

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0035		FROM 1/1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/31/2011 TIME 15:54

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 PORTER MEMORIAL HOSPITAL 15-0035
 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	297,375	-151,464	0
2	SUBPROVIDER	0	65,098	0	0
100	TOTAL	0	362,473	-151,464	0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0035
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/31/2011
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	219	79,935			25,331		3,503
2 HMO					146		2,354
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	219	79,935			25,331		3,503
6 INTENSIVE CARE UNIT	25	9,125			3,431		700
6 01 NEONATAL INTENSIVE CARE UNIT	21	7,665					888
7 CORONARY CARE UNIT							
11 NURSERY							745
12 TOTAL	265	96,725			28,762		5,836
13 RPCH VISITS							
14 SUBPROVIDER	11	4,015			1,875		194
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
17 OTHER LONG TERM CARE							
25 TOTAL	276						
26 OBSERVATION BED DAYS							225
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX OBSERVATION ADMITTED 5.01	I/P DAYS / NOT ADMITTED BESDS 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			44,811				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			44,811				
6 INTENSIVE CARE UNIT			6,321				
6 01 NEONATAL INTENSIVE CARE UNIT			2,013				
7 CORONARY CARE UNIT							
11 NURSERY			2,345				
12 TOTAL			55,490				
13 RPCH VISITS							
14 SUBPROVIDER			2,757				
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
17 OTHER LONG TERM CARE							
25 TOTAL							
26 OBSERVATION BED DAYS			1,566				
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					5,732	1,324	12,845
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							
6 01 NEONATAL INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
11 NURSERY							
12 TOTAL		1,403.89			5,732	1,324	12,845
13 RPCH VISITS							
14 SUBPROVIDER		13.95			175	6	257
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
17 OTHER LONG TERM CARE							
25 TOTAL		1,417.84					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0035
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET S-3
 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	74,087,354		74,087,354	2,949,112.00	25.12	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	259,404		259,404	1,480.00	175.27	
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	906,191	384,023	1,290,214	40,499.00	31.86	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	5,279,255		5,279,255	84,074.00	62.79	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	263,592		263,592	2,333.00	112.98	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	4,725,546		4,725,546	66,526.00	71.03	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	18,263,675		18,263,675			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	324,852		324,852			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	65,313		65,313			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	619,016		619,016	22,653.00	27.33	
22 ADMINISTRATIVE & GENERAL	10,995,047	-830,484	10,164,563	416,841.00	24.38	
22.01 A & G UNDER CONTRACT	542,123		542,123	4,773.25	113.58	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,862,045		1,862,045	86,873.00	21.43	
25 LAUNDRY & LINEN SERVICE	316,431		316,431	26,825.00	11.80	
26 HOUSEKEEPING	1,566,561		1,566,561	133,445.00	11.74	
26.01 HOUSEKEEPING UNDER CONTRACT	193,856		193,856	6,240.00	31.07	
27 DIETARY	1,933,588		1,933,588	138,444.00	13.97	
27.01 DIETARY UNDER CONTRACT	183,426		183,426	4,784.00	38.34	
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	3,082,528	446,461	3,528,989	94,292.00	37.43	
31 CENTRAL SERVICE AND SUPPLY	850,333		850,333	61,671.00	13.79	
32 PHARMACY	2,198,198		2,198,198	53,816.00	40.85	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,291,148		1,291,148	73,738.00	17.51	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	75,006,759		75,006,759	2,964,909.25	25.30	
2 EXCLUDED AREA SALARIES	906,191	384,023	1,290,214	40,499.00	31.86	
3 SUBTOTAL SALARIES	74,100,568	-384,023	73,716,545	2,924,410.25	25.21	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	10,268,393		10,268,393	152,933.00	67.14	
5 SUBTOTAL WAGE-RELATED COSTS	18,328,988		18,328,988		24.86	
6 TOTAL	102,697,949	-384,023	102,313,926	3,077,343.25	33.25	
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	25,634,300	-384,023	25,250,277	1,124,395.25	22.46	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0035	FROM 1/1/2010	5/31/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	6,544,151
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	6,544,151
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)	.220634
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	79,514,318

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0035	FROM 1/ 1/2010	5/31/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	17,543,562
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	27,585,902
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	6,086,388
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	17,543,562

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0035

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

PREPARED 5/31/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		4,259,869	4,259,869	772,310	5,032,179
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		8,121,907	8,121,907	1,983,368	10,105,275
5	0500 EMPLOYEE BENEFITS	619,016	530,745	1,149,761	13,309,123	14,458,884
6	0600 ADMINISTRATIVE & GENERAL	10,995,047	62,827,045	73,822,092	-18,349,215	55,472,877
8	0800 OPERATION OF PLANT	1,862,045	6,396,197	8,258,242	-28,813	8,229,429
9	0900 LAUNDRY & LINEN SERVICE	316,431	769,971	1,086,402		1,086,402
10	1000 HOUSEKEEPING	1,566,561	1,016,801	2,583,362		2,583,362
11	1100 DIETARY	1,933,588	1,471,759	3,405,347	-3,478	3,401,869
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	3,082,528	611,171	3,693,699	443,153	4,136,852
15	1500 CENTRAL SERVICES & SUPPLY	850,333	23,092,284	23,942,617	-22,483,127	1,459,490
16	1600 PHARMACY	2,198,198	9,254,749	11,452,947	-8,955,610	2,497,337
17	1700 MEDICAL RECORDS & LIBRARY	1,291,148	2,104,091	3,395,239		3,395,239
18	1800 SOCIAL SERVICE		7,243	7,243		7,243
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	14,163,377	3,511,036	17,674,413	-645,373	17,029,040
26	2600 INTENSIVE CARE UNIT	4,733,869	978,092	5,711,961	-67,583	5,644,378
26.01	2601 NEONATAL INTENSIVE CARE UNIT	1,400,310	552,768	1,953,078		1,953,078
27	2700 CORONARY CARE UNIT					
31	3100 SUBPROVIDER	851,333	838,924	1,690,257	-619,637	1,070,620
33	3300 NURSERY		53,846	53,846	260,973	314,819
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,918,415	4,328,997	9,247,412	2,200,523	11,447,935
38	3800 RECOVERY ROOM	1,857,703	289,487	2,147,190	-2,147,190	
39	3900 DELIVERY ROOM & LABOR ROOM	1,438,824	316,548	1,755,372	322,994	2,078,366
40	4000 ANESTHESIOLOGY		912,013	912,013	-5,303	906,710
41	4100 RADIOLOGY-DIAGNOSTIC	3,783,210	1,888,045	5,671,255	2,949,707	8,620,962
41.01	4101 ULTRASOUND	414,855	94,168	509,023	-509,023	
41.02	4102 CT SCAN	493,899	403,834	897,733	-897,733	
41.03	4103 MRI	257,214	148,713	405,927	-405,927	
43	4300 RADIO SOTOPE	429,242	707,782	1,137,024	-1,137,024	
44	4400 LABORATORY	4,058,804	7,221,795	11,280,599	-93,991	11,186,608
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	2,092,888	470,851	2,563,739	-113,841	2,449,898
50	5000 PHYSICAL THERAPY		1,425,637	1,425,637	1,674,633	3,100,270
51	5100 OCCUPATIONAL THERAPY		696,289	696,289	-696,289	
52	5200 SPEECH PATHOLOGY		379,568	379,568	-379,568	
53	5300 ELECTROCARDIOLOGY	3,474,476	1,139,181	4,613,657	-5,848	4,607,809
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	66,315	48,855	115,170	2,000,925	2,116,095
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				20,065,482	20,065,482
56	5600 DRUGS CHARGED TO PATIENTS	112,377	548,589	660,966	8,624,705	9,285,671
57	5700 RENAL DIALYSIS		510,129	510,129		510,129
59	0000 OTHER ANCILLARY					
59.02	3951 WOUND CARE		1,412,111	1,412,111		1,412,111
59.97	3997 CARDIAC REHABILITATION					
59.98	3998 HYPERBARIC OXYGEN THERAPY					
59.99	3999 LI THOTRI PSY					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
61	6100 EMERGENCY	4,770,490	1,359,650	6,130,140	-6,327	6,123,813
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	54,888	33,220	88,108		88,108
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	74,087,384	150,733,960	224,821,344	-2,943,004	221,878,340
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	-30	11,179	11,149	6,031	17,180
98.01	9801 OTHER NONREIMBURSABLE					
100	7950 SENIOR CIRCLE		80,428	80,428		80,428
100.01	7951 MARKETING				2,936,973	2,936,973
101	TOTAL	74,087,354	150,825,567	224,912,921	-0-	224,912,921

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/31/2011
I 15-0035 I FROM 1/ 1/2010 I WORKSHEET A
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-23,794	5,008,385
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	534,689	10,639,964
5	0500 EMPLOYEE BENEFITS	-5,626	14,453,258
6	0600 ADMINISTRATIVE & GENERAL	-27,885,211	27,587,666
8	0800 OPERATION OF PLANT		8,229,429
9	0900 LAUNDRY & LINEN SERVICE		1,086,402
10	1000 HOUSEKEEPING		2,583,362
11	1100 DIETARY	-764,766	2,637,103
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-49,615	4,087,237
15	1500 CENTRAL SERVICES & SUPPLY		1,459,490
16	1600 PHARMACY		2,497,337
17	1700 MEDICAL RECORDS & LIBRARY	-2,137	3,393,102
18	1800 SOCIAL SERVICE		7,243
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,019,660	16,009,380
26	2600 INTENSIVE CARE UNIT		5,644,378
26.01	2601 NEONATAL INTENSIVE CARE UNIT	-364,583	1,588,495
27	2700 CORONARY CARE UNIT		
31	3100 SUBPROVIDER		1,070,620
33	3300 NURSERY		314,819
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-300,000	11,147,935
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		2,078,366
40	4000 ANESTHESIOLOGY	-810,000	96,710
41	4100 RADIOLOGY-DIAGNOSTIC	-21,870	8,599,092
41.01	4101 ULTRASOUND		
41.02	4102 CT SCAN		
41.03	4103 MRI		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY		11,186,608
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		2,449,898
50	5000 PHYSICAL THERAPY		3,100,270
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		4,607,809
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,116,095
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		20,065,482
56	5600 DRUGS CHARGED TO PATIENTS	-13,994	9,271,677
57	5700 RENAL DIALYSIS		510,129
59	0000 OTHER ANCILLARY		
59.02	3951 WOUND CARE		1,412,111
59.97	3997 CARDIAC REHABILITATION		
59.98	3998 HYPERBARIC OXYGEN THERAPY		
59.99	3999 LI THOTRI PSY		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY		6,123,813
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		88,108
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-30,726,567	191,151,773
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		17,180
98.01	9801 OTHER NONREIMBURSABLE		
100	7950 SENIOR CIRCLE	-8,162	72,266
100.01	7951 MARKETING		2,936,973
101	TOTAL	-30,734,729	194,178,192

