IN LIEU OF FORM CMS-2552-96(04/2005)
PREPARED 5/20/2011 15:27
FORM APPROVED
OMB NO. 0938-0050

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).

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER NO: 15-0097	PERIOD FROM 1/ 1/2010 TO 12/31/2010	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS	DATE RECEIVED: / / INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/20/2011 TIME 15:27

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
MAJOR HOSPITAL 15-0097
FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 5/20/2011 TIME 15:27

i9K:gNfNC566kkKdbVUJGViO:mZVr0
tJo8sOOxgaFJqfKXfGOPjaeGSpqAuj
s8TeOzrEwFOow1wL

PI ENCRYPTION INFORMATION
DATE: 5/20/2011 TIME 15:27

6P9WiON:XdRbvQLeglR9AOBc.MgnQO
A6FJDOY3S:vj71MEnLOSizOyic1tKX
FsNA5NWU41O2Oy:6

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII A	TITLE XVIII B	TITLE XIX
		1	2	3	4
1	HOSPITAL	0	-28,970	35,774	391,124
7	HOSPITAL-BASED HHA	0	0	0	0
100	TOTAL	0	-28,970	35,774	391,124

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:	PERIOD:	PREPARED 5/20/2011
15-0097	FROM 1/ 1/2010	WORKSHEET S-2
	TO 12/31/2010	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
1 STREET: 150 WEST WASHINGTON ST P.O. BOX:
1.01 CITY: SHELBYVILLE STATE: IN ZIP CODE: 46176- COUNTY: IN

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N) V	XVIII	XIX
0	1	2	2.01	3	4	5	6
02.00 HOSPITAL	MAJOR HOSPITAL	15-0097		7/ 1/1966	N	P	O
09.00 HOSPITAL-BASED HHA	MAJOR HOSPITAL	15-7418		3/22/1995	N	P	N

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

18	TYPE OF CONTROL	1	2
		2	

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	
20	SUBPROVIDER		

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.				
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.	Y	N		
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).				
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1	N	Y	15
21.04	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	1			
21.05	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	1			
21.06	DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION)OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO.	N			
21.07	DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO.(SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 or MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS)	N	N		
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.	3	N		
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	N			
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.	N			
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.			/ /	/ /
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY)				/ /
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).				/ /

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?	N		
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?			
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.			
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	N		
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N		
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	N	N	
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N	
25.07	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THE COST REPORTING PERIOD? ENTER "Y" FOR YES OR "N" FOR NO IN COLUMN 1.			
25.08	IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURING IN ALL NON-PROVIDER SETTINGS.		0.00	
	IF LINE 25.07 IS YES, USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENTS FTES BY PROGRAM IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED. (SEE INSTRUCTIONS)			
25.09		0000	0.00	
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH),ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0		
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /			
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /			
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/ /	
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02			
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	1	2	3	4
		0	0.0000	0.0000	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00	0		
	A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)	%	Y/N		
28.03	STAFFING	0.00%		
28.04	RECRUITMENT	0.00%		
28.05	RETENTION	0.00%		
28.06	TRAINING	0.00%		
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N		
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N		
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70			
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N		
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N		
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N		
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N		
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N		
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N		
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N		
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N		
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N		

MISCELLANEOUS COST REPORT INFORMATION

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

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

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-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y

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

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

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

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

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

		DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00	N	0
56.01	ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02	THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03	FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		N			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		N			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).				0	
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60.01	IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(c)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).				0	

MULTICAMPUS

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

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

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00

SETTLEMENT DATA

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

MISCELLANEOUS DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0097 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/20/2011 | WORKSHEET S-3 PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / O/P VISITS / TRIPS: TITLE V 3	TITLE XVIII 4	NOT LTCH N/A 4.01	TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	58	21,170			4,710		685
2	HMO					287		854
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	58	21,170			4,710		685
6	INTENSIVE CARE UNIT	9	3,285			552		
12	TOTAL	67	24,455			5,262		685
13	RPCH VISITS							
18	HOME HEALTH AGENCY					5,731		146
25	TOTAL	67						
26	OBSERVATION BED DAYS							296
27	AMBULANCE TRIPS					6,493		
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							240

	COMPONENT	I/P DAYS / TITLE XIX ADMITTED 5.01	OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			8,880				
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			8,880				
6	INTENSIVE CARE UNIT			881				
12	TOTAL			9,761				
13	RPCH VISITS							
18	HOME HEALTH AGENCY			7,642				
25	TOTAL							
26	OBSERVATION BED DAYS			1,228				
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS			371				

	COMPONENT	I & R FTES NET 9	FULL TIME EQUIV: EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	DISCHARGES: TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					1,263	271	2,701
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							
12	TOTAL		497.53			1,263	271	2,701
13	RPCH VISITS							
18	HOME HEALTH AGENCY		9.14					
25	TOTAL		506.67					
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: 15-0097 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/20/2011 I WORKSHEET S-3 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	28,486,350		28,486,350	1,048,156.00	27.18	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	1,835,848	116,151	1,951,999	42,923.00	45.48	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	158,797		158,797	2,660.00	59.70	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONRACT						
10 CONTRACT LABOR: PHYS PART A	125,695		125,695	1,155.00	108.83	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	7,146,548		7,146,548			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	377,231		377,231			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	425,657		425,657	8,829.00	48.21	
22 ADMINISTRATIVE & GENERAL	4,398,808	-116,151	4,282,657	169,098.00	25.33	
22.01 A & G UNDER CONTRACT	241,596		241,596	2,337.00	103.38	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	582,456		582,456	27,229.00	21.39	
25 LAUNDRY & LINEN SERVICE	21,504		21,504	2,033.00	10.58	
26 HOUSEKEEPING	665,347		665,347	57,110.00	11.65	
26.01 HOUSEKEEPING UNDER CONTRACT	160,465		160,465	2,080.00	77.15	
27 DIETARY	638,323	-426,011	212,312	14,027.00	15.14	
27.01 DIETARY UNDER CONTRACT	29,010		29,010	550.00	52.75	
28 CAFETERIA		426,011	426,011	28,751.00	14.82	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	633,099		633,099	14,930.00	42.40	
31 CENTRAL SERVICE AND SUPPLY	129,037	-129,037				
32 PHARMACY	708,193		708,193	19,943.00	35.51	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	506,121		506,121	29,235.00	17.31	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	28,917,421		28,917,421	1,053,123.00	27.46
2 EXCLUDED AREA SALARIES	1,835,848	116,151	1,951,999	42,923.00	45.48
3 SUBTOTAL SALARIES	27,081,573	-116,151	26,965,422	1,010,200.00	26.69
4 SUBTOTAL OTHER WAGES & RELATED COSTS	284,492		284,492	3,815.00	74.57
5 SUBTOTAL WAGE-RELATED COSTS	7,146,548		7,146,548		26.50
6 TOTAL	34,512,613	-116,151	34,396,462	1,014,015.00	33.92
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	9,139,616	-245,188	8,894,428	376,152.00	23.65

IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 5/20/2011
15-0097	FROM 1/ 1/2010	WORKSHEET S-4
HHA NO:	TO 12/31/2010	
15-7418		
COUNTY:		

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

		TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1	HOME HEALTH AIDE HOURS	0	0	0	0
2	UNDUPLICATED CENSUS COUNT		284.00		

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

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

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

		1	1.01
	HOME HEALTH AGENCY MSA CODES		
19	HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	0
20	LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		

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

		FULL EPISODES WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21	SKILLED NURSING VISITS	2,500	0	94	86
22	SKILLED NURSING VISIT CHARGES	481,501	0	18,133	16,553
23	PHYSICAL THERAPY VISITS	1,740	0	9	72
24	PHYSICAL THERAPY VISIT CHARGES	349,390	0	1,809	14,472
25	OCCUPATIONAL THERAPY VISITS	163	0	1	10
26	OCCUPATIONAL THERAPY VISIT CHARGES	31,613	0	194	1,931
27	SPEECH PATHOLOGY VISITS	31	0	0	2
28	SPEECH PATHOLOGY VISIT CHARGES	6,107	0	0	394
29	MEDICAL SOCIAL SERVICE VISITS	4	0	0	0
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	1,072	0	0	0
31	HOME HEALTH AIDE VISITS	970	0	4	45
32	HOME HEALTH AIDE VISIT CHARGES	93,965	0	388	4,355
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	5,408	0	108	215
34	OTHER CHARGES	0	0	0	0
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	963,648	0	20,524	37,705
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	326	0	37	15
37	TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	0
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	16,322	0	415	358

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 5/20/2011
15-0097	FROM 1/ 1/2010	WORKSHEET S-4
HHA NO:	TO 12/31/2010	
15-7418		
COUNTY:		

HHA 1

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

		SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21	SKILLED NURSING VISITS	0	0	2,680
22	SKILLED NURSING VISIT CHARGES	0	0	516,187
23	PHYSICAL THERAPY VISITS	0	0	1,821
24	PHYSICAL THERAPY VISIT CHARGES	0	0	365,671
25	OCCUPATIONAL THERAPY VISITS	0	0	174
26	OCCUPATIONAL THERAPY VISIT CHARGES	0	0	33,738
27	SPEECH PATHOLOGY VISITS	0	0	33
28	SPEECH PATHOLOGY VISIT CHARGES	0	0	6,501
29	MEDICAL SOCIAL SERVICE VISITS	0	0	4
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	1,072
31	HOME HEALTH AIDE VISITS	0	0	1,019
32	HOME HEALTH AIDE VISIT CHARGES	0	0	98,708
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	5,731
34	OTHER CHARGES	0	0	0
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	1,021,877
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	378
37	TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	17,095

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 5/20/2011
15-0097	FROM 1/ 1/2010	WORKSHEET S-10
	TO 12/31/2010	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE

17.01 GROSS MEDICAID REVENUES

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .320453

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 * LINE 26)

28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 5/20/2011
15-0097	FROM 1/ 1/2010	WORKSHEET S-10
	TO 12/31/2010	

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

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0097 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/20/2011 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT		2,255,364	2,255,364		2,255,364
5	0500	EMPLOYEE BENEFITS	425,657	5,824,303	6,249,960		6,249,960
6.01	1160	COMMUNICATIONS				104,302	104,302
6.02	0620	DATA PROCESSING	685,106	1,357,708	2,042,814		2,042,814
6.03	0630	PURCHASING, RECEIVING AND STORES	158,955	98,485	257,440		257,440
6.04	0640	ADMITTING	603,729	63,430	667,159	-104,302	562,857
6.05	0650	CASHIERING/ACCOUNTS RECEIVABLE	475,632	590,460	1,066,092		1,066,092
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	2,475,386	2,190,022	4,665,408	-288,219	4,377,189
8	0800	OPERATION OF PLANT	582,456	967,689	1,550,145		1,550,145
9	0900	LAUNDRY & LINEN SERVICE	21,504	164,103	185,607		185,607
10	1000	HOUSEKEEPING	665,347	388,500	1,053,847		1,053,847
11	1100	DIETARY	638,323	610,574	1,248,897	-833,503	415,394
12	1200	CAFETERIA				833,503	833,503
14	1400	NURSING ADMINISTRATION	633,099	118,346	751,445		751,445
15	1500	CENTRAL SERVICES & SUPPLY	129,037	133,166	262,203	-246,426	15,777
16	1600	PHARMACY	708,193	4,571,237	5,279,430		5,279,430
17	1700	MEDICAL RECORDS & LIBRARY	506,121	346,186	852,307		852,307
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	4,784,289	921,980	5,706,269	20,920	5,727,189
26	2600	INTENSIVE CARE UNIT	1,120,609	278,432	1,399,041		1,399,041
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	2,098,885	1,247,007	3,345,892	84,507	3,430,399
39	3900	DELIVERY ROOM & LABOR ROOM					
40	4000	ANESTHESIOLOGY	1,192,925	980,338	2,173,263		2,173,263
41	4100	RADIOLOGY-DIAGNOSTIC	1,851,328	2,378,367	4,229,695		4,229,695
43	4300	RADIOISOTOPE					
43.01	3480	ONCOLOGY	758,746	1,565,966	2,324,712		2,324,712
43.02	3230	CAT SCAN	316,042	606,647	922,689		922,689
44	4400	LABORATORY	1,512,112	2,308,132	3,820,244		3,820,244
49	4900	RESPIRATORY THERAPY	590,453	150,594	741,047		741,047
49.01	4901	SLEEP LAB	151,060	112,975	264,035		264,035
50	5000	PHYSICAL THERAPY	941,165	521,105	1,462,270		1,462,270
53	5300	ELECTROCARDIOLOGY	531,846	119,652	651,498		651,498
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	71,265	2,853,876	2,925,141	-1,307,636	1,617,505
55.30	5530	IMPL. DEV. CHARGED TO PATIENT				1,307,636	1,307,636
56	5600	DRUGS CHARGED TO PATIENTS					
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	220,067	126,065	346,132		346,132
61	6100	EMERGENCY	1,801,165	3,036,650	4,837,815	140,999	4,978,814
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
65	6500	AMBULANCE SERVICES		904,942	904,942		904,942
67	6700	DURABLE MEDICAL EQUIP-SOLD					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY	527,410	398,340	925,750		925,750
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE					
90	9000	OTHER CAPITAL RELATED COSTS					
95		SUBTOTALS	27,177,912	38,190,641	65,368,553	-288,219	65,080,334
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		1	1		1
96.01	9601	SHELBY COUNTY MEDICAL CENTER					
96.02	9602	SICK CHILD CARE					
96.03	9603	PRIVATE DUTY					
96.04	9604	ST. VINCENT'S STRESS					
96.05	9605	MARKETING				288,219	288,219
96.06	9606	MH LIGHTBOUND					
96.07	9607	I-74 CAMPUS	108,972	432,461	541,433		541,433
96.08	9608	SOUTHEAST OB					
96.09	9609	INTELLIPLEX DEVELOPMENT		54,359	54,359		54,359
96.10	9610	MS&M					
96.11	9611	OTHER NON-REIMBURSEABLE CENTERS					
96.12	9612	BARTLEY ORTHOPEDICS					
96.13	9613	SSA					
96.14	9614	SPORTSWORKS					
96.15	9615	SHELBY PEDS					
96.16	9616	RENOVO	2,814	54,546	57,360		57,360
96.17	9617	IMA					
96.18	9618	MD SOLUTIONS					
96.19	9619	MHCD		897,990	897,990		897,990
98	9800	PHYSICIANS' PRIVATE OFFICES					
98.01	9801	HOSPITALIST	1,196,652	94,546	1,291,198		1,291,198
101		TOTAL	28,486,350	39,724,544	68,210,894	-0-	68,210,894

