

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0006		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/25/2011 TIME 17:56

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
 LAPORTE HOSPITAL 15-0006

FOR THE COST REPORTING PERIOD BEGINNING 1/1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	1,526,087	48,632	0	
2	SUBPROVIDER	0	-527	-29	0	
5	HOSPITAL-BASED SNF	0	0	-265	0	
100	TOTAL	0	1,525,560	48,338	0	

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 15-0006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: STATE & MADISON STREETS P.O. BOX: 250  
 1.01 CITY: LAPORTE STATE: IN ZIP CODE: 46350 COUNTY: LAPORTE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00 HOSPITAL	LAPORTE HOSPITAL	15-0006	2.01	3	4	5	6
03.00 SUBPROVIDER	LAPORTE REHAB UNIT	15-T006		7/1/1966	N	P	P
06.00 HOSPITAL-BASED SNF	LAPORTE SKILLED NURSING FACILITY	15-5297		1/1/1987	N	P	N
				6/1/1987	N	P	N

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

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER 5

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 43780
- 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 1, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 1 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). / /



MI SCELLANEOUS COST REPORT INFORMATION

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

- 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N V XVIII XIX
- 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
- 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
- 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? 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? Y
- 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 15-1, 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: CLARIAN HEALTH PARTNERS, INC FI/CONTRACTOR NAME NGS FI/CONTRACTOR # 0130  
 40.02 STREET: 340 W. 10TH STREET P.O. BOX:  
 40.03 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46202-

- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, 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? N
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? N
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD? N
- 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). N

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
49.00 SNF	N	N			

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATA

PROVIDER NO: 15-0006  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET S-2

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

MULTI CAMPUS

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.

LINE	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.

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0006      PERIOD: FROM 1/1/2010 TO 12/31/2010      PREPARED 5/25/2011  
WORKSHEET S-3 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	124	45,260					1,440
2 HMO					10,226		2,435
2 01 HMO - (IRF PPS SUBPROVIDER)					522		
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	124	45,260			10,226		1,440
6 INTENSIVE CARE UNIT	20	7,300			2,611		616
11 NURSERY							604
12 TOTAL	144	52,560			12,837		2,660
13 RPCH VISITS							
14 SUBPROVIDER	9	3,285			1,114		66
15 SKILLED NURSING FACILITY	36	13,140			4,766		
16 NURSING FACILITY	19	6,935					
25 TOTAL	208						
26 OBSERVATION BED DAYS							693
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							115

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	----- OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			18,628				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			18,628				
6 INTENSIVE CARE UNIT			4,720				
11 NURSERY			1,576				
12 TOTAL			24,924				
13 RPCH VISITS							
14 SUBPROVIDER			1,606				
15 SKILLED NURSING FACILITY			7,737				
16 NURSING FACILITY			5,850				
25 TOTAL							
26 OBSERVATION BED DAYS			3,211				
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			163				

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,632	1,123	5,604
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		1,084.00			2,632	1,123	5,604
13 RPCH VISITS							
14 SUBPROVIDER		7.50			89	13	141
15 SKILLED NURSING FACILITY		33.30					
16 NURSING FACILITY		14.20					
25 TOTAL		1,139.00					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	59,114,715		59,114,715	2,369,177.00	24.95	
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	1,430,927		1,430,927	69,203.00	20.68	
8.01 EXCLUDED AREA SALARIES	4,943,842	402,029	5,345,871	228,559.00	23.39	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	3,064,846		3,064,846	78,921.56	38.83	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	13,668,651		13,668,651			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,649,891		1,649,891			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-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	898,052		898,052	33,137.00	27.10	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	10,203,853	-836,435	9,367,418	363,947.00	25.74	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,099,931	434,406	1,534,337	73,469.00	20.88	
25 LAUNDRY & LINEN SERVICE	276,911		276,911	24,266.05	11.41	
26 HOUSEKEEPING	1,085,909		1,085,909	86,824.00	12.51	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,491,304	-976,238	515,066	36,871.00	13.97	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		976,238	976,238	69,884.00	13.97	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	807,909		807,909	21,812.00	37.04	
31 CENTRAL SERVICE AND SUPPLY	292,818		292,818	19,658.00	14.90	
32 PHARMACY	1,869,664		1,869,664	59,030.00	31.67	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,023,365		1,023,365	67,231.00	15.22	
34 SOCIAL SERVICE	749,065		749,065	25,885.00	28.94	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	59,114,715		59,114,715	2,369,177.00	24.95	
2 EXCLUDED AREA SALARIES	6,374,769	402,029	6,776,798	297,762.00	22.76	
3 SUBTOTAL SALARIES	52,739,946	-402,029	52,337,917	2,071,415.00	25.27	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	3,064,846		3,064,846	78,921.56	38.83	
5 SUBTOTAL WAGE-RELATED COSTS	13,668,651		13,668,651		26.12	
6 TOTAL	69,473,443	-402,029	69,071,414	2,150,336.56	32.12	
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	19,798,781	-402,029	19,396,752	882,014.05	21.99	

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 15-0006  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC		2				
5	RVB		8				
6	RVA						
6.01	RVX						
6.02	RVL						
7	RHC		490				
8	RHB		154				
9	RHA		87				
9.01	RHX						
9.02	RHL						
10	RMC		277				
11	RMB		295				
12	RMA		264				
12.01	RMX		1,495				
12.02	RML		834				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		28				
16	SE2		240				
17	SE1		29				
18	SSC						
19	SSB		21				
20	SSA		134				
21	CC2						
22	CC1		53				
23	CB2						
24	CB1		18				
25	CA2		33				
26	CA1		71				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1		10				
39	PC2						
40	PC1		38				
41	PB2						
42	PB1						
43	PA2						
44	PA1		24				
45	AAA						
45.01	ES3						
45.02	ES2						
45.03	ES1						
45.04	HE2		5				
45.05	HE1		26				
45.06	HD2						
45.07	HD1		36				
45.08	HC2		8				
45.09	HC1		18				
45.10	HB2						
45.11	HB1		9				
45.12	LE2						
45.13	LE1						
45.14	LD2		6				
45.15	LD1						
45.16	LC2						
45.17	LC1		11				
45.18	LB2						
45.19	LB1						
45.20	CE2						
45.21	CE1		17				
45.22	CD2						
45.23	CD1		25				
46	TOTAL		4,766				

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

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 15-0006  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET S-7

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

Worksheet S-2 reference data:

Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9690  
 Wage Index Factor (after 10/01): 0.9948  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : NOT SPECIFIED  
 SNF CBSA Code : NOT SPECIFIED

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs DAYS	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3.01	RUX			
3.02	RUL			
4	RVC			
5	RVB			
6	RVA			
6.01	RVX			
6.02	RVL			
7	RHC			
8	RHB			
9	RHA			
9.01	RHX			
9.02	RHL			
10	RMC			
11	RMB			
12	RMA			
12.01	RMX			
12.02	RML			
13	RLB			
14	RLA			
14.01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45.01	ES3			
45.02	ES2			
45.03	ES1			
45.04	HE2			
45.05	HE1			
45.06	HD2			
45.07	HD1			
45.08	HC2			
45.09	HC1			
45.10	HB2			
45.11	HB1			
45.12	LE2			
45.13	LE1			
45.14	LD2			
45.15	LD1			
45.16	LC2			
45.17	LC1			
45.18	LB2			

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED	5/25/2011
15-0006	FROM 1/ 1/2010	WORKSHEET	S-7
	TO 12/31/2010		

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs DAYS	SWING BED SNF DAYS	TOTAL
	1	2	4.05	4.06	5
45 .19	LB1				
45 .20	CE2				
45 .21	CE1				
45 .22	CD2				
45 .23	CD1				
46	TOTAL				

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

(4) Additional RUGs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9690  
 Wage Index Factor (after 10/01) : 0.9948  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : NOT SPECIFIED  
 SNF CBSA Code : NOT SPECIFIED

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/1/2010	5/25/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	10,453,380
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	10,453,380
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)	.283261
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	61,720,347

HOSPITAL UNCOMPENSATED CARE DATA

	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
PROVIDER NO:	PERIOD:   PREPARED 5/25/2011
15-0006	FROM 1/ 1/2010   WORKSHEET S-10
	TO 12/31/2010

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	17,482,967
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	10,253,485
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,904,412
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	17,482,967

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 15-0006 I FROM 1/ 1/2010 I WORKSHEET A  
 I I TO 12/31/2010 I

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				7,282,935	7,282,935
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				9,329,951	9,329,951
5	0500 EMPLOYEE BENEFITS	898,052	12,886,570	13,784,622	4,310,816	18,095,438
6.01	0610 NONPATIENT TELEPHONES	240,191	58,771	298,962	-23,632	275,330
6.03	0631 PURCHASING, RECEIVING AND STORES	503,856	132,266	636,122	-223,387	412,735
6.04	0651 CASHIERING/ACCOUNTS RECEIVABLE	1,588,565	2,748,138	4,336,703	-149,317	4,187,386
6.06	0661 OTHER ADMINISTRATIVE AND GENERAL	7,871,241	27,505,800	35,377,041	-6,583,187	28,793,854
8	0800 OPERATION OF PLANT	1,099,931	7,179,360	8,279,291	-3,414,048	4,865,243
9	0900 LAUNDRY & LINEN SERVICE	276,911	211,927	488,838	-41,452	447,386
10	1000 HOUSEKEEPING	1,085,909	278,166	1,364,075	-101,720	1,262,355
11	1100 DIETARY	1,491,304	1,419,647	2,910,951	-1,963,716	947,235
12	1200 CAFETERIA				1,795,355	1,795,355
14	1400 NURSING ADMINISTRATION	807,909	305,030	1,112,939	-88,094	1,024,845
15	1500 CENTRAL SERVICES & SUPPLY	292,818	1,439,809	1,732,627	379,177	2,111,804
16	1600 PHARMACY	1,869,664	5,727,941	7,597,605	-5,349,483	2,248,122
17	1700 MEDICAL RECORDS & LIBRARY	1,023,365	301,957	1,325,322	-123,126	1,202,196
18	1800 SOCIAL SERVICE	749,065	129,584	878,649	-64,805	813,844
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	6,916,315	1,465,103	8,381,418	-229,759	8,151,659
26	2600 INTENSIVE CARE UNIT	3,144,308	1,208,975	4,353,283	-538,605	3,814,678
31	3100 SUBPROVIDER	395,864	80,779	476,643	-34,710	441,933
33	3300 NURSERY				448,348	448,348
34	3400 SKILLED NURSING FACILITY	1,430,927	407,205	1,838,132	-198,120	1,640,012
35	3500 NURSING FACILITY	503,646	106,852	610,498	-96,771	513,727
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,226,135	11,587,641	15,813,776	-3,638,210	12,175,566
39	3900 DELIVERY ROOM & LABOR ROOM	1,739,632	313,084	2,052,716	-1,389,861	662,855
41	4100 RADIOLOGY-DIAGNOSTIC	2,993,844	5,268,579	8,262,423	-3,483,322	4,779,101
41.01	4101 NUCLEAR MEDICINE	275,798	1,012,171	1,287,969	-128,638	1,159,331
41.02	4102 ULTRASOUND	373,324	101,475	474,799	-85,958	388,841
41.03	4103 RADIATION THERAPY	418,204	516,164	934,368	-203,422	730,946
44	4400 LABORATORY	2,241,055	3,463,734	5,704,789	-450,256	5,254,533
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	53,926	896,949	950,875	-11,674	939,201
49	4900 RESPIRATORY THERAPY	1,000,638	343,794	1,344,432	-322,258	1,022,174
50	5000 PHYSICAL THERAPY				3,331,891	3,331,891
53	5300 ELECTROCARDIOLOGY	1,990,325	3,581,447	5,571,772	-1,130,733	4,441,039
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				3,748,315	3,748,315
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				489,453	489,453
56	5600 DRUGS CHARGED TO PATIENTS				5,141,906	5,141,906
59	3950 OTHER ANCILLARY SERVICE COST CENTERS	3,193,145	759,006	3,952,151	-3,952,151	
59.01	3020 CATH LAB	791,372	2,746,431	3,537,803	-732,569	2,805,234
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	414,495	362,094	776,589	-154,791	621,798
60.01	6001 DENTAL CLINIC	264,888	283,511	548,399	-90,068	458,331
60.02	4950 OTHER OUTPATIENT SERVICE COST CENTER					
60.03	6003 DIABETIC TRAINING	429,509	122,983	552,492	-38,861	513,631
60.04	6004 INFUSION CENTER	188,805	40,475	229,280	-39,982	189,298
61	6100 EMERGENCY	2,285,447	1,731,177	4,016,624	-684,753	3,331,871
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	55,070,383	96,724,595	151,794,978	496,708	152,291,686
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,845	466	4,311	-466	3,845
96.03	9603 PHYSICIAN RECRUITMENT	97,670	502,500	600,170	-9,633	590,537
96.04	9604 MARKETING / PUBLIC RELATIONS				823,902	823,902
96.05	9605 SPORTS MEDICINE					
96.06	9606 OTHER NON REIMB	234,328	2,666,312	2,900,640	-114,079	2,786,561
97	9700 RESEARCH	105,786	8,770	114,556	-8,170	106,386
99	9900 NONPAID WORKERS					
99.01	9901 FREESTANDING VNA & HOSPICE	3,170,169	2,213,185	5,383,354	-640,809	4,742,545
99.02	9902 WELLNESS CENTER	338,573	176,182	514,755	-47,897	466,858
99.03	9903 RENTAL PROPERTIES	93,961	1,091,447	1,185,408	-499,556	685,852
99.04	9904 STARKE HOSPITAL					
101	TOTAL	59,114,715	103,383,457	162,498,172	-0-	162,498,172

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
I 15-0006 I FROM 1/ 1/2010 I WORKSHEET A  
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-3,108,839	4,174,096
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	1,621,325	10,951,276
5	0500 EMPLOYEE BENEFITS	87,111	18,182,549
6.01	0610 NONPATIENT TELEPHONES	9,805	285,135
6.03	0631 PURCHASING, RECEIVING AND STORES	1,226	413,961
6.04	0651 CASHIERING/ACCOUNTS RECEIVABLE		4,187,386
6.06	0661 OTHER ADMINISTRATIVE AND GENERAL	-7,671,043	21,122,811
8	0800 OPERATION OF PLANT	903,278	5,768,521
9	0900 LAUNDRY & LINEN SERVICE	-42,691	404,695
10	1000 HOUSEKEEPING	84,608	1,346,963
11	1100 DIETARY	-350,663	596,572
12	1200 CAFETERIA	-648,346	1,147,009
14	1400 NURSING ADMINISTRATION	-103,899	920,946
15	1500 CENTRAL SERVICES & SUPPLY	-27,001	2,084,803
16	1600 PHARMACY	-543,526	1,704,596
17	1700 MEDICAL RECORDS & LIBRARY	-61,847	1,140,349
18	1800 SOCIAL SERVICE	-2,814	811,030
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-283,992	7,867,667
26	2600 INTENSIVE CARE UNIT	-5,288	3,809,390
31	3100 SUBPROVIDER	-41,125	400,808
33	3300 NURSERY		448,348
34	3400 SKILLED NURSING FACILITY	-12,597	1,627,415
35	3500 NURSING FACILITY	-1,700	512,027
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-2,318,707	9,856,859
39	3900 DELIVERY ROOM & LABOR ROOM	-5,141	657,714
41	4100 RADIOLOGY-DIAGNOSTIC	-261,974	4,517,127
41.01	4101 NUCLEAR MEDICINE		1,159,331
41.02	4102 ULTRASOUND		388,841
41.03	4103 RADIATION THERAPY	-162,222	568,724
44	4400 LABORATORY	-908,008	4,346,525
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		939,201
49	4900 RESPIRATORY THERAPY		1,022,174
50	5000 PHYSICAL THERAPY	-78,773	3,253,118
53	5300 ELECTROCARDIOLOGY	-518,555	3,922,484
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,748,315
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		489,453
56	5600 DRUGS CHARGED TO PATIENTS		5,141,906
59	3950 OTHER ANCILLARY SERVICE COST CENTERS		
59.01	3020 CATH LAB	-18,076	2,787,158
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-143,436	478,362
60.01	6001 DENTAL CLINIC	-164,283	294,048
60.02	4950 OTHER OUTPATIENT SERVICE COST CENTER		
60.03	6003 DIABETIC TRAINING	-52,983	460,648
60.04	6004 INFUSION CENTER		189,298
61	6100 EMERGENCY	-962,993	2,368,878
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-15,793,169	136,498,517
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		3,845
96.03	9603 PHYSICIAN RECRUITMENT		590,537
96.04	9604 MARKETING / PUBLIC RELATIONS		823,902
96.05	9605 SPORTS MEDICINE		
96.06	9606 OTHER NON REIMB		2,786,561
97	9700 RESEARCH		106,386
99	9900 NONPAID WORKERS		
99.01	9901 FREESTANDING VNA & HOSPICE		4,742,545
99.02	9902 WELLNESS CENTER		466,858
99.03	9903 RENTAL PROPERTIES		685,852
99.04	9904 STARKE HOSPITAL	16,509,103	16,509,103
101	TOTAL	715,934	163,214,106

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 15-0006 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET  
 I I TO 12/31/2010 I

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.03	PURCHASING, RECEIVING AND STORES	0631	PURCHASING, RECEIVING AND STORES
6.04	CASHIERING/ACCOUNTS RECEIVABLE	0651	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0661	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	NUCLEAR MEDICINE	4101	RADIOLOGY-DIAGNOSTIC
41.02	ULTRASOUND	4102	RADIOLOGY-DIAGNOSTIC
41.03	RADIATION THERAPY	4103	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
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	OTHER ANCILLARY SERVICE COST CENTERS	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	CATH LAB	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	DENTAL CLINIC	6001	CLINIC
60.02	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
60.03	DIABETIC TRAINING	6003	CLINIC
60.04	INFUSION CENTER	6004	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.03	PHYSICIAN RECRUITMENT	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	MARKETING / PUBLIC RELATIONS	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	SPORTS MEDICINE	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	OTHER NON REIMB	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
99	NONPAID WORKERS	9900	
99.01	FREESTANDING VNA & HOSPICE	9901	NONPAID WORKERS
99.02	WELLNESS CENTER	9902	NONPAID WORKERS
99.03	RENTAL PROPERTIES	9903	NONPAID WORKERS
99.04	STARKE HOSPITAL	9904	NONPAID WORKERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 150006	PERIOD: FROM 1/1/2010 TO 12/31/2010	PREPARED 5/25/2011 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 MARKETING/PUBLIC RELATIONS	A	MARKETING / PUBLIC RELATIONS	96.04	402,029	457,110
2 LEASE/RENTAL	B	NEW CAP REL COSTS-MVBLE EQUIP	4		1,284,076
3		NEW CAP REL COSTS-BLDG & FIXT	3		626,685
4					
5					
6					
7					
8					
9					
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22					
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24					
25					
26 INTEREST EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3		1,955,322
27 SECURITY COSTS	D	OPERATION OF PLANT	8	434,406	60,969
28 DEPRECIATON RECLASS	E	NEW CAP REL COSTS-BLDG & FIXT	3		4,700,928
29		NEW CAP REL COSTS-MVBLE EQUIP	4		8,045,875
30					
31					
32					
33					
34					
35					

1 DEPRECIATON RECLASS	E				
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RECLASSIFICATIONS

PROVIDER NO: 150006	PERIOD: FROM 1/1/2010 TO 12/31/2010	PREPARED 5/25/2011 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DEPRECIATON RECLASS	E				
2 DRUGS	F		56		5,141,906
3					
4					
5					
6					
7					
8					
9					
10 SUPPLIES	G		15		1,517,815
11			55		3,748,315
12			55.30		489,453
13					
14					
15					
16					
17					
18					
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35					

1 SUPPLIES	G				
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3					
4					
5					
6					
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8					
9					
10					
11					
12					
13					
14					
15					
16 LABOR & DELIVERY ROOM	H	ADULTS & PEDIATRICS	25	656,784	17,199
17		NURSERY	33	436,907	11,441
18 MEALS	I	CAFETERIA	12	976,238	819,117
19 FRINGE BENEFITS	J	EMPLOYEE BENEFITS	5		4,374,146
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35					

RECLASSIFICATIONS

PROVIDER NO: 150006	PERIOD: FROM 1/1/2010 TO 12/31/2010	PREPARED 5/25/2011 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 FRINGE BENEFITS	J				
2					
3					
4					
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23					
24					
25					
26					
27 THERAPY	K	PHYSICAL THERAPY	50	3,193,145	138,746
36 TOTAL RECLASSIFICATIONS				6,099,509	33,389,103