COST CENTERS USED IN COST REPORT

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 PREPARED 5/31/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	NEONATAL INTENSIVE CARE UNIT	2601	INTENSIVE CARE UNIT
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	4101	RADIOLOGY-DIAGNOSTIC
41.02	CT SCAN	4102	RADIOLOGY-DIAGNOSTIC
41.03	MRI	4103	RADIOLOGY-DIAGNOSTIC
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	OTHER ANCILLARY	0000	
59.02	WOUND CARE	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
59.98	HYPERBARIC OXYGEN THERAPY	3998	HYPERBARIC OXYGEN THERAPY
59.99	LITHOTRIpsy	3999	LITHOTRIpsy
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	OTHER NONREIMBURSABLE	9801	PHYSICIANS' PRIVATE OFFICES
100	SENIOR CIRCLE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MARKETING	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150035

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

PREPARED 5/31/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 RECLASS EMPLOYEE BENEFIT COST	A	EMPLOYEE BENEFITS	5			13,309,307
2 RECLASS OXYGEN COSTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			76,098
3		CENTRAL SERVICES & SUPPLY	15			178
4						
5						
6 RECLASS RENTAL AND LEASE COSTS	C	NEW CAP REL COSTS-BLDG & FIXT	3			68,928
7		NEW CAP REL COSTS-MVBLE EQUIP	4			1,865,896
8		PHYSICIANS' PRIVATE OFFICES	98			6,031
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24 RECLASS OTHER CAPITAL COSTS	D	NEW CAP REL COSTS-BLDG & FIXT	3			173,003
25		NEW CAP REL COSTS-BLDG & FIXT	3			530,379
26		NEW CAP REL COSTS-MVBLE EQUIP	4			117,472
27 RECLASS OF MARKETING DEPT COSTS	E	MARKETING	100.01		384,023	2,552,950
28 RECLASS CNO COSTS	F	NURSING ADMINISTRATION	14		446,461	
29 RECLASS MEDICAL SUPPLY COSTS	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			1,925,030
30		IMPL. DEV. CHARGED TO PATIENT	55.30			20,065,482
31		OPERATING ROOM	37			451,076
32 RECLASS IV SOLUTION/DRUG COSTS	H	DRUGS CHARGED TO PATIENTS	56			8,696,263
33						
34 RECLASS L&D COSTS	I	NURSERY	33		263,692	
35		DELIVERY ROOM & LABOR ROOM	39		302,014	20,980
1 RECLASS PT, OT, SP THERAPY COSTS	J	PHYSICAL THERAPY	50			1,075,857
2						
3 RECLASS OTHER RADIOLOGY COSTS	K	RADIOLOGY-DIAGNOSTIC	41		1,595,210	1,354,497
4						
5						
6						
7 RECLASS RECOVERY ROOM COSTS	L	OPERATING ROOM	37		1,857,703	289,487
8 RECLASS REHAB THERAPY COSTS	M	PHYSICAL THERAPY	50			613,576
36 TOTAL RECLASSIFICATIONS					4,849,103	53,192,490

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

RECLASSIFICATIONS

PROVIDER NO:
150035

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

PREPARED 5/31/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 RECLASS EMPLOYEE BENEFIT COST	A	ADMINISTRATIVE & GENERAL	6			13,309,307	
2 RECLASS OXYGEN COSTS	B	OPERATING ROOM	37			7,428	
3		LABORATORY	44			125	
4		RESPIRATORY THERAPY	49			65,551	
5		EMERGENCY	61			3,172	
6 RECLASS RENTAL AND LEASE COSTS	C	EMPLOYEE BENEFITS	5			184	10
7		ADMINISTRATIVE & GENERAL	6			835,620	10
8		OPERATION OF PLANT	8			28,813	
9		DIETARY	11			3,478	
10		NURSING ADMINISTRATION	14			3,308	
11		CENTRAL SERVICES & SUPPLY	15			41,717	
12		PHARMACY	16			264,650	
13		ADULTS & PEDIATRICS	25			61,406	
14		INTENSIVE CARE UNIT	26			67,583	
15		SUBPROVIDER	31			6,061	
16		OPERATING ROOM	37			390,315	
17		LABORATORY	44			93,866	
18		RESPIRATORY THERAPY	49			48,290	
19		PHYSICAL THERAPY	50			14,800	
20		ELECTROCARDIOLOGY	53			5,848	
21		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			203	
22		DRUGS CHARGED TO PATIENTS	56			71,558	
23		EMERGENCY	61			3,155	
24 RECLASS OTHER CAPITAL COSTS	D	ADMINISTRATIVE & GENERAL	6			820,854	12
25							13
26							12
27 RECLASS OF MARKETING DEPT COSTS	E	ADMINISTRATIVE & GENERAL	6		384,023	2,552,950	
28 RECLASS CNO COSTS	F	ADMINISTRATIVE & GENERAL	6		446,461		
29 RECLASS MEDICAL SUPPLY COSTS	G	CENTRAL SERVICES & SUPPLY	15			22,441,588	
30							
31							
32 RECLASS IV SOLUTION/DRUG COSTS	H	PHARMACY	16			8,690,960	
33		ANESTHESIOLOGY	40			5,303	
34 RECLASS L&D COSTS	I	ADULTS & PEDIATRICS	25		565,706	18,261	
35		NURSERY	33			2,719	
1 RECLASS PT, OT, SP THERAPY COSTS	J	OCCUPATIONAL THERAPY	51			696,289	
2		SPEECH PATHOLOGY	52			379,568	
3 RECLASS OTHER RADIOLOGY COSTS	K	ULTRASOUND	41.01		414,855	94,168	
4		CT SCAN	41.02		493,899	403,834	
5		MRI	41.03		257,214	148,713	
6		RADIOISOTOPE	43		429,242	707,782	
7 RECLASS RECOVERY ROOM COSTS	L	RECOVERY ROOM	38		1,857,703	289,487	
8 RECLASS REHAB THERAPY COSTS	M	SUBPROVIDER	31			613,576	
36 TOTAL RECLASSIFICATIONS					4,849,103	53,192,490	

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

RECLASSIFICATIONS

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NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RECLASS EMPLOYEE BENEFIT COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	13,309,307	ADMINISTRATIVE & GENERAL	6	13,309,307	
TOTAL RECLASSIFICATIONS FOR CODE A			13,309,307				

RECLASS CODE: B
EXPLANATION : RECLASS OXYGEN COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	76,098	OPERATING ROOM	37	7,428	
2.00	CENTRAL SERVICES & SUPPLY	15	178	LABORATORY	44	125	
3.00			0	RESPIRATORY THERAPY	49	65,551	
4.00			0	EMERGENCY	61	3,172	
TOTAL RECLASSIFICATIONS FOR CODE B			76,276	76,276			

RECLASS CODE: C
EXPLANATION : RECLASS RENTAL AND LEASE COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	68,928	EMPLOYEE BENEFITS	5	184	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,865,896	ADMINISTRATIVE & GENERAL	6	835,620	
3.00	PHYSICIANS' PRIVATE OFFICES	98	6,031	OPERATION OF PLANT	8	28,813	
4.00			0	DIETARY	11	3,478	
5.00			0	NURSING ADMINISTRATION	14	3,308	
6.00			0	CENTRAL SERVICES & SUPPLY	15	41,717	
7.00			0	PHARMACY	16	264,650	
8.00			0	ADULTS & PEDIATRICS	25	61,406	
9.00			0	INTENSIVE CARE UNIT	26	67,583	
10.00			0	SUBPROVIDER	31	6,061	
11.00			0	OPERATING ROOM	37	390,315	
12.00			0	LABORATORY	44	93,866	
13.00			0	RESPIRATORY THERAPY	49	48,290	
14.00			0	PHYSICAL THERAPY	50	14,800	
15.00			0	ELECTROCARDIOLOGY	53	5,848	
16.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	203	
17.00			0	DRUGS CHARGED TO PATIENTS	56	71,558	
18.00			0	EMERGENCY	61	3,155	
TOTAL RECLASSIFICATIONS FOR CODE C			1,940,855	1,940,855			

RECLASS CODE: D
EXPLANATION : RECLASS OTHER CAPITAL COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	173,003	ADMINISTRATIVE & GENERAL	6	820,854	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	530,379			0	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	117,472			0	
TOTAL RECLASSIFICATIONS FOR CODE D			820,854	820,854			

RECLASS CODE: E
EXPLANATION : RECLASS OF MARKETING DEPT COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MARKETING	100.01	2,936,973	ADMINISTRATIVE & GENERAL	6	2,936,973	
TOTAL RECLASSIFICATIONS FOR CODE E			2,936,973	2,936,973			

RECLASS CODE: F
EXPLANATION : RECLASS CNO COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	446,461	ADMINISTRATIVE & GENERAL	6	446,461	
TOTAL RECLASSIFICATIONS FOR CODE F			446,461	446,461			

RECLASS CODE: G
EXPLANATION : RECLASS MEDICAL SUPPLY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,925,030	CENTRAL SERVICES & SUPPLY	15	22,441,588	

RECLASSIFICATIONS

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RECLASS CODE: G
EXPLANATION : RECLASS MEDICAL SUPPLY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	20,065,482			0	
3.00	OPERATING ROOM	37	451,076			0	
TOTAL RECLASSIFICATIONS FOR CODE G			22,441,588				22,441,588

RECLASS CODE: H
EXPLANATION : RECLASS IV SOLUTION/DRUG COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	8,696,263	PHARMACY	16	8,690,960	
2.00			0	ANESTHESIOLOGY	40	5,303	
TOTAL RECLASSIFICATIONS FOR CODE H			8,696,263				8,696,263

