		972,280		972,280
39	DELIVERY ROOM & LABOR ROO	2,433,930		2,433,930		2,433,930
40	ANESTHESIOLOGY					
40	01 PAIN MANAGEMENT	1,904,032		1,904,032	13,141	1,917,173
41	RADIOLOGY-DIAGNOSTIC	32,160,628		32,160,628	217,573	32,378,201
41	01 MRI					
42	RADIOLOGY-THERAPEUTIC	132,485		132,485		132,485
43	01 CATH LAB	2,525,940		2,525,940	39,123	2,565,063
44	LABORATORY	7,267,405		7,267,405		7,267,405
49	RESPIRATORY THERAPY	1,961,747		1,961,747		1,961,747
50	PHYSICAL THERAPY	3,461,264		3,461,264		3,461,264
51	OCCUPATIONAL THERAPY	567,482		567,482		567,482
52	SPEECH PATHOLOGY	417,837		417,837		417,837
53	ELECTROCARDIOLOGY	358,505		358,505		358,505
55	MEDICAL SUPPLIES CHARGED	7,747,670		7,747,670		7,747,670
56	DRUGS CHARGED TO PATIENTS	19,557,310		19,557,310		19,557,310
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	709,033		709,033		709,033
60	01 WOMEN'S CENTER	10,140		10,140		10,140
60	02 WOUND CLINIC	1,181,536		1,181,536	2,924	1,184,460
61	EMERGENCY	5,748,634		5,748,634		5,748,634
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	955,816		955,816		955,816
101	SUBTOTAL	137,355,782		137,355,782	272,761	137,628,543
102	LESS OBSERVATION BEDS	955,816		955,816		955,816
103	TOTAL	136,399,966		136,399,966	272,761	136,672,727

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	27,789,647		27,789,647			
26	INTENSIVE CARE UNIT	7,159,168		7,159,168			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	1,652,250		1,652,250			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	17,403,348	25,081,584	42,484,932	.659566	.659566	.659566
38	RECOVERY ROOM	1,503,778	1,750,362	3,254,140	.298782	.298782	.298782
39	DELIVERY ROOM & LABOR ROO	3,845,457		3,845,457	.632936	.632936	.632936
40	ANESTHESIOLOGY						
40 01	PAIN MANAGEMENT		1,592,819	1,592,819	1.195385	1.195385	1.203635
41	RADIOLOGY-DIAGNOSTIC	11,629,865	113,642,797	125,272,662	.256725	.256725	.258462
41 01	MRI						
42	RADIOLOGY-THERAPEUTIC	4,595	61,741	66,336	1.997181	1.997181	1.997181
43 01	CATH LAB	10,052,437	3,555,802	13,608,239	.185618	.185618	.188493
44	LABORATORY	10,529,759	14,503,667	25,033,426	.290308	.290308	.290308
49	RESPIRATORY THERAPY	4,892,090	771,342	5,663,432	.346388	.346388	.346388
50	PHYSICAL THERAPY	1,000,141	4,490,078	5,490,219	.630442	.630442	.630442
51	OCCUPATIONAL THERAPY	716,169	793,435	1,509,604	.375914	.375914	.375914
52	SPEECH PATHOLOGY	150,701	446,889	597,590	.699203	.699203	.699203
53	ELECTROCARDIOLOGY	1,146,122	2,098,080	3,244,202	.110506	.110506	.110506
55	MEDICAL SUPPLIES CHARGED	27,927,930	6,728,400	34,656,330	.223557	.223557	.223557
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	27,827,415	13,077,737	40,905,152	.478114	.478114	.478114
60	CLINIC	2,569	1,646,126	1,648,695	.430057	.430057	.430057
60 01	WOMEN'S CENTER						
60 02	WOUND CLINIC	29,405	3,282,772	3,312,177	.356725	.356725	.357608
61	EMERGENCY	3,525,298	11,995,315	15,520,613	.370387	.370387	.370387
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		2,672,887	2,672,887	.357597	.357597	.357597
101	SUBTOTAL	158,788,144	208,191,833	366,979,977			
102	LESS OBSERVATION BEDS						
103	TOTAL	158,788,144	208,191,833	366,979,977			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
I 15-0026 I FROM 1/ 1/2010 I WORKSHEET C  
I TO 12/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	15,296,395		15,296,395		15,296,395
26	INTENSIVE CARE UNIT	3,495,463		3,495,463		3,495,463
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY	468,648		468,648		468,648
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	28,021,602		28,021,602		28,021,602
38	RECOVERY ROOM	972,280		972,280		972,280
39	DELIVERY ROOM & LABOR ROO	2,433,930		2,433,930		2,433,930
40	ANESTHESIOLOGY					
40 01	PAIN MANAGEMENT	1,904,032		1,904,032	13,141	1,917,173
41	RADIOLOGY-DIAGNOSTIC	32,160,628		32,160,628	217,573	32,378,201
41 01	MRI					
42	RADIOLOGY-THERAPEUTIC	132,485		132,485		132,485
43 01	CATH LAB	2,525,940		2,525,940	39,123	2,565,063
44	LABORATORY	7,267,405		7,267,405		7,267,405
49	RESPIRATORY THERAPY	1,961,747		1,961,747		1,961,747
50	PHYSICAL THERAPY	3,461,264		3,461,264		3,461,264
51	OCCUPATIONAL THERAPY	567,482		567,482		567,482
52	SPEECH PATHOLOGY	417,837		417,837		417,837
53	ELECTROCARDIOLOGY	358,505		358,505		358,505
55	MEDICAL SUPPLIES CHARGED	7,747,670		7,747,670		7,747,670
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	19,557,310		19,557,310		19,557,310
60	CLINIC	709,033		709,033		709,033
60 01	WOMEN'S CENTER	10,140		10,140		10,140
60 02	WOUND CLINIC	1,181,536		1,181,536	2,924	1,184,460
61	EMERGENCY	5,748,634		5,748,634		5,748,634
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	955,816		955,816		955,816
101	SUBTOTAL	137,355,782		137,355,782	272,761	137,628,543
102	LESS OBSERVATION BEDS	955,816		955,816		955,816
103	TOTAL	136,399,966		136,399,966	272,761	136,672,727

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
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	27,789,647		27,789,647			
27	INTENSIVE CARE UNIT	7,159,168		7,159,168			
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER						
34	NURSERY	1,652,250		1,652,250			
37	SKILLED NURSING FACILITY						
38	ANCILLARY SRVC COST CNTRS						
39	OPERATING ROOM	17,403,348	25,081,584	42,484,932	.659566	.659566	.659566
40	RECOVERY ROOM	1,503,778	1,750,362	3,254,140	.298782	.298782	.298782
41	DELIVERY ROOM & LABOR ROO	3,845,457		3,845,457	.632936	.632936	.632936
42	ANESTHESIOLOGY						
43	01 PAIN MANAGEMENT		1,592,819	1,592,819	1.195385	1.195385	1.203635
44	RADIOLOGY-DIAGNOSTIC	11,629,865	113,642,797	125,272,662	.256725	.256725	.258462
45	01 MRI						
46	RADIOLOGY-THERAPEUTIC	4,595	61,741	66,336	1.997181	1.997181	1.997181
47	01 CATH LAB	10,052,437	3,555,802	13,608,239	.185618	.185618	.188493
48	LABORATORY	10,529,759	14,503,667	25,033,426	.290308	.290308	.290308
49	RESPIRATORY THERAPY	4,892,090	771,342	5,663,432	.346388	.346388	.346388
50	PHYSICAL THERAPY	1,000,141	4,490,078	5,490,219	.630442	.630442	.630442
51	OCCUPATIONAL THERAPY	716,169	793,435	1,509,604	.375914	.375914	.375914
52	SPEECH PATHOLOGY	150,701	446,889	597,590	.699203	.699203	.699203
53	ELECTROCARDIOLOGY	1,146,122	2,098,080	3,244,202	.110506	.110506	.110506
54	MEDICAL SUPPLIES CHARGED	27,927,930	6,728,400	34,656,330	.223557	.223557	.223557
55	DRUGS CHARGED TO PATIENTS	27,827,415	13,077,737	40,905,152	.478114	.478114	.478114
56	OUTPAT SERVICE COST CNTRS						
57	CLINIC	2,569	1,646,126	1,648,695	.430057	.430057	.430057
58	01 WOMEN'S CENTER						
59	02 WOUND CLINIC	29,405	3,282,772	3,312,177	.356725	.356725	.357608
60	EMERGENCY	3,525,298	11,995,315	15,520,613	.370387	.370387	.370387
61	OBSERVATION BEDS (NON-DIS		2,672,887	2,672,887	.357597	.357597	.357597
62	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	158,788,144	208,191,833	366,979,977			
102	LESS OBSERVATION BEDS						
103	TOTAL	158,788,144	208,191,833	366,979,977			

