THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER NO: 15-0030	PERIOD FROM 1/ 1/2010 TO 12/31/2010	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS	DATE RECEIVED: / / INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2011 TIME 17:52

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 IMPRISIONMENT 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:
HENRY COUNTY MEMORIAL HOSPITAL 15-0030
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.

ECR ENCRYPTION INFORMATION
DATE: 5/26/2011 TIME 17:52

wbHp3Vz:ali0vJ.XyymZZSpH12M8t0
5FCcv0t3aK6stxdV1QNEvd7F4eZFHk
x.tL0uuRNz0.2.kr

PI ENCRYPTION INFORMATION
DATE: 5/26/2011 TIME 17:52

NBChDe:aNAU5A:imMhkPkCrEVCRps0
N4Dtr09yex21oIdw7Jh8:vAinw9cOX
FqAt5cR4ac01vCyo

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII A	TITLE XVIII B	TITLE XIX
		1	2	3	4
1	HOSPITAL	0	265,312	18,604	680,183
7	HOSPITAL-BASED HHA	0	0	1	0
100	TOTAL	0	265,312	18,605	680,183

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 & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 15-0030
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1000 NORTH 16TH STREET P.O. BOX:
1.01 CITY: NEW CASTLE STATE: IN ZIP CODE: 47392- COUNTY: HENRY

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V 4	XVIII 5	XIX 6
02.00 HOSPITAL	HENRY COUNTY MEMORIAL HOSPITAL	15-0030		7/ 1/1996	N	P	O
09.00 HOSPITAL-BASED HHA	HCMH HOME CARE	15-7430		6/14/1995	N	P	N
12.00 HOSP-BASED HOSPICE	HOSP-BASED HOSPICE	15-1564		8/31/1998			

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

		1	2
18	TYPE OF CONTROL	9	

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	
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 AMENDENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.	Y	N
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSICATION 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	Y 15
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 PRECEEDING 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?

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.

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) N N

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) N N

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 OCCURING 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
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) N

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). N

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 N

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

		V 1	XVIII 2	XIX 3
	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	N	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?	N	N	N

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

40.01	NAME:	FI/CONTRACTOR NAME	FI/CONTRACTOR #
40.02	STREET:	P.O. BOX:	
40.03	CITY:	STATE: ZIP CODE: -	

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? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.	N	00/00/0000
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 1	PART B 2	OUTPATIENT ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 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.	1

53.01 MDH PERIOD: BEGINNING: 1/ 1/2010 ENDING: 12/31/2010

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: 15-0030 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET S-3 I PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / O/P VISITS / TRIPS: TITLE V 3	TITLE XVIII 4	NOT LTCH N/A 4.01	TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	80	29,200			5,942		475
2	HMO							1,382
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	80	29,200			5,942		475
6	INTENSIVE CARE UNIT	10	3,650			1,305		55
11	NURSERY							151
12	TOTAL	90	32,850			7,247		681
13	RPCH VISITS							
18	HOME HEALTH AGENCY					4,233		
21	HOSPICE							
25	TOTAL	90						
26	OBSERVATION BED DAYS							389
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							272

	COMPONENT	I/P DAYS / O/P VISITS / TRIPS: TITLE XIX ADMITTED 5.01	OBSERVATION BEDS NOT ADMITTED 5.02	TOTAL ALL PATS 6	TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	INTERNS & RES. FTES: TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			9,668				
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			9,668				
6	INTENSIVE CARE UNIT			1,996				
11	NURSERY			796				
12	TOTAL			12,460				
13	RPCH VISITS							
18	HOME HEALTH AGENCY			6,456				
21	HOSPICE							
25	TOTAL							
26	OBSERVATION BED DAYS			970				
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS			362				

	COMPONENT	I & R FTES NET 9	FULL TIME EQUIV: EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	DISCHARGES: TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					1,644	194	3,133
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
11	NURSERY							
12	TOTAL		488.12			1,644	194	3,133
13	RPCH VISITS							
18	HOME HEALTH AGENCY		5.80					
21	HOSPICE		4.75					
25	TOTAL		498.67					
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: 15-0030 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET S-3 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
	SALARIES						
1	TOTAL SALARY	25,424,202		25,424,202	1,037,232.00	24.51	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B						
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	973,078	247,836	1,220,914	46,304.00	26.37	
	OTHER WAGES & RELATED COSTS						
9	CONTRACT LABOR:	791,476		791,476	20,582.00	38.45	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONRACT						
10	CONTRACT LABOR: PHYS PART A	80,004		80,004	628.00	127.39	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS						
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
	WAGE RELATED COSTS						
13	WAGE-RELATED COSTS (CORE)	9,634,699		9,634,699			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	288,698		288,698			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B						CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
	OVERHEAD COSTS - DIRECT SALARIES						
21	EMPLOYEE BENEFITS	242,871		242,871	10,989.00	22.10	
22	ADMINISTRATIVE & GENERAL	4,955,560		4,955,560	163,474.00	30.31	
22.01	A & G UNDER CONTRACT	555,263		555,263	3,370.00	164.77	
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	938,943		938,943	43,235.00	21.72	
25	LAUNDRY & LINEN SERVICE	151,982	-31,163	120,819	11,447.00	10.55	
26	HOUSEKEEPING	465,472	-29,683	435,789	43,040.00	10.13	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	743,921	-464,249	279,672	20,644.00	13.55	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA		277,259	277,259	20,465.00	13.55	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	1,641,356		1,641,356	39,075.00	42.01	
31	CENTRAL SERVICE AND SUPPLY	352,168		352,168	18,199.00	19.35	
32	PHARMACY						
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	984,246		984,246	46,793.00	21.03	
34	SOCIAL SERVICE						
35	OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES	25,979,465		25,979,465	1,040,602.00	24.97
2	EXCLUDED AREA SALARIES	973,078	247,836	1,220,914	46,304.00	26.37
3	SUBTOTAL SALARIES	25,006,387	-247,836	24,758,551	994,298.00	24.90
4	SUBTOTAL OTHER WAGES & RELATED COSTS	871,480		871,480	21,210.00	41.09
5	SUBTOTAL WAGE-RELATED COSTS	9,634,699		9,634,699		38.91
6	TOTAL	35,512,566	-247,836	35,264,730	1,015,508.00	34.73
7	NET SALARIES					
8	EXCLUDED AREA SALARIES					
9	SUBTOTAL SALARIES					
10	SUBTOTAL OTHER WAGES & RELATED COSTS					
11	SUBTOTAL WAGE-RELATED COSTS					
12	TOTAL					
13	TOTAL OVERHEAD COSTS	11,031,782	-247,836	10,783,946	420,731.00	25.63

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-0030	FROM 1/ 1/2010	WORKSHEET S-4
HHA NO: 15-7430	TO 12/31/2010	
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	0	0	0
2	UNDUPLICATED CENSUS COUNT		249.00		

		TOTAL 5
1	HOME HEALTH AIDE HOURS	0
2	UNDUPLICATED CENSUS COUNT	

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

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

	HOME HEALTH AGENCY MSA CODES	1	1.01
19	HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	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).		

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

		FULL EPISODES WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21	SKILLED NURSING VISITS	1,148	0	75	16
22	SKILLED NURSING VISIT CHARGES	239,047	0	15,585	3,344
23	PHYSICAL THERAPY VISITS	1,590	0	53	15
24	PHYSICAL THERAPY VISIT CHARGES	331,080	0	11,077	3,135
25	OCCUPATIONAL THERAPY VISITS	544	0	1	9
26	OCCUPATIONAL THERAPY VISIT CHARGES	108,110	0	200	1,800
27	SPEECH PATHOLOGY VISITS	0	0	0	0
28	SPEECH PATHOLOGY VISIT CHARGES	0	0	0	0
29	MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31	HOME HEALTH AIDE VISITS	781	0	1	0
32	HOME HEALTH AIDE VISIT CHARGES	76,111	0	98	0
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	4,063	0	130	40
34	OTHER CHARGES	0	0	0	0
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	754,348	0	26,960	8,279
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	268	0	44	4
37	TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	0
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	2,873	0	228	108

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO: 15-0030
HHA NO: 15-7430
COUNTY:

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

PREPARED 5/26/2011
WORKSHEET S-4

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	1,239
22	SKILLED NURSING VISIT CHARGES	0	0	257,976
23	PHYSICAL THERAPY VISITS	0	0	1,658
24	PHYSICAL THERAPY VISIT CHARGES	0	0	345,292
25	OCCUPATIONAL THERAPY VISITS	0	0	554
26	OCCUPATIONAL THERAPY VISIT CHARGES	0	0	110,110
27	SPEECH PATHOLOGY VISITS	0	0	0
28	SPEECH PATHOLOGY VISIT CHARGES	0	0	0
29	MEDICAL SOCIAL SERVICE VISITS	0	0	0
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31	HOME HEALTH AIDE VISITS	0	0	782
32	HOME HEALTH AIDE VISIT CHARGES	0	0	76,209
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	4,233
34	OTHER CHARGES	0	0	0
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	789,587
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	316
37	TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	3,209

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-0030	FROM 1/ 1/2010	WORKSHEET S-9
HOSPICE NO:	TO 12/31/2010	
15-1564		

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	3,403	109	22	
3	INPATIENT RESPITE CARE	9			
4	GENERAL INPATIENT CARE	150	3		
5	TOTAL HOSPICE DAYS	3,562	112	22	

PART I - ENROLLMENT DAYS (CONTINUED)

		OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1	CONTINUOUS HOME CARE		
2	ROUTINE HOME CARE	148	3,660
3	INPATIENT RESPITE CARE		9
4	GENERAL INPATIENT CARE	5	158
5	TOTAL HOSPICE DAYS	153	3,827

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	75	4	37	
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8	AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	47.49	28.00	.59	
9	UNDUPLICATED CENSUS COUNT				

PART II - CENSUS DATA (CONTINUED)

		OTHER 5	TOTAL 6
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE		79
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8	AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)		48.44
9	UNDUPLICATED CENSUS COUNT		

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-0030	FROM 1/ 1/2010	WORKSHEET S-10
	TO 12/31/2010	

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

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

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) .349530

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

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-0030	FROM 1/ 1/2010	WORKSHEET S-10
	TO 12/31/2010	

	DESCRIPTION
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
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)

Health Financial Systems MCRIF32 FOR HENRY COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0030 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		4,359,695	4,359,695	-58,255	4,301,440
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				540,593	540,593
5	0500	EMPLOYEE BENEFITS	242,871	8,125,454	8,368,325		8,368,325
6	0600	ADMINISTRATIVE & GENERAL	4,955,560	5,427,587	10,383,147		10,383,147
8	0800	OPERATION OF PLANT	938,943	1,666,602	2,605,545	-44	2,605,501
9	0900	LAUNDRY & LINEN SERVICE	151,982	93,056	245,038	-50,244	194,794
10	1000	HOUSEKEEPING	465,472	243,292	708,764	-45,198	663,566
11	1100	DIETARY	743,921	543,050	1,286,971	-803,143	483,828
12	1200	CAFETERIA				479,654	479,654
14	1400	NURSING ADMINISTRATION	1,641,356	182,782	1,824,138		1,824,138
15	1500	CENTRAL SERVICES & SUPPLY	352,168	262,807	614,975		614,975
16	1600	PHARMACY		2,849,724	2,849,724	-151,404	2,698,320
17	1700	MEDICAL RECORDS & LIBRARY	984,246	211,938	1,196,184		1,196,184
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	3,651,320	460,848	4,112,168	-586,329	3,525,839
26	2600	INTENSIVE CARE UNIT	1,200,423	139,277	1,339,700	-805	1,338,895
33	3300	NURSERY				477,356	477,356
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,994,671	942,253	2,936,924	-107,981	2,828,943
39	3900	DELIVERY ROOM & LABOR ROOM				95,471	95,471
41	4100	RADIOLOGY-DIAGNOSTIC	1,677,722	961,643	2,639,365	-243,185	2,396,180
41.01	4101	CAT SCAN	183,544	861,374	1,044,918		1,044,918
44	4400	LABORATORY	1,563,875	1,686,943	3,250,818		3,250,818
49	4900	RESPIRATORY THERAPY	466,067	100,290	566,357		566,357
50	5000	PHYSICAL THERAPY	1,164,327	867,412	2,031,739	-517	2,031,222
52	5200	SPEECH PATHOLOGY	58,558	4,342	62,900		62,900
53	5300	ELECTROCARDIOLOGY	99,747	115,267	215,014		215,014
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,840,711	3,840,711	-3,065,515	775,196
55.30	5530	IMPL. DEV. CHARGED TO PATIENT				3,065,515	3,065,515
56	5600	DRUGS CHARGED TO PATIENTS					
59	3430	MAGNETIC RESONANCE IMAGING (MRI)	79,503	483,677	563,180		563,180
59.97	3997	CARDIAC REHABILITATION	100,276	9,913	110,189		110,189
		OUTPAT SERVICE COST CNTRS					
61	6100	EMERGENCY	1,734,572	272,445	2,007,017		2,007,017
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
71	7100	HOME HEALTH AGENCY	537,326	140,246	677,572		677,572
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE					
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
93	9300	HOSPICE	301,240	283,863	585,103	-23,155	561,948
95		SUBTOTALS	25,289,690	35,136,491	60,426,181	-477,186	59,948,995
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800	PHYSICIANS' PRIVATE OFFICES	134,512	126,838	261,350		261,350
100	7950	MCH					
100.01	7951	RENTAL				58,255	58,255
100.02	7952	CMHS					
100.03	7953	MCH					
100.04	7954	WIC					
100.05	7955	OTHER NONREIMBURSABLE COSTS		118,885	118,885		118,885
100.06	7956	LIFELINE					
100.07	7957	PHILLIPS HALL					
100.08	7958	OB DRS					
100.09	7959	THE WATERS				418,931	418,931
101		TOTAL	25,424,202	35,382,214	60,806,416	-0-	60,806,416