RECLASS CODE: I
EXPLANATION : RECLASS L&D COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	263,692	ADULTS & PEDIATRICS	25	583,967	
2.00	DELIVERY ROOM & LABOR ROOM	39	322,994	NURSERY	33	2,719	
TOTAL RECLASSIFICATIONS FOR CODE I			586,686				586,686

RECLASS CODE: J
EXPLANATION : RECLASS PT, OT, SP THERAPY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	1,075,857	OCCUPATIONAL THERAPY	51	696,289	
2.00			0	SPEECH PATHOLOGY	52	379,568	
TOTAL RECLASSIFICATIONS FOR CODE J			1,075,857				1,075,857

RECLASS CODE: K
EXPLANATION : RECLASS OTHER RADIOLOGY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	2,949,707	ULTRASOUND	41.01	509,023	
2.00			0	CT SCAN	41.02	897,733	
3.00			0	MRI	41.03	405,927	
4.00			0	RADIOISOTOPE	43	1,137,024	
TOTAL RECLASSIFICATIONS FOR CODE K			2,949,707				2,949,707

RECLASS CODE: L
EXPLANATION : RECLASS RECOVERY ROOM COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	2,147,190	RECOVERY ROOM	38	2,147,190	
TOTAL RECLASSIFICATIONS FOR CODE L			2,147,190				2,147,190

RECLASS CODE: M
EXPLANATION : RECLASS REHAB THERAPY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	613,576	SUBPROVIDER	31	613,576	
TOTAL RECLASSIFICATIONS FOR CODE M			613,576				613,576

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	9,197,219				25,000	9,172,219	
2 LAND IMPROVEMENTS	3,391,915	35,979		35,979		3,427,894	
3 BUILDINGS & FIXTURE	84,111,128				346,188	83,764,940	
4 BUILDING IMPROVEMENT	20,315,324	791,875		791,875		21,107,199	
5 FIXED EQUIPMENT	26,185,783	332,099		332,099		26,517,882	
6 MOVABLE EQUIPMENT	98,383,961	4,968,672		4,968,672		103,352,633	
7 SUBTOTAL	241,585,330	6,128,625		6,128,625	371,188	247,342,767	
8 RECONCILING ITEMS							
9 TOTAL	241,585,330	6,128,625		6,128,625	371,188	247,342,767	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	117,472,252		117,472,252	.469411				
4	NEW CAP REL COSTS-MV	132,782,585		132,782,585	.530589				
5	TOTAL	250,254,837		250,254,837	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	5,198,164	68,928	-962,089	173,003	530,379		5,008,385
4	NEW CAP REL COSTS-MV	8,656,596	1,865,896		117,472			10,639,964
5	TOTAL	13,854,760	1,934,824	-962,089	290,475	530,379		15,648,349

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	4,259,869						4,259,869
4	NEW CAP REL COSTS-MV	8,121,907						8,121,907
5	TOTAL	12,381,776						12,381,776

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES	A	-93,822	ADMINISTRATIVE & GENERAL		6	
10 TELEVISION AND RADIO SERVICE	A	-2,979	NEW CAP REL COSTS-MVBLE E		4	9
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,561,314				
13 SALE OF SCRAP, WASTE, ETC.	B	-120	RADIOLOGY-DIAGNOSTIC		41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-338,635				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-764,766	DIETARY		11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-13,994	DRUGS CHARGED TO PATIENTS		56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-2,137	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	-124,576	NEW CAP REL COSTS-BLDG &		3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	88,233	NEW CAP REL COSTS-MVBLE E		4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 TRAINING REVENUE	B	-49,615	NURSING ADMINISTRATION		14	
38 NONRESTRICTED DONATION	B	-65	ADMINISTRATIVE & GENERAL		6	
39						
40 GRANT INCOME	B	-14,650	ADMINISTRATIVE & GENERAL		6	
41 OTHER MISCELLANEOUS REVENUE	B	-77,255	ADMINISTRATIVE & GENERAL		6	
42 HOSPITAL BAD DEBT	A	-22,384,026	ADMINISTRATIVE & GENERAL		6	
43 PATIENT PHONES BENEFITS COST	A	-5,626	EMPLOYEE BENEFITS		5	
44 SENIOR CIRCLE MARKETING	A	-8,162	SENIOR CIRCLE		100	
45 OTHER MARKETING	A	-2,672	ADMINISTRATIVE & GENERAL		6	
46 PHYSICIAN RECRUITING	A	-219,980	ADMINISTRATIVE & GENERAL		6	
47 LOBBYING PORTION OF DUES	A	-12,060	ADMINISTRATIVE & GENERAL		6	
48 CHARITABLE CONTRIBUTIONS	A	-139,528	ADMINISTRATIVE & GENERAL		6	
49 COUNTRY CLUB DUES	A	-7,820	ADMINISTRATIVE & GENERAL		6	
49.01 NONALLOWABLE LEGAL FEES	A	-66	ADMINISTRATIVE & GENERAL		6	
49.02 MINORITY INTEREST	A	-3,999,094	ADMINISTRATIVE & GENERAL		6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-30,734,729				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & DIRECT ALLOCATION - CAPIT	924,785		924,785	9
2	6	ADMINISTRATIVE & GENERAL DIRECT ALLOCATION - CONVE				
3	6	ADMINISTRATIVE & GENERAL PASI OPERATING COSTS	634,791		634,791	
4	3	NEW CAP REL COSTS-BLDG & PASI CAPITAL COSTS	57,916		57,916	9
4.01	3	NEW CAP REL COSTS-BLDG & NEW CAPITAL - BUILDING &	80,170		80,170	9
4.02	4	NEW CAP REL COSTS-MVBLE E NEW CAPITAL - MOVABLE EQU	449,435		449,435	9
4.03	6	ADMINISTRATIVE & GENERAL NON-CAPITAL HOME OFFICE C	4,004,431		4,004,431	
4.04	6	ADMINISTRATIVE & GENERAL MALPRACTICE COSTS	517,640	972,251	-454,611	
4.05	6	ADMINISTRATIVE & GENERAL CIG LEASED EQUIPMENT	18,501	62,631	-44,130	10
4.06	3	NEW CAP REL COSTS-BLDG & INTEREST EXPENSE		962,089	-962,089	11
4.07	6	ADMINISTRATIVE & GENERAL MANAGEMENT FEES		2,849,591	-2,849,591	
4.08	6	ADMINISTRATIVE & GENERAL 401K FEES		5,376	-5,376	
4.09	6	ADMINISTRATIVE & GENERAL AUDIT FEES		96,684	-96,684	
4.10	6	ADMINISTRATIVE & GENERAL MIS FEES		717,312	-717,312	
4.11	6	ADMINISTRATIVE & GENERAL MANAGED CARE		89,724	-89,724	
4.12	6	ADMINISTRATIVE & GENERAL CASE MANAGEMENT		145,476	-145,476	
4.13	6	ADMINISTRATIVE & GENERAL PURCHASE & ANCILLARY		15,924	-15,924	
4.14	6	ADMINISTRATIVE & GENERAL EMERGENCY ROOM		79,932	-79,932	
4.15	6	ADMINISTRATIVE & GENERAL PPSI FEES		14,250	-14,250	
4.16	6	ADMINISTRATIVE & GENERAL COMPLIANCE/HIM/CCA FEES		36,999	-36,999	
4.17	6	ADMINISTRATIVE & GENERAL SENIOR CIRCLE		39,084	-39,084	
4.18	6	ADMINISTRATIVE & GENERAL PASI COLLECTION FEES		900,317	-900,317	
4.19	6	ADMINISTRATIVE & GENERAL EBOS FEES		8,250	-8,250	
4.20	6	ADMINISTRATIVE & GENERAL PASI LIEN UNIT COLLECTION		30,414	-30,414	
5		TOTALS	6,687,669	7,026,304	-338,635	

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0035
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/31/2011
 WORKSHEET A-8-2
 GROUP 1

LINE NO.	WKSHT A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9	
1	6	GENERAL AND ADMINISTRATIVE	45,321	45,321		159,800			
2	25	ADULTS & PEDIATRICS	1,019,660	1,019,660		130,900			
3	26	1 NICU	364,583	364,583		150,200			
4	37	OPERATING ROOM	300,000	300,000		204,100			
5	40	ANESTHESIA	810,000	810,000		200,300			
6	41	RADIOLOGY	21,750	21,750		231,100			
7									
8									
9									
10									
11									
12									
13									
14									
15									
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23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	2,561,314	2,561,314					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0035
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/31/2011
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	6	GENERAL AND ADMINISTRATIVE						45,321
2	25	ADULTS & PEDIATRICS						1,019,660
3	26	1 NICU						364,583
4	37	OPERATING ROOM						300,000
5	40	ANESTHESIA						810,000
6	41	RADIOLOGY						21,750
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						2,561,314