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	28,021,602	2,550,035	25,471,567			28,021,602
38	RECOVERY ROOM	972,280	89,848	882,432			972,280
39	DELIVERY ROOM & LABOR ROO	2,433,930	230,087	2,203,843			2,433,930
40	ANESTHESIOLOGY						
40 01	PAIN MANAGEMENT	1,904,032	108,957	1,795,075			1,904,032
41	RADIOLOGY-DIAGNOSTIC	32,160,628	4,633,143	27,527,485			32,160,628
41 01	MRI						
42	RADIOLOGY-THERAPEUTIC	132,485	23,957	108,528			132,485
43 01	CATH LAB	2,525,940	523,709	2,002,231			2,525,940
44	LABORATORY	7,267,405	326,033	6,941,372			7,267,405
49	RESPIRATORY THERAPY	1,961,747	119,500	1,842,247			1,961,747
50	PHYSICAL THERAPY	3,461,264	293,932	3,167,332			3,461,264
51	OCCUPATIONAL THERAPY	567,482	22,322	545,160			567,482
52	SPEECH PATHOLOGY	417,837	17,793	400,044			417,837
53	ELECTROCARDIOLOGY	358,505	47,989	310,516			358,505
55	MEDICAL SUPPLIES CHARGED	7,747,670	144,510	7,603,160			7,747,670
56	DRUGS CHARGED TO PATIENTS	19,557,310	380,779	19,176,531			19,557,310
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	709,033	62,990	646,043			709,033
60 01	WOMEN'S CENTER	10,140	1,755	8,385			10,140
60 02	WOUND CLINIC	1,181,536	89,338	1,092,198			1,181,536
61	EMERGENCY	5,748,634	605,928	5,142,706			5,748,634
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	955,816	73,542	882,274			955,816
101	SUBTOTAL	118,095,276	10,346,147	107,749,129			118,095,276
102	LESS OBSERVATION BEDS	955,816	73,542	882,274			955,816
103	TOTAL	117,139,460	10,272,605	106,866,855			117,139,460

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	42,484,932	.659566	.659566
38	RECOVERY ROOM	3,254,140	.298782	.298782
39	DELIVERY ROOM & LABOR ROO	3,845,457	.632936	.632936
40	ANESTHESIOLOGY			
40 01	PAIN MANAGEMENT	1,592,819	1.195385	1.195385
41	RADIOLOGY-DIAGNOSTIC	125,272,662	.256725	.256725
41 01	MRI			
42	RADIOLOGY-THERAPEUTIC	66,336	1.997181	1.997181
43 01	CATH LAB	13,608,239	.185618	.185618
44	LABORATORY	25,033,426	.290308	.290308
49	RESPIRATORY THERAPY	5,663,432	.346388	.346388
50	PHYSICAL THERAPY	5,490,219	.630442	.630442
51	OCCUPATIONAL THERAPY	1,509,604	.375914	.375914
52	SPEECH PATHOLOGY	597,590	.699203	.699203
53	ELECTROCARDIOLOGY	3,244,202	.110506	.110506
55	MEDICAL SUPPLIES CHARGED	34,656,330	.223557	.223557
56	DRUGS CHARGED TO PATIENTS	40,905,152	.478114	.478114
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,648,695	.430057	.430057
60 01	WOMEN'S CENTER			
60 02	WOUND CLINIC	3,312,177	.356725	.356725
61	EMERGENCY	15,520,613	.370387	.370387
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,672,887	.357597	.357597
101	SUBTOTAL	330,378,912		
102	LESS OBSERVATION BEDS	2,672,887		
103	TOTAL	327,706,025		

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	28,021,602	2,550,035	25,471,567	255,004	1,477,351	26,289,247
38	RECOVERY ROOM	972,280	89,848	882,432	8,985	51,181	912,114
39	DELIVERY ROOM & LABOR ROO	2,433,930	230,087	2,203,843	23,009	127,823	2,283,098
40	ANESTHESIOLOGY						
40 01	PAIN MANAGEMENT	1,904,032	108,957	1,795,075	10,896	104,114	1,789,022
41	RADIOLOGY-DIAGNOSTIC	32,160,628	4,633,143	27,527,485	463,314	1,596,594	30,100,720
41 01	MRI						
42	RADIOLOGY-THERAPEUTIC	132,485	23,957	108,528	2,396	6,295	123,794
43 01	CATH LAB	2,525,940	523,709	2,002,231	52,371	116,129	2,357,440
44	LABORATORY	7,267,405	326,033	6,941,372	32,603	402,600	6,832,202
49	RESPIRATORY THERAPY	1,961,747	119,500	1,842,247	11,950	106,850	1,842,947
50	PHYSICAL THERAPY	3,461,264	293,932	3,167,332	29,393	183,705	3,248,166
51	OCCUPATIONAL THERAPY	567,482	22,322	545,160	2,232	31,619	533,631
52	SPEECH PATHOLOGY	417,837	17,793	400,044	1,779	23,203	392,855
53	ELECTROCARDIOLOGY	358,505	47,989	310,516	4,799	18,010	335,696
55	MEDICAL SUPPLIES CHARGED	7,747,670	144,510	7,603,160	14,451	440,983	7,292,236
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	19,557,310	380,779	19,176,531	38,078	1,112,239	18,406,993
60	CLINIC	709,033	62,990	646,043	6,299	37,470	665,264
60 01	WOMEN'S CENTER	10,140	1,755	8,385	176	486	9,478
60 02	WOUND CLINIC	1,181,536	89,338	1,092,198	8,934	63,347	1,109,255
61	EMERGENCY	5,748,634	605,928	5,142,706	60,593	298,277	5,389,764
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	955,816	73,542	882,274	7,354	51,172	897,290
101	SUBTOTAL	118,095,276	10,346,147	107,749,129	1,034,616	6,249,448	110,811,212
102	LESS OBSERVATION BEDS	955,816	73,542	882,274	7,354	51,172	897,290
103	TOTAL	117,139,460	10,272,605	106,866,855	1,027,262	6,198,276	109,913,922

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	42,484,932	.618790	.653563
38	RECOVERY ROOM	3,254,140	.280293	.296021
39	DELIVERY ROOM & LABOR ROO	3,845,457	.593713	.626953
40	ANESTHESIOLOGY			
40 01	PAIN MANAGEMENT	1,592,819	1.123180	1.188544
41	RADIOLOGY-DIAGNOSTIC	125,272,662	.240282	.253027
41 01	MRI			
42	RADIOLOGY-THERAPEUTIC	66,336	1.866166	1.961062
43 01	CATH LAB	13,608,239	.173236	.181770
44	LABORATORY	25,033,426	.272923	.289006
49	RESPIRATORY THERAPY	5,663,432	.325412	.344278
50	PHYSICAL THERAPY	5,490,219	.591628	.625088
51	OCCUPATIONAL THERAPY	1,509,604	.353491	.374436
52	SPEECH PATHOLOGY	597,590	.657399	.696227
53	ELECTROCARDIOLOGY	3,244,202	.103476	.109027
55	MEDICAL SUPPLIES CHARGED	34,656,330	.210416	.223140
56	DRUGS CHARGED TO PATIENTS	40,905,152	.449992	.477183
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,648,695	.403509	.426237
60 01	WOMEN'S CENTER			
60 02	WOUND CLINIC	3,312,177	.334902	.354028
61	EMERGENCY	15,520,613	.347265	.366483
62	OBSERVATION BEDS (NON-DIS	2,672,887	.335701	.354846
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	330,378,912		
102	LESS OBSERVATION BEDS	2,672,887		
103	TOTAL	327,706,025		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET D  
 I I TO 12/31/2010 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B,III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS				1,176,936		1,176,936
26	INTENSIVE CARE UNIT				465,965		465,965
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY				43,771		43,771
101	TOTAL				1,686,672		1,686,672