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0030 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	-405,821	3,895,619
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	-489	540,104
5	0500	EMPLOYEE BENEFITS	566,041	8,934,366
6	0600	ADMINISTRATIVE & GENERAL	-234,447	10,148,700
8	0800	OPERATION OF PLANT		2,605,501
9	0900	LAUNDRY & LINEN SERVICE		194,794
10	1000	HOUSEKEEPING		663,566
11	1100	DIETARY	-13,434	470,394
12	1200	CAFETERIA	-343,554	136,100
14	1400	NURSING ADMINISTRATION		1,824,138
15	1500	CENTRAL SERVICES & SUPPLY		614,975
16	1600	PHARMACY	-271,554	2,426,766
17	1700	MEDICAL RECORDS & LIBRARY	-4,561	1,191,623
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-2,226	3,523,613
26	2600	INTENSIVE CARE UNIT		1,338,895
33	3300	NURSERY		477,356
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM		2,828,943
39	3900	DELIVERY ROOM & LABOR ROOM		95,471
41	4100	RADIOLOGY-DIAGNOSTIC	-28,905	2,367,275
41.01	4101	CAT SCAN	-657,056	387,862
44	4400	LABORATORY	-13,732	3,237,086
49	4900	RESPIRATORY THERAPY	-10,609	555,748
50	5000	PHYSICAL THERAPY	-657,859	1,373,363
52	5200	SPEECH PATHOLOGY		62,900
53	5300	ELECTROCARDIOLOGY		215,014
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		775,196
55.30	5530	IMPL. DEV. CHARGED TO PATIENT		3,065,515
56	5600	DRUGS CHARGED TO PATIENTS		
59	3430	MAGNETIC RESONANCE IMAGING (MRI)	3,158	566,338
59.97	3997	CARDIAC REHABILITATION		110,189
		OUTPAT SERVICE COST CNTRS		
61	6100	EMERGENCY		2,007,017
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		OTHER REIMBURS COST CNTRS		
71	7100	HOME HEALTH AGENCY	-7,071	670,501
		SPEC PURPOSE COST CENTERS		
88	8800	INTEREST EXPENSE		-0-
89	8900	UTILIZATION REVIEW-SNF		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
93	9300	HOSPICE		561,948
95		SUBTOTALS	-2,082,119	57,866,876
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800	PHYSICIANS' PRIVATE OFFICES		261,350
100	7950	MCH		
100.01	7951	RENTAL		58,255
100.02	7952	CMHS		
100.03	7953	MCH		
100.04	7954	WIC		
100.05	7955	OTHER NONREIMBURSABLE COSTS		118,885
100.06	7956	LIFELINE		
100.07	7957	PHILLIPS HALL		
100.08	7958	OB DRS		
100.09	7959	THE WATERS		418,931
101		TOTAL	-2,082,119	58,724,297

COST CENTERS USED IN COST REPORT

I PROVIDER NO: 15-0030 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	4101	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
59	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	MCH	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	RENTAL	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	CMHS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	MCH	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	WIC	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	OTHER NONREIMBURSABLE COSTS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	LIFELINE	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	PHILLIPS HALL	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	OB DRS	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	THE WATERS	7959	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 2	INCREASE LINE NO 3	SALARY 4	OTHER 5
1	OB/NURSERY/L&D	A	NURSERY	33	425,730	51,626
2			DELIVERY ROOM & LABOR ROOM	39	85,146	10,325
3	CAFETERIA	B	CAFETERIA	12	277,259	202,395
4	WATERS EXCLUSION	C	THE WATERS	100.09	247,836	171,095
5						
6						
7	DEPRECIATION POB	D	RENTAL	100.01		58,255
8	EQUIPMENT RENTAL	E	NEW CAP REL COSTS-MVBLE EQUIP	4		540,593
9						
10						
11						
12						
13						
14						
15						
16	IMPLANTABLE DEVICES	F	IMPL. DEV. CHARGED TO PATIENT	55.30		3,065,515
36	TOTAL RECLASSIFICATIONS				1,035,971	4,099,804

(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.

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	OB/NURSERY/L&D	A	ADULTS & PEDIATRICS	25	510,876	61,951	
2							
3	CAFETERIA	B	DIETARY	11	277,259	202,395	
4	WATERS EXCLUSION	C	LAUNDRY & LINEN SERVICE	9	31,163	19,081	
5			HOUSEKEEPING	10	29,683	15,515	
6			DIETARY	11	186,990	136,499	
7	DEPRECIATION POB	D	NEW CAP REL COSTS-BLDG & FIXT	3		58,255	9
8	EQUIPMENT RENTAL	E	OPERATION OF PLANT	8		44	9
9			PHARMACY	16		151,404	
10			ADULTS & PEDIATRICS	25		13,502	
11			INTENSIVE CARE UNIT	26		805	
12			OPERATING ROOM	37		107,981	
13			RADIOLOGY-DIAGNOSTIC	41		243,185	
14			PHYSICAL THERAPY	50		517	
15			HOSPICE	93		23,155	
16	IMPLANTABLE DEVICES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		3,065,515	
36	TOTAL RECLASSIFICATIONS				1,035,971	4,099,804	

(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 : OB/NURSERY/L&D

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	477,356	ADULTS & PEDIATRICS	25	572,827
2.00	DELIVERY ROOM & LABOR ROOM	39	95,471			0
TOTAL RECLASSIFICATIONS FOR CODE A			572,827			572,827

RECLASS CODE: B
EXPLANATION : CAFETERIA

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	479,654	DIETARY	11	479,654
TOTAL RECLASSIFICATIONS FOR CODE B			479,654			479,654

RECLASS CODE: C
EXPLANATION : WATERS EXCLUSION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	THE WATERS	100.09	418,931	LAUNDRY & LINEN SERVICE	9	50,244
2.00			0	HOUSEKEEPING	10	45,198
3.00			0	DIETARY	11	323,489
TOTAL RECLASSIFICATIONS FOR CODE C			418,931			418,931

RECLASS CODE: D
EXPLANATION : DEPRECIATION POB

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	RENTAL	100.01	58,255	NEW CAP REL COSTS-BLDG & FIXT	3	58,255
TOTAL RECLASSIFICATIONS FOR CODE D			58,255			58,255

RECLASS CODE: E
EXPLANATION : EQUIPMENT RENTAL

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	540,593	OPERATION OF PLANT	8	44
2.00			0	PHARMACY	16	151,404
3.00			0	ADULTS & PEDIATRICS	25	13,502
4.00			0	INTENSIVE CARE UNIT	26	805
5.00			0	OPERATING ROOM	37	107,981
6.00			0	RADIOLOGY-DIAGNOSTIC	41	243,185
7.00			0	PHYSICAL THERAPY	50	517
8.00			0	HOSPICE	93	23,155
TOTAL RECLASSIFICATIONS FOR CODE E			540,593			540,593

RECLASS CODE: F
EXPLANATION : IMPLANTABLE DEVICES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	3,065,515	MEDICAL SUPPLIES CHARGED TO PA	55	3,065,515
TOTAL RECLASSIFICATIONS FOR CODE F			3,065,515			3,065,515

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASES 2	DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	46,000					46,000	
2	LAND IMPROVEMENTS	1,618,993	47,820		47,820	22,861	1,643,952	
3	BUILDINGS & FIXTURE	37,446,717	324,919		324,919	2,029,813	35,741,823	
4	BUILDING IMPROVEMEN	237,996					237,996	
5	FIXED EQUIPMENT	14,889,872	795,930		795,930	435,481	15,250,321	
6	MOVABLE EQUIPMENT	23,104,161	1,466,223		1,466,223	1,177,267	23,393,117	
7	SUBTOTAL	77,343,739	2,634,892		2,634,892	3,665,422	76,313,209	
8	RECONCILING ITEMS							
9	TOTAL	77,343,739	2,634,892		2,634,892	3,665,422	76,313,209	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	4,301,440		-405,821				3,895,619
4	NEW CAP REL COSTS-MV	540,104						540,104
5	TOTAL	4,841,544		-405,821				4,435,723

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	4,359,695						4,359,695
4	NEW CAP REL COSTS-MV							
5	TOTAL	4,359,695						4,359,695

* All lines numbers except line 5 are to be consistent with Workhseet 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: 15-0030 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 WORKSHEET A-8

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1	INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES	A	-405,821	NEW CAP REL COSTS-BLDG &	3	11
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS	B	-10,955	ADMINISTRATIVE & GENERAL	6	
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES	A	-13,304	ADMINISTRATIVE & GENERAL	6	
10	TELEVISION AND RADIO SERVICE	A	-489	NEW CAP REL COSTS-MVBLE E	4	9
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-13,732			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	-1,393,057			
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-273,226	CAFETERIA	12	
17	RENTAL OF QTRS TO EMPLYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS					
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-4,561	MEDICAL RECORDS & LIBRARY	17	
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22	VENDING MACHINES					
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37	OTHER OP REV - HUMAN RESOURSEC - MIS	B	-655	EMPLOYEE BENEFITS	5	
38	OTHER OP REV	B	304	ADMINISTRATIVE & GENERAL	6	
39	OTHER OP REV - COPIES RECEIPTS	B	-88	ADMINISTRATIVE & GENERAL	6	
40	OTHER OP REV - PHY REAPP FEES	B	-3,600	ADMINISTRATIVE & GENERAL	6	
41	OTHER OP REV - DIETARY - MISC DIETAR	B	-12,455	DIETARY	11	
42	OTHER OP REV - DIETARY - OUTSIDE SAL	B	-979	DIETARY	11	
43	OTHER OP REV - PHARMACY	B	-271,554	PHARMACY	16	
44	OTHER OP REV - WOMEN & CH UNIT - PRE	B	-25	ADULTS & PEDIATRICS	25	
45	OTHER OP REV - WOMEN & CH UNIT - HLT	B	-30	ADULTS & PEDIATRICS	25	
46	OTHER OP REV - PCU - HLTH PROG REC	B	-2,171	ADULTS & PEDIATRICS	25	
47	OTHER OP REV - ATH TRAINING - HLTH P	B	-19,717	PHYSICAL THERAPY	50	
48	OTHER OP REV - ATH TRAINING - OUTSID	B	-46,795	PHYSICAL THERAPY	50	
49	OTHER OP REV - AQUATICS - HLTH PROG	B	-20,429	PHYSICAL THERAPY	50	
49.01	OTHER OP REV - PHYSICAL THER - HLTH	B	-1,350	PHYSICAL THERAPY	50	
49.02	OTHER OP REV - PHYSICAL THER - EE	B	-33,571	PHYSICAL THERAPY	50	
49.03	OTHER OP REV - PHYSICAL THER - FIT F	B	-41,653	PHYSICAL THERAPY	50	
49.04	PUBLIC RELATIONS	A	-2,001	ADMINISTRATIVE & GENERAL	6	
49.05	GUEST MEALS	B	-70,328	CAFETERIA	12	
49.06	IHHA & AHA DUES	A	-6,573	ADMINISTRATIVE & GENERAL	6	
49.07	BENEFIT EXPENSE	A	566,696	EMPLOYEE BENEFITS	5	
49.08						
49.09						
49.10						
50	TOTAL (SUM OF LINES 1 THRU 49)		-2,082,119			

(1) Description - all chapter references in this columnpertain 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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

PROVIDER NO: 15-0030 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011

WORKSHEET A-8-1

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* ADJUST-MENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1 6	ADMINISTRATIVE & GENERAL	ADMIN & GENERAL		198,230	-198,230	
2 41	RADIOLOGY-DIAGNOSTIC	XRAY	3,369	32,274	-28,905	
3 41 1	CAT SCAN	CT SCAN	128,429	785,485	-657,056	
4 49	RESPIRATORY THERAPY	RESPIRATORY THERAPY	25,512	36,121	-10,609	
4.01 50	PHYSICAL THERAPY	PHYSICAL THERAPY	216,854	711,198	-494,344	
4.02 59	MAGNETIC RESONANCE IMAGIN	MRI	453,158	450,000	3,158	
4.03 71	HOME HEALTH AGENCY	HOME HEALTH AGENCY	18,996	26,067	-7,071	
5	TOTALS		846,318	2,239,375	-1,393,057	

* 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	G	HENRY COUNTY HOSPITAL	100.00	HOSPITAL FOUNDATION	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 INTERELATIONSHIP 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.
  FOUNDATION

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-0030 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN-ERATION 3	PROFES-SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	44	LAB	80,004		80,004	219,500	628	66,272	3,314
2									
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									
101		TOTAL	80,004		80,004		628	66,272	3,314

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-0030 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUSTMENT 18
1	44	LAB					66,272	13,732	13,732
2									
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									
101		TOTAL					66,272	13,732	13,732

Health Financial Systems MCRIF32 FOR HENRY COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(7/2009)

COST ALLOCATION STATISTICS

I PROVIDER NO: 15-0030 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF SERVICE	ENTERED
11	DIETARY	10	PATIENT DAYS	ENTERED
12	CAFETERIA	11	FTE'S	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	16	TIME SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0030 PERIOD: FROM 1/ 1/2010 TO 12/31/2010 PREPARED 5/26/2011 WORKSHEET B PART I