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0035
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTE'S		ENTERED
14	NURSING ADMINISTRATION	13	NURSING WAGES		ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	17	PATIENT DAYS		ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	5,008,385			5,008,385			
005 NEW CAP REL COSTS-MVBLE E	10,639,964				10,639,964		
006 EMPLOYEE BENEFITS	14,453,258			20,363	51,298	14,524,919	
008 ADMINISTRATIVE & GENERAL	27,587,666			229,792	578,891	2,009,565	30,405,914
009 OPERATION OF PLANT	8,229,429			1,599,506	2,919,900	368,132	13,116,967
010 LAUNDRY & LINEN SERVICE	1,086,402			102,769	258,896	62,559	1,510,626
011 HOUSEKEEPING	2,583,362			36,101	90,946	309,714	3,020,123
012 DIETARY	2,637,103			140,551	354,077	382,276	3,514,007
014 CAFETERIA							
015 NURSING ADMINISTRATION	4,087,237			83,133	209,428	697,692	5,077,490
016 CENTRAL SERVICES & SUPPLY	1,459,490			100,934	254,273	168,113	1,982,810
017 PHARMACY	2,497,337			34,442	86,767	434,590	3,053,136
018 MEDICAL RECORDS & LIBRARY	3,393,102			28,900	72,805	255,264	3,750,071
018 SOCIAL SERVICE	7,243						7,243
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	16,009,380			582,950	1,468,567	2,688,303	20,749,200
026 01 INTENSIVE CARE UNIT	5,644,378			110,521	278,424	935,900	6,969,223
027 01 NEONATAL INTENSIVE CARE U	1,588,495			52,427	132,074	276,845	2,049,841
027 02 CORONARY CARE UNIT							
031 03 SUBPROVIDER	1,070,620			82,700	208,337	168,311	1,529,968
033 03 NURSERY	314,819			4,632	11,669	52,133	383,253
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	11,147,935			354,223	892,358	1,339,659	13,734,175
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO	2,078,366			82,450	207,708	344,169	2,712,693
041 ANESTHESIOLOGY	96,710			529	1,331		98,570
041 01 RADIOLOGY-DIAGNOSTIC	8,599,092			281,947	710,280	1,063,330	10,654,649
041 02 ULTRASOUND							
041 03 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY	11,186,608			102,263	279,422	802,438	12,370,731
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	2,449,898			25,545	64,354	413,770	2,953,567
050 PHYSICAL THERAPY	3,100,270			121,862	306,995		3,529,127
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	4,607,809			162,280	408,815	686,914	5,865,818
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	2,116,095					13,111	2,129,206
055 30 IMPL. DEV. CHARGED TO PAT	20,065,482						20,065,482
056 DRUGS CHARGED TO PATIENTS	9,271,677					22,217	9,293,894
057 RENAL DIALYSIS	510,129						510,129
059 OTHER ANCILLARY							
059 02 WOUND CARE	1,412,111			65,537	165,101		1,642,749
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARIC OXYGEN THERAPY							
059 99 LI THOTRI PSY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	6,123,813			239,591	603,578	943,140	7,910,122
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES	88,108					10,852	98,960
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	191,151,773			4,645,948	10,616,294	14,448,997	190,689,744
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC	17,180			306,325	12,630		336,135
100 01 OTHER NONREIMBURSABLE				56,112	11,040		67,152
100 SENIOR CIRCLE	72,266						72,266
100 01 MARKETING	2,936,973					75,922	3,012,895
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	194,178,192			5,008,385	10,639,964	14,524,919	194,178,192

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	30,405,914						
009 OPERATION OF PLANT	2,435,296	15,552,263					
010 LAUNDRY & LINEN SERVICE	280,463	505,993	2,297,082				
011 HOUSEKEEPING	560,716	177,748		3,758,587			
012 DIETARY	652,411	692,017		174,934	5,033,369		
014 CAFETERIA					2,976,594	2,976,594	
015 NURSING ADMINISTRATION	942,687	409,312		103,469		132,134	6,665,092
016 CENTRAL SERVICES & SUPPLY	368,129	496,957	44,869	125,625		86,428	
017 PHARMACY	566,845	169,580		42,868		75,410	412,929
018 MEDICAL RECORDS & LIBRARY	696,238	142,292		35,970		103,335	
025 SOCIAL SERVICE	1,345						
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	3,852,248	2,870,205	857,054	725,554	1,342,874	769,457	2,552,925
028 INTENSIVE CARE UNIT	1,293,906	544,159	156,186	137,557	79,685	220,341	889,253
029 01 NEONATAL INTENSIVE CARE U	380,573	258,129	23,249	65,252	1,200	59,902	263,047
030 02 CORONARY CARE UNIT							
031 03 SUBPROVIDER	284,054	407,180	19,540	102,930	71,957	40,663	
032 04 NURSERY	71,155	22,806	20,153	5,765		12,622	49,088
033 05 SKILLED NURSING FACILITY							
034 06 NURSING FACILITY							
035 07 OTHER LONG TERM CARE							
036 08 ANCILLARY SRVC COST CNTRS							
037 09 OPERATING ROOM	2,549,887	1,744,048	327,230	440,875	504	327,319	1,272,887
038 10 RECOVERY ROOM							
039 11 DELIVERY ROOM & LABOR ROO	503,639	405,951	47,010	102,620	12,186	84,621	328,831
040 12 ANESTHESIOLOGY	18,301	2,602		658			
041 13 RADIOLOGY-DIAGNOSTIC	1,978,142	1,388,191	88,761	350,918		262,986	
042 01 ULTRASOUND							
043 02 CT SCAN							
044 03 MRI							
045 04 RADIOISOTOPE							
046 05 LABORATORY	2,296,750	503,499	2,661	127,279		280,738	
047 06 WHOLE BLOOD & PACKED RED							
048 07 BLOOD STORING, PROCESSING							
049 08 INTRAVENOUS THERAPY							
050 09 RESPIRATORY THERAPY	548,359	125,775		31,795		113,916	
051 10 PHYSICAL THERAPY	655,218	599,999	24,463	151,673			
052 11 OCCUPATIONAL THERAPY							
053 12 SPEECH PATHOLOGY							
054 13 ELECTROCARDIOLOGY	1,089,048	798,999	127,787	201,977	5,306	166,997	
055 14 ELECTROENCEPHALOGRAPHY							
056 15 MEDICAL SUPPLIES CHARGED	395,308					5,713	
057 30 IMPL. DEV. CHARGED TO PAT	3,725,357						
058 01 DRUGS CHARGED TO PATIENTS	1,725,504					2,740	
059 02 RENAL DIALYSIS	94,711						
059 03 OTHER ANCILLARY							
059 04 WOUND CARE	304,993	322,679	21,900	81,569			
059 07 CARDIAC REHABILITATION							
059 08 HYPERBARIC OXYGEN THERAPY							
059 09 LITHOTRIPSY							
060 10 OUTPAT SERVICE COST CNTRS							
061 11 CLINIC							
062 12 EMERGENCY	1,468,593	1,179,650	271,235	298,201	14,567	215,181	896,132
065 13 OBSERVATION BEDS (NON-DIS							
066 14 OTHER REIMBURS COST CNTRS							
067 15 AMBULANCE SERVICES	18,373		103,258			1,866	
095 16 DURABLE MEDICAL EQUIP-REN							
095 17 DURABLE MEDICAL EQUIP-SOL							
095 18 SPEC PURPOSE COST CENTERS							
096 19 SUBTOTALS	29,758,249	13,767,771	2,135,356	3,307,489	4,504,873	2,962,369	6,665,092
098 20 NONREIMBURS COST CENTERS							
098 21 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC	62,407	1,508,220	7,132	381,260	143,743		
100 02 OTHER NONREIMBURSABLE	12,467	276,272	154,594	69,838	384,753		
101 03 SENIOR CIRCLE	13,417						
102 04 MARKETING	559,374					14,225	
103 05 CROSS FOOT ADJUSTMENT							
103 06 NEGATIVE COST CENTER							
103 07 TOTAL	30,405,914	15,552,263	2,297,082	3,758,587	5,033,369	2,976,594	6,665,092

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	3,104,818						
016 PHARMACY	8,520	4,329,288					
017 MEDICAL RECORDS & LIBRARY	3,816		4,731,722				
018 SOCIAL SERVICE	34			8,622			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	113,879		295,117	6,869	34,135,382		34,135,382
026 INTENSIVE CARE UNIT	50,700		76,309	658	10,417,977		10,417,977
026 01 NEONATAL INTENSIVE CARE U	6,411		30,290	312	3,138,206		3,138,206
027 CORONARY CARE UNIT							
031 SUBPROVIDER	4,681		17,572	423	2,478,968		2,478,968
033 NURSERY	5,179		6,651	360	577,032		577,032
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	183,047		954,182		21,534,154		21,534,154
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	19,390		44,555		4,261,496		4,261,496
040 ANESTHESIOLOGY	18,472		39,174		177,777		177,777
041 RADIOLOGY-DIAGNOSTIC	32,928		840,929		15,597,504		15,597,504
041 01 ULTRASOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY	253,390		695,600		16,530,648		16,530,648
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	16,067		58,661		3,848,140		3,848,140
050 PHYSICAL THERAPY	5,313		79,526		5,045,319		5,045,319
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	39,624		265,520		8,561,076		8,561,076
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	313,313		98,551		2,942,091		2,942,091
055 30 IMPL. DEV. CHARGED TO PAT	1,967,435		479,200		26,237,474		26,237,474
056 DRUGS CHARGED TO PATIENTS	483	4,329,288	335,871		15,687,780		15,687,780
057 RENAL DIALYSIS			8,607		613,447		613,447
059 OTHER ANCILLARY							
059 02 WOUND CARE	244		27,779		2,401,913		2,401,913
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARIC OXYGEN THERAPY							
059 99 LI THOTRI PSY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	58,577		377,628		12,689,886		12,689,886
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	236				222,693		222,693
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,101,739	4,329,288	4,731,722	8,622	187,098,963		187,098,963
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	212				2,439,109		2,439,109
098 01 OTHER NONREIMBURSABLE					965,076		965,076
100 SENIOR CIRCLE	359				86,042		86,042
100 01 MARKETING	2,508				3,589,002		3,589,002
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,104,818	4,329,288	4,731,722	8,622	194,178,192		194,178,192