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.  
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:  
150006

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

PREPARED 5/25/2011  
WORKSHEET A-6

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 MARKETING/PUBLIC RELATIONS	A	OTHER ADMINISTRATIVE AND GENERAL	6.06	402,029	457,110	
2 LEASE/RENTAL	B	EMPLOYEE BENEFITS	5		1,688	9
3		PURCHASING, RECEIVING AND STORES	6.03		77,704	9
4		CASHIERING/ACCOUNTS RECEIVABLE	6.04		3,451	9
5		OTHER ADMINISTRATIVE AND GENERAL	6.06		214,138	9
6		OPERATION OF PLANT	8		10,830	9
7		DIETARY	11		1,194	9
8		CENTRAL SERVICES & SUPPLY	15		174,618	9
9		PHARMACY	16		7,131	9
10		MEDICAL RECORDS & LIBRARY	17		5,282	9
11		ADULTS & PEDIATRICS	25		1,357	9
12		INTENSIVE CARE UNIT	26		8,189	9
13		SKILLED NURSING FACILITY	34		429	9
14		OPERATING ROOM	37		2,578	9
15		RADIOLOGY-DIAGNOSTIC	41		564,043	9
16		RADIATION THERAPY	41.03		1,740	9
17		LABORATORY	44		2,726	9
18		RESPIRATORY THERAPY	49		23,322	9
19		ELECTROCARDIOLOGY	53		400,064	9
20		OTHER ANCILLARY SERVICE COST CENTERS	59		130,574	9
21		CATH LAB	59.01		35,186	9
22		EMERGENCY	61		4,881	9
23		RESEARCH	97		75	9
24		FREESTANDING VNA & HOSPICE	99.01		230,265	9
25		RENTAL PROPERTIES	99.03		9,296	9
26 INTEREST EXPENSE	C	OTHER ADMINISTRATIVE AND GENERAL	6.06		1,955,322	9
27 SECURITY COSTS	D	OTHER ADMINISTRATIVE AND GENERAL	6.06	434,406	60,969	
28 DEPRECIATION RECLASS	E	EMPLOYEE BENEFITS	5		37,802	9
29		NONPATIENT TELEPHONES	6.01		6,066	9
30		PURCHASING, RECEIVING AND STORES	6.03		104,932	9
31		CASHIERING/ACCOUNTS RECEIVABLE	6.04		26,984	9
32		OTHER ADMINISTRATIVE AND GENERAL	6.06		2,601,331	9
33		OPERATION OF PLANT	8		3,777,024	9
34		LAUNDRY & LINEN SERVICE	9		19,965	9
35		HOUSEKEEPING	10		13,406	9
1 DEPRECIATION RECLASS	E	DIETARY	11		47,922	9
2		NURSING ADMINISTRATION	14		28,320	9
3		CENTRAL SERVICES & SUPPLY	15		127,639	9
4		PHARMACY	16		141,226	9
5		MEDICAL RECORDS & LIBRARY	17		39,915	9
6		SOCIAL SERVICE	18		8,863	9
7		ADULTS & PEDIATRICS	25		141,460	9
8		INTENSIVE CARE UNIT	26		153,623	9
9		SUBPROVIDER	31		4,913	9
10		SKILLED NURSING FACILITY	34		29,726	9
11		NURSING FACILITY	35		10,680	9
12		OPERATING ROOM	37		995,047	9
13		DELIVERY ROOM & LABOR ROOM	39		44,162	9
14		RADIOLOGY-DIAGNOSTIC	41		2,140,404	9
15		NUCLEAR MEDICINE	41.01		101,293	9
16		ULTRASOUND	41.02		44,360	9
17		RADIATION THERAPY	41.03		40,479	9
18		LABORATORY	44		250,389	9
19		WHOLE BLOOD & PACKED RED BLOOD CELLS	46		7,312	9
20		RESPIRATORY THERAPY	49		38,430	9
21		ELECTROCARDIOLOGY	53		355,300	9
22		OTHER ANCILLARY SERVICE COST CENTERS	59		105,451	9
23		CATH LAB	59.01		260,914	9
24		CLINIC	60		95,816	9
25		DENTAL CLINIC	60.01		4,507	9
26		DIABETIC TRAINING	60.03		6,552	9
27		INFUSION CENTER	60.04		2,176	9
28		EMERGENCY	61		330,122	9
29		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		165	9
30		PHYSICIAN RECRUITMENT	96.03		2,708	9
31		MARKETING / PUBLIC RELATIONS	96.04		7,132	9
32		OTHER NON REIMB	96.06		4,168	9
33		RESEARCH	97		112	9
34		FREESTANDING VNA & HOSPICE	99.01		82,241	9
35		WELLNESS CENTER	99.02		22,554	9

RECLASSIFICATIONS

PROVIDER NO:  
150006

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

PREPARED 5/25/2011  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
1 DEPRECIATON RECLASS	E	RENTAL PROPERTIES	99.03			483,212	9
2 DRUGS	F	EMPLOYEE BENEFITS	5			21,349	
3		PHARMACY	16			5,017,073	
4		ADULTS & PEDIATRICS	25			25	
5		SUBPROVIDER	31			3	
6		SKI LLED NURSING FACILITY	34			610	
7		NURSING FACILITY	35			593	
8		OPERATING ROOM	37			91,233	
9		CLINIC	60			11,020	
10 SUPPLIES	G	EMPLOYEE BENEFITS	5			2,491	
11		NONPATIENT TELEPHONES	6.01			16	
12		PURCHASING, RECEIVING AND STORES	6.03			4,075	
13		CASHIERING/ACCOUNTS RECEIVABLE	6.04			3,352	
14		OTHER ADMINISTRATIVE AND GENERAL	6.06			989	
15		OPERATION OF PLANT	8			2,354	
16		LAUNDRY & LINEN SERVICE	9			1,541	
17		HOUSEKEEPING	10			9,682	
18		DIETARY	11			9,736	
19		NURSING ADMINISTRATION	14			141	
20		CENTRAL SERVICES & SUPPLY	15			814,858	
21		PHARMACY	16			46,344	
22		MEDICAL RECORDS & LIBRARY	17			61	
23		SOCIAL SERVICE	18			95	
24		ADULTS & PEDIATRICS	25			253,895	
25		INTENSIVE CARE UNIT	26			145,467	
26		SUBPROVIDER	31			500	
27		SKI LLED NURSING FACILITY	34			61,504	
28		NURSING FACILITY	35			48,227	
29		OPERATING ROOM	37			2,234,433	
30		DELIVERY ROOM & LABOR ROOM	39			94,807	
31		RADIOLOGY-DIAGNOSTIC	41			559,386	
32		NUCLEAR MEDICINE	41.01			6,878	
33		ULTRASOUND	41.02			13,560	
34		RADIATION THERAPY	41.03			129,343	
35		LABORATORY	44			2,183	
1 SUPPLIES	G	WHOLE BLOOD & PACKED RED BLOOD CELLS	46			238	
2		RESPIRATORY THERAPY	49			185,524	
3		ELECTROCARDIOLOGY	53			226,150	
4		OTHER ANCILLARY SERVICE COST CENTERS	59			160,327	
5		CATH LAB	59.01			375,978	
6		CLINIC	60			8,582	
7		DENTAL CLINIC	60.01			54,244	
8		DIABETIC TRAINING	60.03			192	
9		INFUSION CENTER	60.04			23,706	
10		EMERGENCY	61			178,930	
11		MARKETING / PUBLIC RELATIONS	96.04			27	
12		OTHER NON REIMB	96.06			40	
13		FREESTANDING VNA & HOSPICE	99.01			93,961	
14		WELLNESS CENTER	99.02			1,748	
15		RENTAL PROPERTIES	99.03			18	
16 LABOR & DELIVERY ROOM	H	DELIVERY ROOM & LABOR ROOM	39		1,093,691	28,640	
17							
18 MEALS	I	DIETARY	11		976,238	819,117	
19 FRINGE BENEFITS	J	NONPATIENT TELEPHONES	6.01			17,550	
20		PURCHASING, RECEIVING AND STORES	6.03			36,676	
21		CASHIERING/ACCOUNTS RECEIVABLE	6.04			115,530	
22		OTHER ADMINISTRATIVE AND GENERAL	6.06			456,893	
23		OPERATION OF PLANT	8			119,215	
24		LAUNDRY & LINEN SERVICE	9			19,946	
25		HOUSEKEEPING	10			78,632	
26		DIETARY	11			109,509	
27		NURSING ADMINISTRATION	14			59,633	
28		CENTRAL SERVICES & SUPPLY	15			21,523	
29		PHARMACY	16			137,709	
30		MEDICAL RECORDS & LIBRARY	17			77,868	
31		SOCIAL SERVICE	18			55,847	
32		ADULTS & PEDIATRICS	25			507,005	
33		INTENSIVE CARE UNIT	26			231,326	
34		SUBPROVIDER	31			29,294	
35		SKI LLED NURSING FACILITY	34			105,851	

RECLASSIFICATIONS

PROVIDER NO: 150006	PERIOD: FROM 1/1/2010 TO 12/31/2010	PREPARED 5/25/2011 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER 1	6	LINE 7	SALARY 8	
1 FRINGE BENEFITS	J			35		37,271
2				37		314,919
3				39		128,561
4				41		219,489
5				41.01		20,467
6				41.02		28,038
7				41.03		31,860
8				44		194,958
9				46		4,124
10				49		74,982
11				53		149,219
12				59		223,908
13				59.01		60,491
14				60		39,373
15				60.01		31,317
16				60.03		32,117
17				60.04		14,100
18				61		170,820
19				96		301
20				96.03		6,925
21				96.04		28,078
22				96.06		109,871
23				97		7,983
24				99.01		234,342
25				99.02		23,595
26				99.03		7,030
27 THERAPY	K			59	3,193,145	138,746
36 TOTAL RECLASSIFICATIONS					6,099,509	33,389,103

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.  
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO: 150006	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/25/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A  
EXPLANATION : MARKETING/PUBLIC RELATIONS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MARKETING / PUBLIC RELATIONS	96.04	859,139	OTHER ADMINISTRATIVE AND GENER	6.06	859,139	
TOTAL RECLASSIFICATIONS FOR CODE A			859,139				

RECLASS CODE: B  
EXPLANATION : LEASE/RENTAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,284,076	EMPLOYEE BENEFITS	5	1,688	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	626,685	PURCHASING, RECEIVING AND STOR	6.03	77,704	
3.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.04	3,451	
4.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	214,138	
5.00			0	OPERATION OF PLANT	8	10,830	
6.00			0	DIETARY	11	1,194	
7.00			0	CENTRAL SERVICES & SUPPLY	15	174,618	
8.00			0	PHARMACY	16	7,131	
9.00			0	MEDICAL RECORDS & LIBRARY	17	5,282	
10.00			0	ADULTS & PEDIATRICS	25	1,357	
11.00			0	INTENSIVE CARE UNIT	26	8,189	
13.00			0	SKILLED NURSING FACILITY	34	429	
14.00			0	OPERATING ROOM	37	2,578	
15.00			0	RADIOLOGY-DIAGNOSTIC	41	564,043	
16.00			0	RADIATION THERAPY	41.03	1,740	
17.00			0	LABORATORY	44	2,726	
18.00			0	RESPIRATORY THERAPY	49	23,322	
19.00			0	ELECTROCARDIOLOGY	53	400,064	
20.00			0	OTHER ANCILLARY SERVICE COST C	59	130,574	
21.00			0	CATH LAB	59.01	35,186	
22.00			0	EMERGENCY	61	4,881	
23.00			0	RESEARCH	97	75	
24.00			0	FREESTANDING VNA & HOSPICE	99.01	230,265	
25.00			0	RENTAL PROPERTIES	99.03	9,296	
TOTAL RECLASSIFICATIONS FOR CODE B			1,910,761	1,910,761			

RECLASS CODE: C  
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,955,322	OTHER ADMINISTRATIVE AND GENER	6.06	1,955,322	
TOTAL RECLASSIFICATIONS FOR CODE C			1,955,322	1,955,322			

RECLASS CODE: D  
EXPLANATION : SECURITY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	495,375	OTHER ADMINISTRATIVE AND GENER	6.06	495,375	
TOTAL RECLASSIFICATIONS FOR CODE D			495,375	495,375			

RECLASS CODE: E  
EXPLANATION : DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	4,700,928	EMPLOYEE BENEFITS	5	37,802	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	8,045,875	NONPATIENT TELEPHONES	6.01	6,066	
3.00			0	PURCHASING, RECEIVING AND STOR	6.03	104,932	
4.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.04	26,984	
5.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	2,601,331	
6.00			0	OPERATION OF PLANT	8	3,777,024	
7.00			0	LAUNDRY & LINEN SERVICE	9	19,965	
8.00			0	HOUSEKEEPING	10	13,406	
9.00			0	DIETARY	11	47,922	
10.00			0	NURSING ADMINISTRATION	14	28,320	
11.00			0	CENTRAL SERVICES & SUPPLY	15	127,639	
12.00			0	PHARMACY	16	141,226	
13.00			0	MEDICAL RECORDS & LIBRARY	17	39,915	
14.00			0	SOCIAL SERVICE	18	8,863	
15.00			0	ADULTS & PEDIATRICS	25	141,460	
16.00			0	INTENSIVE CARE UNIT	26	153,623	

RECLASSIFICATIONS

PROVIDER NO: 150006	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/25/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: E  
EXPLANATION : DEPRECIATON RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
17.00			0	SUBPROVIDER	31	4,913	
19.00			0	SKILLED NURSING FACILITY	34	29,726	
20.00			0	NURSING FACILITY	35	10,680	
21.00			0	OPERATING ROOM	37	995,047	
22.00			0	DELIVERY ROOM & LABOR ROOM	39	44,162	
23.00			0	RADIOLOGY-DIAGNOSTIC	41	2,140,404	
24.00			0	NUCLEAR MEDICINE	41.01	101,293	
25.00			0	ULTRASOUND	41.02	44,360	
26.00			0	RADIATION THERAPY	41.03	40,479	
27.00			0	LABORATORY	44	250,389	
28.00			0	WHOLE BLOOD & PACKED RED BLOOD	46	7,312	
29.00			0	RESPIRATORY THERAPY	49	38,430	
30.00			0	ELECTROCARDIOLOGY	53	355,300	
31.00			0	OTHER ANCILLARY SERVICE COST C	59	105,451	
32.00			0	CATH LAB	59.01	260,914	
33.00			0	CLINIC	60	95,816	
34.00			0	DENTAL CLINIC	60.01	4,507	
35.00			0	DIABETIC TRAINING	60.03	6,552	
36.00			0	INFUSION CENTER	60.04	2,176	
37.00			0	EMERGENCY	61	330,122	
38.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	165	
39.00			0	PHYSICIAN RECRUITMENT	96.03	2,708	
40.00			0	MARKETING / PUBLIC RELATIONS	96.04	7,132	
41.00			0	OTHER NON REIMB	96.06	4,168	
42.00			0	RESEARCH	97	112	
43.00			0	FREESTANDING VNA & HOSPICE	99.01	82,241	
44.00			0	WELLNESS CENTER	99.02	22,554	
45.00			0	RENTAL PROPERTIES	99.03	483,212	
TOTAL RECLASSIFICATIONS FOR CODE E			12,746,803	TOTAL RECLASSIFICATIONS FOR CODE E			12,746,803

RECLASS CODE: F  
EXPLANATION : DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	5,141,906	EMPLOYEE BENEFITS	5	21,349	
2.00			0	PHARMACY	16	5,017,073	
3.00			0	ADULTS & PEDIATRICS	25	25	
4.00			0	SUBPROVIDER	31	3	
5.00			0	SKILLED NURSING FACILITY	34	610	
6.00			0	NURSING FACILITY	35	593	
7.00			0	OPERATING ROOM	37	91,233	
8.00			0	CLINIC	60	11,020	
TOTAL RECLASSIFICATIONS FOR CODE F			5,141,906	TOTAL RECLASSIFICATIONS FOR CODE F			5,141,906

RECLASS CODE: G  
EXPLANATION : SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CENTRAL SERVICES & SUPPLY	15	1,517,815	EMPLOYEE BENEFITS	5	2,491	
2.00	MEDICAL SUPPLIES CHARGED TO PA	55	3,748,315	NONPATIENT TELEPHONES	6.01	16	
3.00	IMPL. DEV. CHARGED TO PATIENT	55.30	489,453	PURCHASING, RECEIVING AND STOR	6.03	4,075	
4.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.04	3,352	
5.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	989	
6.00			0	OPERATION OF PLANT	8	2,354	
7.00			0	LAUNDRY & LINEN SERVICE	9	1,541	
8.00			0	HOUSEKEEPING	10	9,682	
9.00			0	DIETARY	11	9,736	
10.00			0	NURSING ADMINISTRATION	14	141	
11.00			0	CENTRAL SERVICES & SUPPLY	15	814,858	
12.00			0	PHARMACY	16	46,344	
13.00			0	MEDICAL RECORDS & LIBRARY	17	61	
14.00			0	SOCIAL SERVICE	18	95	
15.00			0	ADULTS & PEDIATRICS	25	253,895	
16.00			0	INTENSIVE CARE UNIT	26	145,467	
17.00			0	SUBPROVIDER	31	500	
19.00			0	SKILLED NURSING FACILITY	34	61,504	
20.00			0	NURSING FACILITY	35	48,227	
21.00			0	OPERATING ROOM	37	2,234,433	
22.00			0	DELIVERY ROOM & LABOR ROOM	39	94,807	
23.00			0	RADIOLOGY-DIAGNOSTIC	41	559,386	
24.00			0	NUCLEAR MEDICINE	41.01	6,878	

RECLASSIFICATIONS

PROVIDER NO: 150006	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/25/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: G  
EXPLANATION : SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
25.00			0	ULTRASOUND	41.02	13,560	
26.00			0	RADIATION THERAPY	41.03	129,343	
27.00			0	LABORATORY	44	2,183	
28.00			0	WHOLE BLOOD & PACKED RED BLOOD	46	238	
29.00			0	RESPIRATORY THERAPY	49	185,524	
30.00			0	ELECTROCARDIOLOGY	53	226,150	
31.00			0	OTHER ANCILLARY SERVICE COST C	59	160,327	
32.00			0	CATH LAB	59.01	375,978	
33.00			0	CLINIC	60	8,582	
34.00			0	DENTAL CLINIC	60.01	54,244	
35.00			0	DIABETIC TRAINING	60.03	192	
36.00			0	INFUSION CENTER	60.04	23,706	
37.00			0	EMERGENCY	61	178,930	
38.00			0	MARKETING / PUBLIC RELATIONS	96.04	27	
39.00			0	OTHER NON REIMB	96.06	40	
40.00			0	FREESTANDING VNA & HOSPICE	99.01	93,961	
41.00			0	WELLNESS CENTER	99.02	1,748	
42.00			0	RENTAL PROPERTIES	99.03	18	
TOTAL RECLASSIFICATIONS FOR CODE G			5,755,583	5,755,583			

RECLASS CODE: H  
EXPLANATION : LABOR & DELIVERY ROOM

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	673,983	DELIVERY ROOM & LABOR ROOM	39	1,122,331	
2.00	NURSERY	33	448,348			0	
TOTAL RECLASSIFICATIONS FOR CODE H			1,122,331	1,122,331			

RECLASS CODE: I  
EXPLANATION : MEALS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,795,355	DIETARY	11	1,795,355	
TOTAL RECLASSIFICATIONS FOR CODE I			1,795,355	1,795,355			

RECLASS CODE: J  
EXPLANATION : FRINGE BENEFITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	4,374,146	NONPATIENT TELEPHONES	6.01	17,550	
2.00			0	PURCHASING, RECEIVING AND STOR	6.03	36,676	
3.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.04	115,530	
4.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	456,893	
5.00			0	OPERATION OF PLANT	8	119,215	
6.00			0	LAUNDRY & LINEN SERVICE	9	19,946	
7.00			0	HOUSEKEEPING	10	78,632	
8.00			0	DIETARY	11	109,509	
9.00			0	NURSING ADMINISTRATION	14	59,633	
10.00			0	CENTRAL SERVICES & SUPPLY	15	21,523	
11.00			0	PHARMACY	16	137,709	
12.00			0	MEDICAL RECORDS & LIBRARY	17	77,868	
13.00			0	SOCIAL SERVICE	18	55,847	
14.00			0	ADULTS & PEDIATRICS	25	507,005	
15.00			0	INTENSIVE CARE UNIT	26	231,326	
16.00			0	SUBPROVIDER	31	29,294	
18.00			0	SKILLED NURSING FACILITY	34	105,851	
19.00			0	NURSING FACILITY	35	37,271	
20.00			0	OPERATING ROOM	37	314,919	
21.00			0	DELIVERY ROOM & LABOR ROOM	39	128,561	
22.00			0	RADIOLOGY-DIAGNOSTIC	41	219,489	
23.00			0	NUCLEAR MEDICINE	41.01	20,467	
24.00			0	ULTRASOUND	41.02	28,038	
25.00			0	RADIATION THERAPY	41.03	31,860	
26.00			0	LABORATORY	44	194,958	
27.00			0	WHOLE BLOOD & PACKED RED BLOOD	46	4,124	
28.00			0	RESPIRATORY THERAPY	49	74,982	
29.00			0	ELECTROCARDIOLOGY	53	149,219	
30.00			0	OTHER ANCILLARY SERVICE COST C	59	223,908	
31.00			0	CATH LAB	59.01	60,491	