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0097 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/20/2011 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT	-391,145	1,864,219
5	0500	EMPLOYEE BENEFITS	-743	6,249,217
6.01	1160	COMMUNICATIONS	-4,166	100,136
6.02	0620	DATA PROCESSING	-6,632	2,036,182
6.03	0630	PURCHASING, RECEIVING AND STORES		257,440
6.04	0640	ADMITTING	-5,258	557,599
6.05	0650	CASHIERING/ACCOUNTS RECEIVABLE	-45,480	1,020,612
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	-908,623	3,468,566
8	0800	OPERATION OF PLANT		1,550,145
9	0900	LAUNDRY & LINEN SERVICE		185,607
10	1000	HOUSEKEEPING		1,053,847
11	1100	DIETARY	-219,382	196,012
12	1200	CAFETERIA	-424,613	408,890
14	1400	NURSING ADMINISTRATION	-107,018	644,427
15	1500	CENTRAL SERVICES & SUPPLY		15,777
16	1600	PHARMACY	-15,741	5,263,689
17	1700	MEDICAL RECORDS & LIBRARY	-26,692	825,615
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-31,812	5,695,377
26	2600	INTENSIVE CARE UNIT	-3,108	1,395,933
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-204,537	3,225,862
39	3900	DELIVERY ROOM & LABOR ROOM		
40	4000	ANESTHESIOLOGY	-1,819,491	353,772
41	4100	RADIOLOGY-DIAGNOSTIC	-132,035	4,097,660
43	4300	RADIOISOTOPE		
43.01	3480	ONCOLOGY	-628,430	1,696,282
43.02	3230	CAT SCAN		922,689
44	4400	LABORATORY	-2,651	3,817,593
49	4900	RESPIRATORY THERAPY	-3,674	737,373
49.01	4901	SLEEP LAB		264,035
50	5000	PHYSICAL THERAPY	-1,990	1,460,280
53	5300	ELECTROCARDIOLOGY	-3,448	648,050
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-23,060	1,594,445
55.30	5530	IMPL. DEV. CHARGED TO PATIENT		1,307,636
56	5600	DRUGS CHARGED TO PATIENTS		
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC	-89,120	257,012
61	6100	EMERGENCY	-2,565,943	2,412,871
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		OTHER REIMBURS COST CNTRS		
65	6500	AMBULANCE SERVICES	832,294	1,737,236
67	6700	DURABLE MEDICAL EQUIP-SOLD		
70	7000	I&R SERVICES-NOT APPRVD PRGM		
71	7100	HOME HEALTH AGENCY		925,750
		SPEC PURPOSE COST CENTERS		
88	8800	INTEREST EXPENSE		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
95		SUBTOTALS	-6,832,498	58,247,836
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		1
96.01	9601	SHELBY COUNTY MEDICAL CENTER		
96.02	9602	SICK CHILD CARE		
96.03	9603	PRIVATE DUTY		
96.04	9604	ST. VINCENT'S STRESS		
96.05	9605	MARKETING		288,219
96.06	9606	MH LIGHTBOUND		
96.07	9607	I-74 CAMPUS		541,433
96.08	9608	SOUTHEAST OB		
96.09	9609	INTELLIPLEX DEVELOPMENT		54,359
96.10	9610	MS&M		
96.11	9611	OTHER NON-REIMBURSEABLE CENTERS		
96.12	9612	BARTLEY ORTHOPEDICS		
96.13	9613	SSA		
96.14	9614	SPORTSWORKS		
96.15	9615	SHELBY PEDS		
96.16	9616	RENOVO		57,360
96.17	9617	IMA		
96.18	9618	MD SOLUTIONS		
96.19	9619	MHCD		897,990
98	9800	PHYSICIANS' PRIVATE OFFICES		
98.01	9801	HOSPITALIST		1,291,198
101		TOTAL	-6,832,498	61,378,396

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I 15-0097 I
I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I
I PREPARED 5/20/2011 I NOT A CMS WORKSHEET I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	1160	COMMUNICATIONS
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
43.01	ONCOLOGY	3480	ONCOLOGY
43.02	CAT SCAN	3230	CAT SCAN
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	4901	RESPIRATORY THERAPY
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	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	SHELBY COUNTY MEDICAL CENTER	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	SICK CHILD CARE	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	PRIVATE DUTY	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	ST. VINCENT'S STRESS	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	MARKETING	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	MH LIGHTBOUND	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.07	I-74 CAMPUS	9607	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.08	SOUTHEAST OB	9608	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.09	INTELLIPLEX DEVELOPMENT	9609	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.10	MS&M	9610	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.11	OTHER NON-REIMBURSEABLE CENTERS	9611	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.12	BARTLEY ORTHOPEDICS	9612	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.13	SSA	9613	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.14	SPORTSWORKS	9614	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.15	SHELBY PEDS	9615	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.16	RENOVO	9616	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.17	IMA	9617	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.18	MD SOLUTIONS	9618	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.19	MHCD	9619	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	HOSPITALIST	9801	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 2	INCREASE LINE NO 3	SALARY 4	OTHER 5
1	CAFETERIA	A	CAFETERIA	12	426,011	407,492
2	COMMUNICATIONS	B	COMMUNICATIONS	6.01	104,302	
3	CS&R OTHER	C	ADULTS & PEDIATRICS	25	10,954	9,966
4			OPERATING ROOM	37	44,251	40,256
5			EMERGENCY	61	73,832	67,167
6	MARKETING	D	MARKETING	96.05	116,151	172,068
7	IMPLANTABLE DEVICES	E	IMPL. DEV. CHARGED TO PATIENT	55.30	21,217	1,286,419
36	TOTAL RECLASSIFICATIONS				796,718	1,983,368

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

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	CAFETERIA	A	DIETARY	11	426,011	407,492	
2	COMMUNICATIONS	B	ADMITTING	6.04	104,302		
3	CS&R OTHER	C	CENTRAL SERVICES & SUPPLY	15	129,037	117,389	
4							
5							
6	MARKETING	D	OTHER ADMINISTRATIVE AND GENERAL	6.06	116,151	172,068	
7	IMPLANTABLE DEVICES	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	21,217	1,286,419	
36	TOTAL RECLASSIFICATIONS				796,718	1,983,368	

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

RECLASS CODE: A
EXPLANATION : CAFETERIA

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	833,503	DIETARY	11	833,503
TOTAL RECLASSIFICATIONS FOR CODE A			833,503			833,503

RECLASS CODE: B
EXPLANATION : COMMUNICATIONS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	COMMUNICATIONS	6.01	104,302	ADMITTING	6.04	104,302
TOTAL RECLASSIFICATIONS FOR CODE B			104,302			104,302

RECLASS CODE: C
EXPLANATION : CS&R OTHER

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	20,920	CENTRAL SERVICES & SUPPLY	15	246,426
2.00	OPERATING ROOM	37	84,507			0
3.00	EMERGENCY	61	140,999			0
TOTAL RECLASSIFICATIONS FOR CODE C			246,426			246,426

RECLASS CODE: D
EXPLANATION : MARKETING

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MARKETING	96.05	288,219	OTHER ADMINISTRATIVE AND GENER	6.06	288,219
TOTAL RECLASSIFICATIONS FOR CODE D			288,219			288,219

RECLASS CODE: E
EXPLANATION : IMPLANTABLE DEVICES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	1,307,636	MEDICAL SUPPLIES CHARGED TO PA	55	1,307,636
TOTAL RECLASSIFICATIONS FOR CODE E			1,307,636			1,307,636

Health Financial Systems MCRIF32 FOR MAJOR HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1996)

ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS

PROVIDER NO: 15-0097

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

PREPARED 5/20/2011

WORKSHEET A-7 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASES 2	DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	1,487,082	250,240		250,240		1,737,322	
2	LAND IMPROVEMENTS	4,953,272	12,705		12,705	3,980	4,961,997	
3	BUILDINGS & FIXTURE	31,257,489	4,675		4,675	2,572	31,259,592	
4	BUILDING IMPROVEMEN	463,321	977,990		977,990		1,441,311	
5	FIXED EQUIPMENT	3,722,020	2,441,774		2,441,774	2,872,274	3,291,520	
6	MOVABLE EQUIPMENT	25,069,530	3,219,865		3,219,865	464,676	27,824,719	
7	SUBTOTAL	66,952,714	6,907,249		6,907,249	3,343,502	70,516,461	
8	RECONCILING ITEMS							
9	TOTAL	66,952,714	6,907,249		6,907,249	3,343,502	70,516,461	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	2,229,265		-365,046				1,864,219
5	TOTAL	2,229,265		-365,046				1,864,219

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	2,255,364						2,255,364
5	TOTAL	2,255,364						2,255,364

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: 15-0097 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/20/2011 I WORKSHEET A-8

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1	INVST INCOME-OLD BLDGS AND FIXTURES	B	-365,046	OLD CAP REL COSTS-BLDG &	1	11
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			**COST CENTER DELETED**	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	A	-4,166	COMMUNICATIONS	6.01	
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-4,556,948			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	832,294			
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-208,168	CAFETERIA	12	
17	RENTAL OF QTRS TO EMPLYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS					
20	SALE OF MEDICAL RECORDS & ABSTRACTS					
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22	VENDING MACHINES					
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	3	
32	DEPRECIATION-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37	FOOD AND NUTRITION	B	-39,531	DIETARY	11	
38	DIABETIC ED	B	-106,455	NURSING ADMINISTRATION	14	
39	CAFETERIA - EMP	A	-216,445	CAFETERIA	12	
40	MH OTHER REVENUES RENTAL INCOME	B	-23,331	OLD CAP REL COSTS-BLDG &	1	9
41	MH INFO. SYSTEMS CONTRACT LABOR	A	-6,632	DATA PROCESSING	6.02	
42	MH REGISTRATION CONTRACT LABOR	A	-5,258	ADMITTING	6.04	
43	MH PT FINANCE SVCS CONTRACT LABOR	A	-45,480	CASHIERING/ACCOUNTS RECEI	6.05	
44	MH ACCOUNTING CONTRACT LABOR	A	-164,014	OTHER ADMINISTRATIVE AND	6.06	
45	MH ADMINISTRATION CONTRACT LABOR	A	-201,916	OTHER ADMINISTRATIVE AND	6.06	
46	MH OTHER REVENUES PURCHASE DISCOUNTS	B	-3,128	OTHER ADMINISTRATIVE AND	6.06	
47	MH EDUCATION CLASS REVENUE	B	-11,326	OTHER ADMINISTRATIVE AND	6.06	
48	MH MDSOLUTIONS-ADM RENTAL INCOME	B	-31,763	OTHER ADMINISTRATIVE AND	6.06	
49	MH OTHER REVENUES MISCELLANEOUS INCO	B	-747	OTHER ADMINISTRATIVE AND	6.06	
49.01	MH DIABETIC EDUC. CLASS REVENUE	A	-50	NURSING ADMINISTRATION	14	
49.02	MH PHARMACY VENDOR REBATES	B	-15,741	PHARMACY	16	
49.03	MH OTHER REVENUES XEROX AND COPYING	B	-26,692	MEDICAL RECORDS & LIBRARY	17	
49.04	MH COMM. OUTREACH CONTRACT LABOR	A	-30,000	ADULTS & PEDIATRICS	25	
49.05	MH OTHER REVENUES BABY PHOTO INCOME	B	-656	ADULTS & PEDIATRICS	25	
49.06	MH ICU OTHER INCOME	B	-3,108	INTENSIVE CARE UNIT	26	
49.07	MH OTHER REVENUES VENDOR REBATES	B	-2,588	LABORATORY	44	
49.08	MH RESP. THERAPY CONTRACT LABOR	A	-3,674	RESPIRATORY THERAPY	49	
49.09	MH CENTRAL SUPPLY VENDOR REBATES	B	-23,060	MEDICAL SUPPLIES CHARGED	55	
49.10	INVEST. INC - OLD CAP - B&F	B	-4,910	OPERATING ROOM	37	
49.11	MEALS ON WHEELS	A	-179,851	DIETARY	11	
49.12	DEPR - OLD B&F	A	-2,768	OLD CAP REL COSTS-BLDG &	1	9
49.13	IHHA/AHA DUES	A	-5,465	OTHER ADMINISTRATIVE AND	6.06	
49.14	PROMOTIONAL GIFTS	A	-743	EMPLOYEE BENEFITS	5	
49.15	PROMOTIONAL GIFTS	A	-10,620	OTHER ADMINISTRATIVE AND	6.06	
49.16	PROMOTIONAL GIFTS	A	-513	NURSING ADMINISTRATION	14	
49.17	PROMOTIONAL GIFTS	A	-1,156	ADULTS & PEDIATRICS	25	
49.18	PROMOTIONAL GIFTS	A	-627	OPERATING ROOM	37	
49.19	PROMOTIONAL GIFTS	A	-982	RADIOLOGY-DIAGNOSTIC	41	
49.20	PROMOTIONAL GIFTS	A	-295	ONCOLOGY	43.01	
49.21	PROMOTIONAL GIFTS	A	-63	LABORATORY	44	
49.22	PROMOTIONAL GIFTS	A	-82	PHYSICAL THERAPY	50	
49.23	PROMOTIONAL GIFTS	A	-3,448	ELECTROCARDIOLOGY	53	
49.24	PROMOTIONAL GIFTS	A	-93	EMERGENCY	61	
49.25	ADVERTISING EXPENSE	A	-1,078	OTHER ADMINISTRATIVE AND	6.06	
49.26	ADVERTISING EXPENSE	A	-1,908	PHYSICAL THERAPY	50	
49.27	COMMUNITY OUTREACH	A	-478,566	OTHER ADMINISTRATIVE AND	6.06	
49.28	NURSE PRACTITIONER EXPENSE	A	-875,701	EMERGENCY	61	
49.29						
49.30						
50	TOTAL (SUM OF LINES 1 THRU 49)		-6,832,498			

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I 15-0097 I
I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I
I PREPARED 5/20/2011 I WORKSHEET A-8 I

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
50	TOTAL (SUM OF LINES 1 THRU 49)		-6,832,498			

(1) Description - all chapter references in this columnpertain to CMS Pub. 15-I.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7

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

I PROVIDER NO: 15-0097 I PERIOD: FROM 1/ 1/2010 TO 12/31/2010 I PREPARED 5/20/2011

WORKSHEET A-8-1

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

	LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUST-MENTS	WKSHT A-7 COL. REF.
	1	2	3	4	5	6	
1	65	AMBULANCE SERVICES	AMBULANCE SERVICES	1,708,823	876,529	832,294	
2							
3							
4							
5		TOTALS		1,708,823	876,529	832,294	

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

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

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

	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
	1	2	3	4	5	6
1	G	SHLEBY COUNTY AMBULANCE	100.00		0.00	
2			0.00		0.00	
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-0097 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/20/2011 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN-ERATION 3	PROFES-SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	37	OPERATING ROOM	199,000	199,000					
2	40	ANESTHESIOLOGY	1,824,787	1,815,474	9,313	200,300	55	5,296	265
3	41	RADIOLOGY-DIAGNOSTIC	131,053	131,053					
4	43	1 ONCOLOGY	628,135	628,135					
5	44	LABORATORY	48,620		48,620	219,500	726	76,614	3,831
6	60	CLINIC	89,120	89,120					
7	61	EMERGENCY	1,743,464	1,626,301	117,163	171,400	647	53,315	2,666
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	4,664,179	4,489,083	175,096		1,428	135,225	6,762

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-0097 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/20/2011 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUSTMENT 18
1	37	OPERATING ROOM							199,000
2	40	ANESTHESIOLOGY					5,296	4,017	1,819,491
3	41	RADIOLOGY-DIAGNOSTIC							131,053
4	43 1	ONCOLOGY							628,135
5	44	LABORATORY					76,614		
6	60	CLINIC							89,120
7	61	EMERGENCY					53,315	63,848	1,690,149
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL					135,225	67,865	4,556,948

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

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
I 15-0097 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	NOT ENTERED
6.01	COMMUNICATIONS	7	TELEPHONES S	ENTERED
6.02	DATA PROCESSING	8	HARDWARE	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	9	PURCHASING G	ENTERED
6.04	ADMITTING	2	GROSS CHARGES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	2	GROSS CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-11	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	14	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	16	PATIENT DAYS	ENTERED
12	CAFETERIA	17	MANHOURS	ENTERED
14	NURSING ADMINISTRATION	19	MANHOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	20	100% SUPPLIES	ENTERED
16	PHARMACY	21	100% DRUGS TO PATIENTS	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0097 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/20/2011 | WORKSHEET B PART I

		COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL COSTS-BLDG &	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING
			0	1	5	6.01	6.02	6.03	6.04
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &	1,864,219	1,864,219					
005		EMPLOYEE BENEFITS	6,249,217	6,516	6,255,733				
006	01	COMMUNICATIONS	100,136	3,511	23,253	126,900			
006	02	DATA PROCESSING	2,036,182	27,223	152,735	2,286	2,218,426		
006	03	PURCHASING, RECEIVING AND	257,440	8,797	35,437	1,143	49,056	351,873	
006	04	ADMITTING	557,599	13,925	111,340	2,001	38,155	2,793	725,813
006	05	CASHIERING/ACCOUNTS RECEI	1,020,612		106,035		92,662	1,589	
006	06	OTHER ADMINISTRATIVE AND	3,468,566	120,089	525,958	6,288	130,816	10,988	
008		OPERATION OF PLANT	1,550,145	136,524	129,850	1,429	49,056	327	
009		LAUNDRY & LINEN SERVICE	185,607	6,697	4,794	286		24	
010		HOUSEKEEPING	1,053,847	3,101	148,330	857	38,155	4,042	
011		DIETARY	196,012	29,709	47,332	1,429	21,803	1,381	
012		CAFETERIA	408,890	47,049	94,973				
014		NURSING ADMINISTRATION	644,427	20,972	141,141	7,717	147,168	3,546	
015		CENTRAL SERVICES & SUPPLY	15,777	38,385		857	10,901	10,601	
016		PHARMACY	5,263,689	18,004	157,882	1,715	54,507	5,194	
017		MEDICAL RECORDS & LIBRARY	825,615	26,583	112,833	3,716	109,014	3,908	
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	5,695,377	293,260	1,069,025	8,574	223,479	57,829	79,055
026		INTENSIVE CARE UNIT	1,395,933	89,693	249,824	3,716	76,309	25,257	12,206
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	3,225,862	111,498	477,782	3,716	185,323	54,635	82,165
039		DELIVERY ROOM & LABOR ROO							
040		ANESTHESIOLOGY	353,772	5,683	265,946		27,253	10,571	3,505
041		RADIOLOGY-DIAGNOSTIC	4,097,660	116,976	412,728	6,002	179,872	12,645	123,962
043		RADIOISOTOPE							
043	01	ONCOLOGY	1,696,282	239,479	169,152	8,003	223,478	18,471	33,088
043	02	CAT SCAN	922,689	4,827	70,457	286		4,913	72,054
044		LABORATORY	3,817,593	30,988	337,104	1,429	141,718	38,620	139,224
049		RESPIRATORY THERAPY	737,373	67,779	131,633		49,056	5,635	1,669
049	01	SLEEP LAB	264,035		33,677	857	16,352	1,963	6,631
050		PHYSICAL THERAPY	1,460,280	12,767	209,820	572	27,253	7,477	18,314
053		ELECTROCARDIOLOGY	648,050	9,472	118,568	7,431	5,451	13,872	19,149
055		MEDICAL SUPPLIES CHARGED	1,594,445		11,158	572		290	
055	30	IMPL. DEV. CHARGED TO PAT	1,307,636		4,730				
056		DRUGS CHARGED TO PATIENTS							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	257,012	60,298	49,061	4,001	54,507	1,674	1,755
061		EMERGENCY	2,412,871	63,966	418,004	4,001	179,872	40,101	126,526
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES	1,737,236					7,131	6,510
067		DURABLE MEDICAL EQUIP-SOL							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY	925,750		117,579	3,144	59,957	6,305	
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	58,247,836	1,613,771	5,938,141	82,028	2,191,173	351,782	725,813
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	1	4,489		286			
096	01	SHELBY COUNTY MEDICAL CEN				9,430			
096	02	SICK CHILD CARE							
096	03	PRIVATE DUTY							
096	04	ST. VINCENT'S STRESS							
096	05	MARKETING	288,219	2,317	25,894	572	16,352		
096	06	MH LIGHTBOUND							
096	07	I-74 CAMPUS	541,433		24,294				
096	08	SOUTHEAST OB		63,689		4,859			
096	09	INTELLIPLEX DEVELOPMENT	54,359					1	
096	10	MS&M				1,143			
096	11	OTHER NON-REIMBURSEABLE C		177,636		8,860			
096	12	BARTLEY ORTHOPEDICS							
096	13	SSA							
096	14	SPORTSWORKS				3,430			
096	15	SHELBY PEDS				6,574			
096	16	RENOVO	57,360		627			9	
096	17	IMA							
096	18	MD SOLUTIONS				9,146			
096	19	MHCD	897,990			286		15	
098		PHYSICIANS' PRIVATE OFFIC							
098	01	HOSPITALIST	1,291,198	2,317	266,777	286	10,901	66	
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	61,378,396	1,864,219	6,255,733	126,900	2,218,426	351,873	725,813

	COST CENTER DESCRIPTION	CASHIERING/ACCOUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		6.05	6a.05	6.06	8	9	10	11
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
005	EMPLOYEE BENEFITS							
006 01	COMMUNICATIONS							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING AND							
006 04	ADMITTING							
006 05	CASHIERING/ACCOUNTS RECEI	1,220,898						
006 06	OTHER ADMINISTRATIVE AND		4,262,705	4,262,705				
008	OPERATION OF PLANT		1,867,331	139,365	2,006,696			
009	LAUNDRY & LINEN SERVICE		197,408	14,733	8,684	220,825		
010	HOUSEKEEPING		1,248,332	93,167	4,021		1,345,520	
011	DIETARY		297,666	22,216	38,521		25,993	384,396
012	CAFETERIA		550,912	41,116	61,004		41,165	
014	NURSING ADMINISTRATION		964,971	72,019	27,193		18,349	
015	CENTRAL SERVICES & SUPPLY		76,521	5,711	49,770		33,584	
016	PHARMACY		5,500,991	410,555	23,344		15,752	
017	MEDICAL RECORDS & LIBRARY		1,081,669	80,728	34,468		23,259	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	132,986	7,559,585	564,185	380,251	95,326	256,590	350,972
026	INTENSIVE CARE UNIT	20,533	1,873,471	139,823	116,298	14,433	78,476	33,424
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	138,217	4,279,198	319,369	144,570	28,629	97,554	
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY	5,896	672,626	50,200	7,369		4,973	
041	RADIOLOGY-DIAGNOSTIC	208,528	5,158,373	384,985	151,674	24,981	102,347	
043	RADIOISOTOPE							
043 01	ONCOLOGY	55,660	2,443,613	182,374	310,513		209,530	
043 02	CAT SCAN	121,208	1,196,434	89,293	6,258		4,223	
044	LABORATORY	234,143	4,740,819	353,822	40,179	9	27,112	
049	RESPIRATORY THERAPY	2,808	995,953	74,331	87,884	1,057	59,303	
049 01	SLEEP LAB	11,154	334,669	24,977				
050	PHYSICAL THERAPY	30,808	1,767,291	131,898	16,554	15	11,170	
053	ELECTROCARDIOLOGY	32,213	854,206	63,752	12,282		8,288	
055	MEDICAL SUPPLIES CHARGED		1,606,465	119,895				
055 30	IMPL. DEV. CHARGED TO PAT		1,312,366	97,946				
056	DRUGS CHARGED TO PATIENTS							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	2,951	431,259	32,186	78,184	1,174	52,757	
061	EMERGENCY	212,841	3,458,182	258,094	82,940	55,201	55,967	
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES	10,952	1,761,829	131,491				
067	DURABLE MEDICAL EQUIP-SOL							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY		1,112,735	83,047				
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	1,220,898	57,607,580	3,981,278	1,681,961	220,825	1,126,392	384,396
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		4,776	356	5,820		3,928	
096 01	SHELBY COUNTY MEDICAL CEN		9,430	704				
096 02	SICK CHILD CARE							
096 03	PRIVATE DUTY							
096 04	ST. VINCENT'S STRESS							
096 05	MARKETING		333,354	24,879	3,004		2,027	
096 06	MH LIGHTBOUND							
096 07	I-74 CAMPUS		565,727	42,222				
096 08	SOUTHEAST OB		68,548	5,116	82,580		55,724	
096 09	INTELLIPLEX DEVELOPMENT		54,360	4,057				
096 10	MS&M		1,143	85				
096 11	OTHER NON-REIMBURSEABLE C		186,496	13,919	230,327		155,422	
096 12	BARTLEY ORTHOPEDICS							
096 13	SSA							
096 14	SPORTSWORKS		3,430	256				
096 15	SHELBY PEDS		6,574	491				
096 16	RENOVO		57,996	4,328				
096 17	IMA							
096 18	MD SOLUTIONS		9,146	683				
096 19	MHCD		898,291	67,042				
098	PHYSICIANS' PRIVATE OFFIC							
098 01	HOSPITALIST		1,571,545	117,289	3,004		2,027	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	1,220,898	61,378,396	4,262,705	2,006,696	220,825	1,345,520	384,396

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0097 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/20/2011 | WORKSHEET B PART I

	COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
005	EMPLOYEE BENEFITS							
006 01	COMMUNICATIONS							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING AND							
006 04	ADMITTING							
006 05	CASHIERING/ACCOUNTS RECEI							
006 06	OTHER ADMINISTRATIVE AND							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA	694,197						
014	NURSING ADMINISTRATION	14,377	1,096,909					
015	CENTRAL SERVICES & SUPPLY			165,586				
016	PHARMACY	19,204			5,969,846			
017	MEDICAL RECORDS & LIBRARY	28,152				1,248,276		
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	171,677	396,811			111,559	9,886,956	
026	INTENSIVE CARE UNIT	39,278	90,787			17,224	2,403,214	
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	70,608	163,200			115,948	5,219,076	
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY	9,552	22,079			4,946	771,745	
041	RADIOLOGY-DIAGNOSTIC	61,158				174,930	6,058,448	
043	RADIOISOTOPE							
043 01	ONCOLOGY	26,413	61,049			46,692	3,280,184	
043 02	CAT SCAN	10,524				101,679	1,408,411	
044	LABORATORY	68,973				196,390	5,427,304	
049	RESPIRATORY THERAPY	23,702	54,784			23,552	1,320,566	
049 01	SLEEP LAB		11,743			9,357	380,746	
050	PHYSICAL THERAPY	32,096				25,844	1,984,868	
053	ELECTROCARDIOLOGY	15,307	35,380			27,023	1,016,238	
055	MEDICAL SUPPLIES CHARGED	3,451		115,910		58,401	1,904,122	
055 30	IMPL. DEV. CHARGED TO PAT	1,422		49,676		24,758	1,486,168	
056	DRUGS CHARGED TO PATIENTS				5,969,846	119,762	6,089,608	
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	13,189	30,486			2,476	641,711	
061	EMERGENCY	61,836	142,926			178,548	4,293,694	
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES					9,187	1,902,507	
067	DURABLE MEDICAL EQUIP-SOL							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY		42,300				1,238,082	
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	670,919	1,051,545	165,586	5,969,846	1,248,276	56,713,648	
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP						14,880	
096 01	SHELBY COUNTY MEDICAL CEN						10,134	
096 02	SICK CHILD CARE							
096 03	PRIVATE DUTY							
096 04	ST. VINCENT'S STRESS							
096 05	MARKETING	3,651					366,915	
096 06	MH LIGHTBOUND							
096 07	I-74 CAMPUS	8,743	20,207				636,899	
096 08	SOUTHEAST OB						211,968	
096 09	INTELLIPLEX DEVELOPMENT						58,417	
096 10	MS&M						1,228	
096 11	OTHER NON-REIMBURSEABLE C						586,164	
096 12	BARTLEY ORTHOPEDICS							
096 13	SSA							
096 14	SPORTSWORKS						3,686	
096 15	SHELBY PEDS						7,065	
096 16	RENOVO	10	22				62,356	
096 17	IMA							
096 18	MD SOLUTIONS						9,829	
096 19	MHCD						965,333	
098	PHYSICIANS' PRIVATE OFFIC							
098 01	HOSPITALIST	10,874	25,135				1,729,874	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	694,197	1,096,909	165,586	5,969,846	1,248,276	61,378,396	

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0097 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/20/2011 I WORKSHEET B I PART I

		COST CENTER DESCRIPTION	TOTAL
			27
		GENERAL SERVICE COST CNTR	
001		OLD CAP REL COSTS-BLDG &	
005		EMPLOYEE BENEFITS	
006	01	COMMUNICATIONS	
006	02	DATA PROCESSING	
006	03	PURCHASING, RECEIVING AND	
006	04	ADMITTING	
006	05	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	
		INPAT ROUTINE SRVC CNTRS	
025		ADULTS & PEDIATRICS	9,886,956
026		INTENSIVE CARE UNIT	2,403,214
		ANCILLARY SRVC COST CNTRS	
037		OPERATING ROOM	5,219,076
039		DELIVERY ROOM & LABOR ROO	
040		ANESTHESIOLOGY	771,745
041		RADIOLOGY-DIAGNOSTIC	6,058,448
043		RADIOISOTOPE	
043	01	ONCOLOGY	3,280,184
043	02	CAT SCAN	1,408,411
044		LABORATORY	5,427,304
049		RESPIRATORY THERAPY	1,320,566
049	01	SLEEP LAB	380,746
050		PHYSICAL THERAPY	1,984,868
053		ELECTROCARDIOLOGY	1,016,238
055		MEDICAL SUPPLIES CHARGED	1,904,122
055	30	IMPL. DEV. CHARGED TO PAT	1,486,168
056		DRUGS CHARGED TO PATIENTS	6,089,608
		OUTPAT SERVICE COST CNTRS	
060		CLINIC	641,711
061		EMERGENCY	4,293,694
062		OBSERVATION BEDS (NON-DIS	
		OTHER REIMBURS COST CNTRS	
065		AMBULANCE SERVICES	1,902,507
067		DURABLE MEDICAL EQUIP-SOL	
070		I&R SERVICES-NOT APPRVD P	
071		HOME HEALTH AGENCY	1,238,082
		SPEC PURPOSE COST CENTERS	
095		SUBTOTALS	56,713,648
		NONREIMBURS COST CENTERS	
096		GIFT, FLOWER, COFFEE SHOP	14,880
096	01	SHELBY COUNTY MEDICAL CEN	10,134
096	02	SICK CHILD CARE	
096	03	PRIVATE DUTY	
096	04	ST. VINCENT'S STRESS	
096	05	MARKETING	366,915
096	06	MH LIGHTBOUND	
096	07	I-74 CAMPUS	636,899
096	08	SOUTHEAST OB	211,968
096	09	INTELLIPLEX DEVELOPMENT	58,417
096	10	MS&M	1,228
096	11	OTHER NON-REIMBURSEABLE C	586,164
096	12	BARTLEY ORTHOPEDICS	
096	13	SSA	
096	14	SPORTSWORKS	3,686
096	15	SHELBY PEDS	7,065
096	16	RENOVO	62,356
096	17	IMA	
096	18	MD SOLUTIONS	9,829
096	19	MHCD	965,333
098		PHYSICIANS' PRIVATE OFFIC	
098	01	HOSPITALIST	1,729,874
101		CROSS FOOT ADJUSTMENT	
102		NEGATIVE COST CENTER	
103		TOTAL	61,378,396

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0097 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/20/2011 | WORKSHEET B PART II