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET D  
 I I TO 12/31/2010 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	18,116	7,988			64.97	518,980
26	INTENSIVE CARE UNIT	2,303	959			202.33	194,034
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	1,746				25.07	
101	TOTAL	22,165	8,947				713,014

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	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		2,550,035	42,484,932	4,098,494		
38	RECOVERY ROOM		89,848	3,254,140	523,967		
39	DELIVERY ROOM & LABOR ROO		230,087	3,845,457	13,352		
40	ANESTHESIOLOGY						
40 01	PAIN MANAGEMENT		108,957	1,592,819			
41	RADIOLOGY-DIAGNOSTIC		4,633,143	125,272,662	5,115,383		
41 01	MRI						
42	RADIOLOGY-THERAPEUTIC		23,957	66,336			
43 01	CATH LAB		523,709	13,608,239	2,538,222		
44	LABORATORY		326,033	25,033,426	5,317,508		
49	RESPIRATORY THERAPY		119,500	5,663,432	1,796,607		
50	PHYSICAL THERAPY		293,932	5,490,219	564,540		
51	OCCUPATIONAL THERAPY		22,322	1,509,604	439,969		
52	SPEECH PATHOLOGY		17,793	597,590	104,096		
53	ELECTROCARDIOLOGY		47,989	3,244,202	782,387		
55	MEDICAL SUPPLIES CHARGED		144,510	34,656,330	15,422,363		
56	DRUGS CHARGED TO PATIENTS		380,779	40,905,152	11,657,144		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		62,990	1,648,695			
60 01	WOMEN'S CENTER		1,755				
60 02	WOUND CLINIC		89,338	3,312,177			
61	EMERGENCY		605,928	15,520,613	1,506,255		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		73,542	2,672,887			
101	TOTAL		10,346,147	330,378,912	49,880,287		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2010 I PART II  
 I 15-0026 I

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.060022	246,000
38	RECOVERY ROOM	.027610	14,467
39	DELIVERY ROOM & LABOR ROO	.059833	799
40	ANESTHESIOLOGY		
40 01	PAIN MANAGEMENT	.068405	
41	RADIOLOGY-DIAGNOSTIC	.036984	189,187
41 01	MRI		
42	RADIOLOGY-THERAPEUTIC	.361146	
43 01	CATH LAB	.038485	97,683
44	LABORATORY	.013024	69,255
49	RESPIRATORY THERAPY	.021100	37,908
50	PHYSICAL THERAPY	.053537	30,224
51	OCCUPATIONAL THERAPY	.014787	6,506
52	SPEECH PATHOLOGY	.029775	3,099
53	ELECTROCARDIOLOGY	.014792	11,573
55	MEDICAL SUPPLIES CHARGED	.004170	64,311
56	DRUGS CHARGED TO PATIENTS	.009309	108,516
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.038206	
60 01	WOMEN'S CENTER		
60 02	WOUND CLINIC	.026973	
61	EMERGENCY	.039040	58,804
62	OBSERVATION BEDS (NON-DIS	.027514	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		938,332

Health Financial Systems MCRIF32

FOR GOSHEN GENERAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(11/1998)

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

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
I 15-0026 I FROM 1/ 1/2010 I WORKSHEET D  
I TO 12/31/2010 I PART III  
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	SWING BED ADJ AMOUNT	TOTAL COSTS
		1	2	2.01	2.02	3	4
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS						
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER						
34	NURSERY						
101	SKILLED NURSING FACILITY						
	TOTAL						

Health Financial Systems MCRIF32

FOR GOSHEN GENERAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(11/1998)

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

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
I 15-0026 I FROM 1/ 1/2010 I WORKSHEET D  
I I TO 12/31/2010 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
25	ADULTS & PEDIATRICS	18,116	6	7	8
26	INTENSIVE CARE UNIT	2,303		7,988	959
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER				
33	NURSERY	1,746			
34	SKILLED NURSING FACILITY				
101	TOTAL	22,165		8,947	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
40	01 PAIN MANAGEMENT						
41	RADIOLOGY-DIAGNOSTIC						
41	01 MRI						
42	RADIOLOGY-THERAPEUTIC						
43	01 CATH LAB						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOMEN'S CENTER						
60	02 WOUND CLINIC						
61	EMERGENCY					215,082	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL					215,082	

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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			42,484,932			4,098,494	
38	RECOVERY ROOM			3,254,140			523,967	
39	DELIVERY ROOM & LABOR ROO			3,845,457			13,352	
40	ANESTHESIOLOGY							
40 01	PAIN MANAGEMENT			1,592,819				
41	RADIOLOGY-DIAGNOSTIC			125,272,662			5,115,383	
41 01	MRI							
42	RADIOLOGY-THERAPEUTIC			66,336				
43 01	CATH LAB			13,608,239			2,538,222	
44	LABORATORY			25,033,426			5,317,508	
49	RESPIRATORY THERAPY			5,663,432			1,796,607	
50	PHYSICAL THERAPY			5,490,219			564,540	
51	OCCUPATIONAL THERAPY			1,509,604			439,969	
52	SPEECH PATHOLOGY			597,590			104,096	
53	ELECTROCARDIOLOGY			3,244,202			782,387	
55	MEDICAL SUPPLIES CHARGED			34,656,330			15,422,363	
56	DRUGS CHARGED TO PATIENTS			40,905,152			11,657,144	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,648,695				
60 01	WOMEN'S CENTER							
60 02	WOUND CLINIC			3,312,177				
61	EMERGENCY	215,082	215,082	15,520,613	.013858	.013858	1,506,255	20,874
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			2,672,887				
101	TOTAL	215,082	215,082	330,378,912			49,880,287	20,874

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,409,658					
38	RECOVERY ROOM	453,395					
39	DELIVERY ROOM & LABOR ROO	490					
40	ANESTHESIOLOGY						
40 01	PAIN MANAGEMENT	354,835					
41	RADIOLOGY-DIAGNOSTIC	16,405,302					
41 01	MRI						
42	RADIOLOGY-THERAPEUTIC						
43 01	CATH LAB	1,497,446					
44	LABORATORY	670,841					
49	RESPIRATORY THERAPY	742,408					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,846,643					
55	MEDICAL SUPPLIES CHARGED	4,589,809					
56	DRUGS CHARGED TO PATIENTS	23,037,219					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	37,424					
60 01	WOMEN'S CENTER						
60 02	WOUND CLINIC						
61	EMERGENCY	1,540,647			21,350		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,598,337					
101	TOTAL	57,184,454			21,350		

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.659566	.659566			
38 RECOVERY ROOM	.298782	.298782			
39 DELIVERY ROOM & LABOR ROOM	.632936	.632936			
40 ANESTHESIOLOGY					
40 01 PAIN MANAGEMENT	1.195385	1.195385			
41 RADIOLOGY-DIAGNOSTIC	.256725	.256725			
41 01 MRI					
42 RADIOLOGY-THERAPEUTIC	1.997181	1.997181			
43 01 CATH LAB	.185618	.185618			
44 LABORATORY	.290308	.290308			
49 RESPIRATORY THERAPY	.346388	.346388			
50 PHYSICAL THERAPY	.630442	.630442			
51 OCCUPATIONAL THERAPY	.375914	.375914			
52 SPEECH PATHOLOGY	.699203	.699203			
53 ELECTROCARDIOLOGY	.110506	.110506			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.223557	.223557			
56 DRUGS CHARGED TO PATIENTS	.478114	.478114			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.430057	.430057			
60 01 WOMEN'S CENTER					
60 02 WOUND CLINIC	.356725	.356725			
61 EMERGENCY	.370387	.370387			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.357597	.357597			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS  
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		4,409,658			
38 RECOVERY ROOM		453,395			
39 DELIVERY ROOM & LABOR ROOM		490			
40 ANESTHESIOLOGY					
40 01 PAIN MANAGEMENT		354,835			
41 RADIOLOGY-DIAGNOSTIC		16,405,302			
41 01 MRI					
42 RADIOLOGY-THERAPEUTIC					
43 01 CATH LAB		1,497,446			
44 LABORATORY		670,841			
49 RESPIRATORY THERAPY		742,408			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		1,846,643			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,589,809			
56 DRUGS CHARGED TO PATIENTS		23,037,219			
OUTPAT SERVICE COST CNTRS					
60 CLINIC		37,424	238		
60 01 WOMEN'S CENTER					
60 02 WOUND CLINIC					
61 EMERGENCY		1,540,647			
62 OBSERVATION BEDS (NON-DISTINCT PART)		1,598,337			
101 SUBTOTAL		57,184,454	238		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		57,184,454	238		