RECLASSIFICATIONS

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RECLASS CODE: J  
EXPLANATION : FRINGE BENEFITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
32.00			0	CLINIC	60	39,373	
33.00			0	DENTAL CLINIC	60.01	31,317	
34.00			0	DIABETIC TRAINING	60.03	32,117	
35.00			0	INFUSION CENTER	60.04	14,100	
36.00			0	EMERGENCY	61	170,820	
37.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	301	
38.00			0	PHYSICIAN RECRUITMENT	96.03	6,925	
39.00			0	MARKETING / PUBLIC RELATIONS	96.04	28,078	
40.00			0	OTHER NON REIMB	96.06	109,871	
41.00			0	RESEARCH	97	7,983	
42.00			0	FREESTANDING VNA & HOSPICE	99.01	234,342	
43.00			0	WELLNESS CENTER	99.02	23,595	
44.00			0	RENTAL PROPERTIES	99.03	7,030	
TOTAL RECLASSIFICATIONS FOR CODE J			4,374,146			4,374,146	

RECLASS CODE: K  
EXPLANATION : THERAPY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	3,331,891	OTHER ANCILLARY SERVICE COST C	59	3,331,891	
TOTAL RECLASSIFICATIONS FOR CODE K			3,331,891			3,331,891	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	9,597,360	775,316		775,316	5,166,510	5,206,166	
2 LAND IMPROVEMENTS	2,449,469	39,635		39,635		2,489,104	
3 BUILDINGS & FIXTURE	46,076,393	6,569,050		6,569,050	3,030,481	49,614,962	
4 BUILDING IMPROVEMENT	60,444,719	2,899,626		2,899,626		63,344,345	
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	62,280,823	11,028,757		11,028,757	647,159	72,662,421	
7 SUBTOTAL	180,848,764	21,312,384		21,312,384	8,844,150	193,316,998	
8 RECONCILING ITEMS							
9 TOTAL	180,848,764	21,312,384		21,312,384	8,844,150	193,316,998	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
*								8
3	NEW CAP REL COSTS-BL	120,654,577		120,654,577	.624128			
4	NEW CAP REL COSTS-MV	72,662,421		72,662,421	.375872			
5	TOTAL	193,316,998		193,316,998	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	7,282,935		-3,108,839				4,174,096
4	NEW CAP REL COSTS-MV	9,329,951		1,621,325				10,951,276
5	TOTAL	16,612,886		-1,487,514				15,125,372

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

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

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-5,886,310			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	11,571,863			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP					
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	89	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	1	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	2	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-BLDG &	3	
33 NON-PHYSICIAN ANESTHETIST			NEW CAP REL COSTS-MVBLE E	4	
34 PHYSICIANS' ASSISTANT			**COST CENTER DELETED**	20	
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 STARKE HOSPITAL	A	16,509,103	STARKE HOSPITAL	99.04	
38 BAD DEBT EXPENSE	A	-16,205,412	OTHER ADMINISTRATIVE AND	6.06	
39 BAD DEBT EXPENSE	A	-5,288	INTENSIVE CARE UNIT	26	
40 FI CARRYFORWARD 1990 ASSETS	A	-3,311	NEW CAP REL COSTS-BLDG &	3	11
41 FI CARRYFORWARD 1993 ASSETS	A	-5,020	NEW CAP REL COSTS-BLDG &	3	11
42 FI CARRYFORWARD 1994 ASSETS	A	-1,615	NEW CAP REL COSTS-BLDG &	3	11
43 FI CARRYFORWARD 1994	A	1,820	NEW CAP REL COSTS-MVBLE E	4	11
44 LRPN HEALTH INSURANCE	A	-1,519,549	EMPLOYEE BENEFITS	5	
45 STARKE HEALTH INSURANCE	A	263,638	EMPLOYEE BENEFITS	5	
46 SURGICARE HEALTH INSURANCE	A	-39,020	EMPLOYEE BENEFITS	5	
47 MISC / NON PATIENT INCOME	B	-1,815,587	NEW CAP REL COSTS-BLDG &	3	11
48 MISC / NON PATIENT INCOME	B	-52,153	NONPATIENT TELEPHONES	6.01	
49 MISC / NON PATIENT INCOME	B	-168,244	OTHER ADMINISTRATIVE AND	6.06	
49.01 MISC / NON PATIENT INCOME	B	-6,656	OPERATION OF PLANT	8	
49.02 MISC / NON PATIENT INCOME	B	-42,691	LAUNDRY & LINEN SERVICE	9	
49.03 MISC / NON PATIENT INCOME	B	-84,738	HOUSEKEEPING	10	
49.04 MISC / NON PATIENT INCOME	B	-350,663	DIETARY	11	
49.05 MISC / NON PATIENT INCOME	B	-27,001	CENTRAL SERVICES & SUPPLY	15	
49.06 MISC / NON PATIENT INCOME	B	-543,526	PHARMACY	16	
49.07 MISC / NON PATIENT INCOME	B	-61,847	MEDICAL RECORDS & LIBRARY	17	
49.08 MISC / NON PATIENT INCOME	B	-2,814	SOCIAL SERVICE	18	
49.09 MISC / NON PATIENT INCOME	B	-246	ADULTS & PEDIATRICS	25	
49.10 MISC / NON PATIENT INCOME	B	-6,025	SUBPROVIDER	31	
49.11 MISC / NON PATIENT INCOME	B	-5,141	DELIVERY ROOM & LABOR ROO	39	
49.12 MISC / NON PATIENT INCOME	B	-71,088	ELECTROCARDIOLOGY	53	
49.13 MISC / NON PATIENT INCOME	B	-40,071	PHYSICAL THERAPY	50	
49.14 MISC / NON PATIENT INCOME	B	-11,400	CLINIC	60	
49.15 MISC / NON PATIENT INCOME	B	-6,000	DENTAL CLINIC	60.01	
49.16 MISC / NON PATIENT INCOME	B	-4,440	DIABETIC TRAINING	60.03	
49.17 MISC / NON PATIENT INCOME	B	-664,634	CAFETERIA	12	
50 TOTAL (SUM OF LINES 1 THRU 49)		715,934			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & RELATED PARTY INTEREST	497,821	1,781,127	-1,283,306	11
2	4	NEW CAP REL COSTS-MVBLE E HO MME ALLOCATION	1,619,505		1,619,505	11
3	5	EMPLOYEE BENEFITS HO BENEFITS ALLOCATION	1,552,042	170,000	1,382,042	
4	6	1 NONPATIENT TELEPHONES HO COMMUNICATIONS ALLOCAT	61,958		61,958	
4.01	6	3 PURCHASING, RECEIVING AND HO ALLOCATION OF PURCHASI	1,226		1,226	
4.02	6	6 OTHER ADMINISTRATIVE AND HO ALLOCATION OF ADMIN CO	9,836,841	1,134,228	8,702,613	
4.03	8	OPERATION OF PLANT HO ALLOCATION OPER OF PLA	909,934		909,934	
4.04	10	HOUSEKEEPING HO ALLOCATION OF HSKPG	169,346		169,346	
4.05	12	CAFETERIA HO ALLOCATION OF CAFETERI	16,288		16,288	
4.06	16	PHARMACY MI SC OTHER EXP				
4.07	60	3 DIABETIC TRAINING MI SC OTHER EXP		7,743	-7,743	
5		TOTALS	14,664,961	3,093,098	11,571,863	

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 5/25/2011  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 14	NURSING ADMINISTRATION	103,899	103,899					
2 25	SUBPROVIDER	283,746	283,746					
3 31	SUBPROVIDER 2	35,100	35,100					
4 34	SKILLED NURSING FACILITY	12,597	12,597					
5 35	NURSING FACILITY	1,700	1,700					
6 37	OPERATING ROOM	2,318,707	2,318,707					
7 41	RADIOLOGY-DIAGNOSTIC	261,974	261,974					
8 41 3	RADIATION THERAPY	162,222	162,222					
9 44	LABORATORY	908,008	908,008					
10 50	PHYSICAL THERAPY	38,702	38,702					
11 53	ELECTROCARDIOLOGY	447,467	447,467					
12 59 1	CATH LAB	18,076	18,076					
13 60	CLINIC	132,036	132,036					
14 60 1	DENTAL CLINIC	158,283	158,283					
15 60 3	DIABETIC TRAINING	40,800	40,800					
16 61	EMERGENCY	962,993	962,993					
17	0							
18	0							
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	5,886,310	5,886,310					



COST ALLOCATION STATISTICS

PROVIDER NO: 15-0006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	23	NUMBER OF PHONES	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	14	BILLABLE SUPPLIES	ENTERED
6.04	CASHIERING/ACCOUNTS RECEIVABLE	24	GROSS CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	25	HOURS	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	26	BILLABLE SUPPLIES	ENTERED
16	PHARMACY	27	100% ALLOCATION	ENTERED
17	MEDICAL RECORDS & LIBRARY	28	GROSS CHRGS	ENTERED
18	SOCIAL SERVICE	29	PATIENT DAYS	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND	CASHIERING/COUNTS RECEI
	0	3	4	5	6.01	6.03	6.04
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	4,174,096	4,174,096					
005 NEW CAP REL COSTS-MVBLE E	10,951,276		10,951,276				
006 EMPLOYEE BENEFITS	18,182,549	5,363	14,070	18,201,982			
006 01 NONPATIENT TELEPHONES	285,135	15,784	41,411	75,098	417,428		
006 03 PURCHASING, RECEIVING AND	413,961	8,805	23,102	157,535	3,446	606,849	
006 04 CASHIERING/ACCOUNTS RECEI	4,187,386	58,687	153,972	496,679	39,632	852	4,937,208
006 06 OTHER ADMINISTRATIVE AND	21,122,811	800,363	2,099,852	2,199,495	73,233	1,585	6,630
008 OPERATION OF PLANT	5,768,521	799,998	2,098,898	479,724	21,108	7,481	704
009 LAUNDRY & LINEN SERVICE	404,695	40,549	106,386	86,579	431	4,110	1,060
010 HOUSEKEEPING	1,346,963	25,421	66,695	339,519	4,739	3,714	778
011 DIETARY	596,572	69,611	182,634	161,040	11,200	10,166	3,221
012 CAFETERIA	1,147,009	107,432	281,862	305,230		19,269	6,104
014 NURSING ADMINISTRATION	920,946	8,243	21,627	252,600	3,446	79	
015 CENTRAL SERVICES & SUPPLY	2,084,803	141,705	371,782	91,552	3,446	41,099	272
016 PHARMACY	1,704,596	15,819	41,504	584,567	6,893	1,156	5,166
017 MEDICAL RECORDS & LIBRARY	1,140,349	36,322	95,296	319,964	14,216	469	
018 SOCIAL SERVICE	811,030			234,202	7,323	51	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	7,867,667	483,662	1,268,948	2,367,816	29,293	1,296	223,365
026 INTENSIVE CARE UNIT	3,809,390	88,264	231,572	983,096	17,231	813	108,255
031 SUBPROVIDER	400,808	42,633	111,854	123,770	1,292	52	16,070
033 NURSERY	448,348	15,456	40,551	136,603		101	12,495
034 SKILLED NURSING FACILITY	1,627,415	166,201	436,049	447,392	7,754	327	294,608
035 NURSING FACILITY	512,027	80,747	211,850	157,469	3,446	166	14,073
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	9,856,859	304,475	798,830	1,321,339	31,878	129,848	626,803
041 DELIVERY ROOM & LABOR ROO	657,714	4,684	12,288	201,959	6,893	149	22,200
041 RADIOLOGY-DIAGNOSTIC	4,517,127	207,171	543,541	936,052	23,262	6,145	736,708
041 01 NUCLEAR MEDICINE	1,159,331	15,468	40,582	86,231	1,292	7,517	74,476
041 02 ULTRASOUND	388,841	2,307	6,052	116,723	1,292	32	45,203
041 03 RADIATION THERAPY	568,724	85,009	223,032	130,756	5,600	623	34,008
044 LABORATORY	4,346,525	91,894	241,096	700,686	14,216	27,910	419,971
046 WHOLE BLOOD & PACKED RED	939,201	5,667	14,869	16,860		21,328	31,229
049 RESPIRATORY THERAPY	1,022,174	5,140	13,486	312,858	4,739	426	65,645
050 PHYSICAL THERAPY	3,253,118	69,108	181,313	998,366	16,370	688	161,577
053 ELECTROCARDIOLOGY	3,922,484	70,244	184,293	622,293	5,600	44,109	164,883
055 MEDICAL SUPPLIES CHARGED	3,748,315					90,571	195,039
055 30 IMPL. DEV. CHARGED TO PAT	489,453					11,827	182,472
056 DRUGS CHARGED TO PATIENTS	5,141,906					127,794	583,853
059 OTHER ANCILLARY SERVICE C							
059 01 CATH LAB	2,787,158	38,605	101,286	247,430	15,939	42,724	137,099
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	478,362			129,596		381	5,105
060 01 DENTAL CLINIC	294,048			82,820		179	9,436
060 02 OTHER OUTPATIENT SERVICE							
060 03 DIABETIC TRAINING	460,648			134,290	4,739	140	1,693
060 04 INFUSION CENTER	189,298			59,032	1,292	7	4,711
061 EMERGENCY	2,368,878	109,271	286,685	714,566	18,093	497	177,188
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	136,498,517	4,020,108	10,547,268	16,811,787	399,334	605,681	4,372,100
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	3,845	10,925	28,662	1,202	2,154		
096 03 PHYSICIAN RECRUITMENT	590,537	2,740	7,189	30,537	431	11	
096 04 MARKETING / PUBLIC RELATI	823,902			125,698	3,877	218	37,402
096 05 SPORTS MEDICINE							
096 06 OTHER NON REIMB	2,786,561			73,265	6,462	126	31,415
097 RESEARCH	106,386			33,075	431	12	
099 NONPAID WORKERS							
099 01 FREESTANDING VNA & HOSPIC	4,742,545			991,182		541	59,167
099 02 WELLNESS CENTER	466,858			105,858	4,739	125	
099 03 RENTAL PROPERTIES	685,852	140,323	368,157	29,378		135	
099 04 STARKE HOSPITAL	16,509,103						437,124
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	163,214,106	4,174,096	10,951,276	18,201,982	417,428	606,849	4,937,208

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SUBTOTAL	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6a. 04	6. 06	8	9	10	11	12
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND	26,303,969	26,303,969					
008 OPERATION OF PLANT	9,176,434	1,763,032	10,939,466				
009 LAUNDRY & LINEN SERVICE	643,810	123,693	178,498	946,001			
010 HOUSEKEEPING	1,787,829	343,488	111,903	6,432	2,249,652		
011 DIETARY	1,034,444	198,744	306,431	11,674	64,735	1,616,028	
012 CAFETERIA	1,866,906	358,681	472,920		99,906		2,798,413
014 NURSING ADMINISTRATION	1,206,941	231,885	36,287		7,666		39,365
015 CENTRAL SERVICES & SUPPLY	2,734,659	525,399	623,790	31,032	131,778		35,478
016 PHARMACY	2,359,701	453,360	69,636		14,711		106,534
017 MEDICAL RECORDS & LIBRARY	1,606,616	308,673	159,891		33,777		121,335
018 SOCIAL SERVICE	1,052,606	202,233					46,716
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	12,242,047	2,352,016	2,129,091	271,121	449,778	843,785	500,672
026 INTENSIVE CARE UNIT	5,238,621	1,006,475	388,541	72,898	82,081	151,539	187,008
031 SUBPROVIDER	696,479	133,812	187,673	19,910	39,647	65,917	28,261
033 NURSERY	653,554	125,565	68,039	28,203	14,373		22,420
034 SKILLED NURSING FACILITY	2,979,746	572,487	731,621	71,774	154,557	285,833	124,894
035 NURSING FACILITY	979,778	188,241	355,450	34,262	75,090	245,912	53,128
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	13,070,032	2,511,093	1,340,308	81,280	283,145	8,100	286,437
039 DELIVERY ROOM & LABOR ROO	905,887	174,044	20,618	20,812	4,356		33,146
041 RADIOLOGY-DIAGNOSTIC	6,970,006	1,339,119	911,974	51,103	192,658		207,474
041 01 NUCLEAR MEDICINE	1,384,897	266,075	68,090		14,384		12,671
041 02 ULTRASOUND	560,450	107,677	10,154		2,145		15,348
041 03 RADIATION THERAPY	1,047,752	201,300	374,212	5,554	79,054		23,106
044 LABORATORY	5,842,298	1,122,457	404,520	43	85,456		191,543
046 WHOLE BLOOD & PACKED RED	1,029,154	197,727	24,947		5,270		3,590
049 RESPIRATORY THERAPY	1,424,468	273,677	22,628		4,780		69,571
050 PHYSICAL THERAPY	4,680,540	899,253	304,215	26,706	64,266		204,740
053 ELECTROCARDIOLOGY	5,013,906	963,302	309,215	18,012	65,323		114,482
055 MEDICAL SUPPLIES CHARGED	4,033,925	775,022					
055 30 IMPL. DEV. CHARGED TO PAT	683,752	131,367					
056 DRUGS CHARGED TO PATIENTS	5,853,553	1,124,620					
059 OTHER ANCILLARY SERVICE C							
059 01 CATH LAB	3,370,241	647,511	169,942	11,868	35,901	3,732	40,258
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	613,444	117,859		1,063			37,234
060 01 DENTAL CLINIC	386,483	74,253					25,126
060 02 OTHER OUTPATIENT SERVICE							
060 03 DIABETIC TRAINING	601,510	115,566					25,063
060 04 INFUSION CENTER	254,340	48,865				7,478	10,982
061 EMERGENCY	3,675,178	706,097	481,012	93,696	101,615	3,732	135,692
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	133,965,956	20,684,668	10,261,606	857,443	2,106,452	1,616,028	2,702,274
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	46,788	8,989	48,091		10,159		644
096 03 PHYSICIAN RECRUITMENT	631,445	121,317	12,061		2,548		7,492
096 04 MARKETING / PUBLIC RELATI	991,097	190,416					28,307
096 05 SPORTS MEDICINE							
096 06 OTHER NON REIMB	2,897,829	556,748		6,782			18,167
097 RESEARCH	139,904	26,879					5,384
099 NONPAID WORKERS							
099 01 FREESTANDING VNA & HOSPI C	5,793,435	1,113,069		600			
099 02 WELLNESS CENTER	577,580	110,968		15,830			28,688
099 03 RENTAL PROPERTIES	1,223,845	235,132	617,708	9,672	130,493		7,457
099 04 STARKE HOSPITAL	16,946,227	3,255,783		55,674			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	163,214,106	26,303,969	10,939,466	946,001	2,249,652	1,616,028	2,798,413