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				20,363	51,298	71,661	71,661
008 ADMINISTRATIVE & GENERAL				229,792	578,891	808,683	9,910
009 OPERATION OF PLANT				1,599,506	2,919,900	4,519,406	1,815
010 LAUNDRY & LINEN SERVICE				102,769	258,896	361,665	309
011 HOUSEKEEPING				36,101	90,946	127,047	1,527
012 DIETARY				140,551	354,077	494,628	1,885
014 CAFETERIA							
015 NURSING ADMINISTRATION				83,133	209,428	292,561	3,441
016 CENTRAL SERVICES & SUPPLY				100,934	254,273	355,207	829
017 PHARMACY				34,442	86,767	121,209	2,143
018 MEDICAL RECORDS & LIBRARY				28,900	72,805	101,705	1,259
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
026 01 ADULTS & PEDIATRICS				582,950	1,468,567	2,051,517	13,287
026 02 INTENSIVE CARE UNIT				110,521	278,424	388,945	4,616
027 01 NEONATAL INTENSIVE CARE U				52,427	132,074	184,501	1,365
027 02 CORONARY CARE UNIT							
031 03 SUBPROVIDER				82,700	208,337	291,037	830
033 03 NURSERY				4,632	11,669	16,301	257
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM				354,223	892,358	1,246,581	6,607
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO				82,450	207,708	290,158	1,697
041 ANESTHESIOLOGY				529	1,331	1,860	
041 01 RADIOLOGY-DIAGNOSTIC				281,947	710,280	992,227	5,244
041 02 ULTRASOUND							
041 03 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY				102,263	279,422	381,685	3,957
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				25,545	64,354	89,899	2,041
050 PHYSICAL THERAPY				121,862	306,995	428,857	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY				162,280	408,815	571,095	3,388
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							65
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							110
057 RENAL DIALYSIS							
059 OTHER ANCILLARY							
059 02 WOUND CARE				65,537	165,101	230,638	
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARIC OXYGEN THERAPY							
059 99 LITHOTRIPSY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY				239,591	603,578	843,169	4,651
065 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 AMBULANCE SERVICES							54
095 DURABLE MEDICAL EQUIP-REN							
095 DURABLE MEDICAL EQUIP-SOL							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS				4,645,948	10,616,294	15,262,242	71,287
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC				306,325	12,630	318,955	
100 01 OTHER NONREIMBURSABLE				56,112	11,040	67,152	
101 SENIOR CIRCLE							
101 01 MARKETING							374
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL				5,008,385	10,639,964	15,648,349	71,661

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	818,593						
009 OPERATION OF PLANT	65,559	4,586,780					
010 LAUNDRY & LINEN SERVICE	7,550	149,231	518,755				
011 HOUSEKEEPING	15,095	52,423		196,092			
012 DIETARY	17,563	204,094		9,127	727,297		
014 CAFETERIA					430,103	430,103	
015 NURSING ADMINISTRATION	25,377	120,717		5,398		19,093	466,587
016 CENTRAL SERVICES & SUPPLY	9,910	146,566	10,133	6,554		12,488	
017 PHARMACY	15,260	50,014		2,236		10,896	28,906
018 MEDICAL RECORDS & LIBRARY	18,743	41,966		1,877		14,931	
018 SOCIAL SERVICE	36						
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	103,763	846,501	193,552	37,852	194,039	111,183	178,724
026 INTENSIVE CARE UNIT	34,832	160,487	35,272	7,177	11,514	31,838	62,250
027 NEONATAL INTENSIVE CARE U	10,245	76,129	5,250	3,404	173	8,656	18,414
027 CORONARY CARE UNIT							
031 SUBPROVIDER	7,647	120,088	4,413	5,370	10,397	5,876	
033 NURSERY	1,915	6,726	4,551	301		1,824	3,436
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	68,643	514,367	73,899	23,001	73	47,296	89,106
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO	13,558	119,726	10,616	5,354	1,761	12,227	23,019
040 ANESTHESIOLOGY	493	767		34			
041 RADIOLOGY-DIAGNOSTIC	53,252	409,415	20,045	18,308		38,000	
041 01 ULTRASOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY	61,829	148,495	601	6,640		40,565	
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	14,762	37,095		1,659		16,460	
050 PHYSICAL THERAPY	17,639	176,956	5,524	7,913			
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	29,317	235,646	28,858	10,538	767	24,130	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	10,642					826	
055 30 IMPL. DEV. CHARGED TO PAT	100,287						
056 DRUGS CHARGED TO PATIENTS	46,451					396	
057 RENAL DIALYSIS	2,550						
059 OTHER ANCILLARY							
059 02 WOUND CARE	8,210	95,167	4,946	4,256			
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARIC OXYGEN THERAPY							
059 99 LITHOTRIPSY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	39,535	347,910	61,253	15,558	2,105	31,093	62,732
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES	495		23,319			270	
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	801,158	4,060,486	482,232	172,557	650,932	428,048	466,587
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	1,680	444,814	1,611	19,891	20,770		
098 01 OTHER NONREIMBURSABLE	336	81,480	34,912	3,644	55,595		
100 SENIOR CIRCLE	361						
100 01 MARKETING	15,058					2,055	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	818,593	4,586,780	518,755	196,092	727,297	430,103	466,587

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
15-0035

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

PREPARED 5/31/2011
WORKSHEET B
PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY	541,687						
017 PHARMACY	1,486	232,150					
018 MEDICAL RECORDS & LIBRARY	666		181,147				
025 SOCIAL SERVICE	6			42			
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	19,869		11,318	33	3,761,638		3,761,638
026 INTENSIVE CARE UNIT	8,846		2,927	3	748,707		748,707
026 01 NEONATAL INTENSIVE CARE U	1,119		1,162	2	310,420		310,420
027 CORONARY CARE UNIT							
031 SUBPROVIDER	817		674	2	447,151		447,151
033 NURSERY	904		255	2	36,472		36,472
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	31,937		36,272		2,137,782		2,137,782
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO	3,383		1,709		483,208		483,208
041 ANESTHESIOLOGY	3,223		1,502		7,879		7,879
041 RADIOLOGY-DIAGNOSTIC	5,745		32,251		1,574,487		1,574,487
041 01 ULTRASOUND							
041 02 CT SCAN							
041 03 MRI							
044 RADIOISOTOPE							
044 LABORATORY	44,210		26,677		714,659		714,659
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	2,803		2,250		166,969		166,969
050 PHYSICAL THERAPY	927		3,050		640,866		640,866
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	6,913		10,183		920,835		920,835
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	54,664		3,780		69,977		69,977
055 30 IMPL. DEV. CHARGED TO PAT	343,243		18,378		461,908		461,908
056 DRUGS CHARGED TO PATIENTS	84	232,150	12,881		292,072		292,072
057 RENAL DIALYSIS			330		2,880		2,880
059 OTHER ANCILLARY							
059 02 WOUND CARE	43		1,065		344,325		344,325
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARIC OXYGEN THERAPY							
059 99 LI THOTRI PSY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	10,220		14,483		1,432,709		1,432,709
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES	41				24,179		24,179
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	541,149	232,150	181,147	42	14,579,123		14,579,123
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	37				807,758		807,758
098 01 OTHER NONREIMBURSABLE					243,119		243,119
100 SENIOR CIRCLE	63				424		424
100 01 MARKETING	438				17,925		17,925
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	541,687	232,150	181,147	42	15,648,349		15,648,349

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 PART III

COST CENTER
 DESCRIPTION

- 001 GENERAL SERVICE COST CNTR
- 002 OLD CAP REL COSTS-BLDG &
- 003 OLD CAP REL COSTS-MVBLE E
- 004 NEW CAP REL COSTS-BLDG &
- 005 NEW CAP REL COSTS-MVBLE E
- 006 EMPLOYEE BENEFITS
- 008 ADMINISTRATIVE & GENERAL
- 009 OPERATION OF PLANT
- 010 LAUNDRY & LINEN SERVICE
- 011 HOUSEKEEPING
- 012 DIETARY
- 014 CAFETERIA
- 015 NURSING ADMINISTRATION
- 016 CENTRAL SERVICES & SUPPLY
- 017 PHARMACY
- 018 MEDICAL RECORDS & LIBRARY
- 025 SOCIAL SERVICE
- 026 INPAT ROUTINE SRVC CNTRS
- 026 01 ADULTS & PEDIATRICS
- 027 INTENSIVE CARE UNIT
- 027 01 NEONATAL INTENSIVE CARE U
- 031 CORONARY CARE UNIT
- 033 SUBPROVIDER
- 034 NURSERY
- 035 SKILLED NURSING FACILITY
- 036 NURSING FACILITY
- 037 OTHER LONG TERM CARE
- 038 ANCILLARY SRVC COST CNTRS
- 039 OPERATING ROOM
- 040 RECOVERY ROOM
- 041 DELIVERY ROOM & LABOR ROO
- 041 ANESTHESIOLOGY
- 041 RADIOLOGY-DIAGNOSTIC
- 041 01 ULTRASOUND
- 041 02 CT SCAN
- 041 03 MRI
- 043 RADIOISOTOPE
- 044 LABORATORY
- 046 WHOLE BLOOD & PACKED RED
- 047 BLOOD STORING, PROCESSING
- 048 INTRAVENOUS THERAPY
- 049 RESPIRATORY THERAPY
- 050 PHYSICAL THERAPY
- 051 OCCUPATIONAL THERAPY
- 052 SPEECH PATHOLOGY
- 053 ELECTROCARDIOLOGY
- 054 ELECTROENCEPHALOGRAPHY
- 055 MEDICAL SUPPLIES CHARGED
- 055 30 IMPL. DEV. CHARGED TO PAT
- 056 DRUGS CHARGED TO PATIENTS
- 057 RENAL DIALYSIS
- 059 OTHER ANCILLARY
- 059 02 WOUND CARE
- 059 97 CARDIAC REHABILITATION
- 059 98 HYPERBARIC OXYGEN THERAPY
- 059 99 LI THOTRI PSY
- 060 OUTPAT SERVICE COST CNTRS
- 061 CLINIC
- 062 EMERGENCY
- 065 OBSERVATION BEDS (NON-DIS
- 066 OTHER REIMBURS COST CNTRS
- 067 AMBULANCE SERVICES
- 067 DURABLE MEDICAL EQUIP-REN
- 067 DURABLE MEDICAL EQUIP-SOL
- 095 SPEC PURPOSE COST CENTERS
- 096 SUBTOTALS
- 096 NONREIMBURS COST CENTERS
- 098 GIFT, FLOWER, COFFEE SHOP
- 098 PHYSICIANS' PRIVATE OFFIC
- 098 01 OTHER NONREIMBURSABLE
- 100 SENIOR CIRCLE
- 100 01 MARKETING
- 101 CROSS FOOT ADJUSTMENTS
- 102 NEGATIVE COST CENTER
- 103 TOTAL