		COST CENTER DESCRIPTION	DIR ASSGNED OLD CAPITAL REL COSTS	OLD CAP REL COSTS-BLDG &	SUBTOTAL	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND
			0	1	4a	5	6.01	6.02	6.03
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
005		EMPLOYEE BENEFITS		6,516	6,516	6,516			
006	01	COMMUNICATIONS		3,511	3,511	24	3,535		
006	02	DATA PROCESSING		27,223	27,223	159	64	27,446	
006	03	PURCHASING, RECEIVING AND		8,797	8,797	37	32	607	9,473
006	04	ADMITTING		13,925	13,925	116	56	472	75
006	05	CASHIERING/ACCOUNTS RECEI				110		1,146	43
006	06	OTHER ADMINISTRATIVE AND		120,089	120,089	547	175	1,618	296
008		OPERATION OF PLANT		136,524	136,524	135	40	607	9
009		LAUNDRY & LINEN SERVICE		6,697	6,697	5	8		1
010		HOUSEKEEPING		3,101	3,101	154	24	472	109
011		DIETARY		29,709	29,709	49	40	270	37
012		CAFETERIA		47,049	47,049	99			
014		NURSING ADMINISTRATION		20,972	20,972	147	215	1,821	95
015		CENTRAL SERVICES & SUPPLY		38,385	38,385		24	135	285
016		PHARMACY		18,004	18,004	164	48	674	140
017		MEDICAL RECORDS & LIBRARY		26,583	26,583	117	104	1,349	105
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS		293,260	293,260	1,120	239	2,767	1,557
026		INTENSIVE CARE UNIT		89,693	89,693	260	104	944	680
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM		111,498	111,498	497	104	2,293	1,471
039		DELIVERY ROOM & LABOR ROO							
040		ANESTHESIOLOGY		5,683	5,683	277		337	285
041		RADIOLOGY-DIAGNOSTIC		116,976	116,976	430	167	2,225	340
043		RADIOISOTOPE							
043	01	ONCOLOGY		239,479	239,479	176	223	2,765	497
043	02	CAT SCAN		4,827	4,827	73	8		132
044		LABORATORY		30,988	30,988	351	40	1,753	1,040
049		RESPIRATORY THERAPY		67,779	67,779	137		607	152
049	01	SLEEP LAB				35	24	202	53
050		PHYSICAL THERAPY		12,767	12,767	218	16	337	201
053		ELECTROCARDIOLOGY		9,472	9,472	123	207	67	373
055		MEDICAL SUPPLIES CHARGED				12	16		8
055	30	IMPL. DEV. CHARGED TO PAT				5			
056		DRUGS CHARGED TO PATIENTS							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC		60,298	60,298	51	111	674	45
061		EMERGENCY		63,966	63,966	435	111	2,225	1,080
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES							192
067		DURABLE MEDICAL EQUIP-SOL							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY				122	88	742	170
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS		1,613,771	1,613,771	6,185	2,288	27,109	9,471
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP		4,489	4,489		8		
096	01	SHELBY COUNTY MEDICAL CEN					259		
096	02	SICK CHILD CARE							
096	03	PRIVATE DUTY							
096	04	ST. VINCENT'S STRESS							
096	05	MARKETING		2,317	2,317	27	16	202	
096	06	MH LIGHTBOUND							
096	07	I-74 CAMPUS				25			
096	08	SOUTHEAST OB		63,689	63,689		135		
096	09	INTELLIPLEX DEVELOPMENT							
096	10	MS&M					32		
096	11	OTHER NON-REIMBURSEABLE C		177,636	177,636		247		
096	12	BARTLEY ORTHOPEDICS							
096	13	SSA							
096	14	SPORTSWORKS					96		
096	15	SHELBY PEDS					183		
096	16	RENOVO				1			
096	17	IMA							
096	18	MD SOLUTIONS					255		
096	19	MHCD					8		
098		PHYSICIANS' PRIVATE OFFIC							
098	01	HOSPITALIST		2,317	2,317	278	8	135	2
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL		1,864,219	1,864,219	6,516	3,535	27,446	9,473

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0097 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/20/2011 | WORKSHEET B PART II

		COST CENTER DESCRIPTION	ADMITTING	CASHIERING/ACCOUNTS RECEI	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			6.04	6.05	6.06	8	9	10	11
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
005		EMPLOYEE BENEFITS							
006	01	COMMUNICATIONS							
006	02	DATA PROCESSING							
006	03	PURCHASING, RECEIVING AND							
006	04	ADMITTING	14,644						
006	05	CASHIERING/ACCOUNTS RECEI		1,299					
006	06	OTHER ADMINISTRATIVE AND			122,725				
008		OPERATION OF PLANT			4,013	141,328			
009		LAUNDRY & LINEN SERVICE			424	612	7,747		
010		HOUSEKEEPING			2,683	283		6,826	
011		DIETARY			640	2,713		132	33,590
012		CAFETERIA			1,184	4,296		209	
014		NURSING ADMINISTRATION			2,074	1,915		93	
015		CENTRAL SERVICES & SUPPLY			164	3,505		170	
016		PHARMACY			11,822	1,644		80	
017		MEDICAL RECORDS & LIBRARY			2,325	2,428		118	
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	1,593	139	16,231	26,778	3,345	1,302	30,669
026		INTENSIVE CARE UNIT	246	21	4,026	8,191	506	398	2,921
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	1,656	145	9,196	10,182	1,004	495	
039		DELIVERY ROOM & LABOR ROO							
040		ANESTHESIOLOGY	71	6	1,445	519		25	
041		RADIOLOGY-DIAGNOSTIC	2,499	218	11,085	10,682	876	519	
043		RADIOISOTOPE							
043	01	ONCOLOGY	667	58	5,251	21,869		1,063	
043	02	CAT SCAN	1,452	127	2,571	441		21	
044		LABORATORY	2,821	267	10,188	2,830		138	
049		RESPIRATORY THERAPY	34	3	2,140	6,190	37	301	
049	01	SLEEP LAB	134	12	719				
050		PHYSICAL THERAPY	369	32	3,798	1,166	1	57	
053		ELECTROCARDIOLOGY	386	34	1,836	865		42	
055		MEDICAL SUPPLIES CHARGED			3,452				
055	30	IMPL. DEV. CHARGED TO PAT			2,820				
056		DRUGS CHARGED TO PATIENTS							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	35	3	927	5,506	41	268	
061		EMERGENCY	2,550	223	7,432	5,841	1,937	284	
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES	131	11	3,786				
067		DURABLE MEDICAL EQUIP-SOL							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY			2,391				
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	14,644	1,299	114,623	118,456	7,747	5,715	33,590
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP			10	410		20	
096	01	SHELBY COUNTY MEDICAL CEN			20				
096	02	SICK CHILD CARE							
096	03	PRIVATE DUTY							
096	04	ST. VINCENT'S STRESS							
096	05	MARKETING			716	212		10	
096	06	MH LIGHTBOUND							
096	07	I-74 CAMPUS			1,216				
096	08	SOUTHEAST OB			147	5,816		283	
096	09	INTELLIPLEX DEVELOPMENT			117				
096	10	MS&M			2				
096	11	OTHER NON-REIMBURSEABLE C			401	16,222		788	
096	12	BARTLEY ORTHOPEDICS							
096	13	SSA							
096	14	SPORTSWORKS			7				
096	15	SHELBY PEDS			14				
096	16	RENOVO			125				
096	17	IMA							
096	18	MD SOLUTIONS			20				
096	19	MHCD			1,930				
098		PHYSICIANS' PRIVATE OFFIC							
098	01	HOSPITALIST			3,377	212		10	
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	14,644	1,299	122,725	141,328	7,747	6,826	33,590

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: 15-0097 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/20/2011 I WORKSHEET B I PART II

		COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16		SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
005		EMPLOYEE BENEFITS							
006	01	COMMUNICATIONS							
006	02	DATA PROCESSING							
006	03	PURCHASING, RECEIVING AND							
006	04	ADMITTING							
006	05	CASHIERING/ACCOUNTS RECEI							
006	06	OTHER ADMINISTRATIVE AND							
008		OPERATION OF PLANT							
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING							
011		DIETARY							
012		CAFETERIA	52,837						
014		NURSING ADMINISTRATION	1,094	28,426					
015		CENTRAL SERVICES & SUPPLY			42,668				
016		PHARMACY	1,462			34,038			
017		MEDICAL RECORDS & LIBRARY	2,143				35,272		
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	13,065	10,283			3,156	405,504	
026		INTENSIVE CARE UNIT	2,990	2,353			487	113,820	
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	5,374	4,229			3,280	151,424	
039		DELIVERY ROOM & LABOR ROO							
040		ANESTHESIOLOGY	727	572			140	10,087	
041		RADIOLOGY-DIAGNOSTIC	4,655				4,949	155,621	
043		RADIOISOTOPE							
043	01	ONCOLOGY	2,010	1,582			1,321	276,961	
043	02	CAT SCAN	801				2,877	13,330	
044		LABORATORY	5,250				5,515	61,181	
049		RESPIRATORY THERAPY	1,804	1,420			666	81,270	
049	01	SLEEP LAB		304			265	1,748	
050		PHYSICAL THERAPY	2,443				731	22,136	
053		ELECTROCARDIOLOGY	1,165	917			764	16,251	
055		MEDICAL SUPPLIES CHARGED	263		29,868		1,652	35,271	
055	30	IMPL. DEV. CHARGED TO PAT	108		12,800		700	16,433	
056		DRUGS CHARGED TO PATIENTS				34,038	3,388	37,426	
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	1,004	790			70	69,823	
061		EMERGENCY	4,707	3,704			5,051	99,546	
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES					260	4,380	
067		DURABLE MEDICAL EQUIP-SOL							
070		I&R SERVICES-NOT APPRVD P							
071		HOME HEALTH AGENCY		1,096				4,609	
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	51,065	27,250	42,668	34,038	35,272	1,576,821	
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP						4,937	
096	01	SHELBY COUNTY MEDICAL CEN						279	
096	02	SICK CHILD CARE							
096	03	PRIVATE DUTY							
096	04	ST. VINCENT'S STRESS							
096	05	MARKETING	278					3,778	
096	06	MH LIGHTBOUND							
096	07	I-74 CAMPUS	665	524				2,430	
096	08	SOUTHEAST OB						70,070	
096	09	INTELLIPLEX DEVELOPMENT						117	
096	10	MS&M						34	
096	11	OTHER NON-REIMBURSEABLE C						195,294	
096	12	BARTLEY ORTHOPEDICS							
096	13	SSA							
096	14	SPORTSWORKS						103	
096	15	SHELBY PEDS						197	
096	16	RENOVO	1	1				128	
096	17	IMA							
096	18	MD SOLUTIONS						275	
096	19	MHCD						1,938	
098		PHYSICIANS' PRIVATE OFFIC							
098	01	HOSPITALIST	828	651				7,818	
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	52,837	28,426	42,668	34,038	35,272	1,864,219	

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: 15-0097 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/20/2011 I WORKSHEET B I PART II

		COST CENTER DESCRIPTION	TOTAL
			27
		GENERAL SERVICE COST CNTR	
001		OLD CAP REL COSTS-BLDG &	
005		EMPLOYEE BENEFITS	
006	01	COMMUNICATIONS	
006	02	DATA PROCESSING	
006	03	PURCHASING, RECEIVING AND	
006	04	ADMITTING	
006	05	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	
		INPAT ROUTINE SRVC CNTRS	
025		ADULTS & PEDIATRICS	405,504
026		INTENSIVE CARE UNIT	113,820
		ANCILLARY SRVC COST CNTRS	
037		OPERATING ROOM	151,424
039		DELIVERY ROOM & LABOR ROO	
040		ANESTHESIOLOGY	10,087
041		RADIOLOGY-DIAGNOSTIC	155,621
043		RADIOISOTOPE	
043	01	ONCOLOGY	276,961
043	02	CAT SCAN	13,330
044		LABORATORY	61,181
049		RESPIRATORY THERAPY	81,270
049	01	SLEEP LAB	1,748
050		PHYSICAL THERAPY	22,136
053		ELECTROCARDIOLOGY	16,251
055		MEDICAL SUPPLIES CHARGED	35,271
055	30	IMPL. DEV. CHARGED TO PAT	16,433
056		DRUGS CHARGED TO PATIENTS	37,426
		OUTPAT SERVICE COST CNTRS	
060		CLINIC	69,823
061		EMERGENCY	99,546
062		OBSERVATION BEDS (NON-DIS	
		OTHER REIMBURS COST CNTRS	
065		AMBULANCE SERVICES	4,380
067		DURABLE MEDICAL EQUIP-SOL	
070		I&R SERVICES-NOT APPRVD P	
071		HOME HEALTH AGENCY	4,609
		SPEC PURPOSE COST CENTERS	
095		SUBTOTALS	1,576,821
		NONREIMBURS COST CENTERS	
096		GIFT, FLOWER, COFFEE SHOP	4,937
096	01	SHELBY COUNTY MEDICAL CEN	279
096	02	SICK CHILD CARE	
096	03	PRIVATE DUTY	
096	04	ST. VINCENT'S STRESS	
096	05	MARKETING	3,778
096	06	MH LIGHTBOUND	
096	07	I-74 CAMPUS	2,430
096	08	SOUTHEAST OB	70,070
096	09	INTELLIPLEX DEVELOPMENT	117
096	10	MS&M	34
096	11	OTHER NON-REIMBURSEABLE C	195,294
096	12	BARTLEY ORTHOPEDICS	
096	13	SSA	
096	14	SPORTSWORKS	103
096	15	SHELBY PEDS	197
096	16	RENOVO	128
096	17	IMA	
096	18	MD SOLUTIONS	275
096	19	MHCD	1,938
098		PHYSICIANS' PRIVATE OFFIC	
098	01	HOSPITALIST	7,818
101		CROSS FOOT ADJUSTMENTS	
102		NEGATIVE COST CENTER	
103		TOTAL	1,864,219

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: 15-0097 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/20/2011 I WORKSHEET B-1

	COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	DATA PROCESSING (HARDWARE)	PURCHASING, RECEIVING (PURCHASING)	ADMITTING (GROSS CHARGES)
		1	5	6.01	6.02	6.03	6.04
	GENERAL SERVICE COST						
001	OLD CAP REL COSTS-BLD	154,491					
005	EMPLOYEE BENEFITS	540	28,060,693				
006 01	COMMUNICATIONS	291	104,302	444			
006 02	DATA PROCESSING	2,256	685,106	8	407		
006 03	PURCHASING, RECEIVING	729	158,955	4	9	1,387,850	
006 04	ADMITTING	1,154	499,427	7	7	11,016	142,036,250
006 05	CASHIERING/ACCOUNTS R		475,632		17	6,269	
006 06	OTHER ADMINISTRATIVE	9,952	2,359,235	22	24	43,340	
008	OPERATION OF PLANT	11,314	582,456	5	9	1,288	
009	LAUNDRY & LINEN SERVI	555	21,504	1		96	
010	HOUSEKEEPING	257	665,347	3	7	15,942	
011	DIETARY	2,462	212,312	5	4	5,448	
012	CAFETERIA	3,899	426,011				
014	NURSING ADMINISTRATIO	1,738	633,099	27	27	13,988	
015	CENTRAL SERVICES & SU	3,181		3	2	41,814	
016	PHARMACY	1,492	708,193	6	10	20,488	
017	MEDICAL RECORDS & LIB	2,203	506,121	13	20	15,414	
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	24,303	4,795,243	30	41	228,085	15,470,685
026	INTENSIVE CARE UNIT	7,433	1,120,609	13	14	99,619	2,388,633
	ANCILLARY SRVC COST C						
037	OPERATING ROOM	9,240	2,143,136	13	34	215,492	16,079,277
039	DELIVERY ROOM & LABOR						
040	ANESTHESIOLOGY	471	1,192,925		5	41,693	685,861
041	RADIOLOGY-DIAGNOSTIC	9,694	1,851,328	21	33	49,874	24,258,716
043	RADIOISOTOPE						
043 01	ONCOLOGY	19,846	758,746	28	41	72,852	6,475,098
043 02	CAT SCAN	400	316,042	1		19,379	14,100,508
044	LABORATORY	2,568	1,512,112	5	26	152,323	27,244,009
049	RESPIRATORY THERAPY	5,617	590,453		9	22,226	326,615
049 01	SLEEP LAB		151,060	3	3	7,742	1,297,583
050	PHYSICAL THERAPY	1,058	941,165	2	5	29,489	3,583,967
053	ELECTROCARDIOLOGY	785	531,846	26	1	54,712	3,747,432
055	MEDICAL SUPPLIES CHAR		50,048	2		1,143	
055 30	IMPL. DEV. CHARGED TO		21,217				
056	DRUGS CHARGED TO PATI						
	OUTPAT SERVICE COST C						
060	CLINIC	4,997	220,067	14	10	6,603	343,353
061	EMERGENCY	5,301	1,874,997	14	33	158,164	24,760,488
062	OBSERVATION BEDS (NON						
	OTHER REIMBURS COST C						
065	AMBULANCE SERVICES					28,124	1,274,025
067	DURABLE MEDICAL EQUIP						
070	I&R SERVICES-NOT APPR						
071	HOME HEALTH AGENCY		527,410	11	11	24,868	
	SPEC PURPOSE COST CEN						
095	SUBTOTALS	133,736	26,636,104	287	402	1,387,491	142,036,250
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE	372		1		1	
096 01	SHELBY COUNTY MEDICAL			33			
096 02	SICK CHILD CARE						
096 03	PRIVATE DUTY						
096 04	ST. VINCENT'S STRESS						
096 05	MARKETING	192	116,151	2	3		
096 06	MH LIGHTBOUND						
096 07	I-74 CAMPUS		108,972				
096 08	SOUTHEAST OB	5,278		17			
096 09	INTELLIPLEX DEVELOPME					3	
096 10	MS&M			4			
096 11	OTHER NON-REIMBURSEAB	14,721		31			
096 12	BARTLEY ORTHOPEDICS						
096 13	SSA						
096 14	SPORTSWORKS			12			
096 15	SHELBY PEDS			23			
096 16	RENOVO		2,814			36	
096 17	IMA						
096 18	MD SOLUTIONS			32			
096 19	MHCD			1		60	
098	PHYSICIANS' PRIVATE O						
098 01	HOSPITALIST	192	1,196,652	1	2	259	
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	1,864,219	6,255,733	126,900	2,218,426	351,873	725,813
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	12.066845	.222936	285.810811	5,450.678133	.253538	.005110
105	COST TO BE ALLOCATED (WRKSHT B, PART II)		6,516	3,535	27,446	9,473	14,644
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)		.000232	7.961712	67.434889	.006826	.000103