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	14	15	16	17	18	25	
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION	1,522,144						
015 CENTRAL SERVICES & SUPPLY		4,082,136					
016 PHARMACY		18,255	3,022,197				
017 MEDICAL RECORDS & LIBRARY				2,230,292			
018 SOCIAL SERVICE	3,860			12	1,305,427		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	552,854	14,565		102,637	510,299	19,968,865	
026 INTENSIVE CARE UNIT	193,698	45,508		49,744	222,703	7,638,816	
031 SUBPROVIDER	31,804	146		7,384	54,822	1,265,855	
033 NURSERY	27,781			5,741	53,798	999,474	
034 SKILLED NURSING FACILITY	109,474	2,227		135,373	264,110	5,432,096	
035 NURSING FACILITY	60,388	495		6,466	199,695	2,198,905	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	237,123	2,364,625		288,018		20,470,161	
039 DELIVERY ROOM & LABOR ROO	41,088	46,595		10,201		1,256,747	
041 RADIOLOGY-DIAGNOSTIC	12,127	505,407		338,322		10,528,190	
041 01 NUCLEAR MEDICINE		1,165		34,222		1,781,504	
041 02 ULTRASOUND		8,820		20,771		725,365	
041 03 RADIATION THERAPY	10,521	143,329		15,627		1,900,455	
044 LABORATORY				192,978		7,839,295	
046 WHOLE BLOOD & PACKED RED				14,350		1,275,038	
049 RESPIRATORY THERAPY		184,935		30,164		2,010,223	
050 PHYSICAL THERAPY		7,409		74,245		6,261,374	
053 ELECTROCARDIOLOGY	45,354	192,303		75,765		6,797,662	
055 MEDICAL SUPPLIES CHARGED				89,621		4,898,568	
055 30 IMPL. DEV. CHARGED TO PAT				83,847		898,966	
056 DRUGS CHARGED TO PATIENTS			3,022,197	268,282		10,268,652	
059 OTHER ANCILLARY SERVICE C							
059 01 CATH LAB	33,091	414,783		62,997		4,790,324	
OUTPAT SERVICE COST CNTRS							
060 CLINIC	18,478	173		2,346		790,597	
060 01 DENTAL CLINIC		27,601		4,336		517,799	
060 02 OTHER OUTPATIENT SERVICE							
060 03 DIABETIC TRAINING	9,819			778		752,736	
060 04 INFUSION CENTER	10,779	112		2,165		334,721	
061 EMERGENCY	117,086	72,529		81,419		5,468,056	
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,515,325	4,050,982	3,022,197	1,997,811	1,305,427	127,070,444	
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						114,671	
096 03 PHYSICIAN RECRUITMENT						774,863	
096 04 MARKETING / PUBLIC RELATI				17,186		1,227,006	
096 05 SPORTS MEDICINE							
096 06 OTHER NON REIMB				14,435		3,493,961	
097 RESEARCH	6,819					178,986	
099 NONPAID WORKERS							
099 01 FREESTANDING VNA & HOSPIC		30,937				6,938,041	
099 02 WELLNESS CENTER		217				733,283	
099 03 RENTAL PROPERTIES						2,224,307	
099 04 STARKE HOSPITAL				200,860		20,458,544	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,522,144	4,082,136	3,022,197	2,230,292	1,305,427	163,214,106	

COST ALLOCATION - GENERAL SERVICE COSTS

TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
003 GENERAL SERVICE COST CNTR	
004 NEW CAP REL COSTS-BLDG &	
005 NEW CAP REL COSTS-MVBLE E	
006 EMPLOYEE BENEFITS	
006 01 NONPATIENT TELEPHONES	
006 03 PURCHASING, RECEIVING AND	
006 04 CASHIERING/ACCOUNTS RECEI	
006 06 OTHER ADMINISTRATIVE AND	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
INPAT ROUTINE SRVC CNTRS	
025 ADULTS & PEDIATRICS	19,968,865
026 INTENSIVE CARE UNIT	7,638,816
031 SUBPROVIDER	1,265,855
033 NURSERY	999,474
034 SKILLED NURSING FACILITY	5,432,096
035 NURSING FACILITY	2,198,905
ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	20,470,161
039 DELIVERY ROOM & LABOR ROO	1,256,747
041 RADIOLOGY-DIAGNOSTIC	10,528,190
041 01 NUCLEAR MEDICINE	1,781,504
041 02 ULTRASOUND	725,365
041 03 RADIATION THERAPY	1,900,455
044 LABORATORY	7,839,295
046 WHOLE BLOOD & PACKED RED	1,275,038
049 RESPIRATORY THERAPY	2,010,223
050 PHYSICAL THERAPY	6,261,374
053 ELECTROCARDIOLOGY	6,797,662
055 MEDICAL SUPPLIES CHARGED	4,898,568
055 30 IMPL. DEV. CHARGED TO PAT	898,966
056 DRUGS CHARGED TO PATIENTS	10,268,652
059 OTHER ANCILLARY SERVICE C	
059 01 CATH LAB	4,790,324
OUTPAT SERVICE COST CNTRS	
060 CLINIC	790,597
060 01 DENTAL CLINIC	517,799
060 02 OTHER OUTPATIENT SERVICE	
060 03 DIABETIC TRAINING	752,736
060 04 INFUSION CENTER	334,721
061 EMERGENCY	5,468,056
062 OBSERVATION BEDS (NON-DIS	
SPEC PURPOSE COST CENTERS	
095 SUBTOTALS	127,070,444
NONREIMBURS COST CENTERS	
096 GIFT, FLOWER, COFFEE SHOP	114,671
096 03 PHYSICIAN RECRUITMENT	774,863
096 04 MARKETING / PUBLIC RELATI	1,227,006
096 05 SPORTS MEDICINE	
096 06 OTHER NON REIMB	3,493,961
097 RESEARCH	178,986
099 NONPAID WORKERS	
099 01 FREESTANDING VNA & HOSPI C	6,938,041
099 02 WELLNESS CENTER	733,283
099 03 RENTAL PROPERTIES	2,224,307
099 04 STARKE HOSPITAL	20,458,544
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 TOTAL	163,214,106

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND
	0	3	4	4a	5	6.01	6.03
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		5,363	14,070	19,433	19,433		
006 01 NONPATIENT TELEPHONES		15,784	41,411	57,195	80	57,275	
006 03 PURCHASING, RECEIVING AND		8,805	23,102	31,907	168	473	32,548
006 04 CASHIERING/ACCOUNTS RECEI		58,687	153,972	212,659	531	5,438	46
006 06 OTHER ADMINISTRATIVE AND		800,363	2,099,852	2,900,215	2,350	10,048	85
008 OPERATION OF PLANT		799,998	2,098,898	2,898,896	512	2,896	401
009 LAUNDRY & LINEN SERVICE		40,549	106,386	146,935	92	59	220
010 HOUSEKEEPING		25,421	66,695	92,116	363	650	199
011 DIETARY		69,611	182,634	252,245	172	1,537	545
012 CAFETERIA		107,432	281,862	389,294	326		1,034
014 NURSING ADMINISTRATION		8,243	21,627	29,870	270	473	4
015 CENTRAL SERVICES & SUPPLY		141,705	371,782	513,487	98	473	2,204
016 PHARMACY		15,819	41,504	57,323	624	946	62
017 MEDICAL RECORDS & LIBRARY		36,322	95,296	131,618	342	1,951	25
018 SOCIAL SERVICE					250	1,005	3
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		483,662	1,268,948	1,752,610	2,520	4,019	70
026 INTENSIVE CARE UNIT		88,264	231,572	319,836	1,050	2,364	44
031 SUBPROVIDER		42,633	111,854	154,487	132	177	3
033 NURSERY		15,456	40,551	56,007	146		5
034 SKILLED NURSING FACILITY		166,201	436,049	602,250	478	1,064	18
035 NURSING FACILITY		80,747	211,850	292,597	168	473	9
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		304,475	798,830	1,103,305	1,412	4,374	6,961
039 DELIVERY ROOM & LABOR ROO		4,684	12,288	16,972	216	946	8
041 RADIOLOGY-DIAGNOSTIC		207,171	543,541	750,712	1,000	3,192	330
041 01 NUCLEAR MEDICINE		15,468	40,582	56,050	92	177	403
041 02 ULTRASOUND		2,307	6,052	8,359	125	177	2
041 03 RADIATION THERAPY		85,009	223,032	308,041	140	768	33
044 LABORATORY		91,894	241,096	332,990	749	1,951	1,497
046 WHOLE BLOOD & PACKED RED		5,667	14,869	20,536	18		1,144
049 RESPIRATORY THERAPY		5,140	13,486	18,626	334	650	23
050 PHYSICAL THERAPY		69,108	181,313	250,421	1,067	2,246	37
053 ELECTROCARDIOLOGY		70,244	184,293	254,537	665	768	2,366
055 MEDICAL SUPPLIES CHARGED							4,858
055 30 IMPL. DEV. CHARGED TO PAT							634
056 DRUGS CHARGED TO PATIENTS							6,854
059 OTHER ANCILLARY SERVICE C							
059 01 CATH LAB		38,605	101,286	139,891	264	2,187	2,292
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					138		20
060 01 DENTAL CLINIC					88		10
060 02 OTHER OUTPATIENT SERVICE							
060 03 DIABETIC TRAINING					143	650	8
060 04 INFUSION CENTER					63	177	
061 EMERGENCY		109,271	286,685	395,956	763	2,483	27
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		4,020,108	10,547,268	14,567,376	17,949	54,792	32,484
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		10,925	28,662	39,587	1	296	
096 03 PHYSICIAN RECRUITMENT		2,740	7,189	9,929	33	59	1
096 04 MARKETING / PUBLIC RELATI					134	532	12
096 05 SPORTS MEDICINE							
096 06 OTHER NON REIMB					78	887	7
097 RESEARCH					35	59	1
099 NONPAID WORKERS							
099 01 FREESTANDING VNA & HOSPIC					1,059		29
099 02 WELLNESS CENTER					113	650	7
099 03 RENTAL PROPERTIES		140,323	368,157	508,480	31		7
099 04 STARKE HOSPITAL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		4,174,096	10,951,276	15,125,372	19,433	57,275	32,548

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6.04	6.06	8	9	10	11	12
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI	218,674						
006 06 OTHER ADMINIS TRATIVE AND	294	2,912,992					
008 OPERATION OF PLANT	31	195,247	3,097,983				
009 LAUNDRY & LINEN SERVICE	47	13,698	50,549	211,600			
010 HOUSEKEEPING	34	38,040	31,690	1,439	164,531		
011 DIETARY	143	22,010	86,779	2,611	4,734	370,776	
012 CAFETERIA	270	39,722	133,928		7,307		571,881
014 NURSING ADMINISTRATION		25,680	10,276		561		8,045
015 CENTRAL SERVICES & SUPPLY	12	58,185	176,653	6,941	9,638		7,250
016 PHARMACY	229	50,207	19,721		1,076		21,771
017 MEDICAL RECORDS & LIBRARY		34,184	45,280		2,470		24,796
018 SOCIAL SERVICE		22,396					9,547
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	9,897	260,474	602,945	60,642	32,894	193,596	102,317
026 INTENSIVE CARE UNIT	4,796	111,462	110,032	16,306	6,003	34,769	38,217
031 SUBPROVIDER	712	14,819	53,148	4,454	2,900	15,124	5,775
033 NURSERY	554	13,906	19,268	6,308	1,051		4,582
034 SKILLED NURSING FACILITY	13,053	63,400	207,190	16,054	11,304	65,580	25,523
035 NURSING FACILITY	624	20,847	100,661	7,664	5,492	56,421	10,857
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	27,771	278,091	379,566	18,181	20,708	1,858	58,536
039 DELIVERY ROOM & LABOR ROO	984	19,275	5,839	4,655	319		6,774
041 RADIOLOGY-DIAGNOSTIC	32,563	148,301	258,265	11,431	14,090		42,399
041 01 NUCLEAR MEDICINE	3,300	29,466	19,283		1,052		2,589
041 02 ULTRASOUND	2,003	11,925	2,876		157		3,136
041 03 RADIATION THERAPY	1,507	22,293	105,974	1,242	5,782		4,722
044 LABORATORY	18,607	124,307	114,557	10	6,250		39,144
046 WHOLE BLOOD & PACKED RED	1,384	21,897	7,065		385		734
049 RESPIRATORY THERAPY	2,909	30,308	6,408		350		14,217
050 PHYSICAL THERAPY	7,159	99,588	86,152	5,974	4,700		41,840
053 ELECTROCARDIOLOGY	7,305	106,681	87,567	4,029	4,777		23,395
055 MEDICAL SUPPLIES CHARGED	8,642	85,830					
055 30 IMPL. DEV. CHARGED TO PAT	8,085	14,548					
056 DRUGS CHARGED TO PATIENTS	25,869	124,546					
059 OTHER ANCILLARY SERVICE C							
059 01 CATH LAB	6,074	71,709	48,126	2,655	2,626	856	8,227
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	226	13,052		238			7,609
060 01 DENTAL CLINIC	418	8,223					5,135
060 02 OTHER OUTPATIENT SERVICE							
060 03 DIABETIC TRAINING	75	12,798					5,122
060 04 INFUSION CENTER	209	5,412				1,716	2,244
061 EMERGENCY	7,851	78,197	136,219	20,958	7,432	856	27,730
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	193,637	2,290,724	2,906,017	191,792	154,058	370,776	552,233
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		996	13,619		743		132
096 03 PHYSICIAN RECRUITMENT		13,435	3,416		186		1,531
096 04 MARKETING / PUBLIC RELATI	1,657	21,088					5,785
096 05 SPORTS MEDICINE							
096 06 OTHER NON REIMB	1,392	61,657		1,517			3,713
097 RESEARCH		2,977					1,100
099 NONPAID WORKERS							
099 01 FREESTANDING VNA & HOSPIC	2,621	123,267		134			
099 02 WELLNESS CENTER		12,289		3,541			5,863
099 03 RENTAL PROPERTIES		26,040	174,931	2,163	9,544		1,524
099 04 STARKE HOSPITAL	19,367	360,519		12,453			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	218,674	2,912,992	3,097,983	211,600	164,531	370,776	571,881

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	14	15	16	17	18	25	26
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION	75,179						
015 CENTRAL SERVICES & SUPPLY		774,941					
016 PHARMACY		3,465	155,424				
017 MEDICAL RECORDS & LIBRARY				240,666			
018 SOCIAL SERVICE	191			1	33,393		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	27,304	2,765		11,064	13,054	3,076,171	
026 INTENSIVE CARE UNIT	9,567	8,639		5,362	5,697	674,144	
031 SUBPROVIDER	1,571	28		796	1,402	255,528	
033 NURSERY	1,372			619	1,376	105,194	
034 SKILLED NURSING FACILITY	5,407	423		14,592	6,756	1,033,092	
035 NURSING FACILITY	2,983	94		697	5,108	504,695	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	11,712	448,894		31,047		2,392,416	
039 DELIVERY ROOM & LABOR ROO	2,029	8,846		1,100		67,963	
041 RADIOLOGY-DIAGNOSTIC	599	95,945		36,722		1,395,549	
041 01 NUCLEAR MEDICINE		221		3,689		116,322	
041 02 ULTRASOUND		1,674		2,239		32,673	
041 03 RADIATION THERAPY	520	27,209		1,684		479,915	
044 LABORATORY				20,802		660,864	
046 WHOLE BLOOD & PACKED RED				1,547		54,710	
049 RESPIRATORY THERAPY		35,108		3,252		112,185	
050 PHYSICAL THERAPY		1,406		8,003		508,593	
053 ELECTROCARDIOLOGY	2,240	36,506		8,167		539,003	
055 MEDICAL SUPPLIES CHARGED				9,661		108,991	
055 30 IMPL. DEV. CHARGED TO PAT				9,038		32,305	
056 DRUGS CHARGED TO PATIENTS			155,424	28,919		341,612	
059 OTHER ANCILLARY SERVICE C							
059 01 CATH LAB	1,634	78,741		6,791		372,073	
OUTPAT SERVICE COST CNTRS							
060 CLINIC	913	33		253		22,482	
060 01 DENTAL CLINIC		5,240		467		19,581	
060 02 OTHER OUTPATIENT SERVICE							
060 03 DIABETIC TRAINING	485			84		19,365	
060 04 INFUSION CENTER	532	21		233		10,607	
061 EMERGENCY	5,783	13,769		8,776		706,800	
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	74,842	769,027	155,424	215,605	33,393	13,642,833	
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						55,374	
096 03 PHYSICIAN RECRUITMENT						28,590	
096 04 MARKETING / PUBLIC RELATI				1,853		31,061	
096 05 SPORTS MEDICINE							
096 06 OTHER NON REIMB				1,556		70,807	
097 RESEARCH	337					4,509	
099 NONPAID WORKERS							
099 01 FREESTANDING VNA & HOSPIC		5,873				132,983	
099 02 WELLNESS CENTER		41				22,504	
099 03 RENTAL PROPERTIES						722,720	
099 04 STARKE HOSPITAL				21,652		413,991	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	75,179	774,941	155,424	240,666	33,393	15,125,372	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	NONPATIENT TELEPHONES	
006 03	PURCHASING, RECEIVING AND	
006 04	CASHIERING/ACCOUNTS RECEI	
006 06	OTHER ADMINISTRATIVE AND	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
025	INPAT ROUTINE SRVC CNTRS	3,076,171
026	ADULTS & PEDIATRICS	674,144
031	INTENSIVE CARE UNIT	255,528
033	SUBPROVIDER	105,194
034	NURSERY	1,033,092
035	SKILLED NURSING FACILITY	504,695
037	NURSING FACILITY	
039	ANCILLARY SRVC COST CNTRS	2,392,416
041	OPERATING ROOM	67,963
041 01	DELIVERY ROOM & LABOR ROO	1,395,549
041 02	RADIOLOGY-DIAGNOSTIC	116,322
041 03	NUCLEAR MEDICINE	32,673
044	ULTRASOUND	479,915
046	RADIATION THERAPY	660,864
049	LABORATORY	54,710
050	WHOLE BLOOD & PACKED RED	112,185
053	RESPIRATORY THERAPY	508,593
055	PHYSICAL THERAPY	539,003
055 30	ELECTROCARDIOLOGY	108,991
056	MEDICAL SUPPLIES CHARGED	32,305
059	IMPL. DEV. CHARGED TO PAT	341,612
059 01	DRUGS CHARGED TO PATIENTS	372,073
060	OTHER ANCILLARY SERVICE C	
060 01	CATH LAB	22,482
060 02	OUTPAT SERVICE COST CNTRS	19,581
060 03	CLINIC	
060 04	DENTAL CLINIC	19,365
061	OTHER OUTPATIENT SERVICE	10,607
062	DIABETIC TRAINING	706,800
095	INFUSION CENTER	
096	EMERGENCY	
096 03	OBSERVATION BEDS (NON-DIS	13,642,833
096 04	SPEC PURPOSE COST CENTERS	
096 05	NONREIMBURS COST CENTERS	
096 06	GIFT, FLOWER, COFFEE SHOP	55,374
096 07	PHYSICIAN RECRUITMENT	28,590
096 08	MARKETING / PUBLIC RELATI	31,061
096 09	SPORTS MEDICINE	
096 10	OTHER NON REIMB	70,807
097	RESEARCH	4,509
099	NONPAID WORKERS	
099 01	FREESTANDING VNA & HOSPI C	132,983
099 02	WELLNESS CENTER	22,504
099 03	RENTAL PROPERTIES	722,720
099 04	STARKE HOSPITAL	413,991
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	15,125,372