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	(GROSS SALARIES)	
	1	2	3	4	5	6a. 00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	682,281					
003 OLD CAP REL COSTS-MVB		575,365				
004 NEW CAP REL COSTS-BLD			682,281			
005 NEW CAP REL COSTS-MVB				575,365		
006 EMPLOYEE BENEFITS	2,774	2,774	2,774	2,774	73,468,368	
008 ADMINISTRATIVE & GENE	31,304	31,304	31,304	31,304	10,164,563	-30,405,914
009 OPERATION OF PLANT	217,897	157,896	217,897	157,896	1,862,045	
010 LAUNDRY & LINEN SERVI	14,000	14,000	14,000	14,000	316,431	
011 HOUSEKEEPING	4,918	4,918	4,918	4,918	1,566,561	
012 DIETARY	19,147	19,147	19,147	19,147	1,933,588	
014 CAFETERIA						
015 NURSING ADMINISTRATION	11,325	11,325	11,325	11,325	3,528,989	
016 CENTRAL SERVICES & SU	13,750	13,750	13,750	13,750	850,333	
017 PHARMACY	4,692	4,692	4,692	4,692	2,198,198	
018 MEDICAL RECORDS & LIB	3,937	3,937	3,937	3,937	1,291,148	
025 SOCIAL SERVICE						
026 INPAT ROUTINE SRVC CN						
027 ADULTS & PEDIATRICS	79,414	79,414	79,414	79,414	13,597,671	
031 INTENSIVE CARE UNIT	15,056	15,056	15,056	15,056	4,733,869	
033 NEONATAL INTENSIVE CA	7,142	7,142	7,142	7,142	1,400,310	
034 CORONARY CARE UNIT						
035 SUBPROVIDER	11,266	11,266	11,266	11,266	851,333	
036 NURSERY	631	631	631	631	263,692	
037 SKILLED NURSING FACIL						
038 NURSING FACILITY						
039 OTHER LONG TERM CARE						
040 ANCILLARY SRVC COST C						
041 OPERATING ROOM	48,255	48,255	48,255	48,255	6,776,118	
042 RECOVERY ROOM						
043 DELIVERY ROOM & LABOR	11,232	11,232	11,232	11,232	1,740,838	
044 ANESTHESIOLOGY	72	72	72	72		
045 RADIOLOGY-DIAGNOSTIC	38,409	38,409	38,409	38,409	5,378,420	
046 01 ULTRASOUND						
047 02 CT SCAN						
048 03 MRI						
049 RADIOISOTOPE						
050 LABORATORY	13,931	15,110	13,931	15,110	4,058,804	
051 WHOLE BLOOD & PACKED						
052 BLOOD STORING, PROCES						
053 INTRAVENOUS THERAPY						
054 RESPIRATORY THERAPY	3,480	3,480	3,480	3,480	2,092,888	
055 PHYSICAL THERAPY	16,601	16,601	16,601	16,601		
056 OCCUPATIONAL THERAPY						
057 SPEECH PATHOLOGY						
058 ELECTROCARDIOLOGY	22,107	22,107	22,107	22,107	3,474,476	
059 ELECTROENCEPHALOGRAPH						
060 MEDICAL SUPPLIES CHAR					66,315	
061 30 IMPL. DEV. CHARGED TO						
062 DRUGS CHARGED TO PATI					112,377	
063 RENAL DIALYSIS						
064 OTHER ANCILLARY						
065 02 WOUND CARE	8,928	8,928	8,928	8,928		
066 97 CARDIAC REHABILITATIO						
067 98 HYPERBARIC OXYGEN THE						
068 99 LI THOTRI PSY						
069 OUTPAT SERVICE COST C						
070 CLINIC						
071 EMERGENCY	32,639	32,639	32,639	32,639	4,770,490	
072 OBSERVATION BEDS (NON						
073 OTHER REIMBURS COST C						
074 AMBULANCE SERVICES					54,888	
075 DURABLE MEDICAL EQUIP						
076 DURABLE MEDICAL EQUIP						
077 SPEC PURPOSE COST CEN						
078 SUBTOTALS	632,907	574,085	632,907	574,085	73,084,345	-30,405,914
079 NONREIMBURS COST CENT						
080 GIFT, FLOWER, COFFEE						
081 PHYSICIANS' PRIVATE O	41,730	683	41,730	683		
082 01 OTHER NONREIMBURSABLE	7,644	597	7,644	597		
083 SENIOR CIRCLE						
084 01 MARKETING					384,023	
085 CROSS FOOT ADJUSTMENT						
086 NEGATIVE COST CENTER						
087 COST TO BE ALLOCATED			5,008,385	10,639,964	14,524,919	
088 (WRKSHT B, PART I)						
089 UNIT COST MULTIPLIER			7.340649		197703	
090 (WRKSHT B, PT I)				18.492546		
091 COST TO BE ALLOCATED						
092 (WRKSHT B, PART II)						
093 UNIT COST MULTIPLIER						
094 (WRKSHT B, PT II)						

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING WAGES)
	6	8	9	10	11	12	14
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD						
003	OLD CAP REL COSTS-MVB						
004	NEW CAP REL COSTS-BLD						
005	NEW CAP REL COSTS-MVB						
006	EMPLOYEE BENEFITS						
008	ADMINISTRATIVE & GENERAL	163,772,278					
009	OPERATION OF PLANT	13,116,967	430,306				
010	LAUNDRY & LINEN SERVICE	1,510,626	14,000	1,412,007			
011	HOUSEKEEPING	3,020,123	4,918		411,388		
012	DIETARY	3,514,007	19,147		19,147	498,950	
014	CAFETERIA					295,065	102,115
015	NURSING ADMINISTRATION	5,077,490	11,325				4,533
016	CENTRAL SERVICES & SUPPORT	1,982,810	13,750	27,581	13,750		2,965
017	PHARMACY	3,053,136	4,692		4,692		2,587
018	MEDICAL RECORDS & LIBRARY	3,750,071	3,937		3,937		3,545
025	SOCIAL SERVICE	7,243					
026	INPAT ROUTINE SRVC CNTR						
026	ADULTS & PEDIATRICS	20,749,200	79,414	526,828	79,414	133,117	26,397
027	INTENSIVE CARE UNIT	6,969,223	15,056	96,007	15,056	7,899	7,559
027	NEONATAL INTENSIVE CARE	2,049,841	7,142	14,291	7,142	119	2,055
031	CORONARY CARE UNIT						
033	SUBPROVIDER	1,529,968	11,266	12,011	11,266	7,133	1,395
034	NURSERY	383,253	631	12,388	631		433
034	SKILLED NURSING FACILITY						
035	NURSING FACILITY						
036	OTHER LONG TERM CARE						
037	ANCILLARY SRVC COST CENTER						
038	OPERATING ROOM	13,734,175	48,255	201,147	48,255	50	11,229
038	RECOVERY ROOM						
039	DELIVERY ROOM & LABOR	2,712,693	11,232	28,897	11,232	1,208	2,903
040	ANESTHESIOLOGY	98,570	72		72		
041	RADIOLOGY-DIAGNOSTIC	10,654,649	38,409	54,561	38,409		9,022
041	01 ULTRASOUND						
041	02 CT SCAN						
041	03 MRI						
043	RADIOISOTOPE						
044	LABORATORY	12,370,731	13,931	1,636	13,931		9,631
046	WHOLE BLOOD & PACKED BLOOD STORING, PROCESSING						
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY	2,953,567	3,480		3,480		3,908
050	PHYSICAL THERAPY	3,529,127	16,601	15,037	16,601		
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY	5,865,818	22,107	78,550	22,107	526	5,729
054	ELECTROENCEPHALOGRAPHY						
055	MEDICAL SUPPLIES CHARACTERIZED	2,129,206					196
055	30 IMPL. DEV. CHARGED TO	20,065,482					
056	DRUGS CHARGED TO PATIENTS	9,293,894					94
057	RENAL DIALYSIS	510,129					
059	OTHER ANCILLARY						
059	02 WOUND CARE	1,642,749	8,928	13,462	8,928		
059	97 CARDIAC REHABILITATION						
059	98 HYPERBARIC OXYGEN THERAPY						
059	99 LIOTHOTRIpsy						
060	OUTPAT SERVICE COST CENTER						
061	CLINIC						
061	EMERGENCY	7,910,122	32,639	166,727	32,639	1,444	7,382
062	OBSERVATION BEDS (NONREIMBURSABLE)						
065	OTHER REIMBURSABLE COST CENTER						
066	AMBULANCE SERVICES	98,960		63,472			64
067	DURABLE MEDICAL EQUIPMENT						
067	DURABLE MEDICAL EQUIPMENT SPECIFIC PURPOSE COST CENTER						
095	SUBTOTALS	160,283,830	380,932	1,312,595	362,014	446,561	101,627
096	NONREIMBURSABLE COST CENTER						
096	GIFT, FLOWER, COFFEE						
098	PHYSICIANS' PRIVATE OFFICE	336,135	41,730	4,384	41,730	14,249	
098	01 OTHER NONREIMBURSABLE	67,152	7,644	95,028	7,644	38,140	
100	SENIOR CENTER	72,266					
100	01 MARKETING	3,012,895					488
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	30,405,914	15,552,263	2,297,082	3,758,587	5,033,369	2,976,594
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		36.142334		9.136355		29.149430
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	.185660		1.626821		10.087923	.187849
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)						