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0097 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/20/2011 | WORKSHEET B-1

	COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	DATA PROCESSING (HARDWARE)	PURCHASING, RECEIVING AND (PURCHASING)	ADMITTING (GROSS CHARGES)
		1	5	6.01	6.02	6.03	6.04
107	COST TO BE ALLOCATED (WRKSHT B, PART III						
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)						

	COST CENTER DESCRIPTION	CASHIERING/ACCOUNTS RECEIVABLES (GROSS CHARGES)	RECONCILIATION	OTHER ADMINISTRATIVE AND ACCUM. COST	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)
		6.05	6a.06	6.06	8	9	10	11
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
005	EMPLOYEE BENEFITS							
006 01	COMMUNICATIONS							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING							
006 04	ADMITTING							
006 05	CASHIERING/ACCOUNTS R	142,036,250						
006 06	OTHER ADMINISTRATIVE		-4,262,705	57,115,691				
008	OPERATION OF PLANT			1,867,331	128,255			
009	LAUNDRY & LINEN SERVI			197,408	555	346,017		
010	HOUSEKEEPING			1,248,332	257		127,443	
011	DIETARY			297,666	2,462		2,462	10,132
012	CAFETERIA			550,912	3,899		3,899	
014	NURSING ADMINISTRATIO			964,971	1,738		1,738	
015	CENTRAL SERVICES & SU			76,521	3,181		3,181	
016	PHARMACY			5,500,991	1,492		1,492	
017	MEDICAL RECORDS & LIB			1,081,669	2,203		2,203	
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	15,470,685		7,559,585	24,303	149,367	24,303	9,251
026	INTENSIVE CARE UNIT	2,388,633		1,873,471	7,433	22,616	7,433	881
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	16,079,277		4,279,198	9,240	44,860	9,240	
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY	685,861		672,626	471		471	
041	RADIOLOGY-DIAGNOSTIC	24,258,716		5,158,373	9,694	39,143	9,694	
043	RADIOISOTOPE							
043 01	ONCOLOGY	6,475,098		2,443,613	19,846		19,846	
043 02	CAT SCAN	14,100,508		1,196,434	400		400	
044	LABORATORY	27,244,009		4,740,819	2,568	14	2,568	
049	RESPIRATORY THERAPY	326,615		995,953	5,617	1,657	5,617	
049 01	SLEEP LAB	1,297,583		334,669				
050	PHYSICAL THERAPY	3,583,967		1,767,291	1,058	24	1,058	
053	ELECTROCARDIOLOGY	3,747,432		854,206	785		785	
055	MEDICAL SUPPLIES CHAR			1,606,465				
055 30	IMPL. DEV. CHARGED TO			1,312,366				
056	DRUGS CHARGED TO PATI							
	OUTPAT SERVICE COST C							
060	CLINIC	343,353		431,259	4,997	1,840	4,997	
061	EMERGENCY	24,760,488		3,458,182	5,301	86,496	5,301	
062	OBSERVATION BEDS (NON							
	OTHER REIMBURS COST C							
065	AMBULANCE SERVICES	1,274,025		1,761,829				
067	DURABLE MEDICAL EQUIP							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY			1,112,735				
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	142,036,250	-4,262,705	53,344,875	107,500	346,017	106,688	10,132
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE			4,776	372		372	
096 01	SHELBY COUNTY MEDICAL			9,430				
096 02	SICK CHILD CARE							
096 03	PRIVATE DUTY							
096 04	ST. VINCENT'S STRESS							
096 05	MARKETING			333,354	192		192	
096 06	MH LIGHTBOUND							
096 07	I-74 CAMPUS			565,727				
096 08	SOUTHEAST OB			68,548	5,278		5,278	
096 09	INTELLIPLEX DEVELOPME			54,360				
096 10	MS&M			1,143				
096 11	OTHER NON-REIMBURSEAB			186,496	14,721		14,721	
096 12	BARTLEY ORTHOPEDICS							
096 13	SSA							
096 14	SPORTSWORKS			3,430				
096 15	SHELBY PEDS			6,574				
096 16	RENOVO			57,996				
096 17	IMA							
096 18	MD SOLUTIONS			9,146				
096 19	MHCD			898,291				
098	PHYSICIANS' PRIVATE O							
098 01	HOSPITALIST			1,571,545	192		192	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	1,220,898		4,262,705	2,006,696	220,825	1,345,520	384,396
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.008596		.074633	15.646142	.638191	10.557818	37.938808
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	1,299		122,725	141,328	7,747	6,826	33,590
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000009		.002149	1.101930	.022389	.053561	3.315239

	COST CENTER DESCRIPTION	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)
		6.05	6a.06	6.06	8	9	10	11
107	COST TO BE ALLOCATED (WRKSHT B, PART III							
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)							

		COST CENTER DESCRIPTION	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (MANHOURS)	CENTRAL SERVICES & SUPPLY (100% SUPPLIES)	PHARMACY (100% DRUGS TO PATIENTS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)
			12	14	15	16	17
		GENERAL SERVICE COST					
001		OLD CAP REL COSTS-BLD					
005		EMPLOYEE BENEFITS					
006	01	COMMUNICATIONS					
006	02	DATA PROCESSING					
006	03	PURCHASING, RECEIVING					
006	04	ADMITTING					
006	05	CASHIERING/ACCOUNTS R					
006	06	OTHER ADMINISTRATIVE					
008		OPERATION OF PLANT					
009		LAUNDRY & LINEN SERVI					
010		HOUSEKEEPING					
011		DIETARY					
012		CAFETERIA	720,913				
014		NURSING ADMINISTRATIO	14,930	492,835			
015		CENTRAL SERVICES & SU			100		
016		PHARMACY	19,943			100	
017		MEDICAL RECORDS & LIB	29,235				173,116,260
		INPAT ROUTINE SRVC CN					
025		ADULTS & PEDIATRICS	178,285	178,285			15,470,685
026		INTENSIVE CARE UNIT	40,790	40,790			2,388,633
		ANCILLARY SRVC COST C					
037		OPERATING ROOM	73,325	73,325			16,079,277
039		DELIVERY ROOM & LABOR					
040		ANESTHESIOLOGY	9,920	9,920			685,861
041		RADIOLOGY-DIAGNOSTIC	63,512				24,258,716
043		RADIOISOTOPE					
043	01	ONCOLOGY	27,429	27,429			6,475,098
043	02	CAT SCAN	10,929				14,100,508
044		LABORATORY	71,627				27,244,009
049		RESPIRATORY THERAPY	24,614	24,614			3,266,158
049	01	SLEEP LAB		5,276			1,297,583
050		PHYSICAL THERAPY	33,331				3,583,967
053		ELECTROCARDIOLOGY	15,896	15,896			3,747,432
055		MEDICAL SUPPLIES CHAR	3,584		70		8,098,886
055	30	IMPL. DEV. CHARGED TO	1,477		30		3,433,320
056		DRUGS CHARGED TO PATI				100	16,608,301
		OUTPAT SERVICE COST C					
060		CLINIC	13,697	13,697			343,353
061		EMERGENCY	64,216	64,216			24,760,448
062		OBSERVATION BEDS (NON					
		OTHER REIMBURS COST C					
065		AMBULANCE SERVICES					1,274,025
067		DURABLE MEDICAL EQUIP					
070		I&R SERVICES-NOT APPR					
071		HOME HEALTH AGENCY		19,005			
		SPEC PURPOSE COST CEN					
095		SUBTOTALS	696,740	472,453	100	100	173,116,260
		NONREIMBURS COST CENT					
096		GIFT, FLOWER, COFFEE					
096	01	SHELBY COUNTY MEDICAL					
096	02	SICK CHILD CARE					
096	03	PRIVATE DUTY					
096	04	ST. VINCENT'S STRESS					
096	05	MARKETING	3,791				
096	06	MH LIGHTBOUND					
096	07	I-74 CAMPUS	9,079	9,079			
096	08	SOUTHEAST OB					
096	09	INTELLIPLEX DEVELOPME					
096	10	MS&M					
096	11	OTHER NON-REIMBURSEAB					
096	12	BARTLEY ORTHOPEDICS					
096	13	SSA					
096	14	SPORTSWORKS					
096	15	SHELBY PEDS					
096	16	RENOVO	10	10			
096	17	IMA					
096	18	MD SOLUTIONS					
096	19	MHCD					
098		PHYSICIANS' PRIVATE O					
098	01	HOSPITALIST	11,293	11,293			
101		CROSS FOOT ADJUSTMENT					
102		NEGATIVE COST CENTER					
103		COST TO BE ALLOCATED (PER WRKSHT B, PART	694,197	1,096,909	165,586	5,969,846	1,248,276
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	.962941	2.225712	1,655.860000	59,698.460000	.007211
105		COST TO BE ALLOCATED (PER WRKSHT B, PART	52,837	28,426	42,668	34,038	35,272
106		UNIT COST MULTIPLIER (WRKSHT B, PT II)	.073292	.057679	426.680000	340.380000	.000204

	COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		(MANHOURS)	(MANHOURS)	(100% SUPPLIES)	(100% DRUGS TO PATIENTS)	(GROSS CHARGES)
		12	14	15	16	17
107	COST TO BE ALLOCATED (PER WRKSHT B, PART					
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)					

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: 15-0097 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/20/2011 I WORKSHEET C I PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
		INPAT ROUTINE SRVC CNTRS					
25		ADULTS & PEDIATRICS	9,886,956		9,886,956		9,886,956
26		INTENSIVE CARE UNIT	2,403,214		2,403,214		2,403,214
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	5,219,076		5,219,076		5,219,076
39		DELIVERY ROOM & LABOR ROO					
40		ANESTHESIOLOGY	771,745		771,745	4,017	775,762
41		RADIOLOGY-DIAGNOSTIC	6,058,448		6,058,448		6,058,448
43		RADIOISOTOPE					
43	01	ONCOLOGY	3,280,184		3,280,184		3,280,184
43	02	CAT SCAN	1,408,411		1,408,411		1,408,411
44		LABORATORY	5,427,304		5,427,304		5,427,304
49		RESPIRATORY THERAPY	1,320,566		1,320,566		1,320,566
49	01	SLEEP LAB	380,746		380,746		380,746
50		PHYSICAL THERAPY	1,984,868		1,984,868		1,984,868
53		ELECTROCARDIOLOGY	1,016,238		1,016,238		1,016,238
55		MEDICAL SUPPLIES CHARGED	1,904,122		1,904,122		1,904,122
55	30	IMPL. DEV. CHARGED TO PAT	1,486,168		1,486,168		1,486,168
56		DRUGS CHARGED TO PATIENTS	6,089,608		6,089,608		6,089,608
		OUTPAT SERVICE COST CNTRS					
60		CLINIC	641,711		641,711		641,711
61		EMERGENCY	4,293,694		4,293,694	63,848	4,357,542
62		OBSERVATION BEDS (NON-DIS	1,201,144		1,201,144		1,201,144
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES	1,902,507		1,902,507		1,902,507
67		DURABLE MEDICAL EQUIP-SOL					
101		SUBTOTAL	56,676,710		56,676,710	67,865	56,744,575
102		LESS OBSERVATION BEDS	1,201,144		1,201,144		1,201,144
103		TOTAL	55,475,566		55,475,566	67,865	55,543,431

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: 15-0097 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/20/2011 I WORKSHEET C I PART I

WKST LINE NO.	A	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	13,935,094		13,935,094			
26		INTENSIVE CARE UNIT	2,388,633		2,388,633			
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	4,964,582	11,114,695	16,079,277	.324584	.324584	.324584
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY	244,629	441,232	685,861	1.125221	1.125221	1.131078
41		RADIOLOGY-DIAGNOSTIC	2,821,072	21,437,644	24,258,716	.249743	.249743	.249743
43		RADIOISOTOPE						
43	01	ONCOLOGY	24,070	6,451,028	6,475,098	.506584	.506584	.506584
43	02	CAT SCAN	2,417,024	11,683,484	14,100,508	.099884	.099884	.099884
44		LABORATORY	6,749,286	20,494,723	27,244,009	.199211	.199211	.199211
49		RESPIRATORY THERAPY	2,791,420	474,738	3,266,158	.404318	.404318	.404318
49	01	SLEEP LAB		1,297,583	1,297,583	.293427	.293427	.293427
50		PHYSICAL THERAPY	600,088	2,983,879	3,583,967	.553819	.553819	.553819
53		ELECTROCARDIOLOGY	476,602	3,270,830	3,747,432	.271183	.271183	.271183
55		MEDICAL SUPPLIES CHARGED	2,867,710	5,231,176	8,098,886	.235109	.235109	.235109
55	30	IMPL. DEV. CHARGED TO PAT	2,342,084	1,091,236	3,433,320	.432866	.432866	.432866
56		DRUGS CHARGED TO PATIENTS	4,779,850	11,828,451	16,608,301	.366661	.366661	.366661
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	303	343,050	343,353	1.868954	1.868954	1.868954
61		EMERGENCY	3,483,669	21,276,779	24,760,448	.173409	.173409	.175988
62		OBSERVATION BEDS (NON-DIS		1,535,591	1,535,591	.782203	.782203	.782203
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES	236,897	1,037,128	1,274,025	1.493304	1.493304	1.493304
67		DURABLE MEDICAL EQUIP-SOL						
101		SUBTOTAL	51,123,013	121,993,247	173,116,260			
102		LESS OBSERVATION BEDS						
103		TOTAL	51,123,013	121,993,247	173,116,260			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0097
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/20/2011
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	9,886,956		9,886,956		9,886,956
26	INTENSIVE CARE UNIT	2,403,214		2,403,214		2,403,214
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,219,076		5,219,076		5,219,076
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	771,745		771,745	4,017	775,762
41	RADIOLOGY-DIAGNOSTIC	6,058,448		6,058,448		6,058,448
43	RADIOISOTOPE					
43 01	ONCOLOGY	3,280,184		3,280,184		3,280,184
43 02	CAT SCAN	1,408,411		1,408,411		1,408,411
44	LABORATORY	5,427,304		5,427,304		5,427,304
49	RESPIRATORY THERAPY	1,320,566		1,320,566		1,320,566
49 01	SLEEP LAB	380,746		380,746		380,746
50	PHYSICAL THERAPY	1,984,868		1,984,868		1,984,868
53	ELECTROCARDIOLOGY	1,016,238		1,016,238		1,016,238
55	MEDICAL SUPPLIES CHARGED	1,904,122		1,904,122		1,904,122
55 30	IMPL. DEV. CHARGED TO PAT	1,486,168		1,486,168		1,486,168
56	DRUGS CHARGED TO PATIENTS	6,089,608		6,089,608		6,089,608
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	641,711		641,711		641,711
61	EMERGENCY	4,293,694		4,293,694	63,848	4,357,542
62	OBSERVATION BEDS (NON-DIS	1,201,144		1,201,144		1,201,144
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,902,507		1,902,507		1,902,507
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	56,676,710		56,676,710	67,865	56,744,575
102	LESS OBSERVATION BEDS	1,201,144		1,201,144		1,201,144
103	TOTAL	55,475,566		55,475,566	67,865	55,543,431