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
		0	3	4	5	5a.00	6	8
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &	3,895,619	3,895,619					
004	NEW CAP REL COSTS-MVBLE E	540,104		540,104				
005	EMPLOYEE BENEFITS	8,934,366	20,495	2,652	8,957,513			
006	ADMINISTRATIVE & GENERAL	10,148,700	539,300	69,787	1,762,802	12,520,589	12,520,589	
008	OPERATION OF PLANT	2,605,501	1,028,744	133,122	334,001	4,101,368	1,111,417	5,212,785
009	LAUNDRY & LINEN SERVICE	194,794	51,516	6,666	42,978	295,954	80,200	138,592
010	HOUSEKEEPING	663,566	32,587	4,217	155,019	855,389	231,799	87,668
011	DIETARY	470,394	110,471	14,295	99,485	694,645	188,240	297,197
012	CAFETERIA	136,100	29,696	3,843	98,627	268,266	72,697	79,890
014	NURSING ADMINISTRATION	1,824,138	54,106	7,002	583,863	2,469,109	669,096	145,560
015	CENTRAL SERVICES & SUPPLY	614,975	107,716	13,939	125,273	861,903	233,565	289,784
016	PHARMACY	2,426,766	23,522	3,044		2,453,332	664,821	63,280
017	MEDICAL RECORDS & LIBRARY	1,191,623	79,827	10,330	350,116	1,631,896	442,223	214,755
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	3,523,613	438,843	56,788	1,117,119	5,136,363	1,391,872	1,180,608
026	INTENSIVE CARE UNIT	1,338,895	173,191	22,411	427,014	1,961,511	531,544	465,931
033	NURSERY	477,356	46,200	5,978	151,441	680,975	184,535	124,291
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	2,828,943	245,067	31,712	709,544	3,815,266	1,033,887	659,295
039	DELIVERY ROOM & LABOR ROO	95,471	23,477	3,038	30,288	152,274	41,264	63,159
041	RADIOLOGY-DIAGNOSTIC	2,367,275	178,492	23,097	596,799	3,165,663	857,854	480,191
041 01	CAT SCAN	387,862	6,596	854	65,290	460,602	124,817	17,744
044	LABORATORY	3,237,086	119,717	15,492	556,302	3,928,597	1,064,599	322,072
049	RESPIRATORY THERAPY	555,748	35,463	4,589	165,789	761,589	206,381	124,210
050	PHYSICAL THERAPY	1,373,363	16,640	2,153	414,174	1,806,330	489,492	44,766
052	SPEECH PATHOLOGY	62,900	2,906	376	20,830	87,012	23,579	7,819
053	ELECTROCARDIOLOGY	215,014			35,482	250,496	67,881	
055	MEDICAL SUPPLIES CHARGED	775,196				775,196	210,068	
055 30	IMPL. DEV. CHARGED TO PAT	3,065,515				3,065,515	830,715	
056	DRUGS CHARGED TO PATIENTS							
059	MAGNETIC RESONANCE IMAGIN	566,338	8,056	1,043	28,281	603,718	163,600	21,674
059 97	CARDIAC REHABILITATION	110,189	10,707	1,385	35,670	157,951	42,803	
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	2,007,017	127,653	16,519	617,022	2,768,211	750,149	343,422
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	670,501			191,138	861,639	233,493	
	SPEC PURPOSE COST CENTERS							
093	HOSPICE	561,948			107,157	669,105	181,319	
095	SUBTOTALS	57,866,876	3,510,988	454,332	8,821,504	57,260,464	12,123,910	5,171,908
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		15,194			15,194	4,117	40,877
098	PHYSICIANS' PRIVATE OFFIC	261,350			47,849	309,199	83,789	
100	MCH							
100 01	RENTAL	58,255		37,966		96,221	26,075	
100 02	CMHS							
100 03	MCH							
100 04	WIC							
100 05	OTHER NONREIMBURSABLE COS	118,885				118,885	32,216	
100 06	LIFELINE							
100 07	PHILLIPS HALL							
100 08	OB DRS							
100 09	THE WATERS	418,931	369,437	47,806	88,160	924,334	250,482	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	58,724,297	3,895,619	540,104	8,957,513	58,724,297	12,520,589	5,212,785

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
		9	10	11	12	14	15	16
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE	514,746						
010	HOUSEKEEPING	28,761	1,203,617					
011	DIETARY	7,135	19,346	1,206,563				
012	CAFETERIA		10,992		431,845			
014	NURSING ADMINISTRATION		10,113		24,908	3,318,786		
015	CENTRAL SERVICES & SUPPLY		11,651		11,599		1,408,502	
016	PHARMACY		7,035				2,228	3,190,696
017	MEDICAL RECORDS & LIBRARY		7,914		29,825		621	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	157,827	389,773	1,006,305	88,919	1,216,327	43,566	
026	INTENSIVE CARE UNIT	40,335	41,550	200,258	28,752	393,293	13,733	
033	NURSERY		5,276		9,531	130,372		
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	132,669	107,061		53,885	737,085	114,519	
039	DELIVERY ROOM & LABOR ROO		12,751		1,909	26,111		
041	RADIOLOGY-DIAGNOSTIC	42,477	54,520		43,717		73,091	
041 01	CAT SCAN				3,844		12,975	
044	LABORATORY	930	39,791		46,342		174,805	
049	RESPIRATORY THERAPY		14,949		11,241	153,763	1,391	
050	PHYSICAL THERAPY	20,274	130,804		6,973		9,841	
052	SPEECH PATHOLOGY				19,976		36	
053	ELECTROCARDIOLOGY		2,638		3,380	46,238	2,658	
055	MEDICAL SUPPLIES CHARGED						185,980	
055 30	IMPL. DEV. CHARGED TO PAT						735,457	
056	DRUGS CHARGED TO PATIENTS							3,190,696
059	MAGNETIC RESONANCE IMAGIN				2,041		5,779	
059 97	CARDIAC REHABILITATION		7,255		2,943	40,254	474	
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	84,338	71,228		42,060	575,343	27,747	
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY		7,914				1,757	
	SPEC PURPOSE COST CENTERS							
093	HOSPICE						1,844	
095	SUBTOTALS	514,746	952,561	1,206,563	431,845	3,318,786	1,408,502	3,190,696
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		3,078					
098	PHYSICIANS' PRIVATE OFFIC							
100	MCH							
100 01	RENTAL		247,978					
100 02	CMHS							
100 03	MCH							
100 04	WIC							
100 05	OTHER NONREIMBURSABLE COS							
100 06	LIFELINE							
100 07	PHILLIPS HALL							
100 08	OB DRS							
100 09	THE WATERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	514,746	1,203,617	1,206,563	431,845	3,318,786	1,408,502	3,190,696

	COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
		17	25	26	27
	GENERAL SERVICE COST CNTR				
003	NEW CAP REL COSTS-BLDG &				
004	NEW CAP REL COSTS-MVBLE E				
005	EMPLOYEE BENEFITS				
006	ADMINISTRATIVE & GENERAL				
008	OPERATION OF PLANT				
009	LAUNDRY & LINEN SERVICE				
010	HOUSEKEEPING				
011	DIETARY				
012	CAFETERIA				
014	NURSING ADMINISTRATION				
015	CENTRAL SERVICES & SUPPLY				
016	PHARMACY				
017	MEDICAL RECORDS & LIBRARY	2,327,234			
	INPAT ROUTINE SRVC CNTRS				
025	ADULTS & PEDIATRICS	459,490	11,071,050		11,071,050
026	INTENSIVE CARE UNIT	155,291	3,832,198		3,832,198
033	NURSERY	54,245	1,189,225		1,189,225
	ANCILLARY SRVC COST CNTRS				
037	OPERATING ROOM	499,377	7,153,044		7,153,044
039	DELIVERY ROOM & LABOR ROO		297,468		297,468
041	RADIOLOGY-DIAGNOSTIC	184,541	4,902,054		4,902,054
041 01	CAT SCAN	72,859	692,841		692,841
044	LABORATORY	212,727	5,789,863		5,789,863
049	RESPIRATORY THERAPY	25,527	1,299,051		1,299,051
050	PHYSICAL THERAPY	23,932	2,532,412		2,532,412
052	SPEECH PATHOLOGY	532	138,954		138,954
053	ELECTROCARDIOLOGY	35,632	408,923		408,923
055	MEDICAL SUPPLIES CHARGED	89,877	1,261,121		1,261,121
055 30	IMPL. DEV. CHARGED TO PAT	76,582	4,708,269		4,708,269
056	DRUGS CHARGED TO PATIENTS		3,190,696		3,190,696
059	MAGNETIC RESONANCE IMAGIN	40,418	837,230		837,230
059 97	CARDIAC REHABILITATION	2,127	253,807		253,807
	OUTPAT SERVICE COST CNTRS				
061	EMERGENCY	383,441	5,045,939		5,045,939
062	OBSERVATION BEDS (NON-DIS				
	OTHER REIMBURS COST CNTRS				
071	HOME HEALTH AGENCY	10,636	1,115,439		1,115,439
	SPEC PURPOSE COST CENTERS				
093	HOSPICE		852,268		852,268
095	SUBTOTALS	2,327,234	56,571,852		56,571,852
	NONREIMBURS COST CENTERS				
096	GIFT, FLOWER, COFFEE SHOP		63,266		63,266
098	PHYSICIANS' PRIVATE OFFIC		392,988		392,988
100	MCH				
100 01	RENTAL		370,274		370,274
100 02	CMHS				
100 03	MCH				
100 04	WIC				
100 05	OTHER NONREIMBURSABLE COS		151,101		151,101
100 06	LIFELINE				
100 07	PHILLIPS HALL				
100 08	OB DRS				
100 09	THE WATERS		1,174,816		1,174,816
101	CROSS FOOT ADJUSTMENT				
102	NEGATIVE COST CENTER				
103	TOTAL	2,327,234	58,724,297		58,724,297

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0030 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET B I PART III

	COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
		0	3	4	4a	5	6	8
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS		20,495	2,652	23,147	23,147		
006	ADMINISTRATIVE & GENERAL		539,300	69,787	609,087	4,559	613,646	
008	OPERATION OF PLANT		1,028,744	133,122	1,161,866	863	54,470	1,217,199
009	LAUNDRY & LINEN SERVICE		51,516	6,666	58,182	111	3,931	32,362
010	HOUSEKEEPING		32,587	4,217	36,804	400	11,360	20,471
011	DIETARY		110,471	14,295	124,766	257	9,226	69,396
012	CAFETERIA		29,696	3,843	33,539	255	3,563	18,655
014	NURSING ADMINISTRATION		54,106	7,002	61,108	1,508	32,792	33,989
015	CENTRAL SERVICES & SUPPLY		107,716	13,939	121,655	324	11,447	67,665
016	PHARMACY		23,522	3,044	26,566		32,583	14,776
017	MEDICAL RECORDS & LIBRARY		79,827	10,330	90,157	905	21,673	50,146
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		438,843	56,788	495,631	2,886	68,230	275,674
026	INTENSIVE CARE UNIT		173,191	22,411	195,602	1,103	26,051	108,796
033	NURSERY		46,200	5,978	52,178	391	9,044	29,022
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		245,067	31,712	276,779	1,833	50,671	153,947
039	DELIVERY ROOM & LABOR ROO		23,477	3,038	26,515	78	2,022	14,748
041	RADIOLOGY-DIAGNOSTIC		178,492	23,097	201,589	1,542	42,043	112,126
041	01 CAT SCAN		6,596	854	7,450	169	6,117	4,143
044	LABORATORY		119,717	15,492	135,209	1,437	52,176	75,205
049	RESPIRATORY THERAPY		35,463	4,589	40,052	428	10,115	29,003
050	PHYSICAL THERAPY		16,640	2,153	18,793	1,070	23,990	10,453
052	SPEECH PATHOLOGY		2,906	376	3,282	54	1,156	1,826
053	ELECTROCARDIOLOGY					92	3,327	
055	MEDICAL SUPPLIES CHARGED						10,295	
055	30 IMPL. DEV. CHARGED TO PAT						40,713	
056	DRUGS CHARGED TO PATIENTS							
059	MAGNETIC RESONANCE IMAGIN		8,056	1,043	9,099	73	8,018	5,061
059	97 CARDIAC REHABILITATION		10,707	1,385	12,092	92	2,098	
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY		127,653	16,519	144,172	1,594	36,765	80,190
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY					494	11,443	
	SPEC PURPOSE COST CENTERS							
093	HOSPICE					277	8,886	
095	SUBTOTALS		3,510,988	454,332	3,965,320	22,795	594,205	1,207,654
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		15,194		15,194		202	9,545
098	PHYSICIANS' PRIVATE OFFIC					124	4,106	
100	MCH							
100	01 RENTAL			37,966	37,966		1,278	
100	02 CMHS							
100	03 MCH							
100	04 WIC							
100	05 OTHER NONREIMBURSABLE COS						1,579	
100	06 LIFELINE							
100	07 PHILLIPS HALL							
100	08 OB DRS							
100	09 THE WATERS		369,437	47,806	417,243	228	12,276	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		3,895,619	540,104	4,435,723	23,147	613,646	1,217,199

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0030 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET B I PART III

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
		9	10	11	12	14	15	16
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE	94,586						
010	HOUSEKEEPING	5,285	74,320					
011	DIETARY	1,311	1,195	206,151				
012	CAFETERIA		679		56,691			
014	NURSING ADMINISTRATION		624		3,270	133,291		
015	CENTRAL SERVICES & SUPPLY		719		1,523		203,333	
016	PHARMACY		434				322	74,681
017	MEDICAL RECORDS & LIBRARY		489		3,915		90	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	29,002	24,067	171,935	11,672	48,850	6,289	
026	INTENSIVE CARE UNIT	7,412	2,566	34,216	3,774	15,796	1,983	
033	NURSERY		326		1,251	5,236		
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	24,378	6,611		7,074	29,603	16,532	
039	DELIVERY ROOM & LABOR ROO		787		251	1,049		
041	RADIOLOGY-DIAGNOSTIC	7,805	3,366		5,739		10,552	
041	01 CAT SCAN				505		1,873	
044	LABORATORY	171	2,457		6,084		25,235	
049	RESPIRATORY THERAPY		923		1,476	6,176	201	
050	PHYSICAL THERAPY	3,725	8,077		915		1,421	
052	SPEECH PATHOLOGY				2,622		5	
053	ELECTROCARDIOLOGY		163		444	1,857	384	
055	MEDICAL SUPPLIES CHARGED						26,848	
055	30 IMPL. DEV. CHARGED TO PAT						106,170	
056	DRUGS CHARGED TO PATIENTS							74,681
059	MAGNETIC RESONANCE IMAGIN				268		834	
059	97 CARDIAC REHABILITATION		448		386	1,617	68	
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	15,497	4,398		5,522	23,107	4,006	
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY		489				254	
	SPEC PURPOSE COST CENTERS							
093	HOSPICE						266	
095	SUBTOTALS	94,586	58,818	206,151	56,691	133,291	203,333	74,681
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		190					
098	PHYSICIANS' PRIVATE OFFIC							
100	MCH							
100	01 RENTAL		15,312					
100	02 CMHS							
100	03 MCH							
100	04 WIC							
100	05 OTHER NONREIMBURSABLE COS							
100	06 LIFELINE							
100	07 PHILLIPS HALL							
100	08 OB DRS							
100	09 THE WATERS							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	94,586	74,320	206,151	56,691	133,291	203,333	74,681

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0030 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET B I PART III

	COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		17	25	26	27
	GENERAL SERVICE COST CNTR				
003	NEW CAP REL COSTS-BLDG &				
004	NEW CAP REL COSTS-MVBLE E				
005	EMPLOYEE BENEFITS				
006	ADMINISTRATIVE & GENERAL				
008	OPERATION OF PLANT				
009	LAUNDRY & LINEN SERVICE				
010	HOUSEKEEPING				
011	DIETARY				
012	CAFETERIA				
014	NURSING ADMINISTRATION				
015	CENTRAL SERVICES & SUPPLY				
016	PHARMACY				
017	MEDICAL RECORDS & LIBRARY	167,375			
	INPAT ROUTINE SRVC CNTRS				
025	ADULTS & PEDIATRICS	33,047	1,167,283		1,167,283
026	INTENSIVE CARE UNIT	11,169	408,468		408,468
033	NURSERY	3,901	101,349		101,349
	ANCILLARY SRVC COST CNTRS				
037	OPERATING ROOM	35,915	603,343		603,343
039	DELIVERY ROOM & LABOR ROO		45,450		45,450
041	RADIOLOGY-DIAGNOSTIC	13,272	398,034		398,034
041 01	CAT SCAN	5,240	25,497		25,497
044	LABORATORY	15,299	313,273		313,273
049	RESPIRATORY THERAPY	1,836	90,210		90,210
050	PHYSICAL THERAPY	1,721	70,165		70,165
052	SPEECH PATHOLOGY	38	8,983		8,983
053	ELECTROCARDIOLOGY	2,563	8,830		8,830
055	MEDICAL SUPPLIES CHARGED	6,464	43,607		43,607
055 30	IMPL. DEV. CHARGED TO PAT	5,508	152,391		152,391
056	DRUGS CHARGED TO PATIENTS		74,681		74,681
059	MAGNETIC RESONANCE IMAGIN	2,907	26,260		26,260
059 97	CARDIAC REHABILITATION	153	16,954		16,954
	OUTPAT SERVICE COST CNTRS				
061	EMERGENCY	27,577	342,828		342,828
062	OBSERVATION BEDS (NON-DIS				
	OTHER REIMBURS COST CNTRS				
071	HOME HEALTH AGENCY	765	13,445		13,445
	SPEC PURPOSE COST CENTERS				
093	HOSPICE		9,429		9,429
095	SUBTOTALS	167,375	3,920,480		3,920,480
	NONREIMBURS COST CENTERS				
096	GIFT, FLOWER, COFFEE SHOP		25,131		25,131
098	PHYSICIANS' PRIVATE OFFIC		4,230		4,230
100	MCH				
100 01	RENTAL		54,556		54,556
100 02	CMHS				
100 03	MCH				
100 04	WIC				
100 05	OTHER NONREIMBURSABLE COS		1,579		1,579
100 06	LIFELINE				
100 07	PHILLIPS HALL				
100 08	OB DRS				
100 09	THE WATERS		429,747		429,747
101	CROSS FOOT ADJUSTMENTS				
102	NEGATIVE COST CENTER				
103	TOTAL	167,375	4,435,723		4,435,723

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: 15-0030 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCIL-IATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
		3	4	5	6a.00	6	8
	GENERAL SERVICE COST						
003	NEW CAP REL COSTS-BLD	258,694					
004	NEW CAP REL COSTS-MVB		277,168				
005	EMPLOYEE BENEFITS	1,361	1,361	25,181,331			
006	ADMINISTRATIVE & GENE	35,813	35,813	4,955,560	-12,520,589	46,203,708	
008	OPERATION OF PLANT	68,315	68,315	938,943		4,101,368	128,672
009	LAUNDRY & LINEN SERVI	3,421	3,421	120,819		295,954	3,421
010	HOUSEKEEPING	2,164	2,164	435,789		855,389	2,164
011	DIETARY	7,336	7,336	279,672		694,645	7,336
012	CAFETERIA	1,972	1,972	277,259		268,266	1,972
014	NURSING ADMINISTRATIO	3,593	3,593	1,641,356		2,469,109	3,593
015	CENTRAL SERVICES & SU	7,153	7,153	352,168		861,903	7,153
016	PHARMACY	1,562	1,562			2,453,332	1,562
017	MEDICAL RECORDS & LIB	5,301	5,301	984,246		1,631,896	5,301
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	29,142	29,142	3,140,444		5,136,363	29,142
026	INTENSIVE CARE UNIT	11,501	11,501	1,200,423		1,961,511	11,501
033	NURSERY	3,068	3,068	425,730		680,975	3,068
	ANCILLARY SRVC COST C						
037	OPERATING ROOM	16,274	16,274	1,994,671		3,815,266	16,274
039	DELIVERY ROOM & LABOR	1,559	1,559	85,146		152,274	1,559
041	RADIOLOGY-DIAGNOSTIC	11,853	11,853	1,677,722		3,165,663	11,853
041	01 CAT SCAN	438	438	183,544		460,602	438
044	LABORATORY	7,950	7,950	1,563,875		3,928,597	7,950
049	RESPIRATORY THERAPY	2,355	2,355	466,067		761,589	3,066
050	PHYSICAL THERAPY	1,105	1,105	1,164,327		1,806,330	1,105
052	SPEECH PATHOLOGY	193	193	58,558		87,012	193
053	ELECTROCARDIOLOGY			99,747		250,496	
055	MEDICAL SUPPLIES CHAR					775,196	
055	30 IMPL. DEV. CHARGED TO					3,065,515	
056	DRUGS CHARGED TO PATI						
059	MAGNETIC RESONANCE IM	535	535	79,503		603,718	535
059	97 CARDIAC REHABILITATIO	711	711	100,276		157,951	
	OUTPAT SERVICE COST C						
061	EMERGENCY	8,477	8,477	1,734,572		2,768,211	8,477
062	OBSERVATION BEDS (NON						
	OTHER REIMBURS COST C						
071	HOME HEALTH AGENCY			537,326		861,639	
	SPEC PURPOSE COST CEN						
093	HOSPICE			301,240		669,105	
095	SUBTOTALS	233,152	233,152	24,798,983	-12,520,589	44,739,875	127,663
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE	1,009				15,194	1,009
098	PHYSICIANS' PRIVATE O			134,512		309,199	
100	MCH						
100	01 RENTAL		19,483			96,221	
100	02 CMHS						
100	03 MCH						
100	04 WIC						
100	05 OTHER NONREIMBURSABLE					118,885	
100	06 LIFELINE						
100	07 PHILLIPS HALL						
100	08 OB DRS						
100	09 THE WATERS	24,533	24,533	247,836		924,334	
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	3,895,619	540,104	8,957,513		12,520,589	5,212,785
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	15.058791	1.948652	.355720		.270987	40.512194
105	COST TO BE ALLOCATED (WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (WRKSHT B, PART III			23,147		613,646	1,217,199
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000919		.013281	9.459704

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLY (COSTED EQUIS.)	PHARMACY (COSTED EQUIS.)
		9	10	11	12	14	15	16
	GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENE							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVI	512,711						
010	HOUSEKEEPING	28,647	5,475					
011	DIETARY	7,107	88	12,026				
012	CAFETERIA		50		32,578			
014	NURSING ADMINISTRATIO		46		1,879	18,303		
015	CENTRAL SERVICES & SU		53		875		5,870,881	
016	PHARMACY		32				9,285	100
017	MEDICAL RECORDS & LIB		36		2,250		2,589	
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	157,202	1,773	10,030	6,708	6,708	181,590	
026	INTENSIVE CARE UNIT	40,176	189	1,996	2,169	2,169	57,243	
033	NURSERY		24		719	719		
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	132,145	487		4,065	4,065	477,335	
039	DELIVERY ROOM & LABOR		58		144	144		
041	RADIOLOGY-DIAGNOSTIC	42,309	248		3,298		304,658	
041	01 CAT SCAN				290		54,082	
044	LABORATORY	926	181		3,496		728,620	
049	RESPIRATORY THERAPY		68		848	848	5,800	
050	PHYSICAL THERAPY	20,194	595		526		41,017	
052	SPEECH PATHOLOGY				1,507		148	
053	ELECTROCARDIOLOGY		12		255	255	11,079	
055	MEDICAL SUPPLIES CHAR						775,196	
055	30 IMPL. DEV. CHARGED TO						3,065,515	
056	DRUGS CHARGED TO PATI							100
059	MAGNETIC RESONANCE IM				154		24,089	
059	97 CARDIAC REHABILITATIO		33		222	222	1,974	
	OUTPAT SERVICE COST C							
061	EMERGENCY	84,005	324		3,173	3,173	115,653	
062	OBSERVATION BEDS (NON							
	OTHER REIMBURS COST C							
071	HOME HEALTH AGENCY		36				7,323	
	SPEC PURPOSE COST CEN							
093	HOSPICE						7,685	
095	SUBTOTALS	512,711	4,333	12,026	32,578	18,303	5,870,881	100
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE		14					
098	PHYSICIANS' PRIVATE O							
100	MCH							
100	01 RENTAL		1,128					
100	02 CMHS							
100	03 MCH							
100	04 WIC							
100	05 OTHER NONREIMBURSABLE							
100	06 LIFELINE							
100	07 PHILLIPS HALL							
100	08 OB DRS							
100	09 THE WATERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	514,746	1,203,617	1,206,563	431,845	3,318,786	1,408,502	3,190,696
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.003969	219.838721	100.329536	13.255725	181.324701	.239913	31,906.960000
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III	94,586	74,320	206,151	56,691	133,291	203,333	74,681
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.184482	13.574429	17.142109	1.740162	7.282467	.034634	746.810000

		COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY (TIME SPENT)
			17
		GENERAL SERVICE COST	
003		NEW CAP REL COSTS-BLD	
004		NEW CAP REL COSTS-MVB	
005		EMPLOYEE BENEFITS	
006		ADMINISTRATIVE & GENE	
008		OPERATION OF PLANT	
009		LAUNDRY & LINEN SERVI	
010		HOUSEKEEPING	
011		DIETARY	
012		CAFETERIA	
014		NURSING ADMINISTRATIO	
015		CENTRAL SERVICES & SU	
016		PHARMACY	
017		MEDICAL RECORDS & LIB	4,376
		INPAT ROUTINE SRVC CN	
025		ADULTS & PEDIATRICS	864
026		INTENSIVE CARE UNIT	292
033		NURSERY	102
		ANCILLARY SRVC COST C	
037		OPERATING ROOM	939
039		DELIVERY ROOM & LABOR	
041		RADIOLOGY-DIAGNOSTIC	347
041	01	CAT SCAN	137
044		LABORATORY	400
049		RESPIRATORY THERAPY	48
050		PHYSICAL THERAPY	45
052		SPEECH PATHOLOGY	1
053		ELECTROCARDIOLOGY	67
055		MEDICAL SUPPLIES CHAR	169
055	30	IMPL. DEV. CHARGED TO	144
056		DRUGS CHARGED TO PATI	
059		MAGNETIC RESONANCE IM	76
059	97	CARDIAC REHABILITATIO	4
		OUTPAT SERVICE COST C	
061		EMERGENCY	721
062		OBSERVATION BEDS (NON	
		OTHER REIMBURS COST C	
071		HOME HEALTH AGENCY	20
		SPEC PURPOSE COST CEN	
093		HOSPICE	
095		SUBTOTALS	4,376
		NONREIMBURS COST CENT	
096		GIFT, FLOWER, COFFEE	
098		PHYSICIANS' PRIVATE O	
100		MCH	
100	01	RENTAL	
100	02	CMHS	
100	03	MCH	
100	04	WIC	
100	05	OTHER NONREIMBURSABLE	
100	06	LIFELINE	
100	07	PHILLIPS HALL	
100	08	OB DRS	
100	09	THE WATERS	
101		CROSS FOOT ADJUSTMENT	
102		NEGATIVE COST CENTER	
103		COST TO BE ALLOCATED (PER WRKSHT B, PART	2,327,234
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	531.817642
105		COST TO BE ALLOCATED (PER WRKSHT B, PART	
106		UNIT COST MULTIPLIER (WRKSHT B, PT II)	
107		COST TO BE ALLOCATED (PER WRKSHT B, PART	167,375
108		UNIT COST MULTIPLIER (WRKSHT B, PT III)	38.248400

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: 15-0030 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET C 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
		INPAT ROUTINE SRVC CNTRS					
25		ADULTS & PEDIATRICS	11,071,050		11,071,050		11,071,050
26		INTENSIVE CARE UNIT	3,832,198		3,832,198		3,832,198
33		NURSERY	1,189,225		1,189,225		1,189,225
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	7,153,044		7,153,044		7,153,044
39		DELIVERY ROOM & LABOR ROO	297,468		297,468		297,468
41		RADIOLOGY-DIAGNOSTIC	4,902,054		4,902,054		4,902,054
41	01	CAT SCAN	692,841		692,841		692,841
44		LABORATORY	5,789,863		5,789,863	13,732	5,803,595
49		RESPIRATORY THERAPY	1,299,051		1,299,051		1,299,051
50		PHYSICAL THERAPY	2,532,412		2,532,412		2,532,412
52		SPEECH PATHOLOGY	138,954		138,954		138,954
53		ELECTROCARDIOLOGY	408,923		408,923		408,923
55		MEDICAL SUPPLIES CHARGED	1,261,121		1,261,121		1,261,121
55	30	IMPL. DEV. CHARGED TO PAT	4,708,269		4,708,269		4,708,269
56		DRUGS CHARGED TO PATIENTS	3,190,696		3,190,696		3,190,696
59		MAGNETIC RESONANCE IMAGIN	837,230		837,230		837,230
59	97	CARDIAC REHABILITATION	253,807		253,807		253,807
		OUTPAT SERVICE COST CNTRS					
61		EMERGENCY	5,045,939		5,045,939		5,045,939
62		OBSERVATION BEDS (NON-DIS	1,009,489		1,009,489		1,009,489
		OTHER REIMBURS COST CNTRS					
101		SUBTOTAL	55,613,634		55,613,634	13,732	55,627,366
102		LESS OBSERVATION BEDS	1,009,489		1,009,489		1,009,489
103		TOTAL	54,604,145		54,604,145	13,732	54,617,877