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	PURCHASING RECEIVING AND (BILLABLE SUPPLIES)	CASHIERING/ACCOUNTS RECEI (GROSS CHARGES)
	3	4	5	6.01	6.03	6.04
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	356,479					
005 NEW CAP REL COSTS-MVB		356,479				
006 EMPLOYEE BENEFITS	458	458	58,216,667			
006 01 NONPATIENT TELEPHONES	1,348	1,348	240,191	969		
006 03 PURCHASING, RECEIVING	752	752	503,856	8	25,114,909	
006 04 CASHIERING/ACCOUNTS R	5,012	5,012	1,588,565	92	35,251	537,453,045
006 06 OTHER ADMINISTRATIVE	68,353	68,353	7,034,806	170	65,585	721,785
008 OPERATION OF PLANT	68,322	68,322	1,534,337	49	309,591	76,596
009 LAUNDRY & LINEN SERVI	3,463	3,463	276,911	1	170,106	115,386
010 HOUSEKEEPING	2,171	2,171	1,085,909	11	153,695	84,738
011 DIETARY	5,945	5,945	515,066	26	420,744	350,684
012 CAFETERIA	9,175	9,175	976,238		797,463	664,512
014 NURSING ADMINISTRATIO	704	704	807,909	8	3,256	
015 CENTRAL SERVICES & SU	12,102	12,102	292,818	8	1,700,912	29,596
016 PHARMACY	1,351	1,351	1,869,664	16	47,853	562,363
017 MEDICAL RECORDS & LIB	3,102	3,102	1,023,365	33	19,421	
018 SOCIAL SERVICE			749,065	17	2,116	
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	41,306	41,306	7,573,099	68	53,643	24,315,779
031 INTENSIVE CARE UNIT	7,538	7,538	3,144,308	40	33,658	11,784,796
033 SUBPROVIDER	3,641	3,641	395,864	3	2,169	1,749,450
034 NURSERY	1,320	1,320	436,907		4,161	1,360,200
035 SKILLED NURSING FACIL	14,194	14,194	1,430,927	18	13,515	32,071,420
037 NURSING FACILITY	6,896	6,896	503,646	8	6,852	1,531,968
039 ANCILLARY SRVC COST C						
041 OPERATING ROOM	26,003	26,003	4,226,135	74	5,373,905	68,234,596
041 01 DELIVERY ROOM & LABOR	400	400	645,941	16	6,152	2,416,715
041 02 RADIOLOGY-DIAGNOSTIC	17,693	17,693	2,993,844	54	254,310	80,180,949
041 03 NUCLEAR MEDICINE	1,321	1,321	275,798	3	311,116	8,107,575
041 04 ULTRASOUND	197	197	373,324	3	1,304	4,920,903
044 03 RADIATION THERAPY	7,260	7,260	418,208	13	25,767	3,702,178
046 LABORATORY	7,848	7,848	2,241,055	33	1,155,083	45,718,610
049 WHOLE BLOOD & PACKED	484	484	53,926		882,685	3,399,609
050 RESPIRATORY THERAPY	439	439	1,000,638	11	17,645	7,146,239
053 PHYSICAL THERAPY	5,902	5,902	3,193,145	38	28,492	17,589,480
055 ELECTROCARDIOLOGY	5,999	5,999	1,990,325	13	1,825,482	17,949,424
055 30 MEDICAL SUPPLIES CHAR					3,748,315	21,232,191
056 IMPL. DEV. CHARGED TO					489,453	19,864,186
059 DRUGS CHARGED TO PATI					5,288,828	63,558,969
059 01 OTHER ANCILLARY SERVI						
059 01 CATH LAB	3,297	3,297	791,372	37	1,768,170	14,924,751
060 OUTPAT SERVICE COST C						
060 01 CLINIC			414,495		15,768	555,776
060 01 DENTAL CLINIC			264,888		7,422	1,027,175
060 02 OTHER OUTPATIENT SERV						
060 03 DIABETIC TRAINING			429,509	11	5,794	184,319
060 04 INFUSION CENTER			188,805	3	279	512,872
061 EMERGENCY	9,332	9,332	2,285,447	42	20,578	19,288,930
062 OBSERVATION BEDS (NON						
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	343,328	343,328	53,770,306	927	25,066,539	475,934,720
096 NONREIMBURS COST CENT						
096 03 GIFT, FLOWER, COFFEE	933	933	3,845	5		
096 04 PHYSICIAN RECRUITMENT	234	234	97,670	1	441	
096 05 MARKETING / PUBLIC RE			402,029	9	9,039	4,071,602
096 06 SPORTS MEDICINE						
096 06 OTHER NON REIMB			234,328	15	5,226	3,419,912
097 RESEARCH			105,786	1	501	
099 NONPAID WORKERS						
099 01 FREESTANDING VNA & HO			3,170,169		22,395	6,440,943
099 02 WELLNESS CENTER			338,573	11	5,176	
099 03 RENTAL PROPERTIES	11,984	11,984	93,961		5,592	
099 04 STARKE HOSPITAL						47,585,868
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	4,174,096	10,951,276	18,201,982	417,428	606,849	4,937,208
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	11.709234		.312659		.024163	
(WRKSHT B, PT I)		30.720676		430.782250		.009186
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			19,433	57,275	32,548	218,674
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.000334		.001296	
(WRKSHT B, PT III)				59.107327		.000407

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)
	6a.06	6.06	8	9	10	11	12
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 03 PURCHASING, RECEIVING							
006 04 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE	-26,303,969	136,910,137					
008 OPERATION OF PLANT		9,176,434	212,234				
009 LAUNDRY & LINEN SERVI		643,810	3,463	200,315			
010 HOUSEKEEPING		1,787,829	2,171	1,362	206,600		
011 DIETARY		1,034,444	5,945	2,472		114,319	
012 CAFETERIA		1,866,906	9,175				1,550,585
014 NURSING ADMINISTRATIO		1,206,941	704				21,812
015 CENTRAL SERVICES & SU		2,734,659	12,102	6,571			19,658
016 PHARMACY		2,359,701	1,351				59,030
017 MEDICAL RECORDS & LIB		1,606,616	3,102				67,231
018 SOCIAL SERVICE		1,052,606					25,885
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		12,242,047	41,306	57,410	41,306	59,690	277,421
026 INTENSIVE CARE UNIT		5,238,621	7,538	15,436	7,538	10,720	103,620
031 SUBPROVIDER		696,479	3,641	4,216	3,641	4,663	15,659
033 NURSERY		653,554	1,320	5,972	1,320		12,423
034 SKILLED NURSING FACIL		2,979,746	14,194	15,198	14,194	20,220	69,203
035 NURSING FACILITY		979,778	6,896	7,255	6,896	17,396	29,438
ANCILLARY SRVC COST C							
037 OPERATING ROOM		13,070,032	26,003	17,211	26,003	573	158,713
039 DELIVERY ROOM & LABOR		905,887	400	4,407	400		18,366
041 RADIOLOGY-DIAGNOSTIC		6,970,006	17,693	10,821	17,693		114,960
041 01 NUCLEAR MEDICINE		1,384,897	1,321		1,321		7,021
041 02 ULTRASOUND		560,450	197		197		8,504
041 03 RADIATION THERAPY		1,047,752	7,260	1,176	7,260		12,803
044 LABORATORY		5,842,298	7,848	9	7,848		106,133
046 WHOLE BLOOD & PACKED		1,029,154	484		484		1,989
049 RESPIRATORY THERAPY		1,424,468	439		439		38,549
050 PHYSICAL THERAPY		4,680,540	5,902	5,655	5,902		113,445
053 ELECTROCARDIOLOGY		5,013,906	5,999	3,814	5,999		63,434
055 MEDICAL SUPPLIES CHAR		4,033,925					
055 30 IMPL. DEV. CHARGED TO		683,752					
056 DRUGS CHARGED TO PATI		5,853,553					
059 OTHER ANCILLARY SERVI							
059 01 CATH LAB		3,370,241	3,297	2,513	3,297	264	22,307
OUTPAT SERVICE COST C							
060 CLINIC		613,444		225			20,631
060 01 DENTAL CLINIC		386,483					13,922
060 02 OTHER OUTPATIENT SERV							
060 03 DIABETIC TRAINING		601,510					13,887
060 04 INFUSION CENTER		254,340				529	6,085
061 EMERGENCY		3,675,178	9,332	19,840	9,332	264	75,186
062 OBSERVATION BEDS (NON							
095 SUBTOTALS	-26,303,969	107,661,987	199,083	181,563	193,449	114,319	1,497,315
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE		46,788	933		933		357
096 03 PHYSICIAN RECRUITMENT		631,445	234		234		4,151
096 04 MARKETING / PUBLIC RE		991,097					15,685
096 05 SPORTS MEDICINE							
096 06 OTHER NON REIMB		2,897,829		1,436			10,066
097 RESEARCH		139,904					2,983
099 NONPAID WORKERS							
099 01 FREESTANDING VNA & HO		5,793,435		127			
099 02 WELLNESS CENTER		577,580		3,352			
099 03 RENTAL PROPERTIES		1,223,845	11,984	2,048	11,984		15,896
099 04 STARKE HOSPITAL		16,946,227		11,789			4,132
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		26,303,969	10,939,466	946,001	2,249,652	1,616,028	2,798,413
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.192126		4.722567		14.136128	
(WRKSHT B, PT I)			51.544361		10.888925		1.804747
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		2,912,992	3,097,983	211,600	164,531	370,776	571,881
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.021277		1.056336		3.243345	
(WRKSHT B, PT III)			14.597016		.796375		.368816

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLIES	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(DIRECT SING HRS)	NR(BILLABLE LIES)	SUPP(100% ALLOCATI ON)	(GROSS CHRGS )	(PATIENT DAYS )
	14	15	16	17	18
003 GENERAL SERVICE COST					
004 NEW CAP REL COSTS-BLD					
005 NEW CAP REL COSTS-MVB					
006 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 03 PURCHASING, RECEIVING					
006 04 CASHIERING/ACCOUNTS R					
006 06 OTHER ADMINISTRATIVE					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVI					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION	683,306				
015 CENTRAL SERVICES & SU		3,569,252			
016 PHARMACY		15,961	100		
017 MEDICAL RECORDS & LIB				528,409,256	
018 SOCIAL SERVICE	1,733			2,814	38,242
025 INPAT ROUTINE SRVC CN					
025 ADULTS & PEDIATRICS	248,181	12,735		24,315,779	14,949
026 INTENSIVE CARE UNIT	86,953	39,790		11,784,796	6,524
031 SUBPROVIDER	14,277	128		1,749,450	1,606
033 NURSERY	12,471			1,360,200	1,576
034 SKILLED NURSING FACIL	49,144	1,947		32,071,420	7,737
035 NURSING FACILITY	27,109	433		1,531,968	5,850
037 ANCILLARY SRVC COST C					
037 OPERATING ROOM	106,447	2,067,531		68,234,596	
039 DELIVERY ROOM & LABOR	18,445	40,741		2,416,715	
041 RADIOLOGY-DIAGNOSTIC	5,444	441,907		80,180,949	
041 01 NUCLEAR MEDICINE		1,019		8,107,575	
041 02 ULTRASOUND		7,712		4,920,903	
041 03 RADIATION THERAPY	4,723	125,321		3,702,178	
044 LABORATORY				45,718,610	
046 WHOLE BLOOD & PACKED				3,399,609	
049 RESPIRATORY THERAPY		161,700		7,146,239	
050 PHYSICAL THERAPY		6,478		17,589,480	
053 ELECTROCARDIOLOGY	20,360	168,142		17,949,424	
055 MEDICAL SUPPLIES CHAR				21,232,191	
055 30 IMPL. DEV. CHARGED TO				19,864,186	
056 DRUGS CHARGED TO PATI			100	63,558,969	
059 OTHER ANCILLARY SERVI					
059 01 CATH LAB	14,855	362,669		14,924,751	
060 OUTPAT SERVICE COST C					
060 CLINIC	8,295	151		555,776	
060 01 DENTAL CLINIC		24,133		1,027,175	
060 02 OTHER OUTPATIENT SERV					
060 03 DIABETIC TRAINING	4,408			184,319	
060 04 INFUSION CENTER	4,839	98		512,872	
061 EMERGENCY	52,561	63,416		19,288,930	
062 OBSERVATION BEDS (NON					
062 SPEC PURPOSE COST CEN					
095 SUBTOTALS	680,245	3,542,012	100	473,331,874	38,242
096 NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE					
096 03 PHYSICIAN RECRUITMENT				4,071,602	
096 04 MARKETING / PUBLIC RE					
096 05 SPORTS MEDICINE				3,419,912	
096 06 OTHER NON REIMB					
097 RESEARCH	3,061				
099 NONPAID WORKERS					
099 01 FREESTANDING VNA & HO		27,050			
099 02 WELLNESS CENTER		190			
099 03 RENTAL PROPERTIES					
099 04 STARKE HOSPITAL				47,585,868	
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	1,522,144	4,082,136	3,022,197	2,230,292	1,305,427
(PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER		1.143695		.004221	
(WRKSHT B, PT I)	2.227617		30,221.970000		34.135950
105 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER					
(WRKSHT B, PT I I)					
107 COST TO BE ALLOCATED	75,179	774,941	155,424	240,666	33,393
(PER WRKSHT B, PART					
108 UNIT COST MULTIPLIER		.217116		.000455	
(WRKSHT B, PT I I I)	.110022		1,554.240000		.873202

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	19,968,865		19,968,865		19,968,865
26	INTENSIVE CARE UNIT	7,638,816		7,638,816		7,638,816
31	SUBPROVIDER	1,265,855		1,265,855		1,265,855
33	NURSERY	999,474		999,474		999,474
34	SKILLED NURSING FACILITY	5,432,096		5,432,096		5,432,096
35	NURSING FACILITY	2,198,905		2,198,905		2,198,905
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	20,470,161		20,470,161		20,470,161
39	DELIVERY ROOM & LABOR ROOM	1,256,747		1,256,747		1,256,747
41	RADIOLOGY-DIAGNOSTIC	10,528,190		10,528,190		10,528,190
41 01	NUCLEAR MEDICINE	1,781,504		1,781,504		1,781,504
41 02	ULTRASOUND	725,365		725,365		725,365
41 03	RADIATION THERAPY	1,900,455		1,900,455		1,900,455
44	LABORATORY	7,839,295		7,839,295		7,839,295
46	WHOLE BLOOD & PACKED RED	1,275,038		1,275,038		1,275,038
49	RESPIRATORY THERAPY	2,010,223		2,010,223		2,010,223
50	PHYSICAL THERAPY	6,261,374		6,261,374		6,261,374
53	ELECTROCARDIOLOGY	6,797,662		6,797,662		6,797,662
55	MEDICAL SUPPLIES CHARGED	4,898,568		4,898,568		4,898,568
55 30	IMPL. DEV. CHARGED TO PAT	898,966		898,966		898,966
56	DRUGS CHARGED TO PATIENTS	10,268,652		10,268,652		10,268,652
59	OTHER ANCILLARY SERVICE C					
59 01	CATH LAB	4,790,324		4,790,324		4,790,324
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	790,597		790,597		790,597
60 01	DENTAL CLINIC	517,799		517,799		517,799
60 02	OTHER OUTPATIENT SERVICE					
60 03	DIABETIC TRAINING	752,736		752,736		752,736
60 04	INFUSION CENTER	334,721		334,721		334,721
61	EMERGENCY	5,468,056		5,468,056		5,468,056
62	OBSERVATION BEDS (NON-DIS	2,936,042		2,936,042		2,936,042
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	130,006,486		130,006,486		130,006,486
102	LESS OBSERVATION BEDS	2,936,042		2,936,042		2,936,042
103	TOTAL	127,070,444		127,070,444		127,070,444

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	24,315,779		24,315,779			
26	INTENSIVE CARE UNIT	11,784,796		11,784,796			
31	SUBPROVIDER	1,749,450		1,749,450			
33	NURSERY	1,360,200		1,360,200			
34	SKILLED NURSING FACILITY	3,271,420		3,271,420			
35	NURSING FACILITY	1,531,968		1,531,968			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	31,798,232	36,436,363	68,234,595	.299997	.299997	.299997
39	DELIVERY ROOM & LABOR ROO	2,029,648	387,067	2,416,715	.520023	.520023	.520023
41	RADIOLOGY-DIAGNOSTIC	18,169,188	62,011,761	80,180,949	.131305	.131305	.131305
41 01	NUCLEAR MEDICINE	1,275,201	6,832,374	8,107,575	.219733	.219733	.219733
41 02	ULTRASOUND	721,821	4,199,082	4,920,903	.147405	.147405	.147405
41 03	RADIATION THERAPY	263,064	3,439,114	3,702,178	.513334	.513334	.513334
44	LABORATORY	17,197,027	28,521,582	45,718,609	.171468	.171468	.171468
46	WHOLE BLOOD & PACKED RED	2,683,160	716,450	3,399,610	.375054	.375054	.375054
49	RESPIRATORY THERAPY	6,309,873	836,366	7,146,239	.281298	.281298	.281298
50	PHYSICAL THERAPY	5,805,538	11,782,498	17,588,036	.356002	.356002	.356002
53	ELECTROCARDIOLOGY	5,227,741	12,721,683	17,949,424	.378712	.378712	.378712
55	MEDICAL SUPPLIES CHARGED	14,426,879	6,805,313	21,232,192	.230714	.230714	.230714
55 30	IMPL. DEV. CHARGED TO PAT	13,892,698	5,971,488	19,864,186	.045256	.045256	.045256
56	DRUGS CHARGED TO PATIENTS	42,407,978	21,150,991	63,558,969	.161561	.161561	.161561
59	OTHER ANCILLARY SERVICE C						
59 01	CATH LAB	7,561,851	7,362,899	14,924,750	.320965	.320965	.320965
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,526	554,250	555,776	1.422510	1.422510	1.422510
60 01	DENTAL CLINIC		1,027,175	1,027,175	.504100	.504100	.504100
60 02	OTHER OUTPATIENT SERVICE						
60 03	DIABETIC TRAINING	17,494	166,825	184,319	4.083876	4.083876	4.083876
60 04	INFUSION CENTER	4,373	508,499	512,872	.652640	.652640	.652640
61	EMERGENCY	4,881,385	14,407,545	19,288,930	.283482	.283482	.283482
62	OBSERVATION BEDS (NON-DIS	909,484	3,162,118	4,071,602	.721102	.721102	.721102
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	219,597,774	229,001,443	448,599,217			
102	LESS OBSERVATION BEDS						
103	TOTAL	219,597,774	229,001,443	448,599,217			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0006  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET C  
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	19,968,865		19,968,865		19,968,865
26	INTENSIVE CARE UNIT	7,638,816		7,638,816		7,638,816
31	SUBPROVIDER	1,265,855		1,265,855		1,265,855
33	NURSERY	999,474		999,474		999,474
34	SKILLED NURSING FACILITY	5,432,096		5,432,096		5,432,096
35	NURSING FACILITY	2,198,905		2,198,905		2,198,905
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	20,470,161		20,470,161		20,470,161
39	DELIVERY ROOM & LABOR ROOM	1,256,747		1,256,747		1,256,747
41	RADIOLOGY-DIAGNOSTIC	10,528,190		10,528,190		10,528,190
41 01	NUCLEAR MEDICINE	1,781,504		1,781,504		1,781,504
41 02	ULTRASOUND	725,365		725,365		725,365
41 03	RADIATION THERAPY	1,900,455		1,900,455		1,900,455
44	LABORATORY	7,839,295		7,839,295		7,839,295
46	WHOLE BLOOD & PACKED RED	1,275,038		1,275,038		1,275,038
49	RESPIRATORY THERAPY	2,010,223		2,010,223		2,010,223
50	PHYSICAL THERAPY	6,261,374		6,261,374		6,261,374
53	ELECTROCARDIOLOGY	6,797,662		6,797,662		6,797,662
55	MEDICAL SUPPLIES CHARGED	4,898,568		4,898,568		4,898,568
55 30	IMPL. DEV. CHARGED TO PAT	898,966		898,966		898,966
56	DRUGS CHARGED TO PATIENTS	10,268,652		10,268,652		10,268,652
59	OTHER ANCILLARY SERVICE C					
59 01	CATH LAB	4,790,324		4,790,324		4,790,324
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	790,597		790,597		790,597
60 01	DENTAL CLINIC	517,799		517,799		517,799
60 02	OTHER OUTPATIENT SERVICE					
60 03	DIABETIC TRAINING	752,736		752,736		752,736
60 04	INFUSION CENTER	334,721		334,721		334,721
61	EMERGENCY	5,468,056		5,468,056		5,468,056
62	OBSERVATION BEDS (NON-DIS	2,936,042		2,936,042		2,936,042
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	130,006,486		130,006,486		130,006,486
102	LESS OBSERVATION BEDS	2,936,042		2,936,042		2,936,042
103	TOTAL	127,070,444		127,070,444		127,070,444