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: 15-0097 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/20/2011 I WORKSHEET C I PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	13,935,094		13,935,094			
26		INTENSIVE CARE UNIT	2,388,633		2,388,633			
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	4,964,582	11,114,695	16,079,277	.324584	.324584	.324584
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY	244,629	441,232	685,861	1.125221	1.125221	1.131078
41		RADIOLOGY-DIAGNOSTIC	2,821,072	21,437,644	24,258,716	.249743	.249743	.249743
43		RADIOISOTOPE						
43	01	ONCOLOGY	24,070	6,451,028	6,475,098	.506584	.506584	.506584
43	02	CAT SCAN	2,417,024	11,683,484	14,100,508	.099884	.099884	.099884
44		LABORATORY	6,749,286	20,494,723	27,244,009	.199211	.199211	.199211
49		RESPIRATORY THERAPY	2,791,420	474,738	3,266,158	.404318	.404318	.404318
49	01	SLEEP LAB		1,297,583	1,297,583	.293427	.293427	.293427
50		PHYSICAL THERAPY	600,088	2,983,879	3,583,967	.553819	.553819	.553819
53		ELECTROCARDIOLOGY	476,602	3,270,830	3,747,432	.271183	.271183	.271183
55		MEDICAL SUPPLIES CHARGED	2,867,710	5,231,176	8,098,886	.235109	.235109	.235109
55	30	IMPL. DEV. CHARGED TO PAT	2,342,084	1,091,236	3,433,320	.432866	.432866	.432866
56		DRUGS CHARGED TO PATIENTS	4,779,850	11,828,451	16,608,301	.366661	.366661	.366661
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	303	343,050	343,353	1.868954	1.868954	1.868954
61		EMERGENCY	3,483,669	21,276,779	24,760,448	.173409	.173409	.175988
62		OBSERVATION BEDS (NON-DIS		1,535,591	1,535,591	.782203	.782203	.782203
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES	236,897	1,037,128	1,274,025	1.493304	1.493304	1.493304
67		DURABLE MEDICAL EQUIP-SOL						
101		SUBTOTAL	51,123,013	121,993,247	173,116,260			
102		LESS OBSERVATION BEDS						
103		TOTAL	51,123,013	121,993,247	173,116,260			

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

PROVIDER NO: 15-0097 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/20/2011 | WORKSHEET C PART II

WKST LINE	A NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III,COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	5,219,076	151,424	5,067,652			5,219,076
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY	771,745	10,087	761,658			771,745
41		RADIOLOGY-DIAGNOSTIC	6,058,448	155,621	5,902,827			6,058,448
43		RADIOISOTOPE						
43	01	ONCOLOGY	3,280,184	276,961	3,003,223			3,280,184
43	02	CAT SCAN	1,408,411	13,330	1,395,081			1,408,411
44		LABORATORY	5,427,304	61,181	5,366,123			5,427,304
49		RESPIRATORY THERAPY	1,320,566	81,270	1,239,296			1,320,566
49	01	SLEEP LAB	380,746	1,748	378,998			380,746
50		PHYSICAL THERAPY	1,984,868	22,136	1,962,732			1,984,868
53		ELECTROCARDIOLOGY	1,016,238	16,251	999,987			1,016,238
55		MEDICAL SUPPLIES CHARGED	1,904,122	35,271	1,868,851			1,904,122
55	30	IMPL. DEV. CHARGED TO PAT	1,486,168	16,433	1,469,735			1,486,168
56		DRUGS CHARGED TO PATIENTS	6,089,608	37,426	6,052,182			6,089,608
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	641,711	69,823	571,888			641,711
61		EMERGENCY	4,293,694	99,546	4,194,148			4,293,694
62		OBSERVATION BEDS (NON-DIS	1,201,144	49,264	1,151,880			1,201,144
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES	1,902,507	4,380	1,898,127			1,902,507
67		DURABLE MEDICAL EQUIP-SOL						
101		SUBTOTAL	44,386,540	1,102,152	43,284,388			44,386,540
102		LESS OBSERVATION BEDS	1,201,144	49,264	1,151,880			1,201,144
103		TOTAL	43,185,396	1,052,888	42,132,508			43,185,396

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

I PROVIDER NO: 15-0097 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/20/2011 I WORKSHEET C I PART II

WKST LINE NO.	A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	16,079,277	.324584	.324584
39		DELIVERY ROOM & LABOR ROO			
40		ANESTHESIOLOGY	685,861	1.125221	1.125221
41		RADIOLOGY-DIAGNOSTIC	24,258,716	.249743	.249743
43		RADIOISOTOPE			
43	01	ONCOLOGY	6,475,098	.506584	.506584
43	02	CAT SCAN	14,100,508	.099884	.099884
44		LABORATORY	27,244,009	.199211	.199211
49		RESPIRATORY THERAPY	3,266,158	.404318	.404318
49	01	SLEEP LAB	1,297,583	.293427	.293427
50		PHYSICAL THERAPY	3,583,967	.553819	.553819
53		ELECTROCARDIOLOGY	3,747,432	.271183	.271183
55		MEDICAL SUPPLIES CHARGED	8,098,886	.235109	.235109
55	30	IMPL. DEV. CHARGED TO PAT	3,433,320	.432866	.432866
56		DRUGS CHARGED TO PATIENTS	16,608,301	.366661	.366661
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	343,353	1.868954	1.868954
61		EMERGENCY	24,760,448	.173409	.173409
62		OBSERVATION BEDS (NON-DIS	1,535,591	.782203	.782203
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES	1,274,025	1.493304	1.493304
67		DURABLE MEDICAL EQUIP-SOL			
101		SUBTOTAL	156,792,533		
102		LESS OBSERVATION BEDS	1,535,591		
103		TOTAL	155,256,942		

Health Financial Systems MCRIF32 FOR MAJOR HOSPITAL **NOT A CMS WORKSHEET ** (09/2000)

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

PROVIDER NO: 15-0097
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/20/2011
WORKSHEET C
PART II

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III,COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	5,219,076	151,424	5,067,652	15,142	293,924	4,910,010
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY	771,745	10,087	761,658	1,009	44,176	726,560
41		RADIOLOGY-DIAGNOSTIC	6,058,448	155,621	5,902,827	15,562	342,364	5,700,522
43		RADIOISOTOPE						
43	01	ONCOLOGY	3,280,184	276,961	3,003,223	27,696	174,187	3,078,301
43	02	CAT SCAN	1,408,411	13,330	1,395,081	1,333	80,915	1,326,163
44		LABORATORY	5,427,304	61,181	5,366,123	6,118	311,235	5,109,951
49		RESPIRATORY THERAPY	1,320,566	81,270	1,239,296	8,127	71,879	1,240,560
49	01	SLEEP LAB	380,746	1,748	378,998	175	21,982	358,589
50		PHYSICAL THERAPY	1,984,868	22,136	1,962,732	2,214	113,838	1,868,816
53		ELECTROCARDIOLOGY	1,016,238	16,251	999,987	1,625	57,999	956,614
55		MEDICAL SUPPLIES CHARGED	1,904,122	35,271	1,868,851	3,527	108,393	1,792,202
55	30	IMPL. DEV. CHARGED TO PAT	1,486,168	16,433	1,469,735	1,643	85,245	1,399,280
56		DRUGS CHARGED TO PATIENTS	6,089,608	37,426	6,052,182	3,743	351,027	5,734,838
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	641,711	69,823	571,888	6,982	33,170	601,559
61		EMERGENCY	4,293,694	99,546	4,194,148	9,955	243,261	4,040,478
62		OBSERVATION BEDS (NON-DIS	1,201,144	49,264	1,151,880	4,926	66,809	1,129,409
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES	1,902,507	4,380	1,898,127	438	110,091	1,791,978
67		DURABLE MEDICAL EQUIP-SOL						
101		SUBTOTAL	44,386,540	1,102,152	43,284,388	110,215	2,510,495	41,765,830
102		LESS OBSERVATION BEDS	1,201,144	49,264	1,151,880	4,926	66,809	1,129,409
103		TOTAL	43,185,396	1,052,888	42,132,508	105,289	2,443,686	40,636,421

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

PROVIDER NO: 15-0097
PERIOD: FROM 1/ 1/2010 TO 12/31/2010

PREPARED 5/20/2011
WORKSHEET C
PART II

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	16,079,277	.305363	.323642
39		DELIVERY ROOM & LABOR ROO			
40		ANESTHESIOLOGY	685,861	1.059340	1.123750
41		RADIOLOGY-DIAGNOSTIC	24,258,716	.234989	.249102
43		RADIOISOTOPE			
43	01	ONCOLOGY	6,475,098	.475406	.502307
43	02	CAT SCAN	14,100,508	.094051	.099789
44		LABORATORY	27,244,009	.187562	.198986
49		RESPIRATORY THERAPY	3,266,158	.379822	.401830
49	01	SLEEP LAB	1,297,583	.276351	.293292
50		PHYSICAL THERAPY	3,583,967	.521438	.553201
53		ELECTROCARDIOLOGY	3,747,432	.255272	.270749
55		MEDICAL SUPPLIES CHARGED	8,098,886	.221290	.234674
55	30	IMPL. DEV. CHARGED TO PAT	3,433,320	.407559	.432388
56		DRUGS CHARGED TO PATIENTS	16,608,301	.345299	.366435
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	343,353	1.752013	1.848619
61		EMERGENCY	24,760,448	.163183	.173007
62		OBSERVATION BEDS (NON-DIS	1,535,591	.735488	.778995
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES	1,274,025	1.406549	1.492960
67		DURABLE MEDICAL EQUIP-SOL			
101		SUBTOTAL	156,792,533		
102		LESS OBSERVATION BEDS	1,535,591		
103		TOTAL	155,256,942		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

I PROVIDER NO: 15-0097 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/20/2011 I WORKSHEET D I PART I

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	405,504		405,504			
26	INTENSIVE CARE UNIT	113,820		113,820			
101	TOTAL	519,324		519,324			

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

I PROVIDER NO: 15-0097 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/20/2011 I WORKSHEET D I PART I

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	OLD CAPITAL PER DIEM	INPAT PROGRAM OLD CAP CST	NEW CAPITAL PER DIEM	INPAT PROGRAM NEW CAP CST
		7	8	9	10	11	12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	10,108	4,710	40.12	188,965		
26	INTENSIVE CARE UNIT	881	552	129.19	71,313		
101	TOTAL	10,989	5,262		260,278		

Health Financial Systems MCRIF32 FOR MAJOR HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1996)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0097 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I COMPONENT NO: 15-0097 I PREPARED 5/20/2011 I WORKSHEET D I PART II

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	151,424		16,079,277	3,458,538	.009417	32,569
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY	10,087		685,861	69,349	.014707	1,020
41		RADIOLOGY-DIAGNOSTIC	155,621		24,258,716	1,738,726	.006415	11,154
43		RADIOISOTOPE						
43	01	ONCOLOGY	276,961		6,475,098	14,212	.042773	608
43	02	CAT SCAN	13,330		14,100,508	1,447,285	.000945	1,368
44		LABORATORY	61,181		27,244,009	4,326,081	.002246	9,716
49		RESPIRATORY THERAPY	81,270		3,266,158	1,413,005	.024882	35,158
49	01	SLEEP LAB	1,748		1,297,583		.001347	
50		PHYSICAL THERAPY	22,136		3,583,967	443,364	.006176	2,738
53		ELECTROCARDIOLOGY	16,251		3,747,432	452,108	.004337	1,961
55		MEDICAL SUPPLIES CHARGED	35,271		8,098,886	1,842,874	.004355	8,026
55	30	IMPL. DEV. CHARGED TO PAT	16,433		3,433,320	1,132,821	.004786	5,422
56		DRUGS CHARGED TO PATIENTS	37,426		16,608,301	2,756,642	.002253	6,211
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	69,823		343,353		.203356	
61		EMERGENCY	99,546		24,760,448	2,079,124	.004020	8,358
62		OBSERVATION BEDS (NON-DIS	49,264		1,535,591		.032081	
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL	1,097,772		155,518,508	21,174,129		124,309

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM		
39		DELIVERY ROOM & LABOR ROO		
40		ANESTHESIOLOGY		
41		RADIOLOGY-DIAGNOSTIC		
43		RADIOISOTOPE		
43	01	ONCOLOGY		
43	02	CAT SCAN		
44		LABORATORY		
49		RESPIRATORY THERAPY		
49	01	SLEEP LAB		
50		PHYSICAL THERAPY		
53		ELECTROCARDIOLOGY		
55		MEDICAL SUPPLIES CHARGED		
55	30	IMPL. DEV. CHARGED TO PAT		
56		DRUGS CHARGED TO PATIENTS		
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
61		EMERGENCY		
62		OBSERVATION BEDS (NON-DIS		
		OTHER REIMBURS COST CNTRS		
65		AMBULANCE SERVICES		
67		DURABLE MEDICAL EQUIP-SOL		
101		TOTAL		

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

I PROVIDER NO: 15-0097
I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010
I PREPARED 5/20/2011 I WORKSHEET D I PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					10,108	
26	INTENSIVE CARE UNIT					881	
101	TOTAL					10,989	

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

PROVIDER NO:	PERIOD:	PREPARED 5/20/2011
15-0097	FROM 1/ 1/2010	WORKSHEET D
	TO 12/31/2010	PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	4,710	
26	INTENSIVE CARE UNIT	552	
101	TOTAL	5,262	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0097	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/20/2011
COMPONENT NO: 15-0097		WORKSHEET D PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
43		RADIOISOTOPE						
43	01	ONCOLOGY						
43	02	CAT SCAN						
44		LABORATORY						
49		RESPIRATORY THERAPY						
49	01	SLEEP LAB						
50		PHYSICAL THERAPY						
53		ELECTROCARDIOLOGY						
55		MEDICAL SUPPLIES CHARGED						
55	30	IMPL. DEV. CHARGED TO PAT						
56		DRUGS CHARGED TO PATIENTS						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0097 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/20/2011
I COMPONENT NO: 15-0097 I WORKSHEET D PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			16,079,277			3,458,538	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			685,861			69,349	
41	RADIOLOGY-DIAGNOSTIC			24,258,716			1,738,726	
43	RADIOISOTOPE							
43 01	ONCOLOGY			6,475,098			14,212	
43 02	CAT SCAN			14,100,508			1,447,285	
44	LABORATORY			27,244,009			4,326,081	
49	RESPIRATORY THERAPY			3,266,158			1,413,005	
49 01	SLEEP LAB			1,297,583				
50	PHYSICAL THERAPY			3,583,967			443,364	
53	ELECTROCARDIOLOGY			3,747,432			452,108	
55	MEDICAL SUPPLIES CHARGED			8,098,886			1,842,874	
55 30	IMPL. DEV. CHARGED TO PAT			3,433,320			1,132,821	
56	DRUGS CHARGED TO PATIENTS			16,608,301			2,756,642	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			343,353				
61	EMERGENCY			24,760,448			2,079,124	
62	OBSERVATION BEDS (NON-DIS			1,535,591				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			155,518,508			21,174,129	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0097	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/20/2011
COMPONENT NO: 15-0097		WORKSHEET D PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	3,804,082					
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY	203,107					
41		RADIOLOGY-DIAGNOSTIC	5,891,987					
43		RADIOISOTOPE						
43	01	ONCOLOGY	2,448,198					
43	02	CAT SCAN	2,910,036					
44		LABORATORY	532,155					
49		RESPIRATORY THERAPY	320,505					
49	01	SLEEP LAB	327,810					
50		PHYSICAL THERAPY	2,294					
53		ELECTROCARDIOLOGY	1,465,542					
55		MEDICAL SUPPLIES CHARGED	1,296,321					
55	30	IMPL. DEV. CHARGED TO PAT	527,809					
56		DRUGS CHARGED TO PATIENTS	4,400,382					
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
61		EMERGENCY	4,649,657					
62		OBSERVATION BEDS (NON-DIS	418,755					
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL	29,198,640					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0097 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/20/2011
COMPONENT NO: 15-0097 | WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic
	Cost Center Description	1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.324584	.324584			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY	1.125221	1.125221			
41	RADIOLOGY-DIAGNOSTIC	.249743	.249743			
43	RADIOISOTOPE					
43 01	ONCOLOGY	.506584	.506584			
43 02	CAT SCAN	.099884	.099884			
44	LABORATORY	.199211	.199211			
49	RESPIRATORY THERAPY	.404318	.404318			
49 01	SLEEP LAB	.293427	.293427			
50	PHYSICAL THERAPY	.553819	.553819			
53	ELECTROCARDIOLOGY	.271183	.271183			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.235109	.235109			
55 30	IMPL. DEV. CHARGED TO PATIENT	.432866	.432866			
56	DRUGS CHARGED TO PATIENTS	.366661	.366661			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1.868954	1.868954			
61	EMERGENCY	.173409	.173409			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.782203	.782203			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1.493304	1.493304			
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0097 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/20/2011
COMPONENT NO: 15-0097 | WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