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: 15-0030 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET C I PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	10,525,419		10,525,419			
26		INTENSIVE CARE UNIT	4,026,983		4,026,983			
33		NURSERY	605,545		605,545			
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	4,914,708	14,813,328	19,728,036	.362583	.362583	.362583
39		DELIVERY ROOM & LABOR ROO	532,593	635,077	1,167,670	.254753	.254753	.254753
41		RADIOLOGY-DIAGNOSTIC	2,253,889	16,274,469	18,528,358	.264570	.264570	.264570
41	01	CAT SCAN	1,376,684	12,332,160	13,708,844	.050540	.050540	.050540
44		LABORATORY	4,829,643	14,315,645	19,145,288	.302417	.302417	.303134
49		RESPIRATORY THERAPY	1,950,375	1,288,969	3,239,344	.401023	.401023	.401023
50		PHYSICAL THERAPY	557,754	2,483,523	3,041,277	.832680	.832680	.832680
52		SPEECH PATHOLOGY	14,761	85,465	100,226	1.386407	1.386407	1.386407
53		ELECTROCARDIOLOGY	1,033,199	3,568,454	4,601,653	.088864	.088864	.088864
55		MEDICAL SUPPLIES CHARGED	4,942,471	6,567,942	11,510,413	.109563	.109563	.109563
55	30	IMPL. DEV. CHARGED TO PAT	7,829,403	2,011,342	9,840,745	.478446	.478446	.478446
56		DRUGS CHARGED TO PATIENTS	14,541,634	6,399,501	20,941,135	.152365	.152365	.152365
59		MAGNETIC RESONANCE IMAGIN	315,719	4,895,358	5,211,077	.160664	.160664	.160664
59	97	CARDIAC REHABILITATION	1,260	304,001	305,261	.831443	.831443	.831443
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY	511,420	8,420,331	8,931,751	.564944	.564944	.564944
62		OBSERVATION BEDS (NON-DIS	196,121	866,659	1,062,780	.949857	.949857	.949857
		OTHER REIMBURS COST CNTRS						
101		SUBTOTAL	60,959,581	95,262,224	156,221,805			
102		LESS OBSERVATION BEDS						
103		TOTAL	60,959,581	95,262,224	156,221,805			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0030
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	11,071,050		11,071,050		11,071,050
26	INTENSIVE CARE UNIT	3,832,198		3,832,198		3,832,198
33	NURSERY	1,189,225		1,189,225		1,189,225
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	7,153,044		7,153,044		7,153,044
39	DELIVERY ROOM & LABOR ROO	297,468		297,468		297,468
41	RADIOLOGY-DIAGNOSTIC	4,902,054		4,902,054		4,902,054
41 01	CAT SCAN	692,841		692,841		692,841
44	LABORATORY	5,789,863		5,789,863	13,732	5,803,595
49	RESPIRATORY THERAPY	1,299,051		1,299,051		1,299,051
50	PHYSICAL THERAPY	2,532,412		2,532,412		2,532,412
52	SPEECH PATHOLOGY	138,954		138,954		138,954
53	ELECTROCARDIOLOGY	408,923		408,923		408,923
55	MEDICAL SUPPLIES CHARGED	1,261,121		1,261,121		1,261,121
55 30	IMPL. DEV. CHARGED TO PAT	4,708,269		4,708,269		4,708,269
56	DRUGS CHARGED TO PATIENTS	3,190,696		3,190,696		3,190,696
59	MAGNETIC RESONANCE IMAGIN	837,230		837,230		837,230
59 97	CARDIAC REHABILITATION	253,807		253,807		253,807
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	5,045,939		5,045,939		5,045,939
62	OBSERVATION BEDS (NON-DIS	1,009,489		1,009,489		1,009,489
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	55,613,634		55,613,634	13,732	55,627,366
102	LESS OBSERVATION BEDS	1,009,489		1,009,489		1,009,489
103	TOTAL	54,604,145		54,604,145	13,732	54,617,877

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0030
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET C
PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	10,525,419		10,525,419			
26		INTENSIVE CARE UNIT	4,026,983		4,026,983			
33		NURSERY	605,545		605,545			
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	4,914,708	14,813,328	19,728,036	.362583	.362583	.362583
39		DELIVERY ROOM & LABOR ROO	532,593	635,077	1,167,670	.254753	.254753	.254753
41		RADIOLOGY-DIAGNOSTIC	2,253,889	16,274,469	18,528,358	.264570	.264570	.264570
41	01	CAT SCAN	1,376,684	12,332,160	13,708,844	.050540	.050540	.050540
44		LABORATORY	4,829,643	14,315,645	19,145,288	.302417	.302417	.303134
49		RESPIRATORY THERAPY	1,950,375	1,288,969	3,239,344	.401023	.401023	.401023
50		PHYSICAL THERAPY	557,754	2,483,523	3,041,277	.832680	.832680	.832680
52		SPEECH PATHOLOGY	14,761	85,465	100,226	1.386407	1.386407	1.386407
53		ELECTROCARDIOLOGY	1,033,199	3,568,454	4,601,653	.088864	.088864	.088864
55		MEDICAL SUPPLIES CHARGED	4,942,471	6,567,942	11,510,413	.109563	.109563	.109563
55	30	IMPL. DEV. CHARGED TO PAT	7,829,403	2,011,342	9,840,745	.478446	.478446	.478446
56		DRUGS CHARGED TO PATIENTS	14,541,634	6,399,501	20,941,135	.152365	.152365	.152365
59		MAGNETIC RESONANCE IMAGIN	315,719	4,895,358	5,211,077	.160664	.160664	.160664
59	97	CARDIAC REHABILITATION	1,260	304,001	305,261	.831443	.831443	.831443
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY	511,420	8,420,331	8,931,751	.564944	.564944	.564944
62		OBSERVATION BEDS (NON-DIS	196,121	866,659	1,062,780	.949857	.949857	.949857
		OTHER REIMBURS COST CNTRS						
101		SUBTOTAL	60,959,581	95,262,224	156,221,805			
102		LESS OBSERVATION BEDS						
103		TOTAL	60,959,581	95,262,224	156,221,805			

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

PROVIDER NO: 15-0030 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011 | WORKSHEET C PART II

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	7,153,044	603,343	6,549,701			7,153,044
39		DELIVERY ROOM & LABOR ROO	297,468	45,450	252,018			297,468
41		RADIOLOGY-DIAGNOSTIC	4,902,054	398,034	4,504,020			4,902,054
41	01	CAT SCAN	692,841	25,497	667,344			692,841
44		LABORATORY	5,789,863	313,273	5,476,590			5,789,863
49		RESPIRATORY THERAPY	1,299,051	90,210	1,208,841			1,299,051
50		PHYSICAL THERAPY	2,532,412	70,165	2,462,247			2,532,412
52		SPEECH PATHOLOGY	138,954	8,983	129,971			138,954
53		ELECTROCARDIOLOGY	408,923	8,830	400,093			408,923
55		MEDICAL SUPPLIES CHARGED	1,261,121	43,607	1,217,514			1,261,121
55	30	IMPL. DEV. CHARGED TO PAT	4,708,269	152,391	4,555,878			4,708,269
56		DRUGS CHARGED TO PATIENTS	3,190,696	74,681	3,116,015			3,190,696
59		MAGNETIC RESONANCE IMAGIN	837,230	26,260	810,970			837,230
59	97	CARDIAC REHABILITATION	253,807	16,954	236,853			253,807
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY	5,045,939	342,828	4,703,111			5,045,939
62		OBSERVATION BEDS (NON-DIS	1,009,489	106,436	903,053			1,009,489
		OTHER REIMBURS COST CNTRS						
101		SUBTOTAL	39,521,161	2,326,942	37,194,219			39,521,161
102		LESS OBSERVATION BEDS	1,009,489	106,436	903,053			1,009,489
103		TOTAL	38,511,672	2,220,506	36,291,166			38,511,672

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

PROVIDER NO: 15-0030 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011 | WORKSHEET C PART II

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	19,728,036	.362583	.362583
39		DELIVERY ROOM & LABOR ROO	1,167,670	.254753	.254753
41		RADIOLOGY-DIAGNOSTIC	18,528,358	.264570	.264570
41	01	CAT SCAN	13,708,844	.050540	.050540
44		LABORATORY	19,145,288	.302417	.302417
49		RESPIRATORY THERAPY	3,239,344	.401023	.401023
50		PHYSICAL THERAPY	3,041,277	.832680	.832680
52		SPEECH PATHOLOGY	100,226	1.386407	1.386407
53		ELECTROCARDIOLOGY	4,601,653	.088864	.088864
55		MEDICAL SUPPLIES CHARGED	11,510,413	.109563	.109563
55	30	IMPL. DEV. CHARGED TO PAT	9,840,745	.478446	.478446
56		DRUGS CHARGED TO PATIENTS	20,941,135	.152365	.152365
59		MAGNETIC RESONANCE IMAGIN	5,211,077	.160664	.160664
59	97	CARDIAC REHABILITATION	305,261	.831443	.831443
		OUTPAT SERVICE COST CNTRS			
61		EMERGENCY	8,931,751	.564944	.564944
62		OBSERVATION BEDS (NON-DIS	1,062,780	.949857	.949857
		OTHER REIMBURS COST CNTRS			
101		SUBTOTAL	141,063,858		
102		LESS OBSERVATION BEDS	1,062,780		
103		TOTAL	140,001,078		

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0030
PERIOD: FROM 1/ 1/2010 TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET C
PART II

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	7,153,044	603,343	6,549,701	60,334	379,883	6,712,827
39		DELIVERY ROOM & LABOR ROO	297,468	45,450	252,018	4,545	14,617	278,306
41		RADIOLOGY-DIAGNOSTIC	4,902,054	398,034	4,504,020	39,803	261,233	4,601,018
41	01	CAT SCAN	692,841	25,497	667,344	2,550	38,706	651,585
44		LABORATORY	5,789,863	313,273	5,476,590	31,327	317,642	5,440,894
49		RESPIRATORY THERAPY	1,299,051	90,210	1,208,841	9,021	70,113	1,219,917
50		PHYSICAL THERAPY	2,532,412	70,165	2,462,247	7,017	142,810	2,382,585
52		SPEECH PATHOLOGY	138,954	8,983	129,971	898	7,538	130,518
53		ELECTROCARDIOLOGY	408,923	8,830	400,093	883	23,205	384,835
55		MEDICAL SUPPLIES CHARGED	1,261,121	43,607	1,217,514	4,361	70,616	1,186,144
55	30	IMPL. DEV. CHARGED TO PAT	4,708,269	152,391	4,555,878	15,239	264,241	4,428,789
56		DRUGS CHARGED TO PATIENTS	3,190,696	74,681	3,116,015	7,468	180,729	3,002,499
59		MAGNETIC RESONANCE IMAGIN	837,230	26,260	810,970	2,626	47,036	787,568
59	97	CARDIAC REHABILITATION	253,807	16,954	236,853	1,695	13,737	238,375
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY	5,045,939	342,828	4,703,111	34,283	272,780	4,738,876
62		OBSERVATION BEDS (NON-DIS	1,009,489	106,436	903,053	10,644	52,377	946,468
		OTHER REIMBURS COST CNTRS						
101		SUBTOTAL	39,521,161	2,326,942	37,194,219	232,694	2,157,263	37,131,204
102		LESS OBSERVATION BEDS	1,009,489	106,436	903,053	10,644	52,377	946,468
103		TOTAL	38,511,672	2,220,506	36,291,166	222,050	2,104,886	36,184,736

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0030
PERIOD: FROM 1/ 1/2010 TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET C
PART II

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	19,728,036	.340268	.359524
39		DELIVERY ROOM & LABOR ROO	1,167,670	.238343	.250861
41		RADIOLOGY-DIAGNOSTIC	18,528,358	.248323	.262422
41	01	CAT SCAN	13,708,844	.047530	.050354
44		LABORATORY	19,145,288	.284190	.300781
49		RESPIRATORY THERAPY	3,239,344	.376594	.398238
50		PHYSICAL THERAPY	3,041,277	.783416	.830373
52		SPEECH PATHOLOGY	100,226	1.302237	1.377447
53		ELECTROCARDIOLOGY	4,601,653	.083630	.088672
55		MEDICAL SUPPLIES CHARGED	11,510,413	.103050	.109185
55	30	IMPL. DEV. CHARGED TO PAT	9,840,745	.450046	.476898
56		DRUGS CHARGED TO PATIENTS	20,941,135	.143378	.152008
59		MAGNETIC RESONANCE IMAGIN	5,211,077	.151133	.160160
59	97	CARDIAC REHABILITATION	305,261	.780889	.825890
		OUTPAT SERVICE COST CNTRS			
61		EMERGENCY	8,931,751	.530565	.561106
62		OBSERVATION BEDS (NON-DIS	1,062,780	.890559	.939842
		OTHER REIMBURS COST CNTRS			
101		SUBTOTAL	141,063,858		
102		LESS OBSERVATION BEDS	1,062,780		
103		TOTAL	140,001,078		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0030 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET D I PART I

TITLE XVIII, PART A PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,167,283		1,167,283
26	INTENSIVE CARE UNIT				408,468		408,468
33	NURSERY				101,349		101,349
101	TOTAL				1,677,100		1,677,100

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0030 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET D 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	10,638	5,942			109.73	652,016
26	INTENSIVE CARE UNIT	1,996	1,305			204.64	267,055
33	NURSERY	796				127.32	
101	TOTAL	13,430	7,247				919,071

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0030
COMPONENT NO: 15-0030
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET D PART II