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	24,315,779		24,315,779			
26	INTENSIVE CARE UNIT	11,784,796		11,784,796			
31	SUBPROVIDER	1,749,450		1,749,450			
33	NURSERY	1,360,200		1,360,200			
34	SKILLED NURSING FACILITY	3,271,420		3,271,420			
35	NURSING FACILITY	1,531,968		1,531,968			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	31,798,232	36,436,363	68,234,595	.299997	.299997	.299997
39	DELIVERY ROOM & LABOR ROO	2,029,648	387,067	2,416,715	.520023	.520023	.520023
41	RADIOLOGY-DIAGNOSTIC	18,169,188	62,011,761	80,180,949	.131305	.131305	.131305
41 01	NUCLEAR MEDICINE	1,275,201	6,832,374	8,107,575	.219733	.219733	.219733
41 02	ULTRASOUND	721,821	4,199,082	4,920,903	.147405	.147405	.147405
41 03	RADIATION THERAPY	263,064	3,439,114	3,702,178	.513334	.513334	.513334
44	LABORATORY	17,197,027	28,521,582	45,718,609	.171468	.171468	.171468
46	WHOLE BLOOD & PACKED RED	2,683,160	716,450	3,399,610	.375054	.375054	.375054
49	RESPIRATORY THERAPY	6,309,873	836,366	7,146,239	.281298	.281298	.281298
50	PHYSICAL THERAPY	5,805,538	11,782,498	17,588,036	.356002	.356002	.356002
53	ELECTROCARDIOLOGY	5,227,741	12,721,683	17,949,424	.378712	.378712	.378712
55	MEDICAL SUPPLIES CHARGED	14,426,879	6,805,313	21,232,192	.230714	.230714	.230714
55 30	IMPL. DEV. CHARGED TO PAT	13,892,698	5,971,488	19,864,186	.045256	.045256	.045256
56	DRUGS CHARGED TO PATIENTS	42,407,978	21,150,991	63,558,969	.161561	.161561	.161561
59	OTHER ANCILLARY SERVICE C						
59 01	CATH LAB	7,561,851	7,362,899	14,924,750	.320965	.320965	.320965
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,526	554,250	555,776	1.422510	1.422510	1.422510
60 01	DENTAL CLINIC		1,027,175	1,027,175	.504100	.504100	.504100
60 02	OTHER OUTPATIENT SERVICE						
60 03	DIABETIC TRAINING	17,494	166,825	184,319	4.083876	4.083876	4.083876
60 04	INFUSION CENTER	4,373	508,499	512,872	.652640	.652640	.652640
61	EMERGENCY	4,881,385	14,407,545	19,288,930	.283482	.283482	.283482
62	OBSERVATION BEDS (NON-DIS	909,484	3,162,118	4,071,602	.721102	.721102	.721102
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	219,597,774	229,001,443	448,599,217			
102	LESS OBSERVATION BEDS						
103	TOTAL	219,597,774	229,001,443	448,599,217			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	20,470,161	2,392,416	18,077,745			20,470,161
39	DELIVERY ROOM & LABOR ROO	1,256,747	67,963	1,188,784			1,256,747
41	RADIOLOGY-DIAGNOSTIC	10,528,190	1,395,549	9,132,641			10,528,190
41 01	NUCLEAR MEDICINE	1,781,504	116,322	1,665,182			1,781,504
41 02	ULTRASOUND	725,365	32,673	692,692			725,365
41 03	RADIATION THERAPY	1,900,455	479,915	1,420,540			1,900,455
44	LABORATORY	7,839,295	660,864	7,178,431			7,839,295
46	WHOLE BLOOD & PACKED RED	1,275,038	54,710	1,220,328			1,275,038
49	RESPIRATORY THERAPY	2,010,223	112,185	1,898,038			2,010,223
50	PHYSICAL THERAPY	6,261,374	508,593	5,752,781			6,261,374
53	ELECTROCARDIOLOGY	6,797,662	539,003	6,258,659			6,797,662
55	MEDICAL SUPPLIES CHARGED	4,898,568	108,991	4,789,577			4,898,568
55 30	IMPL. DEV. CHARGED TO PAT	898,966	32,305	866,661			898,966
56	DRUGS CHARGED TO PATIENTS	10,268,652	341,612	9,927,040			10,268,652
59	OTHER ANCILLARY SERVICE C						
59 01	CATH LAB	4,790,324	372,073	4,418,251			4,790,324
	OUTPAT SERVICE COST CNTRS						
	CLINIC	790,597	22,482	768,115			790,597
60 01	DENTAL CLINIC	517,799	19,581	498,218			517,799
60 02	OTHER OUTPATIENT SERVICE						
60 03	DIABETIC TRAINING	752,736	19,365	733,371			752,736
60 04	INFUSION CENTER	334,721	10,607	324,114			334,721
61	EMERGENCY	5,468,056	706,800	4,761,256			5,468,056
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,936,042	452,291	2,483,751			2,936,042
101	SUBTOTAL	92,502,475	8,446,300	84,056,175			92,502,475
102	LESS OBSERVATION BEDS	2,936,042	452,291	2,483,751			2,936,042
103	TOTAL	89,566,433	7,994,009	81,572,424			89,566,433

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	68,234,595	.299997	.299997
39	DELIVERY ROOM & LABOR ROO	2,416,715	.520023	.520023
41	RADIOLOGY-DIAGNOSTIC	80,180,949	.131305	.131305
41 01	NUCLEAR MEDICINE	8,107,575	.219733	.219733
41 02	ULTRASOUND	4,920,903	.147405	.147405
41 03	RADIATION THERAPY	3,702,178	.513334	.513334
44	LABORATORY	45,718,609	.171468	.171468
46	WHOLE BLOOD & PACKED RED	3,399,610	.375054	.375054
49	RESPIRATORY THERAPY	7,146,239	.281298	.281298
50	PHYSICAL THERAPY	17,588,036	.356002	.356002
53	ELECTROCARDIOLOGY	17,949,424	.378712	.378712
55	MEDICAL SUPPLIES CHARGED	21,232,192	.230714	.230714
55 30	IMPL. DEV. CHARGED TO PAT	19,864,186	.045256	.045256
56	DRUGS CHARGED TO PATIENTS	63,558,969	.161561	.161561
59	OTHER ANCILLARY SERVICE C			
59 01	CATH LAB	14,924,750	.320965	.320965
	OUTPAT SERVICE COST CNTRS			
	CLINIC	555,776	1.422510	1.422510
60 01	DENTAL CLINIC	1,027,175	.504100	.504100
60 02	OTHER OUTPATIENT SERVICE			
60 03	DIABETIC TRAINING	184,319	4.083876	4.083876
60 04	INFUSION CENTER	512,872	.652640	.652640
61	EMERGENCY	19,288,930	.283482	.283482
62	OBSERVATION BEDS (NON-DIS	4,071,602	.721102	.721102
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	404,585,604		
102	LESS OBSERVATION BEDS	4,071,602		
103	TOTAL	400,514,002		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	20,470,161	2,392,416	18,077,745	239,242	1,048,509	19,182,410
39	DELIVERY ROOM & LABOR ROO	1,256,747	67,963	1,188,784	6,796	68,949	1,181,002
41	RADIOLOGY-DIAGNOSTIC	10,528,190	1,395,549	9,132,641	139,555	529,693	9,858,942
41 01	NUCLEAR MEDICINE	1,781,504	116,322	1,665,182	11,632	96,581	1,673,291
41 02	ULTRASOUND	725,365	32,673	692,692	3,267	40,176	681,922
41 03	RADIATION THERAPY	1,900,455	479,915	1,420,540	47,992	82,391	1,770,072
44	LABORATORY	7,839,295	660,864	7,178,431	66,086	416,349	7,356,860
46	WHOLE BLOOD & PACKED RED	1,275,038	54,710	1,220,328	5,471	70,779	1,198,788
49	RESPIRATORY THERAPY	2,010,223	112,185	1,898,038	11,219	110,086	1,888,918
50	PHYSICAL THERAPY	6,261,374	508,593	5,752,781	50,859	333,661	5,876,854
53	ELECTROCARDIOLOGY	6,797,662	539,003	6,258,659	53,900	363,002	6,380,760
55	MEDICAL SUPPLIES CHARGED	4,898,568	108,991	4,789,577	10,899	277,795	4,609,874
55 30	IMPL. DEV. CHARGED TO PAT	898,966	32,305	866,661	3,231	50,266	845,469
56	DRUGS CHARGED TO PATIENTS	10,268,652	341,612	9,927,040	34,161	575,768	9,658,723
59	OTHER ANCILLARY SERVICE C						
59 01	CATH LAB	4,790,324	372,073	4,418,251	37,207	256,259	4,496,858
	OUTPAT SERVICE COST CNTRS						
	CLINIC	790,597	22,482	768,115	2,248	44,551	743,798
60 01	DENTAL CLINIC	517,799	19,581	498,218	1,958	28,897	486,944
60 02	OTHER OUTPATIENT SERVICE						
60 03	DIABETIC TRAINING	752,736	19,365	733,371	1,937	42,536	708,263
60 04	INFUSION CENTER	334,721	10,607	324,114	1,061	18,799	314,861
61	EMERGENCY	5,468,056	706,800	4,761,256	70,680	276,153	5,121,223
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,936,042	452,291	2,483,751	45,229	144,058	2,746,755
101	SUBTOTAL	92,502,475	8,446,300	84,056,175	844,630	4,875,258	86,782,587
102	LESS OBSERVATION BEDS	2,936,042	452,291	2,483,751	45,229	144,058	2,746,755
103	TOTAL	89,566,433	7,994,009	81,572,424	799,401	4,731,200	84,035,832

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	68,234,595	.281124	.296491
39	DELIVERY ROOM & LABOR ROO	2,416,715	.488681	.517211
41	RADIOLOGY-DIAGNOSTIC	80,180,949	.122959	.129565
41 01	NUCLEAR MEDICINE	8,107,575	.206386	.218299
41 02	ULTRASOUND	4,920,903	.138577	.146741
41 03	RADIATION THERAPY	3,702,178	.478116	.500371
44	LABORATORY	45,718,609	.160916	.170023
46	WHOLE BLOOD & PACKED RED	3,399,610	.352625	.373445
49	RESPIRATORY THERAPY	7,146,239	.264323	.279728
50	PHYSICAL THERAPY	17,588,036	.334139	.353110
53	ELECTROCARDIOLOGY	17,949,424	.355486	.375709
55	MEDICAL SUPPLIES CHARGED	21,232,192	.217117	.230201
55 30	IMPL. DEV. CHARGED TO PAT	19,864,186	.042562	.045093
56	DRUGS CHARGED TO PATIENTS	63,558,969	.151965	.161024
59	OTHER ANCILLARY SERVICE C			
59 01	CATH LAB	14,924,750	.301302	.318472
	OUTPAT SERVICE COST CNTRS			
	CLINIC	555,776	1.338305	1.418465
60 01	DENTAL CLINIC	1,027,175	.474061	.502194
60 02	OTHER OUTPATIENT SERVICE			
60 03	DIABETIC TRAINING	184,319	3.842594	4.073367
60 04	INFUSION CENTER	512,872	.613917	.650572
61	EMERGENCY	19,288,930	.265501	.279817
62	OBSERVATION BEDS (NON-DIS	4,071,602	.674613	.709994
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	404,585,604		
102	LESS OBSERVATION BEDS	4,071,602		
103	TOTAL	400,514,002		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0006      PERIOD: FROM 1/1/2010 TO 12/31/2010      PREPARED 5/25/2011 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				3,076,171		3,076,171
26	INTENSIVE CARE UNIT				674,144		674,144
31	SUBPROVIDER				255,528		255,528
33	NURSERY				105,194		105,194
101	TOTAL				4,111,037		4,111,037

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	21,839	10,226			140.86	1,440,434
26	INTENSIVE CARE UNIT	4,720	2,611			142.83	372,929
31	SUBPROVIDER	1,606	1,114			159.11	177,249
33	NURSERY	1,576				66.75	
101	TOTAL	29,741	13,951				1,990,612

PROVIDER NO: 15-0006  
 COMPONENT NO: 15-0006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,392,416	68,234,595	14,027,389		
39	DELIVERY ROOM & LABOR ROO		67,963	2,416,715	2,479		
41	RADIOLOGY-DIAGNOSTIC		1,395,549	80,180,949	9,727,387		
41 01	NUCLEAR MEDICINE		116,322	8,107,575	756,542		
41 02	ULTRASOUND		32,673	4,920,903	394,403		
41 03	RADIATION THERAPY		479,915	3,702,178	129,264		
44	LABORATORY		660,864	45,718,609	8,751,348		
46	WHOLE BLOOD & PACKED RED		54,710	3,399,610	1,526,900		
49	RESPIRATORY THERAPY		112,185	7,146,239	2,645,042		
50	PHYSICAL THERAPY		508,593	17,588,036	1,713,869		
53	ELECTROCARDIOLOGY		539,003	17,949,424	2,902,232		
55	MEDICAL SUPPLIES CHARGED		108,991	21,232,192	7,492,050		
55 30	IMPL. DEV. CHARGED TO PAT		32,305	19,864,186	6,461,367		
56	DRUGS CHARGED TO PATIENTS		341,612	63,558,969	20,812,852		
59	OTHER ANCILLARY SERVICE C						
59 01	CATH LAB		372,073	14,924,750	3,546,174		
	OUTPAT SERVICE COST CNTRS						
	CLINIC		22,482	555,776	688		
60 01	DENTAL CLINIC		19,581	1,027,175			
60 02	OTHER OUTPATIENT SERVICE						
60 03	DIABETIC TRAINING		19,365	184,319	7,404		
60 04	INFUSION CENTER		10,607	512,872	4,052		
61	EMERGENCY		706,800	19,288,930	2,708,453		
62	OBSERVATION BEDS (NON-DIS		452,291	4,071,602	484,022		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		8,446,300	404,585,604	84,093,917		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 COMPONENT NO: 15-0006  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.035062	491,828
39	DELIVERY ROOM & LABOR ROO	.028122	70
41	RADIOLOGY-DIAGNOSTIC	.017405	169,305
41 01	NUCLEAR MEDICINE	.014347	10,854
41 02	ULTRASOUND	.006640	2,619
41 03	RADIATION THERAPY	.129630	16,756
44	LABORATORY	.014455	126,501
46	WHOLE BLOOD & PACKED RED	.016093	24,572
49	RESPIRATORY THERAPY	.015698	41,522
50	PHYSICAL THERAPY	.028917	49,560
53	ELECTROCARDIOLOGY	.030029	87,151
55	MEDICAL SUPPLIES CHARGED	.005133	38,457
55 30	IMPL. DEV. CHARGED TO PAT	.001626	10,506
56	DRUGS CHARGED TO PATIENTS	.005375	111,869
59	OTHER ANCILLARY SERVICE C		
59 01	CATH LAB	.024930	88,406
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.040452	28
60 01	DENTAL CLINIC	.019063	
60 02	OTHER OUTPATIENT SERVICE		
60 03	DIABETIC TRAINING	.105062	778
60 04	INFUSION CENTER	.020682	84
61	EMERGENCY	.036643	99,246
62	OBSERVATION BEDS (NON-DIS	.111084	53,767
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,423,879

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

PROVIDER NO: 15-0006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART III  
 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					21,839	
26	INTENSIVE CARE UNIT					4,720	
31	SUBPROVIDER					1,606	
33	NURSERY					1,576	
34	SKILLED NURSING FACILITY					7,737	
35	NURSING FACILITY					5,850	
101	TOTAL					43,328	

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

I PROVIDER NO:      I PERIOD:      I PREPARED 5/25/2011  
I 15-0006            I FROM 1/ 1/2010    I WORKSHEET D  
I                      I TO 12/31/2010    I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	10,226	
26	INTENSIVE CARE UNIT	2,611	
31	SUBPROVIDER	1,114	
33	NURSERY		
34	SKILLED NURSING FACILITY	4,766	
35	NURSING FACILITY		
101	TOTAL	18,717	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 ULTRASOUND						
41	03 RADIATION THERAPY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	OTHER ANCILLARY SERVICE C						
59	01 CATH LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DENTAL CLINIC						
60	02 OTHER OUTPATIENT SERVICE						
60	03 DIABETIC TRAINING						
60	04 INFUSION CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			68,234,595			14,027,389	
39	DELIVERY ROOM & LABOR ROO			2,416,715			2,479	
41	RADIOLOGY-DIAGNOSTIC			80,180,949			9,727,387	
41 01	NUCLEAR MEDICINE			8,107,575			756,542	
41 02	ULTRASOUND			4,920,903			394,403	
41 03	RADIATION THERAPY			3,702,178			129,264	
44	LABORATORY			45,718,609			8,751,348	
46	WHOLE BLOOD & PACKED RED			3,399,610			1,526,900	
49	RESPIRATORY THERAPY			7,146,239			2,645,042	
50	PHYSICAL THERAPY			17,588,036			1,713,869	
53	ELECTROCARDIOLOGY			17,949,424			2,902,232	
55	MEDICAL SUPPLIES CHARGED			21,232,192			7,492,050	
55 30	IMPL. DEV. CHARGED TO PAT			19,864,186			6,461,367	
56	DRUGS CHARGED TO PATIENTS			63,558,969			20,812,852	
59	OTHER ANCILLARY SERVICE C							
59 01	CATH LAB			14,924,750			3,546,174	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			555,776			688	
60 01	DENTAL CLINIC			1,027,175				
60 02	OTHER OUTPATIENT SERVICE							
60 03	DIABETIC TRAINING			184,319			7,404	
60 04	INFUSION CENTER			512,872			4,052	
61	EMERGENCY			19,288,930			2,708,453	
62	OBSERVATION BEDS (NON-DIS			4,071,602			484,022	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			404,585,604			84,093,917	

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	9,321,710					
39	DELIVERY ROOM & LABOR ROO	1,095					
41	RADIOLOGY-DIAGNOSTIC	19,420,580					
41 01	NUCLEAR MEDICINE	3,572,140					
41 02	ULTRASOUND	17,384					
41 03	RADIATION THERAPY	1,366,476					
44	LABORATORY	512,559					
46	WHOLE BLOOD & PACKED RED	412,018					
49	RESPIRATORY THERAPY	271,668					
50	PHYSICAL THERAPY	7,759					
53	ELECTROCARDIOLOGY	5,278,737					
55	MEDICAL SUPPLIES CHARGED	3,026,821					
55 30	IMPL. DEV. CHARGED TO PAT	3,186,486					
56	DRUGS CHARGED TO PATIENTS	8,065,783					
59	OTHER ANCILLARY SERVICE C						
59 01	CATH LAB	3,699,361					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,066					
60 01	DENTAL CLINIC						
60 02	OTHER OUTPATIENT SERVICE						
60 03	DIABETIC TRAINING	273					
60 04	INFUSION CENTER	242,348					
61	EMERGENCY	2,955,615					
62	OBSERVATION BEDS (NON-DIS	1,208,131					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	62,568,010					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/25/2011  
 | 15-0006 | FROM 1/ 1/2010 | WORKSHEET D  
 | COMPONENT NO: | TO 12/31/2010 | PART V  
 | 15-0006 | |

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 Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.299997	.299997			
39 DELIVERY ROOM & LABOR ROOM	.520023	.520023			
41 RADIOLOGY-DIAGNOSTIC	.131305	.131305			
41 01 NUCLEAR MEDICINE	.219733	.219733			
41 02 ULTRASOUND	.147405	.147405			
41 03 RADIATION THERAPY	.513334	.513334			
44 LABORATORY	.171468	.171468			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.375054	.375054			
49 RESPIRATORY THERAPY	.281298	.281298			
50 PHYSICAL THERAPY	.356002	.356002			
53 ELECTROCARDIOLOGY	.378712	.378712			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.230714	.230714			
55 30 IMPL. DEV. CHARGED TO PATIENT	.045256	.045256			
56 DRUGS CHARGED TO PATIENTS	.161561	.161561			
59 OTHER ANCILLARY SERVICE COST CENTERS					
59 01 CATH LAB	.320965	.320965			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.422510	1.422510			
60 01 DENTAL CLINIC	.504100	.504100			
60 02 OTHER OUTPATIENT SERVICE COST CENTER					
60 03 DIABETIC TRAINING	4.083876	4.083876			
60 04 INFUSION CENTER	.652640	.652640			
61 EMERGENCY	.283482	.283482			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.721102	.721102			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS  
 TITLE XVIII, PART B HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		9,321,710			
39 DELIVERY ROOM & LABOR ROOM		1,095			
41 RADIOLOGY-DIAGNOSTIC		19,420,580			
41 01 NUCLEAR MEDICINE		3,572,140			
41 02 ULTRASOUND		17,384			
41 03 RADIATION THERAPY		1,366,476			
44 LABORATORY		512,559			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		412,018			
49 RESPIRATORY THERAPY		271,668			
50 PHYSICAL THERAPY		7,759			
53 ELECTROCARDIOLOGY		5,278,737			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,026,821			
55 30 IMPL. DEV. CHARGED TO PATIENT		3,186,486			
56 DRUGS CHARGED TO PATIENTS		8,065,783			
59 OTHER ANCILLARY SERVICE COST CENTERS					
59 01 CATH LAB		3,699,361			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		1,066			
60 01 DENTAL CLINIC					
60 02 OTHER OUTPATIENT SERVICE COST CENTER					
60 03 DIABETIC TRAINING		273			
60 04 INFUSION CENTER		242,348			
61 EMERGENCY		2,955,615			
62 OBSERVATION BEDS (NON-DISTINCT PART)		1,208,131			
101 SUBTOTAL		62,568,010			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		62,568,010			

(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: | PERIOD: | PREPARED 5/25/2011  
 | 15-0006 | FROM 1/ 1/2010 | WORKSHEET D  
 | COMPONENT NO: | TO 12/31/2010 | PART V  
 | 15-0006 | |

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 NUCLEAR MEDICINE			
41 02 ULTRASOUND			
41 03 RADIATION THERAPY			
44 LABORATORY			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30 IMPL. DEV. CHARGED TO PATIENT			
56 DRUGS CHARGED TO PATIENTS			
59 OTHER ANCILLARY SERVICE COST CENTERS			
59 01 CATH LAB			
60 OUTPAT SERVICE COST CNTRS			
60 CLINIC			
60 01 DENTAL CLINIC			
60 02 OTHER OUTPATIENT SERVICE COST CENTER			
60 03 DIABETIC TRAINING			
60 04 INFUSION CENTER			
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			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
15-0006		PART VI