			All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
		Cost Center Description	5	5.01	5.02	5.03	6
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM		3,804,082			
39		DELIVERY ROOM & LABOR ROOM					
40		ANESTHESIOLOGY		203,107			
41		RADIOLOGY-DIAGNOSTIC		5,891,987			
43		RADIOISOTOPE					
43	01	ONCOLOGY		2,448,198			
43	02	CAT SCAN		2,910,036			
44		LABORATORY		532,155			
49		RESPIRATORY THERAPY		320,505			
49	01	SLEEP LAB		327,810			
50		PHYSICAL THERAPY		2,294			
53		ELECTROCARDIOLOGY		1,465,542			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS		1,296,321			
55	30	IMPL. DEV. CHARGED TO PATIENT		527,809			
56		DRUGS CHARGED TO PATIENTS		4,400,382			
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
61		EMERGENCY		4,649,657			
62		OBSERVATION BEDS (NON-DISTINCT PART)		418,755			
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES					
67		DURABLE MEDICAL EQUIP-SOLD					
101		SUBTOTAL		29,198,640			
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES		29,198,640			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0097	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/20/2011
COMPONENT NO: 15-0097		WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	Cost Center Description	7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				1,234,744	
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY				228,540	
41	RADIOLOGY-DIAGNOSTIC				1,471,483	
43	RADIOISOTOPE					
43 01	ONCOLOGY				1,240,218	
43 02	CAT SCAN				290,666	
44	LABORATORY				106,011	
49	RESPIRATORY THERAPY				129,586	
49 01	SLEEP LAB				96,188	
50	PHYSICAL THERAPY				1,270	
53	ELECTROCARDIOLOGY				397,430	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				304,777	
55 30	IMPL. DEV. CHARGED TO PATIENT				228,471	
56	DRUGS CHARGED TO PATIENTS				1,613,448	
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY				806,292	
62	OBSERVATION BEDS (NON-DISTINCT PART)				327,551	
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL				8,476,675	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES				8,476,675	

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0097
COMPONENT NO: 15-0097
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/20/2011
WORKSHEET D
PART V

TITLE XVIII, PART B HOSPITAL

	Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
43	RADIOISOTOPE			
43 01	ONCOLOGY			
43 02	CAT SCAN			
44	LABORATORY			
49	RESPIRATORY THERAPY			
49 01	SLEEP LAB			
50	PHYSICAL THERAPY			
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30	IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-SOLD			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104	NET CHARGES			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO: 15-0097	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/20/2011 WORKSHEET D PART VI
COMPONENT NO: 15-0097		

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

		1
1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	.366661
2	PROGRAM VACCINE CHARGES	18,562
3	PROGRAM COSTS	6,806

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	10,108
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,108
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,108
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)	4,710
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	9,886,956
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	9,886,956
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	16,323,727
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16,323,727
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.605680
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,614.93
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	9,886,956

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	978.13
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4,606,992
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4,606,992

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	2,403,214	881	2,727.83	552	1,505,762
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	5,888,564
49	TOTAL PROGRAM INPATIENT COSTS	12,001,318
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	260,278
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	124,309
52	TOTAL PROGRAM EXCLUDABLE COST	384,587
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	11,616,731

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,228
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	978.13
85	OBSERVATION BED COST	1,201,144

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	405,504	9,886,956	.041014	1,201,144	49,264
87	NEW CAPITAL-RELATED COST		9,886,956		1,201,144	
88	NON PHYSICIAN ANESTHETIST		9,886,956		1,201,144	
89	MEDICAL EDUCATION		9,886,956		1,201,144	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	10,108
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,108
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,108
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)	685
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	9,886,956
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	9,886,956
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	16,323,727
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16,323,727
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.605680
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,614.93
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	9,886,956

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	978.13
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	670,019
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	670,019

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	2,403,214	881	2,727.83		
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					602,693
49	TOTAL PROGRAM INPATIENT COSTS					1,272,712

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

	TITLE XIX - I/P	HOSPITAL	OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,228
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	978.13
85	OBSERVATION BED COST	1,201,144

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: 15-0097
COMPONENT NO: 15-0097
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/20/2011
WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		4,383,617	
26	INTENSIVE CARE UNIT		984,768	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.324584	3,458,538	1,122,586
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	1.131078	69,349	78,439
41	RADIOLOGY-DIAGNOSTIC	.249743	1,738,726	434,235
43	RADIOISOTOPE			
43 01	ONCOLOGY	.506584	14,212	7,200
43 02	CAT SCAN	.099884	1,447,285	144,561
44	LABORATORY	.199211	4,326,081	861,803
49	RESPIRATORY THERAPY	.404318	1,413,005	571,303
49 01	SLEEP LAB	.293427		
50	PHYSICAL THERAPY	.553819	443,364	245,543
53	ELECTROCARDIOLOGY	.271183	452,108	122,604
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.235109	1,842,874	433,276
55 30	IMPL. DEV. CHARGED TO PATIENT	.432866	1,132,821	490,360
56	DRUGS CHARGED TO PATIENTS	.366661	2,756,642	1,010,753
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.868954		
61	EMERGENCY	.175988	2,079,124	365,901
62	OBSERVATION BEDS (NON-DISTINCT PART)	.782203		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		21,174,129	5,888,564
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		21,174,129	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0097 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/20/2011 I WORKSHEET D-4

I COMPONENT NO: 15-0097 I

TITLE XIX HOSPITAL OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		1,452,590	
26	INTENSIVE CARE UNIT		124,437	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.324584	385,915	125,262
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	1.125221	36,155	40,682
41	RADIOLOGY-DIAGNOSTIC	.249743	123,926	30,950
43	RADIOISOTOPE			
43 01	ONCOLOGY	.506584		
43 02	CAT SCAN	.099884	100,473	10,036
44	LABORATORY	.199211	412,857	82,246
49	RESPIRATORY THERAPY	.404318	159,015	64,293
49 01	SLEEP LAB	.293427		
50	PHYSICAL THERAPY	.553819	11,927	6,605
53	ELECTROCARDIOLOGY	.271183	14,625	3,966
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.235109	376,865	88,604
55 30	IMPL. DEV. CHARGED TO PATIENT	.432866		
56	DRUGS CHARGED TO PATIENTS	.366661	316,333	115,987
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.868954	41	77
61	EMERGENCY	.173409	195,983	33,985
62	OBSERVATION BEDS (NON-DISTINCT PART)	.782203		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		2,134,115	602,693
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,134,115	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	DESCRIPTION	HOSPITAL 1	1.01
	DRG AMOUNT		
1	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	7,643,469	
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)	195,839	
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	63.64	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01	NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07	SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1,ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13	FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17	SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18	CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21	IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
		SUM OF LINES 3.21 - 3.23 PLUS E-3, PT VI, LINE 23	
3.24	SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
	DISPROPORTIONATE SHARE ADJUSTMENT		
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	2.49	
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	17.56	
4.02	SUM OF LINES 4 AND 4.01	20.05	
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	5.78	
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	441,793	
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	DESCRIPTION	HOSPITAL 1	1.01
5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06	TOTAL ADDITIONAL PAYMENT		
6	SUBTOTAL (SEE INSTRUCTIONS)	8,281,101	
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)	8,281,101	
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	625,106	
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	8,906,207	
17	PRIMARY PAYER PAYMENTS	2,232	
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	8,903,975	
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	971,044	
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	13,475	
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	104,661	
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	73,263	
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	104,661	
22	SUBTOTAL	7,992,719	
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	111,023	
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	8,103,742	
27	SEQUESTRATION ADJUSTMENT		
28	INTERIM PAYMENTS	8,132,712	
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29	BALANCE DUE PROVIDER (PROGRAM)	-28,970	
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

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50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01
52	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)
53	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/20/2011
15-0097	FROM 1/ 1/2010	WORKSHEET E
COMPONENT NO:	TO 12/31/2010	PART B
15-0097		

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL
1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	6,806
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	8,476,675
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	6,637,816
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)	6,806
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	18,562
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	18,562
	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)	18,562
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	11,756
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	6,806
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	6,637,816
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,601,034
19	SUBTOTAL (SEE INSTRUCTIONS)	5,043,588
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	5,043,588
24	PRIMARY PAYER PAYMENTS	892
25	SUBTOTAL	5,042,696
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	139,873
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	97,911
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	139,873
28	SUBTOTAL	5,140,607
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	5,140,607
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,104,833
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	35,774
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
	TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 5/20/2011
15-0097	FROM 1/ 1/2010	WORKSHEET E-1
COMPONENT NO:	TO 12/31/2010	
15-0097		

TITLE XVIII HOSPITAL

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			8,092,516		5,041,175
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	12/31/2010	40,196	12/31/2010	63,658
	ADJUSTMENTS TO PROVIDER	.02				
	ADJUSTMENTS TO PROVIDER	.03				
	ADJUSTMENTS TO PROVIDER	.04				
	ADJUSTMENTS TO PROVIDER	.05				
	ADJUSTMENTS TO PROGRAM	.50				
	ADJUSTMENTS TO PROGRAM	.51				
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL	.99		40,196		63,658
4	TOTAL INTERIM PAYMENTS			8,132,712		5,104,833
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	TENTATIVE TO PROVIDER	.01				
	TENTATIVE TO PROVIDER	.02				
	TENTATIVE TO PROVIDER	.03				
	TENTATIVE TO PROGRAM	.50				
	TENTATIVE TO PROGRAM	.51				
	TENTATIVE TO PROGRAM	.52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1) — SETTLEMENT TO PROVIDER	.01				35,774
	SETTLEMENT TO PROGRAM	.02		28,970		
7	TOTAL MEDICARE PROGRAM LIABILITY			8,103,742		5,140,607

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 5/20/2011
15-0097	FROM 1/ 1/2010	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2010	PART III
-		

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

	TITLE XIX HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE		
1	INPATIENT HOSPITAL/SNF/NF SERVICES	1,272,712	
2	MEDICAL AND OTHER SERVICES		
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL	1,272,712	
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL	1,272,712	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES	2,134,115	
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES	2,134,115	
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	2,134,115	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	861,403	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	1,272,712	
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS		
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL	1,272,712	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30	1,272,712	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	1,272,712	
36	COINSURANCE		
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)	1,272,712	
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL	1,272,712	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	1,272,712	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS	881,588	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM	391,124	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0097	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/20/2011
COMPONENT NO: -		WORKSHEET E-3 PART III

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

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

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

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	4,166,947			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	8,530,381			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	4,504,284			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	758,000			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	17,959,612			
	FIXED ASSETS				
12	LAND				
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	30,819,036			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	30,819,036			
	OTHER ASSETS				
22	INVESTMENTS	52,287,532			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	9,514,307			
26	TOTAL OTHER ASSETS	61,801,839			
27	TOTAL ASSETS	110,580,487			

	LIABILITIES AND FUND BALANCE	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	1,481,574			
29	SALARIES, WAGES & FEES PAYABLE	5,377,439			
30	PAYROLL TAXES PAYABLE				
31	NOTES AND LOANS PAYABLE (SHORT TERM)				
32	DEFERRED INCOME				
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS				
35	OTHER CURRENT LIABILITIES	2,148,202			
36	TOTAL CURRENT LIABILITIES	9,007,215			
	LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE				
38	NOTES PAYABLE	28,288,340			
39	UNSECURED LOANS				
40.01	LOANS PRIOR TO 7/1/66				
40.02	ON OR AFTER 7/1/66				
41	OTHER LONG TERM LIABILITIES	485,000			
42	TOTAL LONG-TERM LIABILITIES	28,773,340			
43	TOTAL LIABILITIES	37,780,555			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	72,799,932			
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	72,799,932			
52	TOTAL LIABILITIES AND FUND BALANCES	110,580,487			

STATEMENT OF CHANGES IN FUND BALANCES

PROVIDER NO:	PERIOD:	PREPARED
15-0097	FROM 1/ 1/2010	5/20/2011
	TO 12/31/2010	WORKSHEET G-1

		GENERAL FUND 1	GENERAL FUND 2	SPECIFIC PURPOSE FUND 3	SPECIFIC PURPOSE FUND 4
1	FUND BALANCE AT BEGINNING OF PERIOD		66,038,812		
2	NET INCOME (LOSS)		12,080,110		
3	TOTAL		78,118,922		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	ADDITIONS (CREDIT ADJUSTM				
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		78,118,922		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	TRANSFERS TO AFFILIATES	5,318,972			
13	MISC ADJ	18			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		5,318,990		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		72,799,932		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 15-0097 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/20/2011 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	52,604,827		52,604,827
4	00	SWING BED - SNF			
5	00	SWING BED - NF			
9	00	TOTAL GENERAL INPATIENT ROUTINE CARE	52,604,827		52,604,827
		INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10	00	INTENSIVE CARE UNIT	2,324,989		2,324,989
15	00	TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,324,989		2,324,989
16	00	TOTAL INPATIENT ROUTINE CARE SERVICE	54,929,816		54,929,816
17	00	ANCILLARY SERVICES		133,403,286	133,403,286
18	00	OUTPATIENT SERVICES			
19	00	HOME HEALTH AGENCY		1,363,123	1,363,123
20	00	AMBULANCE SERVICES		1,037,128	1,037,128
24	00				
25	00	TOTAL PATIENT REVENUES	54,929,816	135,803,537	190,733,353

PART II-OPERATING EXPENSES

26	00	OPERATING EXPENSES		68,210,894	
		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		68,210,894	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0097 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/20/2011 WORKSHEET G-3

	DESCRIPTION	
1	TOTAL PATIENT REVENUES	190,733,353
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	115,064,297
3	NET PATIENT REVENUES	75,669,056
4	LESS: TOTAL OPERATING EXPENSES	68,210,894
5	NET INCOME FROM SERVICE TO PATIENTS	7,458,162
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	3,748,217
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS,FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	951,029
25	TOTAL OTHER INCOME	4,699,246
26	TOTAL	12,157,408
	OTHER EXPENSES	
27	OTHER NONOPERATING EXPENSE	77,298
28		
29		
30	TOTAL OTHER EXPENSES	77,298
31	NET INCOME (OR LOSS) FOR THE PERIOD	12,080,110

ANALYSIS OF PROVIDER-BASED
HOME HEALTH AGENCY COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/20/2011
15-0097	FROM 1/ 1/2010	WORKSHEET H
HHA NO:	TO 12/31/2010	
15-7418		