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		603,343	19,728,036	2,476,357		
39	DELIVERY ROOM & LABOR ROO		45,450	1,167,670	100		
41	RADIOLOGY-DIAGNOSTIC		398,034	18,528,358	1,514,977		
41 01	CAT SCAN		25,497	13,708,844	1,336,996		
44	LABORATORY		313,273	19,145,288	3,689,848		
49	RESPIRATORY THERAPY		90,210	3,239,344	1,151,692		
50	PHYSICAL THERAPY		70,165	3,041,277	379,124		
52	SPEECH PATHOLOGY		8,983	100,226	11,554		
53	ELECTROCARDIOLOGY		8,830	4,601,653	992,929		
55	MEDICAL SUPPLIES CHARGED		43,607	11,510,413	2,904,893		
55 30	IMPL. DEV. CHARGED TO PAT		152,391	9,840,745	3,722,636		
56	DRUGS CHARGED TO PATIENTS		74,681	20,941,135	9,582,863		
59	MAGNETIC RESONANCE IMAGIN		26,260	5,211,077	194,201		
59 97	CARDIAC REHABILITATION		16,954	305,261			
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		342,828	8,931,751	507,269		
62	OBSERVATION BEDS (NON-DIS		106,436	1,062,780	60,209		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		2,326,942	141,063,858	28,525,648		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0030 I COMPONENT NO: 15-0030
I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010
I PREPARED 5/26/2011 I WORKSHEET D I PART II

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.030583	75,734
39		DELIVERY ROOM & LABOR ROO	.038924	4
41		RADIOLOGY-DIAGNOSTIC	.021482	32,545
41	01	CAT SCAN	.001860	2,487
44		LABORATORY	.016363	60,377
49		RESPIRATORY THERAPY	.027848	32,072
50		PHYSICAL THERAPY	.023071	8,747
52		SPEECH PATHOLOGY	.089627	1,036
53		ELECTROCARDIOLOGY	.001919	1,905
55		MEDICAL SUPPLIES CHARGED	.003788	11,004
55	30	IMPL. DEV. CHARGED TO PAT	.015486	57,649
56		DRUGS CHARGED TO PATIENTS	.003566	34,172
59		MAGNETIC RESONANCE IMAGIN	.005039	979
59	97	CARDIAC REHABILITATION	.055539	
		OUTPAT SERVICE COST CNTRS		
61		EMERGENCY	.038383	19,471
62		OBSERVATION BEDS (NON-DIS	.100149	6,030
		OTHER REIMBURS COST CNTRS		
101		TOTAL		344,212

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

I PROVIDER NO: 15-0030 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET D I PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					10,638	
26	INTENSIVE CARE UNIT					1,996	
33	NURSERY					796	
101	TOTAL					13,430	

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

PROVIDER NO: 15-0030
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	5,942	
26	INTENSIVE CARE UNIT	1,305	
33	NURSERY		
101	TOTAL	7,247	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0030 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I COMPONENT NO: 15-0030 I PREPARED 5/26/2011 I WORKSHEET D I PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
39		DELIVERY ROOM & LABOR ROO						
41		RADIOLOGY-DIAGNOSTIC						
41	01	CAT SCAN						
44		LABORATORY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
55		MEDICAL SUPPLIES CHARGED						
55	30	IMPL. DEV. CHARGED TO PAT						
56		DRUGS CHARGED TO PATIENTS						
59		MAGNETIC RESONANCE IMAGIN						
59	97	CARDIAC REHABILITATION						
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
101		TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0030
COMPONENT NO: 15-0030
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET D
PART IV

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			19,728,036			2,476,357	
39		DELIVERY ROOM & LABOR ROO			1,167,670			100	
41		RADIOLOGY-DIAGNOSTIC			18,528,358			1,514,977	
41	01	CAT SCAN			13,708,844			1,336,996	
44		LABORATORY			19,145,288			3,689,848	
49		RESPIRATORY THERAPY			3,239,344			1,151,692	
50		PHYSICAL THERAPY			3,041,277			379,124	
52		SPEECH PATHOLOGY			100,226			11,554	
53		ELECTROCARDIOLOGY			4,601,653			992,929	
55		MEDICAL SUPPLIES CHARGED			11,510,413			2,904,893	
55	30	IMPL. DEV. CHARGED TO PAT			9,840,745			3,722,636	
56		DRUGS CHARGED TO PATIENTS			20,941,135			9,582,863	
59		MAGNETIC RESONANCE IMAGIN			5,211,077			194,201	
59	97	CARDIAC REHABILITATION			305,261				
		OUTPAT SERVICE COST CNTRS							
61		EMERGENCY			8,931,751			507,269	
62		OBSERVATION BEDS (NON-DIS			1,062,780			60,209	
		OTHER REIMBURS COST CNTRS							
101		TOTAL			141,063,858			28,525,648	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0030
COMPONENT NO: 15-0030
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET D
PART IV

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	4,486,523					
39		DELIVERY ROOM & LABOR ROO	100					
41		RADIOLOGY-DIAGNOSTIC	4,429,750					
41	01	CAT SCAN	3,534,761					
44		LABORATORY	470,818					
49		RESPIRATORY THERAPY	206,205					
50		PHYSICAL THERAPY	4,225					
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY	2,112,338					
55		MEDICAL SUPPLIES CHARGED	183,246					
55	30	IMPL. DEV. CHARGED TO PAT	553,753					
56		DRUGS CHARGED TO PATIENTS	2,700,903					
59		MAGNETIC RESONANCE IMAGIN	1,262,562					
59	97	CARDIAC REHABILITATION	122,503					
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY	1,282,204					
62		OBSERVATION BEDS (NON-DIS	282,300					
		OTHER REIMBURS COST CNTRS						
101		TOTAL	21,632,191					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-0030 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET D I PART V

I COMPONENT NO: 15-0030

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	.362583	.362583			
39		DELIVERY ROOM & LABOR ROOM	.254753	.254753			
41		RADIOLOGY-DIAGNOSTIC	.264570	.264570			
41	01	CAT SCAN	.050540	.050540			
44		LABORATORY	.302417	.302417			
49		RESPIRATORY THERAPY	.401023	.401023			
50		PHYSICAL THERAPY	.832680	.832680			
52		SPEECH PATHOLOGY	1.386407	1.386407			
53		ELECTROCARDIOLOGY	.088864	.088864			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.109563	.109563			
55	30	IMPL. DEV. CHARGED TO PATIENT	.478446	.478446			
56		DRUGS CHARGED TO PATIENTS	.152365	.152365			
59		MAGNETIC RESONANCE IMAGING (MRI)	.160664	.160664			
59	97	CARDIAC REHABILITATION	.831443	.831443			
		OUTPAT SERVICE COST CNTRS					
61		EMERGENCY	.564944	.564944			
62		OBSERVATION BEDS (NON-DISTINCT PART)	.949857	.949857			
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 COSTS

PROVIDER NO: 15-0030 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011

COMPONENT NO: 15-0030 | WORKSHEET D PART V

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		4,486,523			
39	DELIVERY ROOM & LABOR ROOM		100			
41	RADIOLOGY-DIAGNOSTIC		4,429,750			
41 01	CAT SCAN		3,534,761			
44	LABORATORY		470,818	264		
49	RESPIRATORY THERAPY		206,205			
50	PHYSICAL THERAPY		4,225			
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		2,112,338			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		183,246			
55 30	IMPL. DEV. CHARGED TO PATIENT		553,753			
56	DRUGS CHARGED TO PATIENTS		2,700,903			
59	MAGNETIC RESONANCE IMAGING (MRI)		1,262,562			
59 97	CARDIAC REHABILITATION		122,503			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY		1,282,204			
62	OBSERVATION BEDS (NON-DISTINCT PART)		282,300			
101	SUBTOTAL		21,632,191	264		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES		21,632,191	264		

(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 COSTS

TITLE XVIII, PART B HOSPITAL

		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	Cost Center Description	7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				1,626,737	
39	DELIVERY ROOM & LABOR ROOM				25	
41	RADIOLOGY-DIAGNOSTIC				1,171,979	
41 01	CAT SCAN				178,647	
44	LABORATORY				142,383	80
49	RESPIRATORY THERAPY				82,693	
50	PHYSICAL THERAPY				3,518	
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY				187,711	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				20,077	
55 30	IMPL. DEV. CHARGED TO PATIENT				264,941	
56	DRUGS CHARGED TO PATIENTS				411,523	
59	MAGNETIC RESONANCE IMAGING (MRI)				202,848	
59 97	CARDIAC REHABILITATION				101,854	
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY				724,373	
62	OBSERVATION BEDS (NON-DISTINCT PART)				268,145	
101	SUBTOTAL				5,387,454	80
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES				5,387,454	80

(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 COSTS

PROVIDER NO: 15-0030	PERIOD: FROM 1/ 1/2010	PREPARED 5/26/2011
COMPONENT NO: 15-0030	TO 12/31/2010	WORKSHEET D PART V

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
		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC			
41 01	CAT SCAN			
44	LABORATORY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30	IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS			
59	MAGNETIC RESONANCE IMAGING (MRI)			
59 97	CARDIAC REHABILITATION			
	OUTPAT SERVICE COST CNTRS			
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

PROVIDER NO: 15-0030	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/26/2011	
COMPONENT NO: 15-0030		WORKSHEET D PART VI	

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

		1
1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	.152365
2	PROGRAM VACCINE CHARGES	6,009
3	PROGRAM COSTS	916

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-0030	FROM 1/ 1/2010	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2010	PART I
15-0030		

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)	10,638
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,638
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,638
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)	5,942
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	11,071,050
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	11,071,050
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	17,283,507
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	17,283,507
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.640556
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,624.70
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	11,071,050

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	1,040.71
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6,183,899
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6,183,899

		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	INTENSIVE CARE UNIT	3,832,198	1,996	1,919.94	1,305	2,505,522
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

1

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	7,301,028
49	TOTAL PROGRAM INPATIENT COSTS	15,990,449

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	919,071
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	344,212
52	TOTAL PROGRAM EXCLUDABLE COST	1,263,283
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	14,727,166

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, NURSINGFACILITY & 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	970
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,040.71
85	OBSERVATION BED COST	1,009,489

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		11,071,050		1,009,489	
87	NEW CAPITAL-RELATED COST	1,167,283	11,071,050	.105436	1,009,489	106,436
88	NON PHYSICIAN ANESTHETIST		11,071,050		1,009,489	
89	MEDICAL EDUCATION		11,071,050		1,009,489	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-0030	FROM 1/ 1/2010	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2010	PART I
15-0030		

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)	10,638
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,638
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,638
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)	475
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)	796
16	NURSERY DAYS (TITLE V OR XIX ONLY)	151
	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	11,071,050
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	11,071,050
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	17,283,507
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	17,283,507
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.640556
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,624.70
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	11,071,050

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	1,040.71
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	494,337
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	494,337

		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)	1,189,225	796	1,494.00	151	225,594
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	3,832,198	1,996	1,919.94	55	105,597
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	536,233
49	TOTAL PROGRAM INPATIENT COSTS	1,361,761

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, NURSINGFACILITY & 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	970
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,040.71
85	OBSERVATION BED COST	1,009,489

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0030
COMPONENT NO: 15-0030
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		5,821,992	
26	INTENSIVE CARE UNIT		2,493,003	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.362583	2,476,357	897,885
39	DELIVERY ROOM & LABOR ROOM	.254753	100	25
41	RADIOLOGY-DIAGNOSTIC	.264570	1,514,977	400,817
41 01	CAT SCAN	.050540	1,336,996	67,572
44	LABORATORY	.303134	3,689,848	1,118,518
49	RESPIRATORY THERAPY	.401023	1,151,692	461,855
50	PHYSICAL THERAPY	.832680	379,124	315,689
52	SPEECH PATHOLOGY	1.386407	11,554	16,019
53	ELECTROCARDIOLOGY	.088864	992,929	88,236
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.109563	2,904,893	318,269
55 30	IMPL. DEV. CHARGED TO PATIENT	.478446	3,722,636	1,781,080
56	DRUGS CHARGED TO PATIENTS	.152365	9,582,863	1,460,093
59	MAGNETIC RESONANCE IMAGING (MRI)	.160664	194,201	31,201
59 97	CARDIAC REHABILITATION	.831443		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.564944	507,269	286,579
62	OBSERVATION BEDS (NON-DISTINCT PART)	.949857	60,209	57,190
	OTHER REIMBURS COST CNTRS			
101	TOTAL		28,525,648	7,301,028
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		28,525,648	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0030 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011

COMPONENT NO: 15-0030 | WORKSHEET D-4

TITLE XIX HOSPITAL OTHER

WKST A LINE NO.		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS		784,317	
26		INTENSIVE CARE UNIT		162,422	
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.362583	321,835	116,692
39		DELIVERY ROOM & LABOR ROOM	.254753	315,835	80,460
41		RADIOLOGY-DIAGNOSTIC	.264570	75,248	19,908
41	01	CAT SCAN	.050540	33,845	1,711
44		LABORATORY	.302417	314,867	95,221
49		RESPIRATORY THERAPY	.401023	77,305	31,001
50		PHYSICAL THERAPY	.832680	11,745	9,780
52		SPEECH PATHOLOGY	1.386407		
53		ELECTROCARDIOLOGY	.088864	27,706	2,462
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.109563	495,839	54,326
55	30	IMPL. DEV. CHARGED TO PATIENT	.478446		
56		DRUGS CHARGED TO PATIENTS	.152365	810,429	123,481
59		MAGNETIC RESONANCE IMAGING (MRI)	.160664	7,411	1,191
59	97	CARDIAC REHABILITATION	.831443		
		OUTPAT SERVICE COST CNTRS			
61		EMERGENCY	.564944		
62		OBSERVATION BEDS (NON-DISTINCT PART)	.949857		
		OTHER REIMBURS COST CNTRS			
101		TOTAL		2,492,065	536,233
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		2,492,065	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	DESCRIPTION	HOSPITAL 1	1.01
	DRG AMOUNT		
1	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	7,084,747	
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2,311,984	
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)	194,901	
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	87.34	
	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)	4.32	
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	18.21	
4.02	SUM OF LINES 4 AND 4.01	22.53	
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	7.80	
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	732,945	
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
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)		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	DESCRIPTION	HOSPITAL 1	1.01
5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06	TOTAL ADDITIONAL PAYMENT		
6	SUBTOTAL (SEE INSTRUCTIONS)	10,324,577	
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	12,141,226	
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)	11,687,064	
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	793,786	
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12	NET ORGAN ACQUISITION COST		
13	COST OF TEACHING PHYSICIANS		
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16	TOTAL	12,480,850	
17	PRIMARY PAYER PAYMENTS	11,046	
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	12,469,804	
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,317,576	
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	23,100	
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	243,992	
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	170,794	
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	207,881	
22	SUBTOTAL	11,299,922	
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	11,299,922	
27	SEQUESTRATION ADJUSTMENT		
28	INTERIM PAYMENTS	11,034,610	
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29	BALANCE DUE PROVIDER (PROGRAM)	265,312	
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	50,000	
	----- 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