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED EQUIVS.)	PHARMACY (COSTED EQUIVS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICES (PATIENT DAYS)
	15	16	17	18
001 GENERAL SERVICE COST				
002 OLD CAP REL COSTS-BLD				
003 OLD CAP REL COSTS-MVB				
004 NEW CAP REL COSTS-BLD				
005 NEW CAP REL COSTS-MVB				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY	31,665,513			
016 PHARMACY	86,892	9,476,284		
017 MEDICAL RECORDS & LIBRARY	38,924		848,007,672	
018 SOCIAL SERVICE	343			56,234
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	1,161,433		52,888,383	44,811
026 INTENSIVE CARE UNIT	517,081		13,675,517	4,289
026 01 NEONATAL INTENSIVE CARE	65,390		5,428,378	2,032
027 CORONARY CARE UNIT				
031 SUBPROVIDER	47,740		3,149,097	2,757
033 NURSERY	52,824		1,191,966	2,345
034 SKILLED NURSING FACILITY				
035 NURSING FACILITY				
036 OTHER LONG TERM CARE				
037 ANCILLARY SERVICE CENTER OPERATING ROOM	1,866,876		171,028,918	
038 RECOVERY ROOM				
039 DELIVERY ROOM & LABOR	197,753		7,984,722	
040 ANESTHESIOLOGY	188,395		7,020,456	
041 RADIOLOGY-DIAGNOSTIC	335,824		150,704,178	
041 01 ULTRASOUND				
041 02 CT SCAN				
041 03 MRI				
043 RADIOISOTOPE LABORATORY	2,584,296		124,659,537	
046 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING				
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY	163,867		10,512,714	
050 PHYSICAL THERAPY	54,184		14,252,008	
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY	404,120		47,584,196	
054 ELECTROENCEPHALOGRAPHY				
055 MEDICAL SUPPLIES CHARGED TO IMPL. DEV.	3,195,442		17,661,491	
055 30 DRUGS CHARGED TO PATIENT	20,065,482		85,878,092	
056 RENAL DIALYSIS	4,926	9,476,284	60,191,969	
057 OTHER ANCILLARY			1,542,501	
059 02 WOUND CARE	2,493		4,978,280	
059 97 CARDIAC REHABILITATION				
059 98 HYPERBARIC OXYGEN THERAPY				
059 99 LI THOTRI PSY				
060 OUTPAT SERVICE COST CENTER CLINIC				
061 EMERGENCY	597,416		67,675,269	
062 OBSERVATION BEDS (NON-REIMBURSABLE)				
065 OTHER REIMBURSABLE COST CENTER	2,407			
066 DURABLE MEDICAL EQUIPMENT				
067 DURABLE MEDICAL EQUIPMENT SPECIFIC PURPOSE COST CENTER				
095 SUBTOTALS	31,634,108	9,476,284	848,007,672	56,234
096 NONREIMBURSABLE COST CENTER GIFT, FLOWER, COFFEE				
098 PHYSICIANS' PRIVATE OFFICE	2,165			
098 01 OTHER NONREIMBURSABLE				
100 SENIOR CENTER	3,665			
100 01 MARKETING	25,575			
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	3,104,818	4,329,288	4,731,722	8,622
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)		.456855		.153324
105 COST TO BE ALLOCATED (PER WORKSHEET B, PART II)	.098050		.005580	
106 UNIT COST MULTIPLIER (WORKSHEET B, PART II)				

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
15-0035

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

PREPARED 5/31/2011
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 DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	34,135,382		34,135,382		34,135,382
26	INTENSIVE CARE UNIT	10,417,977		10,417,977		10,417,977
26 01	NEONATAL INTENSIVE CARE U	3,138,206		3,138,206		3,138,206
27	CORONARY CARE UNIT					
31	SUBPROVIDER	2,478,968		2,478,968		2,478,968
33	NURSERY	577,032		577,032		577,032
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	21,534,154		21,534,154		21,534,154
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	4,261,496		4,261,496		4,261,496
40	ANESTHESIOLOGY	177,777		177,777		177,777
41	RADIOLOGY-DIAGNOSTIC	15,597,504		15,597,504		15,597,504
41 01	ULTRASOUND					
41 02	CT SCAN					
41 03	MRI					
43	RADIOISOTOPE					
44	LABORATORY	16,530,648		16,530,648		16,530,648
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	3,848,140		3,848,140		3,848,140
50	PHYSICAL THERAPY	5,045,319		5,045,319		5,045,319
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	8,561,076		8,561,076		8,561,076
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	2,942,091		2,942,091		2,942,091
55 30	IMPL. DEV. CHARGED TO PAT	26,237,474		26,237,474		26,237,474
56	DRUGS CHARGED TO PATIENTS	15,687,780		15,687,780		15,687,780
57	RENAL DIALYSIS	613,447		613,447		613,447
59	OTHER ANCILLARY					
59 02	WOUND CARE	2,401,913		2,401,913		2,401,913
59 97	CARDIAC REHABILITATION					
59 98	HYPERBARIC OXYGEN THERAPY					
59 99	LITHOTRIPSY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	12,689,886		12,689,886		12,689,886
62	OBSERVATION BEDS (NON-DIS	1,152,639		1,152,639		1,152,639
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	222,693		222,693		222,693
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	188,251,602		188,251,602		188,251,602
102	LESS OBSERVATION BEDS	1,152,639		1,152,639		1,152,639
103	TOTAL	187,098,963		187,098,963		187,098,963

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	50,691,537		50,691,537			
26	INTENSIVE CARE UNIT	13,675,517		13,675,517			
26	01 NEONATAL INTENSIVE CARE U	5,428,378		5,428,378			
27	CORONARY CARE UNIT						
31	SUBPROVIDER	3,149,097		3,149,097			
33	NURSERY	1,191,966		1,191,966			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
36	OTHER LONG TERM CARE						
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	84,856,832	86,172,086	171,028,918	.125909	.125909	.125909
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	7,100,839	883,883	7,984,722	.533706	.533706	.533706
40	ANESTHESIOLOGY	3,435,723	3,584,733	7,020,456	.025323	.025323	.025323
41	RADIOLOGY-DIAGNOSTIC	28,354,061	122,350,117	150,704,178	.103497	.103497	.103497
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	49,205,825	75,453,712	124,659,537	.132606	.132606	.132606
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	9,310,442	1,202,272	10,512,714	.366046	.366046	.366046
50	PHYSICAL THERAPY	7,849,287	6,402,721	14,252,008	.354008	.354008	.354008
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	19,283,865	28,300,331	47,584,196	.179914	.179914	.179914
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	10,273,875	7,387,616	17,661,491	.166582	.166582	.166582
55	30 IMPL. DEV. CHARGED TO PAT	56,557,190	29,320,902	85,878,092	.305520	.305520	.305520
56	DRUGS CHARGED TO PATIENTS	38,414,400	21,777,569	60,191,969	.260629	.260629	.260629
57	RENAL DIALYSIS	1,534,615	7,886	1,542,501	.397696	.397696	.397696
59	OTHER ANCILLARY						
59	02 WOUND CARE	108,441	4,869,839	4,978,280	.482478	.482478	.482478
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
59	99 LI THOTRIPSY						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	19,221,858	48,453,411	67,675,269	.187511	.187511	.187511
62	OBSERVATION BEDS (NON-DIS	126,950	2,069,896	2,196,846	.524679	.524679	.524679
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	409,770,698	438,236,974	848,007,672			
102	LESS OBSERVATION BEDS						
103	TOTAL	409,770,698	438,236,974	848,007,672			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
15-0035

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

PREPARED 5/31/2011
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	50,691,537		50,691,537			
26	INTENSIVE CARE UNIT	13,675,517		13,675,517			
26	01 NEONATAL INTENSIVE CARE U	5,428,378		5,428,378			
27	CORONARY CARE UNIT						
31	SUBPROVIDER	3,149,097		3,149,097			
33	NURSERY	1,191,966		1,191,966			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
36	OTHER LONG TERM CARE						
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	84,856,832	86,172,086	171,028,918	.125909	.125909	.125909
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	7,100,839	883,883	7,984,722	.533706	.533706	.533706
40	ANESTHESIOLOGY	3,435,723	3,584,733	7,020,456	.025323	.025323	.025323
41	RADIOLOGY-DIAGNOSTIC	28,354,061	122,350,117	150,704,178	.103497	.103497	.103497
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	49,205,825	75,453,712	124,659,537	.132606	.132606	.132606
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	9,310,442	1,202,272	10,512,714	.366046	.366046	.366046
50	PHYSICAL THERAPY	7,849,287	6,402,721	14,252,008	.354008	.354008	.354008
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	19,283,865	28,300,331	47,584,196	.179914	.179914	.179914
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	10,273,875	7,387,616	17,661,491	.166582	.166582	.166582
55	30 IMPL. DEV. CHARGED TO PAT	56,557,190	29,320,902	85,878,092	.305520	.305520	.305520
56	DRUGS CHARGED TO PATIENTS	38,414,400	21,777,569	60,191,969	.260629	.260629	.260629
57	RENAL DIALYSIS	1,534,615	7,886	1,542,501	.397696	.397696	.397696
59	OTHER ANCILLARY						
59	02 WOUND CARE	108,441	4,869,839	4,978,280	.482478	.482478	.482478
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARI C OXYGEN THERAPY						
59	99 LI THOTRIPSY						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	19,221,858	48,453,411	67,675,269	.187511	.187511	.187511
62	OBSERVATION BEDS (NON-DIS	126,950	2,069,896	2,196,846	.524679	.524679	.524679
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	409,770,698	438,236,974	848,007,672			
102	LESS OBSERVATION BEDS						
103	TOTAL	409,770,698	438,236,974	848,007,672			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	21,534,154	2,137,782	19,396,372			21,534,154
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	4,261,496	483,208	3,778,288			4,261,496
41	ANESTHESIOLOGY	177,777	7,879	169,898			177,777
41	RADIOLOGY-DIAGNOSTIC	15,597,504	1,574,487	14,023,017			15,597,504
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	16,530,648	714,659	15,815,989			16,530,648
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	3,848,140	166,969	3,681,171			3,848,140
50	PHYSICAL THERAPY	5,045,319	640,866	4,404,453			5,045,319
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	8,561,076	920,835	7,640,241			8,561,076
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	2,942,091	69,977	2,872,114			2,942,091
55	30 IMPL. DEV. CHARGED TO PAT	26,237,474	461,908	25,775,566			26,237,474
56	DRUGS CHARGED TO PATIENTS	15,687,780	292,072	15,395,708			15,687,780
57	RENAL DIALYSIS	613,447	2,880	610,567			613,447
59	OTHER ANCILLARY						
59	02 WOUND CARE	2,401,913	344,325	2,057,588			2,401,913
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
59	99 LI THOTRI PSY						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY	12,689,886	1,432,709	11,257,177			12,689,886
62	OBSERVATION BEDS (NON-DIS	1,152,639	127,019	1,025,620			1,152,639
62	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	222,693	24,179	198,514			222,693
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	137,504,037	9,401,754	128,102,283			137,504,037
102	LESS OBSERVATION BEDS	1,152,639	127,019	1,025,620			1,152,639
103	TOTAL	136,351,398	9,274,735	127,076,663			136,351,398