(A) WORKSHEET A LINE NUMBERS  
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				2,908,460	
38 RECOVERY ROOM				135,466	
39 DELIVERY ROOM & LABOR ROOM				310	
40 ANESTHESIOLOGY					
40 01 PAIN MANAGEMENT				424,164	
41 RADIOLOGY-DIAGNOSTIC				4,211,651	
41 01 MRI					
42 RADIOLOGY-THERAPEUTIC					
43 01 CATH LAB				277,953	
44 LABORATORY				194,751	
49 RESPIRATORY THERAPY				257,161	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				204,065	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,026,084	
56 DRUGS CHARGED TO PATIENTS				11,014,417	
OUTPAT SERVICE COST CNTRS					
60 CLINIC				16,094	102
60 01 WOMEN'S CENTER					
60 02 WOUND CLINIC					
61 EMERGENCY				570,636	
62 OBSERVATION BEDS (NON-DISTINCT PART)				571,561	
101 SUBTOTAL				21,812,773	102
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				21,812,773	102

(A) WORKSHEET A LINE NUMBERS  
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
(A) ANCILLARY SRVC COST CNTRS	9.03	10	11
37 OPERATING ROOM			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
40 01 PAIN MANAGEMENT			
41 RADIOLOGY-DIAGNOSTIC			
41 01 MRI			
42 RADIOLOGY-THERAPEUTIC			
43 01 CATH LAB			
44 LABORATORY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
60 OUTPAT SERVICE COST CNTRS			
60 CLINIC			
60 01 WOMEN'S CENTER			
60 02 WOUND CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/24/2011
I	15-0026	I	FROM 1/ 1/2010	I	WORKSHEET D
I	COMPONENT NO:	I	TO 12/31/2010	I	PART VI
I	15-0026	I		I	

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.478114
2	PROGRAM VACCINE CHARGES		21,954
3	PROGRAM COSTS		10,497

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	18,116
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	18,116
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,028
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,088
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	7,988
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	15,296,395
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	15,296,395

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	36,601,065
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13,762,831
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	22,838,234
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.417922
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,714.35
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2,263.90
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	15,296,395

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM				844.36
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				6,744,748
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM				
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				6,744,748

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	3,495,463	2,303	1,517.79	959	1,455,561
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES				713,014
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				959,206
52	TOTAL PROGRAM EXCLUDABLE COST				1,672,220
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				23,622,587

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL PPS

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 1,132
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 844.36
- 85 OBSERVATION BED COST 955,816

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		15,296,395		955,816	
87 NEW CAPITAL-RELATED COST	1,176,936	15,296,395	.076942	955,816	73,542
88 NON PHYSICIAN ANESTHETIST		15,296,395		955,816	
89 MEDICAL EDUCATION		15,296,395		955,816	
89.01 MEDICAL EDUCATION - ALLIED HEA		15,296,395		955,816	
89.02 MEDICAL EDUCATION - ALL OTHER		15,296,395		955,816	

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	18,116
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	18,116
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,028
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,088
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	610
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	1,746
16	NURSERY DAYS (TITLE V OR XIX ONLY)	353

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	15,296,395
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	15,296,395

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	36,601,065
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13,762,831
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	22,838,234
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.417922
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,714.35
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2,263.90
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	15,296,395

TITLE XIX - I/P HOSPITAL OTHER  
 PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 844.36  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 515,060  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 515,060

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	468,648	1,746	268.41	353	94,749
43 INTENSIVE CARE UNIT	3,495,463	2,303	1,517.79	34	51,605
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 3,142,138
49 TOTAL PROGRAM INPATIENT COSTS					3,803,552

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES  
 52 TOTAL PROGRAM EXCLUDABLE COST  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
 AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
 OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS  
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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	1,132
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	844.36
85	OBSERVATION BED COST	955,816

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 XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		11,604,696	
26	INTENSIVE CARE UNIT		3,381,544	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.659566	4,098,494	2,703,227
38	RECOVERY ROOM	.298782	523,967	156,552
39	DELIVERY ROOM & LABOR ROOM	.632936	13,352	8,451
40	ANESTHESIOLOGY			
40 01	PAIN MANAGEMENT	1.203635		
41	RADIOLOGY-DIAGNOSTIC	.258462	5,115,383	1,322,132
41 01	MRI			
42	RADIOLOGY-THERAPEUTIC	1.997181		
43 01	CATH LAB	.188493	2,538,222	478,437
44	LABORATORY	.290308	5,317,508	1,543,715
49	RESPIRATORY THERAPY	.346388	1,796,607	622,323
50	PHYSICAL THERAPY	.630442	564,540	355,910
51	OCCUPATIONAL THERAPY	.375914	439,969	165,391
52	SPEECH PATHOLOGY	.699203	104,096	72,784
53	ELECTROCARDIOLOGY	.110506	782,387	86,458
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.223557	15,422,363	3,447,777
56	DRUGS CHARGED TO PATIENTS	.478114	11,657,144	5,573,444
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.430057		
60 01	WOMEN'S CENTER			
60 02	WOUND CLINIC	.357608		
61	EMERGENCY	.370387	1,506,255	557,897
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.357597		
101	TOTAL		49,880,287	17,094,498
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		49,880,287	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS				
25	ADULTS & PEDIATRICS			2,293,568	
26	INTENSIVE CARE UNIT			300,521	
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE UNIT				
31	SUBPROVIDER				
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.659566	775,012	511,172
38	RECOVERY ROOM		.298782	83,046	24,813
39	DELIVERY ROOM & LABOR ROOM		.632936	1,315,461	832,603
40	ANESTHESIOLOGY				
40 01	PAIN MANAGEMENT		1.195385		
41	RADIOLOGY-DIAGNOSTIC		.256725	583,665	149,841
41 01	MRI				
42	RADIOLOGY-THERAPEUTIC		1.997181	105	210
43 01	CATH LAB		.185618	565,500	104,967
44	LABORATORY		.290308	669,373	194,324
49	RESPIRATORY THERAPY		.346388	239,000	82,787
50	PHYSICAL THERAPY		.630442	21,090	13,296
51	OCCUPATIONAL THERAPY		.375914	17,125	6,438
52	SPEECH PATHOLOGY		.699203	3,097	2,165
53	ELECTROCARDIOLOGY		.110506	58,594	6,475
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.223557	1,359,903	304,016
56	DRUGS CHARGED TO PATIENTS		.478114	1,720,690	822,686
	OUTPAT SERVICE COST CNTRS				
60	CLINIC		.430057	2,022	870
60 01	WOMEN'S CENTER				
60 02	WOUND CLINIC		.356725	1,304	465
61	EMERGENCY		.370387	229,517	85,010
62	OBSERVATION BEDS (NON-DISTINCT PART)		.357597		
	OTHER REIMBURS COST CNTRS				
101	TOTAL			7,644,504	3,142,138
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			7,644,504	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET E  
 I COMPONENT NO: I TO 12/31/2010 I PART A  
 I 15-0026 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	11,389,364	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3,796,455	
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)	1,360,785	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		119.90
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 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME 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)		3.07
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		19.23
4.02 SUM OF LINES 4 AND 4.01		22.30
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		7.61
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		1,155,641

ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 5/24/2011
I 15-0026	I FROM 1/ 1/2010	I WORKSHEET E
I COMPONENT NO:	I TO 12/31/2010	I PART A
I 15-0026	I	I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		
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 INSTRU	401.43	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	17,702,245	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	17,702,245	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		1,568,621
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		20,874
16 TOTAL	19,291,740	
17 PRIMARY PAYER PAYMENTS		11,512
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	19,280,228	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		1,880,072
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		1,650
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		233,086
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		163,160
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		207,112
22 SUBTOTAL	17,561,666	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	17,561,666	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	17,312,620	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		249,046
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		962,781
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET E  
 I COMPONENT NO: I TO 12/31/2010 I PART B  
 I 15-0026 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	10,599
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	21,791,423
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	12,864,881
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.830
1.04	LINE 1.01 TIMES LINE 1.03.	18,086,881
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	71.13
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	21,350
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	10,599
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	22,192
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	22,192
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)	22,192
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	11,593
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	10,599
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	12,886,231
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	48
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,785,100
19	SUBTOTAL (SEE INSTRUCTIONS)	10,111,682
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	10,111,682
24	PRIMARY PAYER PAYMENTS	717
25	SUBTOTAL	10,110,965
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	318,367
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	222,857
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	288,068
28	SUBTOTAL	10,333,822
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	10,333,822
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	10,210,723
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	123,099
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, 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)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET E-1  
 I COMPONENT NO: I TO 12/31/2010 I  
 I 15-0026 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		17,275,421		10,180,458
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	8/12/2010	37,199	8/12/2010	30,265
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		37,199		30,265
4 TOTAL INTERIM PAYMENTS		17,312,620		10,210,723
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		249,046		123,099
7 TOTAL MEDICARE PROGRAM LIABILITY		17,561,666		10,333,822

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.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET E-3  
 I COMPONENT NO: I TO 12/31/2010 I PART III  
 I - I I

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

TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES	3,803,552	
2	MEDICAL AND OTHER SERVICES		
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL	3,803,552	
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL	3,803,552	
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES	2,839,594	
11	ANCILLARY SERVICE CHARGES	7,644,504	
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	10,484,098	
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)	10,484,098	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	6,680,546	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	3,803,552	
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	3,803,552	
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	3,803,552	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	3,803,552	
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)	3,803,552	
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL	3,803,552	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	3,803,552	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/24/2011
I	15-0026	I	FROM 1/ 1/2010	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART III
I	-	I		I	

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
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM	2,079,617	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	1,723,935	
		1	2

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

- 1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.
- 2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)
- 3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)
- 4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)

COLUMN 1  
1.000000

COLUMN 1.01

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- 6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
- 9 MULTIPLY LINE 7 TIMES LINE 8
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 \* LN 10)
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5] )

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

- 13 REDUCED IME FTE CAP (SEE INSTRUCTIONS)
- 14 UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)
- 15 PRORATED REDUCED ALLOWABLE IME FTE CAP

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

- 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).
- 17 IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)
- 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
- 20 IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)
- 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
- 22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
- 23 ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I  
 I TO 12/31/2010 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	6,293,820			
2 TEMPORARY INVESTMENTS	16,068,379			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	61,214,497			
5 OTHER RECEIVABLES	523,731			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-35,716,559			
7 INVENTORY	5,275,839			
8 PREPAID EXPENSES	2,594,256			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	56,253,963			
FIXED ASSETS				
12 LAND	3,883,887			
12.01 LAND IMPROVEMENTS	2,988,795			
13.01 LESS ACCUMULATED DEPRECIATION	-946,321			
14 BUILDINGS	85,726,237			
14.01 LESS ACCUMULATED DEPRECIATION	-23,832,632			
15 LEASEHOLD IMPROVEMENTS	113,748			
15.01 LESS ACCUMULATED DEPRECIATION	-96,916			
16 FIXED EQUIPMENT	9,172,099			
16.01 LESS ACCUMULATED DEPRECIATION	-5,160,373			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	80,228,454			
18.01 LESS ACCUMULATED DEPRECIATION	-58,058,184			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	94,018,794			
OTHER ASSETS				
22 INVESTMENTS	45,879,834			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	830,629			
26 TOTAL OTHER ASSETS	46,710,463			
27 TOTAL ASSETS	196,983,220			

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I  
 I TO 12/31/2010 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	-6,927,976			
29 SALARIES, WAGES & FEES PAYABLE	-8,903,112			
30 PAYROLL TAXES PAYABLE	-303,337			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	-2,329,001			
36 TOTAL CURRENT LIABILITIES	-18,463,426			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	-42,322,653			
38 NOTES PAYABLE	-4,876,772			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	-1,160,556			
42 TOTAL LONG-TERM LIABILITIES	-48,359,981			
43 TOTAL LIABILITIES	-66,823,407			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-130,159,813			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	-130,159,813			
52 TOTAL LIABILITIES AND FUND BALANCES	-196,983,220			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		112,307,055		
2 NET INCOME (LOSS)		18,816,572		
3 TOTAL		131,123,627		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		131,123,627		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 CHANGE FROM PRIOR YEAR		963,815		
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		963,815		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		130,159,812		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET G-2  
 I I TO 12/31/2010 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	24,130,958		24,130,958
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	24,130,958		24,130,958
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	6,898,490		6,898,490
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	6,898,490		6,898,490
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	31,029,448		31,029,448
17 00 ANCILLARY SERVICES	115,620,133	197,657,438	313,277,571
18 00 OUTPATIENT SERVICES	3,557,272	16,924,213	20,481,485
19 00 HOME HEALTH AGENCY		1,551,479	1,551,479
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE		3,187,555	3,187,555
24 00 NURSERY	7,538,633	934,572	8,473,205
24 05 NON REIMBURSABLE/OTHERS	92,988	4,277,074	4,370,062
25 00 TOTAL PATIENT REVENUES	157,838,474	224,532,331	382,370,805

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		157,163,491	
ADD (SPECIFY)			
27 00 BAD DEBT	17,552,818		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		17,552,818	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		174,716,309	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET G-3  
 I I TO 12/31/2010 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	382,370,805
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	197,675,639
3	NET PATIENT REVENUES	184,695,166
4	LESS: TOTAL OPERATING EXPENSES	174,716,309
5	NET INCOME FROM SERVICE TO PATIENTS	9,978,857
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	4,472,049
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	908,002
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	36,481
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	4,933
22	RENTAL OF HOSPITAL SPACE	858,644
23	GOVERNMENTAL APPROPRIATIONS	
24	MISC OTHER OPERATING REVENUE	2,557,606
25	TOTAL OTHER INCOME	8,837,715
26	TOTAL	18,816,572
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	18,816,572

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3					38,035	38,035
4						
5	335,647		58,947	4,338	80,640	479,572
HHA REIMBURSABLE SERVICES						
6	553,924					553,924
7	114,546					114,546
8	44,245					44,245
9	15,732					15,732
10	80,870					80,870
11	84,066					84,066
12					24,505	24,505
13					7,445	7,445
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	1,229,030		58,947	4,338	150,625	1,442,940

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3		38,035		38,035
4				
5		479,572		479,572
HHA REIMBURSABLE SERVICES				
6		553,924		553,924
7		114,546		114,546
8		44,245		44,245
9		15,732		15,732
10		80,870		80,870
11		84,066		84,066
12		24,505	-24,381	124
13		7,445	-7,445	
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		1,442,940	-31,826	1,411,114

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3				38,035			
4							
5				38,035		517,607	517,607
HHA REIMBURSABLE SERVICES							
6						553,924	320,887
7						114,546	66,356
8						44,245	25,631
9						15,732	9,114
10						80,870	46,848
11						84,066	48,699
12						124	72
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24				38,035		1,411,114	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6						874,811	
7						180,902	
8						69,876	
9						24,846	
10						127,718	
11						132,765	
12						196	
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24						1,411,114	

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MILEAGE )	RECONCILIATIO N 5A	ADMINISTRATIV E & GENERAL ( ACCUM. COST )	5
	1	2	3	4			
1	GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX	5,125					
2	CAP-REL COST-MOV EQUIP		11,805				
3	PLANT OPER & MAINT			5,125			
4	TRANSPORTATION				106,989		
5	ADMINISTRATIVE & GENERAL HHA REIMBURSABLE SERVICES	5,125	11,805	5,125	2,279	-517,607	893,507
6	SKILLED NURSING CARE				53,144		553,924
7	PHYSICAL THERAPY				12,052		114,546
8	OCCUPATIONAL THERAPY				6,266		44,245
9	SPEECH PATHOLOGY				1,214		15,732
10	MEDICAL SOCIAL SERVICES				4,086		80,870
11	HOME HEALTH AIDE				27,948		84,066
12	SUPPLIES						124
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	5,125	11,805	5,125	106,989	-517,607	893,507
25	COST TO BE ALLOCATED			38,035			517,607
26	UNIT COST MULTIPLIER			7.421463			.579298