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-0030	FROM 1/ 1/2010	WORKSHEET E
COMPONENT NO:	TO 12/31/2010	PART B
15-0030		

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL
1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	996
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	5,387,454
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	5,481,678
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.859
1.04	LINE 1.01 TIMES LINE 1.03.	4,627,823
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	996
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	6,273
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	6,273
	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)	6,273
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	5,277
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	996
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	5,481,678
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,400,118
19	SUBTOTAL (SEE INSTRUCTIONS)	4,082,556
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	4,082,556
24	PRIMARY PAYER PAYMENTS	2,259
25	SUBTOTAL	4,080,297
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	257,950
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	180,565
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	204,164
28	SUBTOTAL	4,260,862
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)	-150
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	4,261,012
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	4,242,408
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	18,604
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: 15-0030 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET E-1

I COMPONENT NO: 15-0030

TITLE XVIII HOSPITAL

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			10,609,928		4,080,398
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	244,074	8/12/2010	874
	ADJUSTMENTS TO PROVIDER	.02	12/31/2010	180,608	12/31/2010	161,136
	ADJUSTMENTS TO PROVIDER	.03				
	ADJUSTMENTS TO PROVIDER	.04				
	ADJUSTMENTS TO PROVIDER	.05				
	ADJUSTMENTS TO PROVIDER	.49				
	ADJUSTMENTS TO PROGRAM	.50				
	ADJUSTMENTS TO PROGRAM	.51				
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL	.99		424,682		162,010
4	TOTAL INTERIM PAYMENTS			11,034,610		4,242,408
	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)	SETTLEMENT TO PROVIDER .01		265,312		18,604
		SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY			11,299,922		4,261,012

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

PART 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	1,361,761	
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	1,361,761	
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL	1,361,761	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES	946,739	
11	ANCILLARY SERVICE CHARGES	2,492,065	
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	3,438,804	
	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)	3,438,804	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	2,077,043	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	1,361,761	
	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	1,361,761	
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	1,361,761	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	1,361,761	
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)	1,361,761	
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	1,361,761	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	1,361,761	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS	681,578	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM	680,183	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-0030	FROM 1/ 1/2010	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2010	PART III
-		

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	4,869,455			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	8,036,754			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	1,001,510			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	12,932,372			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	26,840,091			
	FIXED ASSETS				
12	LAND				
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	23,039,308			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	23,039,308			
	OTHER ASSETS				
22	INVESTMENTS	16,227,786			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	6,697,135			
26	TOTAL OTHER ASSETS	22,924,921			
27	TOTAL ASSETS	72,804,320			

	LIABILITIES AND FUND BALANCE	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	2,072,267			
29	SALARIES, WAGES & FEES PAYABLE	3,872,336			
30	PAYROLL TAXES PAYABLE				
31	NOTES AND LOANS PAYABLE (SHORT TERM)				
32	DEFERRED INCOME				
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS				
35	OTHER CURRENT LIABILITIES	3,054,380			
36	TOTAL CURRENT LIABILITIES	8,998,983			
	LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE				
38	NOTES PAYABLE	14,683,841			
39	UNSECURED LOANS				
40.01	LOANS PRIOR TO 7/1/66				
40.02	ON OR AFTER 7/1/66				
41	OTHER LONG TERM LIABILITIES				
42	TOTAL LONG-TERM LIABILITIES	14,683,841			
43	TOTAL LIABILITIES	23,682,824			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	49,121,496			
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	49,121,496			
52	TOTAL LIABILITIES AND FUND BALANCES	72,804,320			

STATEMENT OF CHANGES IN FUND BALANCES

PROVIDER NO: 15-0030 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011 | WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		45,504,030		
2	NET INCOME (LOSS)		5,559,937		
3	TOTAL		51,063,967		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	ADDITIONS (CREDIT ADJUSTM				
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		51,063,967		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	RELATED PARTY LOSSES	1,942,471			
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		1,942,471		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		49,121,496		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 15-0030 PERIOD: FROM 1/ 1/2010 TO 12/31/2010 PREPARED 5/26/2011 WORKSHEET G-2 PARTS I & II

PART I - PATIENT REVENUES

		REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
		GENERAL INPATIENT ROUTINE CARE SERVICES			
1	00	HOSPITAL	12,193,744		12,193,744
4	00	SWING BED - SNF			
5	00	SWING BED - NF			
9	00	TOTAL GENERAL INPATIENT ROUTINE CARE	12,193,744		12,193,744
		INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10	00	INTENSIVE CARE UNIT	4,026,983		4,026,983
15	00	TOTAL INTENSIVE CARE TYPE INPAT HOSP	4,026,983		4,026,983
16	00	TOTAL INPATIENT ROUTINE CARE SERVICE	16,220,727		16,220,727
17	00	ANCILLARY SERVICES	44,605,513		44,605,513
18	00	OUTPATIENT SERVICES		95,395,565	95,395,565
19	00	HOME HEALTH AGENCY		1,268,422	1,268,422
23	00	HOSPICE		1,373,078	1,373,078
24	00				
25	00	TOTAL PATIENT REVENUES	60,826,240	98,037,065	158,863,305

PART II-OPERATING EXPENSES

26	00	OPERATING EXPENSES		60,806,416	
		ADD (SPECIFY)			
27	00	ADD (SPECIFY)			
28	00				
29	00				
30	00				
31	00				
32	00				
33	00	TOTAL ADDITIONS			
		DEDUCT (SPECIFY)			
34	00	DEDUCT (SPECIFY)			
35	00				
36	00				
37	00				
38	00				
39	00	TOTAL DEDUCTIONS			
40	00	TOTAL OPERATING EXPENSES		60,806,416	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0030 PERIOD: FROM 1/ 1/2010 TO 12/31/2010 PREPARED 5/26/2011 WORKSHEET G-3

	DESCRIPTION	
1	TOTAL PATIENT REVENUES	158,863,305
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	96,591,986
3	NET PATIENT REVENUES	62,271,319
4	LESS: TOTAL OPERATING EXPENSES	60,806,416
5	NET INCOME FROM SERVICE TO PATIENTS	1,464,903
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS,FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	2,267,195
24.01	NONOPERATING INCOME	1,827,839
25	TOTAL OTHER INCOME	4,095,034
26	TOTAL	5,559,937
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	5,559,937

HHA 1

		SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
		1	2	3	4	5	6
	GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMIN & GENERAL	84,454				140,246	224,700
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	234,234					234,234
7	PHYSICAL THERAPY	152,307					152,307
8	OCCUPATIONAL THERAPY	42,785					42,785
9	SPEECH PATHOLOGY						
10	MEDICAL SOCIAL SERVICES						
11	HOME HEALTH AIDE	23,546					23,546
12	SUPPLIES						
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 OTHER						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	537,326				140,246	677,572

		RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
		7	8	9	10
	GENERAL SERVICE COST CENTERS				
1	CAP-REL COST-BLDG & FIX				
2	CAP-REL COST-MOV EQUIP				
3	PLANT OPER & MAINT				
4	TRANSPORTATION				
5	ADMIN & GENERAL		224,700	-7,071	217,629
	HHA REIMBURSABLE SERVICES				
6	SKILLED NURSING CARE		234,234		234,234
7	PHYSICAL THERAPY		152,307		152,307
8	OCCUPATIONAL THERAPY		42,785		42,785
9	SPEECH PATHOLOGY				
10	MEDICAL SOCIAL SERVICES				
11	HOME HEALTH AIDE		23,546		23,546
12	SUPPLIES				
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 OTHER				
23.50	TELEMEDICINE				
24	TOTAL (SUM OF LINES 1-23)		677,572	-7,071	670,501

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	CAP-REL COST-BLDG & FIX							
2	CAP-REL COST-MOV EQUIP							
3	PLANT OPER & MAINT							
4	TRANSPORTATION							
5	ADMINISTRATIVE & GENERAL	217,629					217,629	217,629
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	234,234					234,234	112,562
7	PHYSICAL THERAPY	152,307					152,307	73,192
8	OCCUPATIONAL THERAPY	42,785					42,785	20,560
9	SPEECH PATHOLOGY							
10	MEDICAL SOCIAL SERVICES							
11	HOME HEALTH AIDE	23,546					23,546	11,315
12	SUPPLIES							
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)	670,501					670,501	

		TOTAL
		6
	GENERAL SERVICE COST CENTERS	
1	CAP-REL COST-BLDG & FIX	
2	CAP-REL COST-MOV EQUIP	
3	PLANT OPER & MAINT	
4	TRANSPORTATION	
5	ADMINISTRATIVE & GENERAL	
	HHA REIMBURSABLE SERVICES	
6	SKILLED NURSING CARE	346,796
7	PHYSICAL THERAPY	225,499
8	OCCUPATIONAL THERAPY	63,345
9	SPEECH PATHOLOGY	
10	MEDICAL SOCIAL SERVICES	
11	HOME HEALTH AIDE	34,861
12	SUPPLIES	
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)	670,501

HHA 1

		CAP-REL COST-BLDG & FIX (SQUARE FEET) 1	CAP-REL COST-MOV EQUIP (DOLLAR VALUE) 2	PLANT OPER & MAINT (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4	RECONCILIATION 5A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 5
	GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL					-217,629	452,872
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE						234,234
7	PHYSICAL THERAPY						152,307
8	OCCUPATIONAL THERAPY						42,785
9	SPEECH PATHOLOGY						
10	MEDICAL SOCIAL SERVICES						
11	HOME HEALTH AIDE						23,546
12	SUPPLIES						
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)					-217,629	452,872
25	COST TO BE ALLOCATED						217,629
26	UNIT COST MULIPLIER						.480553

HHA 1

	HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1	ADMIN & GENERAL				191,138	191,138	51,796
2	SKILLED NURSING CARE	346,796				346,796	93,977
3	PHYSICAL THERAPY	225,499				225,499	61,107
4	OCCUPATIONAL THERAPY	63,345				63,345	17,166
5	SPEECH PATHOLOGY						
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE	34,861				34,861	9,447
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)	670,501			191,138	861,639	233,493
21	UNIT COST MULIPLIER						

(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	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1	ADMIN & GENERAL			7,914			
2	SKILLED NURSING CARE						
3	PHYSICAL THERAPY						
4	OCCUPATIONAL THERAPY						
5	SPEECH PATHOLOGY						
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE						
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)			7,914			
21	UNIT COST MULIPLIER						

(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.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

PROVIDER NO: 15-0030 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011 | WORKSHEET H-5 PART I

HHA NO: 15-7430

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPL 15	PHARMACY 16	MEDICAL RECORDS & LIBRAR 17	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL	1,757		10,636	263,241		263,241
2 SKILLED NURSING CARE				440,773		440,773
3 PHYSICAL THERAPY				286,606		286,606
4 OCCUPATIONAL THERAPY				80,511		80,511
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE				44,308		44,308
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,757		10,636	1,115,439		1,115,439
21 UNIT COST MULIPLIER						

(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	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	136,152	576,925
3 PHYSICAL THERAPY	88,532	375,138
4 OCCUPATIONAL THERAPY	24,870	105,381
5 SPEECH PATHOLOGY		
6 MEDICAL SOCIAL SERVICES		
7 HOME HEALTH AIDE	13,687	57,995
8 SUPPLIES		
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19) (2)	263,241	1,115,439
21 UNIT COST MULIPLIER	0.308897	

(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 FOR HENRY COUNTY MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

PROVIDER NO: 15-0030 HHA NO: 15-7430

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

PREPARED 5/26/2011 WORKSHEET H-5 PART II

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (SQUARE FEET) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6	OPERATION OF PLANT (SQUARE FEET) 8
1 ADMIN & GENERAL			537,326		191,138	
2 SKILLED NURSING CARE					346,796	
3 PHYSICAL THERAPY					225,499	
4 OCCUPATIONAL THERAPY					63,345	
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE					34,861	
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)			537,326		861,639	
21 COST TO BE ALLOCATED			191,138		233,493	
22 UNIT COST MULIPLIER			0.355721		0.270987	

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10	DIETARY (PATIENT DAYS) 11	CAFETERIA (FTE'S) 12	NURSING ADMINISTRATION (DIRECT NRSING HRS) 14	CENTRAL SERVICES & SUPPLR (COSTED EQUIS.) 15
1 ADMIN & GENERAL		36				7,323
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)		36				7,323
21 COST TO BE ALLOCATED		7,914				1,757
22 UNIT COST MULIPLIER		219.833333				0.239929

ALLOCATION OF GENERAL SERVICE
COSTS TO HHA COST CENTERS
STATISTICAL BASIS

PROVIDER NO: 15-0030
HHA NO: 15-7430
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET H-5
PART II

HHA 1

	HHA COST CENTER	PHARMACY (COSTED EQUIS. 16)	MEDICAL RECORDS & LIBRARY (TIME SPENT 17)
1	ADMIN & GENERAL		20
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)		20
21	COST TO BE ALLOCATED		10,636
22	UNIT COST MULIPLIER		531.800000

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

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

	COST PER VISIT COMPUTATION PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
			1	2	3	4	5	6
1	SKILLED NURSING	2	576,925		576,925	2,232	258.48	763
2	PHYSICAL THERAPY	3	375,138		375,138	2,209	169.82	1,084
3	OCCUPATIONAL THERAPY	4	105,381		105,381	657	160.40	321
4	SPEECH PATHOLOGY	5						
5	MEDICAL SOCIAL SERVICES	6						
6	HOME HEALTH AIDE SERVICE	7	57,995		57,995	1,358	42.71	266
7	TOTAL		1,115,439		1,115,439	6,456		2,434