HHA 1

		SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
	GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMIN & GENERAL	135,514				182,357	317,871
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	319,778					319,778
7	PHYSICAL THERAPY					215,983	215,983
8	OCCUPATIONAL THERAPY	18,885					18,885
9	SPEECH PATHOLOGY	2,373					2,373
10	MEDICAL SOCIAL SERVICES	418					418
11	HOME HEALTH AIDE	50,442					50,442
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHER						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	527,410				398,340	925,750

		RECLASSIFI-CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
	GENERAL SERVICE COST CENTERS				
1	CAP-REL COST-BLDG & FIX				
2	CAP-REL COST-MOV EQUIP				
3	PLANT OPER & MAINT				
4	TRANSPORTATION				
5	ADMIN & GENERAL		317,871		317,871
	HHA REIMBURSABLE SERVICES				
6	SKILLED NURSING CARE		319,778		319,778
7	PHYSICAL THERAPY		215,983		215,983
8	OCCUPATIONAL THERAPY		18,885		18,885
9	SPEECH PATHOLOGY		2,373		2,373
10	MEDICAL SOCIAL SERVICES		418		418
11	HOME HEALTH AIDE		50,442		50,442
12	SUPPLIES				
13	DRUGS				
13.20	COST ADMINISTERING DRUGS				
14	DME				
	HHA NONREIMBURSABLE SERVICES				
15	HOME DIALYSIS AIDE SVCS				
16	RESPIRATORY THERAPY				
17	PRIVATE DUTY NURSING				
18	CLINIC				
19	HEALTH PROM ACTIVITIES				
20	DAY CARE PROGRAM				
21	HOME DEL MEALS PROGRAM				
22	HOMEMAKER SERVICE				
23	ALL OTHER				
23.50	TELEMEDICINE				
24	TOTAL (SUM OF LINES 1-23)		925,750		925,750

COST ALLOCATION -
HHA GENERAL SERVICE COST

PROVIDER NO: 15-0097
HHA NO: 15-7418
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/20/2011
WORKSHEET H-4
PART I

HHA 1

		NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
		0	1	2	3	4	4A	5
	GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX							
2	CAP-REL COST-MOV EQUIP							
3	PLANT OPER & MAINT							
4	TRANSPORTATION							
5	ADMINISTRATIVE & GENERAL	317,871					317,871	317,871
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	319,778					319,778	167,218
7	PHYSICAL THERAPY	215,983					215,983	112,941
8	OCCUPATIONAL THERAPY	18,885					18,885	9,875
9	SPEECH PATHOLOGY	2,373					2,373	1,241
10	MEDICAL SOCIAL SERVICES	418					418	219
11	HOME HEALTH AIDE	50,442					50,442	26,377
12	SUPPLIES							
13	DRUGS							
13.20	COST ADMINISTERING DRUGS							
14	DME							
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS							
16	RESPIRATORY THERAPY							
17	PRIVATE DUTY NURSING							
18	CLINIC							
19	HEALTH PROM ACTIVITIES							
20	DAY CARE PROGRAM							
21	HOME DEL MEALS PROGRAM							
22	HOMEMAKER SERVICE							
23	ALL OTHERS							
23.50	TELEMEDICINE							
24	TOTAL (SUM OF LINES 1-23)	925,750					925,750	

		TOTAL
		6
	GENERAL SERVICE COST CENTERS	
1	CAP-REL COST-BLDG & FIX	
2	CAP-REL COST-MOV EQUIP	
3	PLANT OPER & MAINT	
4	TRANSPORTATION	
5	ADMINISTRATIVE & GENERAL	
	HHA REIMBURSABLE SERVICES	
6	SKILLED NURSING CARE	486,996
7	PHYSICAL THERAPY	328,924
8	OCCUPATIONAL THERAPY	28,760
9	SPEECH PATHOLOGY	3,614
10	MEDICAL SOCIAL SERVICES	637
11	HOME HEALTH AIDE	76,819
12	SUPPLIES	
13	DRUGS	
13.20	COST ADMINISTERING DRUGS	
14	DME	
	HHA NONREIMBURSABLE SERVICES	
15	HOME DIALYSIS AIDE SVCS	
16	RESPIRATORY THERAPY	
17	PRIVATE DUTY NURSING	
18	CLINIC	
19	HEALTH PROM ACTIVITIES	
20	DAY CARE PROGRAM	
21	HOME DEL MEALS PROGRAM	
22	HOMEMAKER SERVICE	
23	ALL OTHERS	
23.50	TELEMEDICINE	
24	TOTAL (SUM OF LINES 1-23)	925,750

HHA 1

		CAP-REL COST-BLDG & FIX (SQUARE FEET) 1	CAP-REL COST-MOV EQUIP (DOLLAR VALUE) 2	PLANT OPER & MAINT (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4	RECONCILIATION 5A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 5
	GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL					-317,871	607,879
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE						319,778
7	PHYSICAL THERAPY						215,983
8	OCCUPATIONAL THERAPY						18,885
9	SPEECH PATHOLOGY						2,373
10	MEDICAL SOCIAL SERVICES						418
11	HOME HEALTH AIDE						50,442
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)					-317,871	607,879
25	COST TO BE ALLOCATED						317,871
26	UNIT COST MULIPLIER						.522918

Health Financial Systems MCRIF32 FOR MAJOR HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED 5/20/2011
15-0097	FROM 1/ 1/2010	WORKSHEET H-5
HHA NO:	TO 12/31/2010	PART I
15-7418		

HHA 1

	HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	EMPLOYEE BENEFITS 5	COMMUNICATIONS 6.01	DATA PROCESSING 6.02	PURCHASING, RECEIVING AN 6.03
1	ADMIN & GENERAL			30,211	3,144	59,957	6,305
2	SKILLED NURSING CARE	486,996		71,291			
3	PHYSICAL THERAPY	328,924					
4	OCCUPATIONAL THERAPY	28,760		4,210			
5	SPEECH PATHOLOGY	3,614		529			
6	MEDICAL SOCIAL SERVICES	637		93			
7	HOME HEALTH AIDE	76,819		11,245			
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)	925,750		117,579	3,144	59,957	6,305
21	UNIT COST MULIPLIER						

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

	HHA COST CENTER	ADMITTING 6.04	CASHIERING/ACCOUNTS RECE 6.05	SUBTOTAL 6A.05	OTHER ADMINISTRATIVE AND 6.06	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9
1	ADMIN & GENERAL			99,617	7,435		
2	SKILLED NURSING CARE			558,287	41,667		
3	PHYSICAL THERAPY			328,924	24,549		
4	OCCUPATIONAL THERAPY			32,970	2,461		
5	SPEECH PATHOLOGY			4,143	309		
6	MEDICAL SOCIAL SERVICES			730	54		
7	HOME HEALTH AIDE			88,064	6,572		
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)			1,112,735	83,047		
21	UNIT COST MULIPLIER						

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

HHA 1

HHA COST CENTER	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPL 15	PHARMACY 16
1 ADMIN & GENERAL				42,300		
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)				42,300		
21 UNIT COST MULIPLIER						

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

HHA COST CENTER	MEDICAL RECORDS & LIBRAR 17	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		149,352		149,352		
2 SKILLED NURSING CARE		599,954		599,954	82,302	682,256
3 PHYSICAL THERAPY		353,473		353,473	48,489	401,962
4 OCCUPATIONAL THERAPY		35,431		35,431	4,860	40,291
5 SPEECH PATHOLOGY		4,452		4,452	611	5,063
6 MEDICAL SOCIAL SERVICES		784		784	108	892
7 HOME HEALTH AIDE		94,636		94,636	12,982	107,618
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		1,238,082		1,238,082	149,352	1,238,082
21 UNIT COST MULIPLIER					0.137180	

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

ALLOCATION OF GENERAL SERVICE
COSTS TO HHA COST CENTERS
STATISTICAL BASIS

PROVIDER NO: 15-0097 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/20/2011
HHA NO: 15-7418 | WORKSHEET H-5 PART II

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1	EMPLOYEE BENEFITS (GROSS SALARIES) 5	COMMUNICATIONS (TELEPHONES) 6.01	DATA PROCESSING (HARDWARE) 6.02	PURCHASING, RECEIVING AN (PURCHASING G) 6.03	ADMITTING (GROSS CHARGES) 6.04
1 ADMIN & GENERAL		135,514	11	11	24,868	
2 SKILLED NURSING CARE		319,779				
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY		18,885				
5 SPEECH PATHOLOGY		2,373				
6 MEDICAL SOCIAL SERVICES		417				
7 HOME HEALTH AIDE		50,442				
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		527,410	11	11	24,868	
21 COST TO BE ALLOCATED		117,579	3,144	59,957	6,305	
22 UNIT COST MULIPLIER		0.222937	285.818182	5450.636364	0.253539	

HHA COST CENTER	CASHIERING/ACCOUNTS RECE (GROSS CHARGES) 6.05	RECONCILIATION 6A.06	OTHER ADMINISTRATIVE AND (ACCUM. COST) 6.06	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (SQUARE FEET) 10
1 ADMIN & GENERAL			99,617			
2 SKILLED NURSING CARE			558,287			
3 PHYSICAL THERAPY			328,924			
4 OCCUPATIONAL THERAPY			32,970			
5 SPEECH PATHOLOGY			4,143			
6 MEDICAL SOCIAL SERVICES			730			
7 HOME HEALTH AIDE			88,064			
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			1,112,735			
21 COST TO BE ALLOCATED			83,047			
22 UNIT COST MULIPLIER			0.074633			

Health Financial Systems MCRIF32 FOR MAJOR HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)

ALLOCATION OF GENERAL SERVICE
COSTS TO HHA COST CENTERS
STATISTICAL BASIS

I PROVIDER NO: 15-0097 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/20/2011 I WORKSHEET H-5 I PART II

I HHA NO: 15-7418 I

HHA 1

HHA COST CENTER	DIETARY (PATIENT DAYS) 11	CAFETERIA (MANHOURS) 12	NURSING ADMINISTRATION (MANHOURS) 14	CENTRAL SERVICES & SUPPL (100% SUPPLIES) 15	PHARMACY (100% DRUGS TO PATIENTS) 16	MEDICAL RECORDS & LIBRAR (GROSS CHARGES) 17
1 ADMIN & GENERAL			19,005			
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			19,005			
21 COST TO BE ALLOCATED			42,300			
22 UNIT COST MULIPLIER			2.225730			

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

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

	COST PER VISIT COMPUTATION PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
			1	2	3	4	5	6
1	SKILLED NURSING	2	682,256		682,256	3,833	178.00	1,681
2	PHYSICAL THERAPY	3	401,962		401,962	2,365	169.96	1,216
3	OCCUPATIONAL THERAPY	4	40,291		40,291	258	156.17	118
4	SPEECH PATHOLOGY	5	5,063		5,063	52	97.37	28
5	MEDICAL SOCIAL SERVICES	6	892		892	5	178.40	3
6	HOME HEALTH AIDE SERVICE	7	107,618		107,618	1,129	95.32	475
7	TOTAL		1,238,082		1,238,082	7,642		3,521

		PROGRAM VISITS PART B NOT SUBJECT TO DEDUCT & COINSUR	PROGRAM VISITS PART B SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART A	COST OF SERVICES PART B NOT SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART B SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	9	10	11	12
1	SKILLED NURSING	999		299,218	177,822		477,040
2	PHYSICAL THERAPY	605		206,671	102,826		309,497
3	OCCUPATIONAL THERAPY	56		18,428	8,746		27,174
4	SPEECH PATHOLOGY	5		2,726	487		3,213
5	MEDICAL SOCIAL SERVICES	1		535	178		713
6	HOME HEALTH AIDE SERVICES	544		45,277	51,854		97,131
7	TOTAL	2,210		572,855	341,913		914,768

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

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

Health Financial Systems MCRIF32 FOR MAJOR HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2008)

APPORTIONMENT OF PATIENT SERVICE COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/20/2011
15-0097	FROM 1/ 1/2010	WORKSHEET H-6
HHA NO:	TO 12/31/2010	PARTS I II & III
15-7418		HHA 1

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

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

	SUPPLIES AND EQUIPMENT COST COMPUTATION / OTHER PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15	COST OF MEDICAL SUPPLIES	8.00				17,095		7,328
16	COST OF DRUGS	9.00						
16.20	COST OF DRUGS	9.20						

		PROGRAM COVERED CHARGES PART B NOT SUBJECT TO DEDUCT & COINSUR 7	PROGRAM COVERED CHARGES PART B SUBJECT TO DEDUCT & COINSUR 8	COST OF SERVICES PART A 9	COST OF SERVICES PART B NOT SUBJECT TO DEDUCT & COINSUR 10	COST OF SERVICES PART B SUBJECT TO DEDUCT & COINSUR 11
15	COST OF MEDICAL SUPPLIES	9,767				
16	COST OF DRUGS					
16.20	COST OF DRUGS					

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

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

		FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1	PHYSICAL THERAPY	50	.553819			COL 2, LN 2
2	OCCUPATIONAL THERAPY	51				COL 2, LN 3
3	SPEECH PATHOLOGY	52				COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55	.235109			COL 2, LN 15
4.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.432866			
5	DRUGS CHARGED TO PATIENTS	56	.366661			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUATION

		FROM PART I, COL 5 1	COST PER VISIT 2	PROGRAM VISITS PRIOR 1/1/1998 2.01	PROGRAM VISITS 1/1/1998 TO 12/31/1998 3	PROGRAM COSTS PRIOR 1/1/1998 3.01	PROGRAM COSTS 1/1/1998 TO 12/31/1998 4	PROG VISITS ON OR AFTER 1/1/1999 5
			PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE					
1	PHYSICAL THERAPY	2	169.96					
2	OCCUPATIONAL THERAPY	3	156.17					
3	SPEECH PATHOLOGY	4	97.37					
4	TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/20/2011
15-0097	FROM 1/ 1/2010	WORKSHEET H-7
HHA NO:	TO 12/31/2010	PARTS I & II
15-7418		

TITLE XVIII HHA 1

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		PART A SERVICES 1	PART B SERVICES 2
10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	559,187	329,770
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	7,014	6,758
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	6,151	9,576
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	572,352	346,104
13	EXCESS REASONABLE COST		
14	SUBTOTAL	572,352	346,104
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	572,352	346,104
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	572,352	346,104
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)	-1	
22	SUBTOTAL	572,351	346,104
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	572,351	346,104
25	INTERIM PAYMENTS	572,351	346,104
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

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

PROVIDER NO: 15-0097
HHA NO: 15-7418
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/20/2011
WORKSHEET H-8

TITLE XVIII HHA 1

	DESCRIPTION		PART A MM/DD/YYYY 1	PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			572,351		346,104
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
		ADJUSTMENTS TO PROVIDER .01				
		ADJUSTMENTS TO PROVIDER .02				
		ADJUSTMENTS TO PROVIDER .03				
		ADJUSTMENTS TO PROVIDER .04				
		ADJUSTMENTS TO PROVIDER .05				
		ADJUSTMENTS TO PROGRAM .50				
		ADJUSTMENTS TO PROGRAM .51				
		ADJUSTMENTS TO PROGRAM .52				
		ADJUSTMENTS TO PROGRAM .53				
		ADJUSTMENTS TO PROGRAM .54				
	SUBTOTAL	.99		NONE		NONE
4	TOTAL INTERIM PAYMENTS			572,351		346,104
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
		TENTATIVE TO PROVIDER .01				
		TENTATIVE TO PROVIDER .02				
		TENTATIVE TO PROVIDER .03				
		TENTATIVE TO PROGRAM .50				
		TENTATIVE TO PROGRAM .51				
		TENTATIVE TO PROGRAM .52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01				
		SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY			572,351		346,104

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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(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 CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 5/20/2011
15-0097	FROM 1/ 1/2010	WORKSHEET L
COMPONENT NO:	TO 12/31/2010	PARTS I-IV
15-0097		

TITLE XVIII, PART A HOSPITAL FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	625,106
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 IN THE COST REPORTING PERIOD	26.74
4 .01	NUMBER OF INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	.00
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	.00
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON S-3, PART I	.00
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	625,106

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES	.00
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINUMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)	