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5
1 ADMIN & GENERAL				70,559	13,886	93,802
2 SKILLED NURSING CARE	874,811					154,802
3 PHYSICAL THERAPY	180,902					32,011
4 OCCUPATIONAL THERAPY	69,876					12,365
5 SPEECH PATHOLOGY	24,846					4,397
6 MEDICAL SOCIAL SERVICES	127,718					22,600
7 HOME HEALTH AIDE	132,765					23,493
8 SUPPLIES	196					
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,411,114			70,559	13,886	343,470
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

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

HHA COST CENTER	CASHIERING/A CCOUNTS RECE 6.01	SUBTOTAL 6A.01	OTHER ADMINI STRATIVE AND 6.02	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10
1 ADMIN & GENERAL	5,987	184,234	44,193	87,494		37,140
2 SKILLED NURSING CARE		1,029,613	246,978			
3 PHYSICAL THERAPY		212,913	51,073			
4 OCCUPATIONAL THERAPY		82,241	19,728			
5 SPEECH PATHOLOGY		29,243	7,015			
6 MEDICAL SOCIAL SERVICES		150,318	36,058			
7 HOME HEALTH AIDE		156,258	37,483			
8 SUPPLIES		196	47			
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	5,987	1,845,016	442,575	87,494		37,140
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

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

HHA 1

HHA COST CENTER	DIETARY 11	CAFETERIA 12	NURSING ADMI NISTRATION 14	CENTRAL SERV ICES & SUPPL 15	PHARMACY 16	MEDICAL RECO RDS & LIBRAR 17
1 ADMIN & GENERAL		28,816				16,492
2 SKILLED NURSING CARE			66,611			
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES				1,668		
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		28,816	66,611	1,668		16,492
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SOCIAL SERVI CE 18	PARAMED ED P RGM 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
1 ADMIN & GENERAL			398,369		398,369	
2 SKILLED NURSING CARE			1,343,202		1,343,202	251,519
3 PHYSICAL THERAPY			263,986		263,986	49,432
4 OCCUPATIONAL THERAPY			101,969		101,969	19,094
5 SPEECH PATHOLOGY			36,258		36,258	6,789
6 MEDICAL SOCIAL SERVICES			186,376		186,376	34,899
7 HOME HEALTH AIDE			193,741		193,741	36,278
8 SUPPLIES			1,911		1,911	358
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			2,525,812		2,525,812	398,369
21 UNIT COST MULTIPLIER						0.187252

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

Health Financial Systems MCRIF32  
ALLOCATION OF GENERAL SERVICE  
COSTS TO HHA COST CENTERS

FOR GOSHEN GENERAL HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/24/2011
I	15-0026	I	FROM 1/ 1/2010	I	WORKSHEET	H-5
I	HHA NO:	I	TO 12/31/2010	I	PART I	
I	15-7174	I		I		

HHA 1

TOTAL HHA  
COSTS  
29

HHA COST CENTER		
1	ADMIN & GENERAL	
2	SKILLED NURSING CARE	1,594,721
3	PHYSICAL THERAPY	313,418
4	OCCUPATIONAL THERAPY	121,063
5	SPEECH PATHOLOGY	43,047
6	MEDICAL SOCIAL SERVICES	221,275
7	HOME HEALTH AIDE	230,019
8	SUPPLIES	2,269
9	DRUGS	
9.20	COST ADMINISTERING DRUGS	
10	DME	
11	HOME DIALYSIS AIDE SVCS	
12	RESPIRATORY THERAPY	
13	PRIVATE DUTY NURSING	
14	CLINIC	
15	HEALTH PROM ACTIVITIES	
16	DAY CARE PROGRAM	
17	HOME DEL MEALS PROGRAM	
18	HOMEMAKER SERVICE	
19	ALL OTHER	
19.50	TELEMEDICINE	
20	TOTAL (SUM OF 1-19) (2)	2,525,812
21	UNIT COST MULTIPLIER	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

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

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET ) 1	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE ) 2	NEW CAP REL COSTS-BLDG & (SQUARE FEET ) 3	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE ) 4	EMPLOYEE BENEFITS ( GROSS SALARIES ) 5	CASHIERING/A CCOUNTS RECE (GROSS CHARGES ) 6.01
1 ADMIN & GENERAL			5,125	11,805	335,648	1,551,479
2 SKILLED NURSING CARE					553,924	
3 PHYSICAL THERAPY					114,546	
4 OCCUPATIONAL THERAPY					44,245	
5 SPEECH PATHOLOGY					15,732	
6 MEDICAL SOCIAL SERVICES					80,870	
7 HOME HEALTH AIDE					84,066	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			5,125	11,805	1,229,031	1,551,479
21 COST TO BE ALLOCATED			70,559	13,886	343,470	5,987
22 UNIT COST MULTIPLIER			13.767610	1.176281	0.279464	0.003859

HHA COST CENTER	RECONCILIATION 6A.02	OTHER ADMINISTRATIVE AND ACCUM. COST 6.02	OPERATION OF PLANT (SQUARE FEET ) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY ) 9	HOUSEKEEPING (SQUARE FEET ) 10	DIETARY (MEALS SERVED ) 11
1 ADMIN & GENERAL		184,234	5,125		5,125	
2 SKILLED NURSING CARE		1,029,613				
3 PHYSICAL THERAPY		212,913				
4 OCCUPATIONAL THERAPY		82,241				
5 SPEECH PATHOLOGY		29,243				
6 MEDICAL SOCIAL SERVICES		150,318				
7 HOME HEALTH AIDE		156,258				
8 SUPPLIES		196				
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		1,845,016	5,125		5,125	
21 COST TO BE ALLOCATED		442,575	87,494		37,140	
22 UNIT COST MULTIPLIER		0.239876	17.072000		7.246829	

Health Financial Systems MCRIF32  
 ALLOCATION OF GENERAL SERVICE  
 COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

FOR GOSHEN GENERAL HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET H-5  
 I HHA NO: I TO 12/31/2010 I PART II  
 I 15-7174 I I

HHA 1

HHA COST CENTER	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)
	12	14	15	16	17	18
1 ADMIN & GENERAL	45,684				1,551,479	
2 SKILLED NURSING CARE		15,011				
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES			42,835			
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	45,684	15,011	42,835		1,551,479	
21 COST TO BE ALLOCATED	28,816	66,611	1,668		16,492	
22 UNIT COST MULTIPLIER	0.630768	4.437479	0.038940		0.010630	

PARAMED ED P  
 RGM  
 (ASSIGNED TIME )  
 24

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

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
PATIENT SERVICES							PART A
1 SKILLED NURSING	2	1,594,721		1,594,721	5,108	312.20	1,570
2 PHYSICAL THERAPY	3	313,418		313,418	2,220	141.18	894
3 OCCUPATIONAL THERAPY	4	121,063		121,063	794	152.47	362
4 SPEECH PATHOLOGY	5	43,047		43,047	199	216.32	81
5 MEDICAL SOCIAL SERVICES	6	221,275		221,275	73	3,031.16	19
6 HOME HEALTH AIDE SERVICE	7	230,019		230,019	2,198	104.65	716
7 TOTAL		2,523,543		2,523,543	10,592		3,642

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	SUBJECT TO DEDUCT & COINSUR 10	
1 SKILLED NURSING	1,791		490,154	559,150	1,049,304
2 PHYSICAL THERAPY	680		126,215	96,002	222,217
3 OCCUPATIONAL THERAPY	219		55,194	33,391	88,585
4 SPEECH PATHOLOGY	59		17,522	12,763	30,285
5 MEDICAL SOCIAL SERVICES	11		57,592	33,343	90,935
6 HOME HEALTH AIDE SERVICES	1,169		74,929	122,336	197,265
7 TOTAL	3,929		821,606	856,985	1,678,591