		PROGRAM VISITS PART B NOT SUBJECT TO DEDUCT & COINSUR	PROGRAM VISITS PART B SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART A	COST OF SERVICES PART B NOT SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART B SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	9	10	11	12
1	SKILLED NURSING	476		197,220	123,036		320,256
2	PHYSICAL THERAPY	574		184,085	97,477		281,562
3	OCCUPATIONAL THERAPY	233		51,488	37,373		88,861
4	SPEECH PATHOLOGY						
5	MEDICAL SOCIAL SERVICES						
6	HOME HEALTH AIDE SERVICES	516		11,361	22,038		33,399
7	TOTAL	1,799		444,154	279,924		724,078

	LIMITATION COST COMPUTATION PATIENT SERVICES					PROGRAM COST LIMITS	PROGRAM VISITS PART A
		1	2	3	4	5	6
8	SKILLED NURSING						
9	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICE						
14	TOTAL						

		PROGRAM VISITS PART B NOT SUBJECT TO DEDUCT & COINSUR	PROGRAM VISITS PART B SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART A	COST OF SERVICES PART B NOT SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART B SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	9	10	11	12
8	SKILLED NURSING						
9	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICE						
14	TOTAL						

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

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

	SUPPLIES AND EQUIPMENT COST COMPUTATION / OTHER PATIENT SERVICES	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				3,209		1,823
16	COST OF DRUGS	9.00				1,080		
16.20	COST OF DRUGS	9.20						

		PROGRAM COVERED CHARGES PART B NOT SUBJECT TO DEDUCT & COINSUR 7	PROGRAM COVERED CHARGES PART B SUBJECT TO DEDUCT & COINSUR 8	COST OF SERVICES PART A 9	COST OF SERVICES PART B NOT SUBJECT TO DEDUCT & COINSUR 10	COST OF SERVICES PART B SUBJECT TO DEDUCT & COINSUR 11
15	COST OF MEDICAL SUPPLIES	1,386				
16	COST OF DRUGS	1,080				
16.20	COST OF DRUGS					

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

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

		FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1	PHYSICAL THERAPY	50	.832680			COL 2, LN 2
2	OCCUPATIONAL THERAPY	51				COL 2, LN 3
3	SPEECH PATHOLOGY	52	1.386407			COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55	.109563			COL 2, LN 15
4.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.478446			
5	DRUGS CHARGED TO PATIENTS	56	.152365			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUATION

		FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE: PROGRAM VISITS PRIOR 1/1/1998 2.01	PROGRAM VISITS 1/1/1998 TO 12/31/1998 3	PROGRAM COSTS PRIOR 1/1/1998 3.01	PROGRAM COSTS 1/1/1998 TO 12/31/1998 4	PROG VISITS ON OR AFTER 1/1/1999 5
1	PHYSICAL THERAPY	2	169.82					
2	OCCUPATIONAL THERAPY	3	160.40					
3	SPEECH PATHOLOGY	4						
4	TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-0030	FROM 1/ 1/2010	WORKSHEET H-7
HHA NO:	TO 12/31/2010	PARTS I & II
15-7430		

TITLE XVIII HHA 1

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

		PART A 1	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1	REASONABLE COST OF SERVICES			
2	TOTAL CHARGES			
	CUSTOMARY CHARGES			
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
4	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)			
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
6	TOTAL CUSTOMARY CHARGES			
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
9	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	462,527	291,099
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	10,475	6,025
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	2,726	698
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		
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	475,728	297,822
13	EXCESS REASONABLE COST		
14	SUBTOTAL	475,728	297,822
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	475,728	297,822
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	475,728	297,822
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	475,728	297,822
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	475,728	297,822
25	INTERIM PAYMENTS	475,728	297,821
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		1
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

PROVIDER NO: 15-0030	PERIOD:	PREPARED 5/26/2011	
HHA NO: 15-7430	FROM 1/ 1/2010 TO 12/31/2010	WORKSHEET H-8	

TITLE XVIII HHA 1

	DESCRIPTION			PART A MM/DD/YYYY 1	PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				475,728		297,821
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.				NONE		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)						
		ADJUSTMENTS TO PROVIDER	.01				
		ADJUSTMENTS TO PROVIDER	.02				
		ADJUSTMENTS TO PROVIDER	.03				
		ADJUSTMENTS TO PROVIDER	.04				
		ADJUSTMENTS TO PROVIDER	.05				
		ADJUSTMENTS TO PROVIDER	.49				
		ADJUSTMENTS TO PROGRAM	.50				
		ADJUSTMENTS TO PROGRAM	.51				
		ADJUSTMENTS TO PROGRAM	.52				
		ADJUSTMENTS TO PROGRAM	.53				
		ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL		.99		NONE		NONE
4	TOTAL INTERIM PAYMENTS				475,728		297,821
	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)	SETTLEMENT TO PROVIDER	.01				1
		SETTLEMENT TO PROGRAM	.02				
7	TOTAL MEDICARE PROGRAM LIABILITY				475,728		297,822

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.

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 15-0030
HOSPICE NO: 15-1564
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET K

HOSPICE 1

		SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
	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	71,847			
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES	29,815			
10	NURSING CARE	167,149			
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES	19,441			
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	12,988			
	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				
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	301,240			

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 15-0030
HOSPICE NO: 15-1564

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

PREPARED 5/26/2011
WORKSHEET K

HOSPICE 1

		OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
	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	283,863	355,710	-23,155	332,555
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES		29,815		29,815
10	NURSING CARE		167,149		167,149
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES		19,441		19,441
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE		12,988		12,988
	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				
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	283,863	585,103	-23,155	561,948

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 15-0030
HOSPICE NO: 15-1564

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

PREPARED 5/26/2011
WORKSHEET K

HOSPICE 1

		ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
	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		332,555
	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		
8	INPATIENT - RESPITE CARE		
	VISITING SERVICES		
9	PHYSICIAN SERVICES		29,815
10	NURSING CARE		167,149
10.20	NURSING CARE-CONTINUOUS HOME CARE		
11	PHYSICAL THERAPY		
12	OCCUPATIONAL THERAPY		
13	SPEECH/LANGUAGE PATHOLOGY		
14	MEDICAL SOCIAL SERVICES		19,441
15	SPIRITUAL COUNSELING		
16	DIETARY COUNSELING		
17	COUNSELING - OTHER		
18	HOME HEALTH AIDE AND HOMEMAKER		
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE		12,988
	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		
30	BEREAVEMENT PROGRAM COSTS		
31	VOLUNTEER PROGRAM COSTS		
32	FUNDRAISING		
33	OTHER PROGRAM COSTS		
34	TOTAL (SUM OF LINES 1 THRU 33)		561,948

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 15-0030
HOSPICE NO: 15-1564
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET K-1

HOSPICE 1

		ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
	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	71,847			
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
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			19,441	
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				
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	71,847		19,441	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 15-0030
HOSPICE NO: 15-1564

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

PREPARED 5/26/2011
WORKSHEET K-1

HOSPICE 1

		NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
	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				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				29,815
10	NURSING CARE	167,149			
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			12,988	
	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				
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	167,149		12,988	29,815

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 15-0030
HOSPICE NO: 15-1564
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET K-1

HOSPICE 1

		TOTAL (1) 9
	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	71,847
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	29,815
10	NURSING CARE	167,149
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	19,441
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	12,988
	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	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	301,240

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO: 15-0030
HOSPICE NO: 15-1564
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET K-4
PART 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				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL	332,555			
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES	29,815			
10	NURSING CARE	167,149			
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES	19,441			
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	12,988			
	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				
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	561,948			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO: 15-0030
HOSPICE NO: 15-1564
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET K-4
PART I

HOSPICE 1

		TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINITRATIVE & GENERAL
		4	5	5A	6
	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			332,555	332,555
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES			29,815	43,223
10	NURSING CARE			167,149	242,319
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES			19,441	28,184
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE			12,988	18,829
	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				
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)			229,393	332,555

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO: 15-0030
HOSPICE NO: 15-1564
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET K-4
PART 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	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	73,038
10	NURSING CARE	409,468
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	47,625
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	31,817
	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	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	561,948

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO: 15-0030
HOSPICE NO: 15-1564
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET K-4
PART II

HOSPICE 1

		CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
	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				
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				
30					
31					
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)				
35	UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO: 15-0030
HOSPICE NO: 15-1564

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

PREPARED 5/26/2011
WORKSHEET K-4
PART II

HOSPICE 1

		VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
	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		-332,555	229,393
	INPATIENT CARE SERVICE			
7	INPATIENT - GENERAL CARE			
8	INPATIENT - RESPITE CARE			
	VISITING SERVICES			
9	PHYSICIAN SERVICES			29,815
10	NURSING CARE			167,149
10.20	NURSING CARE-CONTINUOUS HOME CARE			
11	PHYSICAL THERAPY			
12	OCCUPATIONAL THERAPY			
13	SPEECH/LANGUAGE PATHOLOGY			
14	MEDICAL SOCIAL SERVICES			19,441
15	SPIRITUAL COUNSELING			
16	DIETARY COUNSELING			
17	COUNSELING - OTHER			
18	HOME HEALTH AIDE AND HOMEMAKER			
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE			12,988
	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			
30				
31				
32	FUNDRAISING			
33	OTHER PROGRAM COSTS			
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)			332,555
35	UNIT COST MULTIPLIER	.000000		1.449717

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0030 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011 | WORKSHEET K-5 PART I

HOSPICE NO: 15-1564

HOSPICE 1

	HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
			0	3	4	5
1.00	ADMINISTRATIVE AND GENERAL	6				107,157
2.00	INPATIENT - GENERAL CARE	7				
3.00	INPATIENT - RESPITE CARE	8				
4.00	PHYSICIAN SERVICES	9	73,038			
5.00	NURSING CARE	10	409,468			
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	47,625			
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	31,817			
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				
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)		561,948			107,157
30.00	UNIT COST MULIPLIER					

	HOSPICE COST CENTER	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
		5A	6	8	9
1.00	ADMINISTRATIVE AND GENERAL	107,157	29,038		
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES	73,038	19,792		
5.00	NURSING CARE	409,468	110,961		
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	47,625	12,906		
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	31,817	8,622		
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)	669,105	181,319		
30.00	UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0030 | HOSPICE NO: 15-1564 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011 | WORKSHEET K-5 | PART I

HOSPICE 1

	HOSPICE COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		10	11	12	14
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) (2)				
30.00	UNIT COST MULIPLIER				

	HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
		15	16	17	25
1.00	ADMINISTRATIVE AND GENERAL	1,844			138,039
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				92,830
5.00	NURSING CARE				520,429
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				60,531
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				40,439
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)	1,844			852,268
30.00	UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0030 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011
HOSPICE NO: 15-1564 | WORKSHEET K-5 PART I

HOSPICE 1

	HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
		26	27	28	29
1.00	ADMINISTRATIVE AND GENERAL		138,039		
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES		92,830	17,941	110,771
5.00	NURSING CARE		520,429	100,583	621,012
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		60,531	11,699	72,230
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		40,439	7,816	48,255
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)		852,268		852,268
30.00	UNIT COST MULIPLIER			.193270	

(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

PROVIDER NO: 15-0030 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011 | WORKSHEET K-5 | PART II

HOSPICE NO: 15-1564

HOSPICE 1

	HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A
1.00	ADMINISTRATIVE AND GENERAL			301,240	
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)			301,240	
30.00	TOTAL COST TO BE ALLOCATED			107,157	
31.00	UNIT COST MULIPLIER	.000000	.000000	.355720	

	HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10
1.00	ADMINISTRATIVE AND GENERAL	107,157			
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES	73,038			
5.00	NURSING CARE	409,468			
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	47,625			
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	31,817			
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 - STATISTICAL BASIS

PROVIDER NO: 15-0030
HOSPICE NO: 15-1564
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET K-5
PART II

HOSPICE 1

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6	8	9	10
29.00 TOTAL (SUM OF LINE 1 THRU 28)	669,105			
30.00 TOTAL COST TO BE ALLOCATED	181,319			
31.00 UNIT COST MULIPLIER	.270987	.000000	.000000	.000000

HOSPICE COST CENTER	DIETARY (PATIENT DAYS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)
	11	12	14	15
1.00 ADMINISTRATIVE AND GENERAL				7,685
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)				7,685
30.00 TOTAL COST TO BE ALLOCATED				1,844
31.00 UNIT COST MULIPLIER	.000000	.000000	.000000	.239948

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

PROVIDER NO: 15-0030
HOSPICE NO: 15-1564
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET K-5
PART II

HOSPICE 1

HOSPICE COST CENTER	PHARMACY (COSTED REQUIS.) 16	MEDICAL RECORDS & LIBRARY (TIME SPENT) 17
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 MULIPLIER	.000000	.000000

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

PROVIDER NO: 15-0030
HOSPICE NO: 15-1564
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET K-5
PART III

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	.832680		
2	OCCUPATIONAL THERAPY	51			
3	SPEECH PATHOLOGY	52	1.386407		
4	DRUGS CHARGED TO PATIENTS	56	.152365		
5	DURABLE MEDICAL EQUIP-SOLD	67			
6	LABORATORY	44	.302417		
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.109563		
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.478446		
8	EMERGENCY	61	.564944		
9	RADIOLOGY-DIAGNOSTIC	41	.264570		
9.01	CAT SCAN	41.01	.050540		
10	MAGNETIC RESONANCE IMAGING (MRI)	59	.160664		
10.97	CARDIAC REHABILITATION	59.97	.831443		
11	TOTAL (SUM OF LINES 1-10)				

CALCULATION OF PER DIEM COST

I PROVIDER NO: 15-0030 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET K-6

I HOSPICE NO: 15-1564

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 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				852,268
2	TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				3,827
3	AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				222.70
4	UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	3,562			
5	AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	793,257			
6	UNDUPLICATED MEDICAID DAYS		112		
7	AGGREGATE MEDICAID COST		24,942		
8	UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	22			
9	AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	4,899			
10	UNDUPLICATED NF DAYS				
11	AGGREGATE NF COST				
12	OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			153	
13	AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			34,073	

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

PROVIDER NO: 15-0030	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/26/2011
COMPONENT NO: 15-0030		WORKSHEET L PARTS I-IV

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	768,861
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	24,925
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD	31.96
4 .01	NUMBER OF INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	.00
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	.00
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON S-3, PART I	.00
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	793,786

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 CIRCUMSTANCES	.00
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 MINUMUM 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)	