TITLE XVIII, PART B      HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.161561
3	PROGRAM COSTS	53,823
		8,696

PROVIDER NO: 15-0006  
 COMPONENT NO: 15-T006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,392,416	68,234,595	100,013		
39	DELIVERY ROOM & LABOR ROO		67,963	2,416,715			
41	RADIOLOGY-DIAGNOSTIC		1,395,549	80,180,949	63,745		
41 01	NUCLEAR MEDICINE		116,322	8,107,575	13,247		
41 02	ULTRASOUND		32,673	4,920,903	3,938		
41 03	RADIATION THERAPY		479,915	3,702,178			
44	LABORATORY		660,864	45,718,609	119,155		
46	WHOLE BLOOD & PACKED RED		54,710	3,399,610	2,068		
49	RESPIRATORY THERAPY		112,185	7,146,239	59,188		
50	PHYSICAL THERAPY		508,593	17,588,036	1,011,929		
53	ELECTROCARDIOLOGY		539,003	17,949,424	7,202		
55	MEDICAL SUPPLIES CHARGED		108,991	21,232,192	87,122		
55 30	IMPL. DEV. CHARGED TO PAT		32,305	19,864,186	34,834		
56	DRUGS CHARGED TO PATIENTS		341,612	63,558,969	323,583		
59	OTHER ANCILLARY SERVICE C						
59 01	CATH LAB		372,073	14,924,750	4,969		
	OUTPAT SERVICE COST CNTRS						
	CLINIC		22,482	555,776	5		
60 01	DENTAL CLINIC		19,581	1,027,175			
60 02	OTHER OUTPATIENT SERVICE						
60 03	DIABETIC TRAINING		19,365	184,319	355		
60 04	INFUSION CENTER		10,607	512,872	3		
61	EMERGENCY		706,800	19,288,930	3,108		
62	OBSERVATION BEDS (NON-DIS		452,291	4,071,602			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		8,446,300	404,585,604	1,834,464		

PROVIDER NO: 15-0006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 COMPONENT NO: 15-T006  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART II  
 PPS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.035062	3,507
39	DELIVERY ROOM & LABOR ROO	.028122	
41	RADIOLOGY-DIAGNOSTIC	.017405	1,109
41 01	NUCLEAR MEDICINE	.014347	190
41 02	ULTRASOUND	.006640	26
41 03	RADIATION THERAPY	.129630	
44	LABORATORY	.014455	1,722
46	WHOLE BLOOD & PACKED RED	.016093	33
49	RESPIRATORY THERAPY	.015698	929
50	PHYSICAL THERAPY	.028917	29,262
53	ELECTROCARDIOLOGY	.030029	216
55	MEDICAL SUPPLIES CHARGED	.005133	447
55 30	IMPL. DEV. CHARGED TO PAT	.001626	57
56	DRUGS CHARGED TO PATIENTS	.005375	1,739
59	OTHER ANCILLARY SERVICE C		
59 01	CATH LAB	.024930	124
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.040452	
60 01	DENTAL CLINIC	.019063	
60 02	OTHER OUTPATIENT SERVICE		
60 03	DIABETIC TRAINING	.105062	37
60 04	INFUSION CENTER	.020682	
61	EMERGENCY	.036643	114
62	OBSERVATION BEDS (NON-DIS	.111084	
62	OTHER REIMBURS COST CNTRS		
101	TOTAL		39,512

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41 01	NUCLEAR MEDICINE						
41 02	ULTRASOUND						
41 03	RADIATION THERAPY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	OTHER ANCILLARY SERVICE C						
59 01	CATH LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	DENTAL CLINIC						
60 02	OTHER OUTPATIENT SERVICE						
60 03	DIABETIC TRAINING						
60 04	INFUSION CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			68,234,595			100,013	
39	DELIVERY ROOM & LABOR ROO			2,416,715				
41	RADIOLOGY-DIAGNOSTIC			80,180,949			63,745	
41 01	NUCLEAR MEDICINE			8,107,575			13,247	
41 02	ULTRASOUND			4,920,903			3,938	
41 03	RADIATION THERAPY			3,702,178				
44	LABORATORY			45,718,609			119,155	
46	WHOLE BLOOD & PACKED RED			3,399,610			2,068	
49	RESPIRATORY THERAPY			7,146,239			59,188	
50	PHYSICAL THERAPY			17,588,036			1,011,929	
53	ELECTROCARDIOLOGY			17,949,424			7,202	
55	MEDICAL SUPPLIES CHARGED			21,232,192			87,122	
55 30	IMPL. DEV. CHARGED TO PAT			19,864,186			34,834	
56	DRUGS CHARGED TO PATIENTS			63,558,969			323,583	
59	OTHER ANCILLARY SERVICE C							
59 01	CATH LAB			14,924,750			4,969	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			555,776			5	
60 01	DENTAL CLINIC			1,027,175				
60 02	OTHER OUTPATIENT SERVICE							
60 03	DIABETIC TRAINING			184,319			355	
60 04	INFUSION CENTER			512,872			3	
61	EMERGENCY			19,288,930			3,108	
62	OBSERVATION BEDS (NON-DIS			4,071,602				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			404,585,604			1,834,464	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 ULTRASOUND						
41	03 RADIATION THERAPY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	OTHER ANCILLARY SERVICE C						
59	01 CATH LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		90				
60	01 DENTAL CLINIC						
60	02 OTHER OUTPATIENT SERVICE						
60	03 DIABETIC TRAINING						
60	04 INFUSION CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL		90				

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/25/2011  
 | 15-0006 | FROM 1/ 1/2010 | WORKSHEET D  
 | COMPONENT NO: | TO 12/31/2010 | PART V  
 | 15-T006 | |

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.299997	.299997			
39 DELIVERY ROOM & LABOR ROOM	.520023	.520023			
41 RADIOLOGY-DIAGNOSTIC	.131305	.131305			
41 01 NUCLEAR MEDICINE	.219733	.219733			
41 02 ULTRASOUND	.147405	.147405			
41 03 RADIATION THERAPY	.513334	.513334			
44 LABORATORY	.171468	.171468			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.375054	.375054			
49 RESPIRATORY THERAPY	.281298	.281298			
50 PHYSICAL THERAPY	.356002	.356002			
53 ELECTROCARDIOLOGY	.378712	.378712			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.230714	.230714			
55 30 IMPL. DEV. CHARGED TO PATIENT	.045256	.045256			
56 DRUGS CHARGED TO PATIENTS	.161561	.161561			
59 OTHER ANCILLARY SERVICE COST CENTERS					
59 01 CATH LAB	.320965	.320965			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.422510	1.422510			
60 01 DENTAL CLINIC	.504100	.504100			
60 02 OTHER OUTPATIENT SERVICE COST CENTER					
60 03 DIABETIC TRAINING	4.083876	4.083876			
60 04 INFUSION CENTER	.652640	.652640			
61 EMERGENCY	.283482	.283482			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.721102	.721102			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/25/2011  
 | 15-0006 | FROM 1/ 1/2010 | WORKSHEET D  
 | COMPONENT NO: | TO 12/31/2010 | PART V  
 | 15-T006 | |

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC					
41 01 NUCLEAR MEDICINE					
41 02 ULTRASOUND					
41 03 RADIATION THERAPY					
44 LABORATORY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS					
59 OTHER ANCILLARY SERVICE COST CENTERS					
59 01 CATH LAB					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		90			
60 01 DENTAL CLINIC					
60 02 OTHER OUTPATIENT SERVICE COST CENTER					
60 03 DIABETIC TRAINING					
60 04 INFUSION CENTER					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL		90			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		90			

(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: | PERIOD: | PREPARED 5/25/2011  
 | 15-0006 | FROM 1/ 1/2010 | WORKSHEET D  
 | COMPONENT NO: | TO 12/31/2010 | PART V  
 | 15-T006 | |

TITLE XVIII, PART B SUBPROVIDER 1

PPS Services Hospital I/P Hospital I/P  
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 NUCLEAR MEDICINE
- 41 02 ULTRASOUND
- 41 03 RADIATION THERAPY
- 44 LABORATORY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 53 ELECTROCARDIOLOGY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 30 IMPL. DEV. CHARGED TO PATIENT
- 56 DRUGS CHARGED TO PATIENTS
- 59 OTHER ANCILLARY SERVICE COST CENTERS
- 59 01 CATH LAB
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 DENTAL CLINIC
- 60 02 OTHER OUTPATIENT SERVICE COST CENTER
- 60 03 DIABETIC TRAINING
- 60 04 INFUSION CENTER
- 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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
15-T006		PART VI

TITLE XVIII, PART B

SUBPROVIDER 1

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2	PROGRAM VACCINE CHARGES
3	PROGRAM COSTS

1
.161561
273
44

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0006  
 COMPONENT NO: 15-5297  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41 01	NUCLEAR MEDICINE						
41 02	ULTRASOUND						
41 03	RADIATION THERAPY LABORATORY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	OTHER ANCILLARY SERVICE C						
59 01	CATH LAB OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	DENTAL CLINIC						
60 02	OTHER OUTPATIENT SERVICE						
60 03	DIABETIC TRAINING						
60 04	INFUSION CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0006  
 COMPONENT NO: 15-5297  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
41	RADIOLOGY-DIAGNOSTIC		
41 01	NUCLEAR MEDICINE		
41 02	ULTRASOUND		
41 03	RADIATION THERAPY		
44	LABORATORY		
46	WHOLE BLOOD & PACKED RED		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY		
55	MEDICAL SUPPLIES CHARGED		
55 30	IMPL. DEV. CHARGED TO PAT		
56	DRUGS CHARGED TO PATIENTS		
59	OTHER ANCILLARY SERVICE C		
59 01	CATH LAB		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	DENTAL CLINIC		
60 02	OTHER OUTPATIENT SERVICE		
60 03	DIABETIC TRAINING		
60 04	INFUSION CENTER		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41 01	NUCLEAR MEDICINE						
41 02	ULTRASOUND						
41 03	RADIATION THERAPY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	OTHER ANCILLARY SERVICE C						
59 01	CATH LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	DENTAL CLINIC						
60 02	OTHER OUTPATIENT SERVICE						
60 03	DIABETIC TRAINING						
60 04	INFUSION CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			68,234,595			4,502	
39	DELIVERY ROOM & LABOR ROO			2,416,715				
41	RADIOLOGY-DIAGNOSTIC			80,180,949			77,092	
41 01	NUCLEAR MEDICINE			8,107,575			3,855	
41 02	ULTRASOUND			4,920,903			7,248	
41 03	RADIATION THERAPY			3,702,178				
44	LABORATORY			45,718,609			396,954	
46	WHOLE BLOOD & PACKED RED			3,399,610			36,570	
49	RESPIRATORY THERAPY			7,146,239			577,479	
50	PHYSICAL THERAPY			17,588,036			1,399,291	
53	ELECTROCARDIOLOGY			17,949,424			34,830	
55	MEDICAL SUPPLIES CHARGED			21,232,192			482,529	
55 30	IMPL. DEV. CHARGED TO PAT			19,864,186				
56	DRUGS CHARGED TO PATIENTS			63,558,969			2,061,084	
59	OTHER ANCILLARY SERVICE C							
59 01	CATH LAB			14,924,750			15,464	
60	OUTPAT SERVICE COST CNTRS CLINIC			555,776				
60 01	DENTAL CLINIC			1,027,175				
60 02	OTHER OUTPATIENT SERVICE							
60 03	DIABETIC TRAINING			184,319				
60 04	INFUSION CENTER			512,872				
61	EMERGENCY			19,288,930			1,093	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			4,071,602				
101	TOTAL			404,585,604			5,097,991	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 ULTRASOUND						
41	03 RADIATION THERAPY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	OTHER ANCILLARY SERVICE C						
59	01 CATH LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DENTAL CLINIC						
60	02 OTHER OUTPATIENT SERVICE						
60	03 DIABETIC TRAINING						
60	04 INFUSION CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST		PROVIDER NO:		PERIOD:		PREPARED 5/25/2011
		15-0006		FROM 1/ 1/2010		WORKSHEET D
		COMPONENT NO:		TO 12/31/2010		PART VI
		15-5297				

TITLE XVIII, PART B                      SKILLED NURSING FACILITY

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.161561
3	PROGRAM COSTS	700
		113

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0006      PERIOD: FROM 1/1/2010 TO 12/31/2010      PREPARED 5/25/2011 WORKSHEET D PART I

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				3,076,171		3,076,171
26	INTENSIVE CARE UNIT				674,144		674,144
31	SUBPROVIDER				255,528		255,528
33	NURSERY				105,194		105,194
101	TOTAL				4,111,037		4,111,037

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART I

TITLE XIX

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	21,839	1,440			140.86	202,838
26	INTENSIVE CARE UNIT	4,720	616			142.83	87,983
31	SUBPROVIDER	1,606	66			159.11	10,501
33	NURSERY	1,576	604			66.75	40,317
101	TOTAL	29,741	2,726				341,639

PROVIDER NO: 15-0006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 COMPONENT NO: 15-0006  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XIX		HOSPITAL					
WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,392,416	68,234,595	2,792,663		
39	DELIVERY ROOM & LABOR ROO		67,963	2,416,715	1,946,828		
41	RADIOLOGY-DIAGNOSTIC		1,395,549	80,180,949	1,052,993		
41 01	NUCLEAR MEDICINE		116,322	8,107,575	64,204		
41 02	ULTRASOUND		32,673	4,920,903	61,108		
41 03	RADIATION THERAPY		479,915	3,702,178	16,840		
44	LABORATORY		660,864	45,718,609	1,299,044		
46	WHOLE BLOOD & PACKED RED		54,710	3,399,610	176,831		
49	RESPIRATORY THERAPY		112,185	7,146,239	632,962		
50	PHYSICAL THERAPY		508,593	17,588,036	172,115		
53	ELECTROCARDIOLOGY		539,003	17,949,424	250,230		
55	MEDICAL SUPPLIES CHARGED		108,991	21,232,192			
55 30	IMPL. DEV. CHARGED TO PAT		32,305	19,864,186			
56	DRUGS CHARGED TO PATIENTS		341,612	63,558,969			
59	OTHER ANCILLARY SERVICE C						
59 01	CATH LAB		372,073	14,924,750	533,855		
	OUTPAT SERVICE COST CNTRS						
	CLINIC		22,482	555,776			
60 01	DENTAL CLINIC		19,581	1,027,175			
60 02	OTHER OUTPATIENT SERVICE						
60 03	DIABETIC TRAINING		19,365	184,319			
60 04	INFUSION CENTER		10,607	512,872			
61	EMERGENCY		706,800	19,288,930	275,369		
62	OBSERVATION BEDS (NON-DIS		452,291	4,071,602			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		8,446,300	404,585,604	9,275,042		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 COMPONENT NO: 15-0006  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART II  
 PPS

TITLE XIX		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.035062	97,916
39	DELIVERY ROOM & LABOR ROO	.028122	54,749
41	RADIOLOGY-DIAGNOSTIC	.017405	18,327
41 01	NUCLEAR MEDICINE	.014347	921
41 02	ULTRASOUND	.006640	406
41 03	RADIATION THERAPY	.129630	2,183
44	LABORATORY	.014455	18,778
46	WHOLE BLOOD & PACKED RED	.016093	2,846
49	RESPIRATORY THERAPY	.015698	9,936
50	PHYSICAL THERAPY	.028917	4,977
53	ELECTROCARDIOLOGY	.030029	7,514
55	MEDICAL SUPPLIES CHARGED	.005133	
55 30	IMPL. DEV. CHARGED TO PAT	.001626	
56	DRUGS CHARGED TO PATIENTS	.005375	
59	OTHER ANCILLARY SERVICE C		
59 01	CATH LAB	.024930	13,309
	OUTPAT SERVICE COST CNTRS		
	CLINIC	.040452	
60 01	DENTAL CLINIC	.019063	
60 02	OTHER OUTPATIENT SERVICE		
60 03	DIABETIC TRAINING	.105062	
60 04	INFUSION CENTER	.020682	
61	EMERGENCY	.036643	10,090
62	OBSERVATION BEDS (NON-DIS	.111084	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		241,952

PROVIDER NO: 15-0006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART III  
 PPS

APPORTIONMENT OF INPATIENT ROUTINE  
 SERVICE OTHER PASS THROUGH COSTS  
 TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					21,839	
26	INTENSIVE CARE UNIT					4,720	
31	SUBPROVIDER					1,606	
33	NURSERY					1,576	
34	SKILLED NURSING FACILITY					7,737	
35	NURSING FACILITY					5,850	
101	TOTAL					43,328	

I PROVIDER NO:      I PERIOD:      I PREPARED 5/25/2011  
 I 15-0006      I FROM 1/ 1/2010      I WORKSHEET D  
 I      I TO 12/31/2010      I PART III

APPORTIONMENT OF INPATIENT ROUTINE  
 SERVICE OTHER PASS THROUGH COSTS  
 TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		1,440
26	INTENSIVE CARE UNIT		616
31	SUBPROVIDER		66
33	NURSERY		604
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
101	TOTAL		2,726

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 ULTRASOUND						
41	03 RADIATION THERAPY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	OTHER ANCILLARY SERVICE C						
59	01 CATH LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DENTAL CLINIC						
60	02 OTHER OUTPATIENT SERVICE						
60	03 DIABETIC TRAINING						
60	04 INFUSION CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			68,234,595			2,792,663	
39	DELIVERY ROOM & LABOR ROO			2,416,715			1,946,828	
41	RADIOLOGY-DIAGNOSTIC			80,180,949			1,052,993	
41 01	NUCLEAR MEDICINE			8,107,575			64,204	
41 02	ULTRASOUND			4,920,903			61,108	
41 03	RADIATION THERAPY			3,702,178			16,840	
44	LABORATORY			45,718,609			1,299,044	
46	WHOLE BLOOD & PACKED RED			3,399,610			176,831	
49	RESPIRATORY THERAPY			7,146,239			632,962	
50	PHYSICAL THERAPY			17,588,036			172,115	
53	ELECTROCARDIOLOGY			17,949,424			250,230	
55	MEDICAL SUPPLIES CHARGED			21,232,192				
55 30	IMPL. DEV. CHARGED TO PAT			19,864,186				
56	DRUGS CHARGED TO PATIENTS			63,558,969				
59	OTHER ANCILLARY SERVICE C							
59 01	CATH LAB			14,924,750			533,855	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			555,776				
60 01	DENTAL CLINIC			1,027,175				
60 02	OTHER OUTPATIENT SERVICE							
60 03	DIABETIC TRAINING			184,319				
60 04	INFUSION CENTER			512,872				
61	EMERGENCY			19,288,930			275,369	
62	OBSERVATION BEDS (NON-DIS			4,071,602				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			404,585,604			9,275,042	

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 ULTRASOUND						
41	03 RADIATION THERAPY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	OTHER ANCILLARY SERVICE C						
59	01 CATH LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DENTAL CLINIC						
60	02 OTHER OUTPATIENT SERVICE						
60	03 DIABETIC TRAINING						
60	04 INFUSION CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
15-0006		PART I

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)	21,839
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	21,839
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	21,839
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)	10,226
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	19,968,865
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	19,968,865

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	24,322,050
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,518,190
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16,227,127
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.821019
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	743.03
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	19,968,865

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
15-0006		PART II

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				914.37
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				9,350,348
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM				
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				9,350,348

	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	7,638,816	4,720	1,618.39	2,611	4,225,616
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				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1,813,363
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1,423,879
52	TOTAL PROGRAM EXCLUDABLE COST	3,237,242
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	28,315,080

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2010	5/25/2011
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15-0006		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	3,211
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	914.37
85	OBSERVATION BED COST	2,936,042

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	19,968,865		2,936,042	
87	NEW CAPITAL-RELATED COST	3,076,171	.154048	2,936,042	452,291
88	NON PHYSICIAN ANESTHETIST	19,968,865		2,936,042	
89	MEDICAL EDUCATION	19,968,865		2,936,042	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
15-T006		PART I

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,606
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,606
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,606
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)	1,114
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	1,265,855
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	1,265,855

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,749,450
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,749,450
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.723573
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
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	1,265,855

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 15-0006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 COMPONENT NO: 15-T006  
 PREPARED 5/25/2011  
 WORKSHEET D-1  
 PART II

TITLE XVIII PART A SUBPROVIDER I 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 788.20  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 878,055  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 878,055

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
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					520,586
49 TOTAL PROGRAM INPATIENT COSTS					1,398,641

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 177,249  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 39,512  
 52 TOTAL PROGRAM EXCLUDABLE COST 216,761  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,181,880