LIMITATION COST COMPUTATION					PROGRAM COST LIMITS	PROGRAM VISITS
PATIENT SERVICES	1	2	3	4	5	PART A 6
8 SKILLED NURSING	9915					
8.01 SKILLED NURSING	2330					
8.02 SKILLED NURSING	2114					
8.03 SKILLED NURSING	5003					
9 PHYSICAL THERAPY	9915					
9.01 PHYSICAL THERAPY	2330					
9.02 PHYSICAL THERAPY	2114					
9.03 PHYSICAL THERAPY	5003					
10 OCCUPATIONAL THERAPY	9915					
10.01 OCCUPATIONAL THERAPY	2330					
10.02 OCCUPATIONAL THERAPY	2114					
10.03 OCCUPATIONAL THERAPY	5003					
11 SPEECH PATHOLOGY	9915					
11.01 SPEECH PATHOLOGY	2330					
11.02 SPEECH PATHOLOGY	2114					
11.03 SPEECH PATHOLOGY	5003					
12 MEDICAL SOCIAL SERVICES	9915					
12.01 MEDICAL SOCIAL SERVICES	2330					
12.02 MEDICAL SOCIAL SERVICES	2114					
12.03 MEDICAL SOCIAL SERVICES	5003					
13 HOME HEALTH AIDE SERVICE	9915					
13.01 HOME HEALTH AIDE SERVICE	2330					
13.02 HOME HEALTH AIDE SERVICE	2114					
13.03 HOME HEALTH AIDE SERVICE	5003					
14 TOTAL						

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

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET H-6  
 I HHA NO: I TO 12/31/2010 I PARTS I II & III  
 I 15-7174 I I HHA 1

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

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

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET H-6  
 I HHA NO: I TO 12/31/2010 I PARTS I II & III  
 I 15-7174 I I HHA 1

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	2,269		2,269			
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

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

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	9915	
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4	2330	
16.02 PROGRAM UNDUP CENSUS FROM WRKST S-4	2114	
16.03 PROGRAM UNDUP CENSUS FROM WRKST S-4	5003	
17 PER BENE COST LIMITATION (FRM FI)	9915	
17.01 PER BENE COST LIMITATION (FRM FI)	2330	
17.02 PER BENE COST LIMITATION (FRM FI)	2114	
17.03 PER BENE COST LIMITATION (FRM FI)	5003	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.630442			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.375914			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.699203			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.223557			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.478114			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS 4	PROG VISITS ON OR AFTER 1/1/1999 5
			PRIOR 1/1/1998 TO 12/31/1998 3	PRIOR 1/1/1998 TO 12/31/1998 4		
1 PHYSICAL THERAPY	2	141.18	2.01	3.01		
2 OCCUPATIONAL THERAPY	3	152.47				
3 SPEECH PATHOLOGY	4	216.32				
4 TOTAL (SUM OF LINES 1-3)						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVIII HHA 1

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

PART B NOT SUBJECT TO DED & COINS 2  
 PART B SUBJECT TO DED & COINS 3

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	569,803	516,339
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	4,163	14,693
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	8,615	14,555
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	1,321	2,172
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	764	4,250
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	584,666	552,009
13 EXCESS REASONABLE COST		
14 SUBTOTAL	584,666	552,009
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	584,666	552,009
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	584,666	552,009
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	584,666	552,009
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	584,666	552,009
25 INTERIM PAYMENTS	584,666	552,009
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

TITLE XVIII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		584,666		552,009
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL				
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		584,666		552,009
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
TENTATIVE TO PROGRAM		.99		
SUBTOTAL				
6 DETERMINED NET SETTLEMENT		NONE		NONE
AMOUNT (BALANCE DUE)				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		584,666		552,009

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.

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/24/2011
I	15-0026	I	FROM 1/ 1/2010	I	WORKSHEET	K
I	HOSPICE NO:	I	TO 12/31/2010	I		
I	15-1527	I		I		

HOSPICE 1

	SALARIES (FROM K-1)	EMPLOYEE BENEFITS (FROM K-2)	TRANSPORTATION (SEE INST.)	CONTRACTED SERVICES (FROM K-3)
	1	2	3	4
1				
2				
3				
4				
5				
6	219,298			
7	619,719			
8				
9				
10				
10.20				
11				
12				
13				
14				
15				
16				
17				
18				
18.20				
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34	839,017			

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
I 15-0026 I FROM 1/ 1/2010 I WORKSHEET K  
I HOSPICE NO: I TO 12/31/2010 I  
I 15-1527 I I

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE	1,805	1,805		1,805
5 TRANSPORTATION - STAFF	44,126	44,126		44,126
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	105,578	324,876		324,876
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE		619,719		619,719
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES	23,618	23,618		23,618
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER	724,871	724,871		724,871
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	899,998	1,739,015		1,739,015

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/24/2011
I	15-0026	I	FROM 1/ 1/2010	I	WORKSHEET	K
I	HOSPICE NO:	I	TO 12/31/2010	I		
I	15-1527	I		I		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		1,805
4 TRANSPORTATION - STAFF		44,126
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		324,876
7 INPATIENT CARE SERVICE		
8 INPATIENT - GENERAL CARE		619,719
8 INPATIENT - RESPITE CARE		
9 VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES	-23,618	
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER	-198,331	526,540
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)	-221,949	1,517,066

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL		145,294		
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)		145,294		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				74,004
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE	383,674		92,223	143,822
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	383,674		92,223	217,826

COMPENSATION ANALYSIS  
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/24/2011
I	15-0026	I	FROM 1/ 1/2010	I	WORKSHEET K-1
I	HOSPICE NO:	I	TO 12/31/2010	I	
I	15-1527	I		I	

HOSPICE 1

TOTAL (1)  
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	219,298
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	619,719
10	INPATIENT - RESPITE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	839,017

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 1

COST ALLOCATION -	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/24/2011
HOSPICE GENERAL SERVICE COST	I	15-0026	I	FROM 1/ 1/2010	I	WORKSHEET K-4	
	I	HOSPICE NO:	I	TO 12/31/2010	I	PART I	
	I	15-1527	I		I		

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE	1,805			1,805
4 TRANSPORTATION - STAFF	44,126			
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	324,876			1,805
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	619,719			
8 INPATIENT - RESPIRE CARE				
9 VISITING SERVICES				
PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER	526,540			
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,517,066			1,805

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/24/2011
I	15-0026	I	FROM 1/ 1/2010	I	WORKSHEET	K-4
I	HOSPICE NO:	I	TO 12/31/2010	I	PART	I
I	15-1527	I		I		

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1				
2				
3				
4				
5	44,126			
6			326,681	326,681
7	44,126		663,845	182,181
8				
9				
10				
10.20				
11				
12				
13				
14				
15				
16				
17				
18				
18.20				
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29			526,540	144,500
30				
31				
32				
33				
34	44,126		1,190,385	326,681

COST ALLOCATION -	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/24/2011
HOSPICE GENERAL SERVICE COST	I	15-0026	I	FROM 1/ 1/2010	I	WORKSHEET	K-4
	I	HOSPICE NO:	I	TO 12/31/2010	I	PART	I
	I	15-1527	I		I		

HOSPICE 1

TOTAL  
(COL. 5A  
+ COL. 6)

7

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	846,026
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	671,040
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	1,517,066

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE			100	
5 TRANSPORTATION - STAFF				100
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			100	
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				100
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22.20 HOME HEALTH AIDE AND HOMEMAKER				
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39				
40				
41				
42 FUNDRAISING				
43 OTHER PROGRAM COSTS				
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			1,805	44,126
45 UNIT COST MULTIPLIER	.000000	.000000	18.050000	441.260000

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS)	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1			
2			
3			
4			
5			
6		-326,681	1,190,385
7			663,845
8			
9			
10			
10.20			
11			
12			
13			
14			
15			
16			
17			
18			
18.20			
19			
20			
20.30			
20.31			
20.32			
21			
22			
23			
24			
25			
26			
27			
28			
29			526,540
30			
31			
32			
33			
34			326,681
35	.000000		.274433

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
I 15-0026 I FROM 1/ 1/2010 I WORKSHEET K-5  
I HOSPICE NO: I TO 12/31/2010 I PART I  
I 15-1527 I I

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT
		0	1	2	3
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7	846,026			
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10				
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14				
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29	671,040			
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,517,066			
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	CASHIERING/ACCO UNTS RECEIVABLE	SUBTOTAL
	4	5	6.01	6A.01
1.00 ADMINISTRATIVE AND GENERAL		234,475		234,475
2.00 INPATIENT - GENERAL CARE				846,026
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				671,040
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
I 15-0026 I FROM 1/ 1/2010 I WORKSHEET K-5  
I HOSPICE NO: I TO 12/31/2010 I PART I  
I 15-1527 I I

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	CASHIERING/ACCO UNTS RECEIVABLE	SUBTOTAL
	4	5	6.01	6A.01
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		234,475		1,751,541
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.02	8	9	10
1.00 ADMINISTRATIVE AND GENERAL	56,640			
2.00 INPATIENT - GENERAL CARE	204,367			
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	162,096			
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	423,103			
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
I 15-0026 I FROM 1/ 1/2010 I WORKSHEET K-5  
I HOSPICE NO: I TO 12/31/2010 I PART I  
I 15-1527 I I

HOSPICE 1

HOSPICE COST CENTER	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		22,147	49,127	24,300
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		22,147	49,127	24,300
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PARAMED ED PRGM 24
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
I 15-0026 I FROM 1/ 1/2010 I WORKSHEET K-5  
I HOSPICE NO: I TO 12/31/2010 I PART I  
I 15-1527 I I

HOSPICE 1

	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM
HOSPICE COST CENTER				
	16	17	18	24
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULIPLIER				

	SUBTOTAL	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G
HOSPICE COST CENTER				
	25	26	27	28
1.00 ADMINISTRATIVE AND GENERAL	386,689		386,689	
2.00 INPATIENT - GENERAL CARE	1,050,393		1,050,393	215,646
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	833,136		833,136	171,043
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	2,270,218		2,270,218	
30.00 UNIT COST MULIPLIER				.205300

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
COST CENTERS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/24/2011
I	15-0026	I	FROM 1/ 1/2010	I	WORKSHEET	K-5
I	HOSPICE NO:	I	TO 12/31/2010	I	PART	I
I	15-1527	I		I		

HOSPICE 1

TOTAL HOSPICE  
COSTS

HOSPICE COST CENTER	
	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	1,266,039
3.00 INPATIENT - RESPITE CARE	
4.00 PHYSICIAN SERVICES	
5.00 NURSING CARE	
5.20 NURSING CARE-CONTINUOUS HOME CARE	
6.00 PHYSICAL THERAPY	
7.00 OCCUPATIONAL THERAPY	
8.00 SPEECH/LANGUAGE PATHOLOGY	
9.00 MEDICAL SOCIAL SERVICES	
10.00 SPIRITUAL COUNSELING	
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	
13.00 HOME HEALTH AIDE AND HOMEMAKER	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	
14.00	
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	
15.30 ANALGESICS	
15.31 SEDATIVES / HYPNOTICS	
15.32 OTHER	
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	
17.00 PATIENT TRANSPORTATION	
18.00 IMAGING SERVICES	
19.00 LABS AND DIAGNOSTICS	
20.00 MEDICAL SUPPLIES	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
22.00 RADIATION THERAPY	
23.00 CHEMOTHERAPY	
24.00	1,004,179
25.00 BEREAVEMENT PROGRAM COSTS	
26.00 VOLUNTEER PROGRAM COSTS	
27.00 FUNDRAISING	
28.00 OTHER PROGRAM COSTS	
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	2,270,218
30.00 UNIT COST MULTIPLIER	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

(2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
 COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET K-5  
 I HOSPICE NO: I TO 12/31/2010 I PART II  
 I 15-1527 I I

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL	OLD CAP REL	NEW CAP REL	NEW CAP REL
	COSTS-BLDG & FIXT (SQUARE FEET)	COSTS-MVBLE EQUIP (DOLLAR VALUE)	COSTS-BLDG & FIXT (SQUARE FEET)	COSTS-MVBLE EQUIP (DOLLAR VALUE)
	1	2	3	4
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
 COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET K-5  
 I HOSPICE NO: I TO 12/31/2010 I PART II  
 I 15-1527 I I

HOSPICE 1

HOSPICE COST CENTER	EMPLOYEE BENEFITS (GROSS SALARIES)	CASHIERING/ACCO UNITS RECEIVABLE (GROSS CHARGES)	RECONCILIATION	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)
	5	6.01	6A.02	6.02
1.00 ADMINISTRATIVE AND GENERAL	100			234,475
2.00 INPATIENT - GENERAL CARE				846,026
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				671,040
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	100			1,751,541
30.00 TOTAL COST TO BE ALLOCATED	234,475	12,301		423,103
31.00 UNIT COST MULTIPLIER	2344.750000	.000000		.241560

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
 COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET K-5  
 I HOSPICE NO: I TO 12/31/2010 I PART II  
 I 15-1527 I I

HOSPICE 1

HOSPICE COST CENTER	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)
	8	9	10	11
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
 COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET K-5  
 I HOSPICE NO: I TO 12/31/2010 I PART II  
 I 15-1527 I I

HOSPICE 1

HOSPICE COST CENTER	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)
	12	14	15	16
1.00 ADMINISTRATIVE AND GENERAL	35,111	11,071	623,901	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	35,111	11,071	623,901	
30.00 TOTAL COST TO BE ALLOCATED	22,147	49,127	24,300	
31.00 UNIT COST MULTIPLIER	.630771	4.437449	.038948	.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
 COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET K-5  
 I HOSPICE NO: I TO 12/31/2010 I PART II  
 I 15-1527 I I

HOSPICE 1

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM
	(GROSS CHARGES)	(TIME SPENT)	(ASSIGNED TIME)
	17	18	24
1.00 ADMINISTRATIVE AND GENERAL			
2.00 INPATIENT - GENERAL CARE			
3.00 INPATIENT - RESPITE CARE			
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE			
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY			
7.00 OCCUPATIONAL THERAPY			
8.00 SPEECH/LANGUAGE PATHOLOGY			
9.00 MEDICAL SOCIAL SERVICES			
10.00 SPIRITUAL COUNSELING			
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOMEMAKER			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN			
17.00 PATIENT TRANSPORTATION			
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS			
20.00 MEDICAL SUPPLIES			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
22.00 RADIATION THERAPY			
23.00 CHEMOTHERAPY			
24.00			
25.00 BEREAVEMENT PROGRAM COSTS			
26.00 VOLUNTEER PROGRAM COSTS			
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			
29.00 TOTAL (SUM OF LINE 1 THRU 28)			
30.00 TOTAL COST TO BE ALLOCATED	33,884		
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
 COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET K-5  
 I HOSPICE NO: I TO 12/31/2010 I PART III  
 I 15-1527 I

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.630442	
2	OCCUPATIONAL THERAPY	51	.375914	
3	SPEECH PATHOLOGY	52	.699203	
4	DRUGS CHARGED TO PATIENTS	56	.478114	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.290308	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.223557	
8	EMERGENCY	61	.370387	
9	RADIOLOGY-DIAGNOSTIC	41	.256725	
9.01	MRI	41.01		
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/24/2011
I	15-0026	I	FROM 1/ 1/2010	I	WORKSHEET K-6
I	HOSPICE NO:	I	TO 12/31/2010	I	
I	15-1527	I		I	

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1	TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)			2,270,218
2	TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)			16,133
3	AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)			140.72
4	UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)			14,488
5	AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)			2,038,751
6	UNDUPLICATED MEDICAID DAYS			
7	AGGREGATE MEDICAID COST			
8	UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)			
9	AGGREGATE SNF COST (LINE 3 TIMES LINE 8)			
10	UNDUPLICATED NF DAYS			
11	AGGREGATE NF COST			
12	OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			1,645
13	AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			231,484

NOTE: THE DATA FOR THE SNF AND NF LINES 8 THROUGH 11 ARE INCLUDED IN THE MEDICARE AND MEDICAID LINES 4 THROUGH 7.

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0026 I FROM 1/ 1/2010 I WORKSHEET L  
 I COMPONENT NO: I TO 12/31/2010 I PARTS I-IV  
 I 15-0026 I I

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,241,420
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	269,847
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	52.84
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	3.07
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	19.23
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	22.30
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.62
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	57,354
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,568,621

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)	