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

COMPUTATION OF INPATIENT OPERATING COST

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15-T006		PART III

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	788.20
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	1,265,855			
87	NEW CAPITAL-RELATED COST	255,528	1,265,855		
88	NON PHYSICIAN ANESTHETIST		1,265,855		
89	MEDICAL EDUCATION		1,265,855		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
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COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
15-5297		PART I

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	7,737
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,737
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,039
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,698
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)	4,766
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	5,432,096
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	5,432,096

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,271,420
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,273,382
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	998,038
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.660470
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	451.16
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	369.92
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	81.24
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	134.90
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	679,761
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,752,335

COMPUTATION OF INPATIENT OPERATING COST

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15-5297		PART III

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	4,752,335
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		614.23
68	PROGRAM ROUTINE SERVICE COST		2,927,420
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		2,927,420
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		1,033,092
72	PER DIEM CAPITAL-RELATED COSTS		133.53
73	PROGRAM CAPITAL-RELATED COSTS		636,404
74	INPATIENT ROUTINE SERVICE COST		2,291,016
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		2,291,016
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		2,927,420
80	PROGRAM INPATIENT ANCILLARY SERVICES		1,218,545
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		4,145,965

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

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15-0006		PART I

TITLE XIX - I/P HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	21,839
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	21,839
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	21,839
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)	1,440
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	1,576
16	NURSERY DAYS (TITLE V OR XIX ONLY)	604

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	19,968,865
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	19,968,865

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	24,322,050
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	24,322,050
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.821019
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,113.70
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	19,968,865

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 15-0006  
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 PART II

TITLE XIX - I/P 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 914.37  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,316,693  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,316,693

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	999,474	1,576	634.18	604	383,045
43 INTENSIVE CARE UNIT	7,638,816	4,720	1,618.39	616	996,928
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 2,892,775  
 49 TOTAL PROGRAM INPATIENT COSTS 5,589,441

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 331,138  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 241,952  
 52 TOTAL PROGRAM EXCLUDABLE COST 573,090  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 5,016,351

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

COMPUTATION OF INPATIENT OPERATING COST

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15-0006		PART III

TITLE XIX - I/P HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	3,211
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	914.37
85	OBSERVATION BED COST	2,936,042

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	19,968,865		2,936,042	
87	NEW CAPITAL-RELATED COST	3,076,171	.154048	2,936,042	452,291
88	NON PHYSICIAN ANESTHETIST	19,968,865		2,936,042	
89	MEDICAL EDUCATION	19,968,865		2,936,042	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
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15-T006		PART I

TITLE XIX - I/P

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,606
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,606
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,606
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)	66
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	
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	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,749,450
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,749,450
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,089.32
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	

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 15-0006  
 COMPONENT NO: 15-T006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
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 PART II

TITLE XIX - I/P SUBPROVIDER I 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
- 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST
- 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
- 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST

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

PASS THROUGH COST ADJUSTMENTS

- 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 10,501
- 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
- 52 TOTAL PROGRAM EXCLUDABLE COST 10,501
- 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
ANESTHETIST, AND MEDICAL EDUCATION COSTS -10,501

TARGET AMOUNT AND LIMIT COMPUTATION

- 54 PROGRAM DISCHARGES 13
- 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

COMPUTATION OF INPATIENT OPERATING COST

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15-T006		PART III

TITLE XIX - I/P

SUBPROVIDER I

PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0006  
 COMPONENT NO: 15-0006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		13,470,843	
26	INTENSIVE CARE UNIT		6,282,419	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.299997	14,027,389	4,208,175
39	DELIVERY ROOM & LABOR ROOM	.520023	2,479	1,289
41	RADIOLOGY-DIAGNOSTIC	.131305	9,727,387	1,277,255
41 01	NUCLEAR MEDICINE	.219733	756,542	166,237
41 02	ULTRASOUND	.147405	394,403	58,137
41 03	RADIATION THERAPY	.513334	129,264	66,356
44	LABORATORY	.171468	8,751,348	1,500,576
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.375054	1,526,900	572,670
49	RESPIRATORY THERAPY	.281298	2,645,042	744,045
50	PHYSICAL THERAPY	.356002	1,713,869	610,141
53	ELECTROCARDIOLOGY	.378712	2,902,232	1,099,110
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.230714	7,492,050	1,728,521
55 30	IMPL. DEV. CHARGED TO PATIENT	.045256	6,461,367	292,416
56	DRUGS CHARGED TO PATIENTS	.161561	20,812,852	3,362,545
59	OTHER ANCILLARY SERVICE COST CENTERS			
59 01	CATH LAB	.320965	3,546,174	1,138,198
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.422510	688	979
60 01	DENTAL CLINIC	.504100		
60 02	OTHER OUTPATIENT SERVICE COST CENTER			
60 03	DIABETIC TRAINING	4.083876	7,404	30,237
60 04	INFUSION CENTER	.652640	4,052	2,644
61	EMERGENCY	.283482	2,708,453	767,798
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.721102	484,022	349,029
101	TOTAL		84,093,917	17,976,358
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		84,093,917	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0006  
 COMPONENT NO: 15-T006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D-4

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,237,480	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.299997	100,013	30,004
39	DELIVERY ROOM & LABOR ROOM	.520023		
41	RADIOLOGY-DIAGNOSTIC	.131305	63,745	8,370
41 01	NUCLEAR MEDICINE	.219733	13,247	2,911
41 02	ULTRASOUND	.147405	3,938	580
41 03	RADIATION THERAPY	.513334		
44	LABORATORY	.171468	119,155	20,431
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.375054	2,068	776
49	RESPIRATORY THERAPY	.281298	59,188	16,649
50	PHYSICAL THERAPY	.356002	1,011,929	360,249
53	ELECTROCARDIOLOGY	.378712	7,202	2,727
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.230714	87,122	20,100
55 30	IMPL. DEV. CHARGED TO PATIENT	.045256	34,834	1,576
56	DRUGS CHARGED TO PATIENTS	.161561	323,583	52,278
59	OTHER ANCILLARY SERVICE COST CENTERS			
59 01	CATH LAB	.320965	4,969	1,595
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.422510	5	7
60 01	DENTAL CLINIC	.504100		
60 02	OTHER OUTPATIENT SERVICE COST CENTER			
60 03	DIABETIC TRAINING	4.083876	355	1,450
60 04	INFUSION CENTER	.652640	3	2
61	EMERGENCY	.283482	3,108	881
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.721102		
101	TOTAL		1,834,464	520,586
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,834,464	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0006  
 COMPONENT NO: 15-5297  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D-4

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.299997	4,502	1,351
39	DELIVERY ROOM & LABOR ROOM	.520023		
41	RADIOLOGY-DIAGNOSTIC	.131305	77,092	10,123
41 01	NUCLEAR MEDICINE	.219733	3,855	847
41 02	ULTRASOUND	.147405	7,248	1,068
41 03	RADIATION THERAPY LABORATORY	.513334		
44		.171468	396,954	68,065
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.375054	36,570	13,716
49	RESPIRATORY THERAPY	.281298	577,479	162,444
50	PHYSICAL THERAPY	.356002	1,399,291	498,150
53	ELECTROCARDIOLOGY	.378712	34,830	13,191
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.230714	482,529	111,326
55 30	IMPL. DEV. CHARGED TO PATIENT	.045256		
56	DRUGS CHARGED TO PATIENTS	.161561	2,061,084	332,991
59	OTHER ANCILLARY SERVICE COST CENTERS			
59 01	CATH LAB	.320965	15,464	4,963
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.422510		
60 01	DENTAL CLINIC	.504100		
60 02	OTHER OUTPATIENT SERVICE COST CENTER			
60 03	DIABETIC TRAINING	4.083876		
60 04	INFUSION CENTER	.652640		
61	EMERGENCY	.283482	1,093	310
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.721102		
101	TOTAL		5,097,991	1,218,545
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,097,991	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XIX HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,312,647	
26	INTENSIVE CARE UNIT		722,113	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.299997	2,792,663	837,791
39	DELIVERY ROOM & LABOR ROOM	.520023	1,946,828	1,012,395
41	RADIOLOGY-DIAGNOSTIC	.131305	1,052,993	138,263
41 01	NUCLEAR MEDICINE	.219733	64,204	14,108
41 02	ULTRASOUND	.147405	61,108	9,008
41 03	RADIATION THERAPY	.513334	16,840	8,645
44	LABORATORY	.171468	1,299,044	222,744
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.375054	176,831	66,321
49	RESPIRATORY THERAPY	.281298	632,962	178,051
50	PHYSICAL THERAPY	.356002	172,115	61,273
53	ELECTROCARDIOLOGY	.378712	250,230	94,765
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.230714		
55 30	IMPL. DEV. CHARGED TO PATIENT	.045256		
56	DRUGS CHARGED TO PATIENTS	.161561		
59	OTHER ANCILLARY SERVICE COST CENTERS			
59 01	CATH LAB	.320965	533,855	171,349
60	OUTPAT SERVICE COST CNTRS CLINIC	1.422510		
60 01	DENTAL CLINIC	.504100		
60 02	OTHER OUTPATIENT SERVICE COST CENTER			
60 03	DIABETIC TRAINING	4.083876		
60 04	INFUSION CENTER	.652640		
61	EMERGENCY	.283482	275,369	78,062
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.721102		
101	TOTAL		9,275,042	2,892,775
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		9,275,042	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-4
15-T006		

TITLE XIX

SUBPROVIDER 1

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			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		56,680	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.299997		
39	DELIVERY ROOM & LABOR ROOM	.520023		
41	RADIOLOGY-DIAGNOSTIC	.131305		
41	01 NUCLEAR MEDICINE	.219733		
41	02 ULTRASOUND	.147405		
41	03 RADIATION THERAPY	.513334		
44	LABORATORY	.171468		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.375054		
49	RESPIRATORY THERAPY	.281298		
50	PHYSICAL THERAPY	.356002		
53	ELECTROCARDIOLOGY	.378712		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.230714		
55	30 IMPL. DEV. CHARGED TO PATIENT	.045256		
56	DRUGS CHARGED TO PATIENTS	.161561		
59	OTHER ANCILLARY SERVICE COST CENTERS			
59	01 CATH LAB	.320965		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.422510		
60	01 DENTAL CLINIC	.504100		
60	02 OTHER OUTPATIENT SERVICE COST CENTER			
60	03 DIABETIC TRAINING	4.083876		
60	04 INFUSION CENTER	.652640		
61	EMERGENCY	.283482		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.721102		
	OTHER REIMBURS COST CNTRS			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES			

PROVIDER NO: 15-0006  
 COMPONENT NO: 15-0006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET E  
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	14,169,470	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5,010,896	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	1,335,887	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	135.20	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		2.37
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		20.77
4.02 SUM OF LINES 4 AND 4.01		23.14
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		8.31
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		1,593,888
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)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0006  
 COMPONENT NO: 15-0006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
 HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	22,110,141	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	22,110,141	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		1,905,691
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	24,015,832	
17 PRIMARY PAYER PAYMENTS		15,441
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	24,000,391	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		2,114,660
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		27,500
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		279,807
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		195,865
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		279,807
22 SUBTOTAL	22,054,096	
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	22,054,096	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	20,528,009	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		1,526,087
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		1,914,201
----- 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

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	8,696
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	14,359,596
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	11,579,547
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.262
1.04	LINE 1.01 TIMES LINE 1.03.	3,762,214
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)	8,696

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	53,823
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	53,823

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)	53,823
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	45,127
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	8,696
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	11,579,547

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,525,079
19	SUBTOTAL (SEE INSTRUCTIONS)	9,063,164
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	9,063,164
24	PRIMARY PAYER PAYMENTS	38
25	SUBTOTAL	9,063,126

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	387,715
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	271,401
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	387,715
28	SUBTOTAL	9,334,527
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	9,334,527
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	9,285,895
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	48,632
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
15-T006		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	44
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	128
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	72
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	44
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	273
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	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)	273
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	229
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	44
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	72
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	116
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	116
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	116
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	116
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	116
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	145
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-29
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
15-5297		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	113
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	113
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	700
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	700
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)	700
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	587
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	113
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	113
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	113
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	113
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	113
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	113
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	378
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-265
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 15-0006  
 COMPONENT NO: 15-T006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,419,608		145
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	8/18/2010	2,137		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		2,137		NONE
4 TOTAL INTERIM PAYMENTS		1,421,745		145
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		527		29
7 TOTAL MEDICARE PROGRAM LIABILITY		1,421,218		116

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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 15-0006  
 COMPONENT NO: 15-5297  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET E-1

TITLE XVII I SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	1,725,872	3	378
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER		.49		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,725,872		378
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		265
7 TOTAL MEDICARE PROGRAM LIABILITY		1,725,872		113

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
15-T006		PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		1,157,273
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		21,701
1.05	OUTLIER PAYMENTS		261,219
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		1,440,193
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$ .		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		4.400000
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		1,440,193
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		1,440,193
7	DEDUCTIBLES		15,400
8	SUBTOTAL		1,424,793
9	COINSURANCE		3,575
10	SUBTOTAL		1,421,218
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		1,421,218
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15			
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
15-T006		PART I

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

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,421,218
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,421,745
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-527
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----

50	ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS).	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 COMPONENT NO: 15-5297  
 PREPARED 5/25/2011  
 WORKSHEET E-3  
 PART III

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
11	ROUTINE SERVICE CHARGES			
12	ANCILLARY SERVICE CHARGES			
13	INTERNS AND RESIDENTS SERVICE CHARGES			
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
15	TEACHING PHYSICIANS			
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
17	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
20	RATIO OF LINE 17 TO LINE 18			
21	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
22	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
23	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
24	COST OF COVERED SERVICES			
25	PROSPECTIVE PAYMENT AMOUNT			
26	OTHER THAN OUTLIER PAYMENTS			
27	OUTLIER PAYMENTS			
28	PROGRAM CAPITAL PAYMENTS			
29	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
30	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
31	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
32	SUBTOTAL			
33	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
34	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
35	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
36	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
37	EXCESS OF REASONABLE COST			
38	SUBTOTAL			
39	COINSURANCE			
40	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
41	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
42	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
44	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
45	UTILIZATION REVIEW			
46	SUBTOTAL (SEE INSTRUCTIONS)			
47	INPATIENT ROUTINE SERVICE COST			
48	MEDICARE INPATIENT ROUTINE CHARGES			
49	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
50	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
51	RATIO OF LINE 43 TO 44			
52	TOTAL CUSTOMARY CHARGES			
53	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
54	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
55	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
56	OTHER ADJUSTMENTS (SPECIFY)			
57	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
58	SUBTOTAL			
59	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
60	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
61	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
62	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
63	INTERIM PAYMENTS			
64	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
65	BALANCE DUE PROVIDER/PROGRAM			
66	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XVIII

SNF

	IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)				
	PROVIDER NO:		PERIOD:		PREPARED 5/25/2011
	15-0006		FROM 1/ 1/2010		WORKSHEET E-3
	COMPONENT NO:		TO 12/31/2010		PART III
	15-5297				

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
-		PART III

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

	TITLE XIX	HOSPITAL	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		6,194,735	
11	ANCILLARY SERVICE CHARGES		9,275,042	
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		15,469,777	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		15,469,777	
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		15,469,777	
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
27	OTHER THAN OUTLIER PAYMENTS			
28	OUTLIER PAYMENTS			
29	PROGRAM CAPITAL PAYMENTS			
30	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
31	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
32	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
33	SUBTOTAL			
34	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		28,477,478	
35	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
36	XVIII ENTER AMOUNT FROM LINE 30			
37	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
38	EXCESS OF REASONABLE COST			
39	SUBTOTAL			
40	COINSURANCE			
41	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
42	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
44	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
45	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
46	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
47	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
48	UTILIZATION REVIEW			
49	SUBTOTAL (SEE INSTRUCTIONS)			
50	INPATIENT ROUTINE SERVICE COST			
51	MEDICARE INPATIENT ROUTINE CHARGES			
52	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
53	PAYMENT FOR SERVICES ON A CHARGE BASIS			
54	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
55	FOR PAYMENT OF PART A SERVICES			
56	RATIO OF LINE 43 TO 44			
57	TOTAL CUSTOMARY CHARGES			
58	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
59	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
60	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
61	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
62	OTHER ADJUSTMENTS (SPECIFY)			
63	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
64	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
65	SUBTOTAL			
66	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
67	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
68	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
69	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
70	INTERIM PAYMENTS			
71	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
72	BALANCE DUE PROVIDER/PROGRAM			
73	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XIX

HOSPITAL

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)		
PROVIDER NO:	PERIOD:	PREPARED 5/25/2011
15-0006	FROM 1/ 1/2010	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2010	PART III
-		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
15-T006		PART III

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

	TITLE XIX	SUBPROVIDER 1	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		56,680	
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		56,680	
	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)		56,680	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		56,680	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)				
	PROVIDER NO:		PERIOD:		PREPARED 5/25/2011
	15-0006		FROM 1/ 1/2010		WORKSHEET E-3
	COMPONENT NO:		TO 12/31/2010		PART III
	15-T006				

TITLE XIX

SUBPROVIDER 1

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	4,982,896			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	24,182,408			
5	OTHER RECEIVABLES	1,754,823			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	3,635,710			
8	PREPAID EXPENSES	1,334,687			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	35,890,524			
FIXED ASSETS					
12	LAND	5,206,165			
12.01	LAND IMPROVEMENTS	2,489,104			
13.01	LESS ACCUMULATED DEPRECIATION	-1,516,835			
14	BUILDINGS	49,614,963			
14.01	LESS ACCUMULATED DEPRECIATION	-65,330,173			
15	LEASEHOLD IMPROVEMENTS	63,344,346			
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	713,827			
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	72,662,421			
18.01	LESS ACCUMULATED DEPRECIATION	-45,329,301			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	81,854,517			
OTHER ASSETS					
22	INVESTMENTS	71,999,458			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	24,121,033			
26	TOTAL OTHER ASSETS	96,120,491			
27	TOTAL ASSETS	213,865,532			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	8,265,187			
29 SALARIES, WAGES & FEES PAYABLE	7,398,341			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,809,209			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	2,272,971			
35 OTHER CURRENT LIABILITIES	999,990			
36 TOTAL CURRENT LIABILITIES	21,745,698			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	46,378,809			
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	46,378,809			
43 TOTAL LIABILITIES	68,124,507			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	145,741,025			
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	145,741,025			
52 TOTAL LIABILITIES AND FUND BALANCES	213,865,532			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		140,909,268		
2	NET INCOME (LOSS)		13,729,365		
3	TOTAL		154,638,633		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM	1,155,773			
6					
7					
8					
9					
10	TOTAL ADDITIONS		1,155,773		
11	SUBTOTAL		155,794,406		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	UNRESTRICTED FUND BALANCE	5,943,136			
14	ACCRUED BENEFIT OBLIGATION	4,110,245			
15					
16					
17					
18	TOTAL DEDUCTIONS		10,053,381		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		145,741,025		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	UNRESTRICTED FUND BALANCE				
14	ACCRUED BENEFIT OBLIGATION				
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: 15-0006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 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	24,322,050		24,322,050
2 00 SUBPROVIDER	1,749,450		1,749,450
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	3,271,420		3,271,420
7 00 NURSING FACILITY	1,531,968		1,531,968
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	30,874,888		30,874,888
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	11,784,796		11,784,796
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	11,784,796		11,784,796
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	42,659,684		42,659,684
17 00 ANCILLARY SERVICES	171,130,099	209,175,031	380,305,130
18 00 OUTPATIENT SERVICES	5,814,262	19,826,412	25,640,674
24 00 OTHER REVENUE	3,050,569	6,825,446	9,876,015
25 00 TOTAL PATIENT REVENUES	222,654,614	235,826,889	458,481,503

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	162,498,172
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	162,498,172

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0006  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	458,481,503
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	270,470,573
3	NET PATIENT REVENUES	188,010,930
4	LESS: TOTAL OPERATING EXPENSES	162,498,172
5	NET INCOME FROM SERVICE TO PATIENTS	25,512,758
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	4,791,246
25	TOTAL OTHER INCOME	4,791,246
26	TOTAL	30,304,004
	OTHER EXPENSES	
27	CHARITY	10,253,485
28	OTHER	6,321,154
29		
30	TOTAL OTHER EXPENSES	16,574,639
31	NET INCOME (OR LOSS) FOR THE PERIOD	13,729,365

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
15-0006		PARTS I-IV

FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,565,846
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	264,684
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	63.97
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	2.37
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	20.77
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	23.14
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.80
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	75,161
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,905,691
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

CALCULATION OF CAPITAL PAYMENT

TITLE XIX

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	