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	171,028,918	.125909	.125909
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	7,984,722	.533706	.533706
40	ANESTHESIOLOGY	7,020,456	.025323	.025323
41	RADIOLOGY-DIAGNOSTIC	150,704,178	.103497	.103497
41	01 ULTRASOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	124,659,537	.132606	.132606
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	10,512,714	.366046	.366046
50	PHYSICAL THERAPY	14,252,008	.354008	.354008
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	47,584,196	.179914	.179914
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	17,661,491	.166582	.166582
55	30 IMPL. DEV. CHARGED TO PAT	85,878,092	.305520	.305520
56	DRUGS CHARGED TO PATIENTS	60,191,969	.260629	.260629
57	RENAL DIALYSIS	1,542,501	.397696	.397696
59	OTHER ANCILLARY			
59	02 WOUND CARE	4,978,280	.482478	.482478
59	97 CARDIAC REHABILITATION			
59	98 HYPERBARIC OXYGEN THERAPY			
59	99 LI THOTRI PSY			
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
61	EMERGENCY	67,675,269	.187511	.187511
62	OBSERVATION BEDS (NON-DIS	2,196,846	.524679	.524679
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	773,871,177		
102	LESS OBSERVATION BEDS	2,196,846		
103	TOTAL	771,674,331		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	21,534,154	2,137,782	19,396,372	213,778	1,124,990	20,195,386
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	4,261,496	483,208	3,778,288	48,321	219,141	3,994,034
40	ANESTHESIOLOGY	177,777	7,879	169,898	788	9,854	167,135
41	RADIOLOGY-DIAGNOSTIC	15,597,504	1,574,487	14,023,017	157,449	813,335	14,626,720
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	16,530,648	714,659	15,815,989	71,466	917,327	15,541,855
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	3,848,140	166,969	3,681,171	16,697	213,508	3,617,935
50	PHYSICAL THERAPY	5,045,319	640,866	4,404,453	64,087	255,458	4,725,774
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	8,561,076	920,835	7,640,241	92,084	443,134	8,025,858
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	2,942,091	69,977	2,872,114	6,998	166,583	2,768,510
55	30 IMPL. DEV. CHARGED TO PAT	26,237,474	461,908	25,775,566	46,191	1,494,983	24,696,300
56	DRUGS CHARGED TO PATIENTS	15,687,780	292,072	15,395,708	29,207	892,951	14,765,622
57	RENAL DIALYSIS	613,447	2,880	610,567	288	35,413	577,746
59	OTHER ANCILLARY						
59	02 WOUND CARE	2,401,913	344,325	2,057,588	34,433	119,340	2,248,140
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
59	99 LI THOTRI PSY						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY	12,689,886	1,432,709	11,257,177	143,271	652,916	11,893,699
62	OBSERVATION BEDS (NON-DIS	1,152,639	127,019	1,025,620	12,702	59,486	1,080,451
62	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	222,693	24,179	198,514	2,418	11,514	208,761
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	137,504,037	9,401,754	128,102,283	940,178	7,429,933	129,133,926
102	LESS OBSERVATION BEDS	1,152,639	127,019	1,025,620	12,702	59,486	1,080,451
103	TOTAL	136,351,398	9,274,735	127,076,663	927,476	7,370,447	128,053,475

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	171,028,918	.118082	.124659
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	7,984,722	.500210	.527655
40	ANESTHESIOLOGY	7,020,456	.023807	.025210
41	RADIOLOGY-DIAGNOSTIC	150,704,178	.097056	.102453
41	01 ULTRASOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	124,659,537	.124674	.132033
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	10,512,714	.344149	.364458
50	PHYSICAL THERAPY	14,252,008	.331587	.349511
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	47,584,196	.168666	.177979
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	17,661,491	.156754	.166186
55	30 IMPL. DEV. CHARGED TO PAT	85,878,092	.287574	.304982
56	DRUGS CHARGED TO PATIENTS	60,191,969	.245309	.260144
57	RENAL DIALYSIS	1,542,501	.374551	.397510
59	OTHER ANCILLARY			
59	02 WOUND CARE	4,978,280	.451590	.475562
59	97 CARDIAC REHABILITATION			
59	98 HYPERBARIC OXYGEN THERAPY			
59	99 LI THOTRI PSY			
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
61	EMERGENCY	67,675,269	.175747	.185394
62	OBSERVATION BEDS (NON-DIS	2,196,846	.491819	.518897
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	773,871,177		
102	LESS OBSERVATION BEDS	2,196,846		
103	TOTAL	771,674,331		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				3,761,638		3,761,638
26	INTENSIVE CARE UNIT				748,707		748,707
26 01	NEONATAL INTENSIVE CARE U				310,420		310,420
27	CORONARY CARE UNIT						
31	SUBPROVIDER				447,151		447,151
33	NURSERY				36,472		36,472
101	TOTAL				5,304,388		5,304,388

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0035
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	46,377	25,331			81.11	2,054,597
26	INTENSIVE CARE UNIT	6,321	3,431			118.45	406,402
26 01	NEONATAL INTENSIVE CARE U	2,013				154.21	
27	CORONARY CARE UNIT						
31	SUBPROVIDER	2,757	1,875			162.19	304,106
33	NURSERY	2,345				15.55	
101	TOTAL	59,813	30,637				2,765,105

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		2,137,782	171,028,918	39,625,345		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO		483,208	7,984,722	10,591		
41	ANESTHESIOLOGY		7,879	7,020,456	1,410,975		
41	RADIOLOGY-DIAGNOSTIC		1,574,487	150,704,178	21,997,604		
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY		714,659	124,659,537	28,411,859		
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		166,969	10,512,714	6,034,405		
50	PHYSICAL THERAPY		640,866	14,252,008	3,345,746		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		920,835	47,584,196	11,486,132		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		69,977	17,661,491	5,469,418		
55	30 IMPL. DEV. CHARGED TO PAT		461,908	85,878,092	29,101,139		
56	DRUGS CHARGED TO PATIENTS		292,072	60,191,969	20,628,050		
57	RENAL DIALYSIS		2,880	1,542,501	992,353		
59	OTHER ANCILLARY						
59	02 WOUND CARE		344,325	4,978,280	53,467		
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
59	99 LI THOTRI PSY						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY		1,432,709	67,675,269	10,288,151		
62	OBSERVATION BEDS (NON-DIS		127,019	2,196,846	116,001		
62	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		9,377,575	773,871,177	178,971,236		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0035
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 15-0035
 PREPARED 5/31/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.012500	495,317
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO	.060517	641
40	ANESTHESIOLOGY	.001122	1,583
41	RADIOLOGY-DIAGNOSTIC	.010448	229,831
41 01	ULTRASOUND		
41 02	CT SCAN		
41 03	MRI		
43	RADIOISOTOPE		
44	LABORATORY	.005733	162,885
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.015883	95,844
50	PHYSICAL THERAPY	.044967	150,448
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.019352	222,280
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.003962	21,670
55 30	IMPL. DEV. CHARGED TO PAT	.005379	156,535
56	DRUGS CHARGED TO PATIENTS	.004852	100,087
57	RENAL DIALYSIS	.001867	1,853
59	OTHER ANCILLARY		
59 02	WOUND CARE	.069165	3,698
59 97	CARDIAC REHABILITATION		
59 98	HYPERBARIC OXYGEN THERAPY		
59 99	LITHOTRIPSY		
60	OUTPAT SERVICE COST CNTRS		
	CLINIC		
61	EMERGENCY	.021170	217,800
62	OBSERVATION BEDS (NON-DIS	.057819	6,707
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		1,867,179

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

PROVIDER NO: 15-0035
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					46,377	
26	INTENSIVE CARE UNIT					6,321	
26	01 NEONATAL INTENSIVE CARE U					2,013	
27	CORONARY CARE UNIT						
31	SUBPROVIDER					2,757	
33	NURSERY					2,345	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
101	TOTAL					59,813	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	25,331	
26	INTENSIVE CARE UNIT	3,431	
26 01	NEONATAL INTENSIVE CARE U		
27	CORONARY CARE UNIT		
31	SUBPROVIDER	1,875	
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
101	TOTAL	30,637	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	OTHER ANCILLARY						
59	02 WOUND CARE						
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
59	99 LI THOTRI PSY						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			171,028,918			39,625,345	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO			7,984,722			10,591	
41	ANESTHESIOLOGY			7,020,456			1,410,975	
41	RADIOLOGY-DIAGNOSTIC			150,704,178			21,997,604	
41	01 ULTRASOUND							
41	02 CT SCAN							
41	03 MRI							
43	RADIOISOTOPE							
44	LABORATORY			124,659,537			28,411,859	
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			10,512,714			6,034,405	
50	PHYSICAL THERAPY			14,252,008			3,345,746	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			47,584,196			11,486,132	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			17,661,491			5,469,418	
55	30 IMPL. DEV. CHARGED TO PAT			85,878,092			29,101,139	
56	DRUGS CHARGED TO PATIENTS			60,191,969			20,628,050	
57	RENAL DIALYSIS			1,542,501			992,353	
59	OTHER ANCILLARY							
59	02 WOUND CARE			4,978,280			53,467	
59	97 CARDIAC REHABILITATION							
59	98 HYPERBARIC OXYGEN THERAPY							
59	99 LI THOTRI PSY							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC							
61	EMERGENCY			67,675,269			10,288,151	
62	OBSERVATION BEDS (NON-DIS			2,196,846			116,001	
62	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			773,871,177			178,971,236	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	28,324,146					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	780					
41	ANESTHESIOLOGY	848,957					
41	RADIOLOGY-DIAGNOSTIC	31,308,521					
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	1,920,167					
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	333,153					
50	PHYSICAL THERAPY	22,223					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	9,210,903					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	2,738,451					
55	30 IMPL. DEV. CHARGED TO PAT	14,145,592					
56	DRUGS CHARGED TO PATIENTS	6,570,120					
57	RENAL DIALYSIS	7,886					
59	OTHER ANCILLARY						
59	02 WOUND CARE	1,388,414					
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
59	99 LI THOTRI PSY						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY	8,171,193					
62	OBSERVATION BEDS (NON-DIS	440,720					
62	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	105,431,226					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				3,566,265	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM				416	
40 ANESTHESIOLOGY				21,498	
41 RADIOLOGY-DIAGNOSTIC				3,240,338	
41 01 ULTRASOUND					
41 02 CT SCAN					
41 03 MRI					
43 RADIOISOTOPE LABORATORY				254,626	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				121,949	
50 PHYSICAL THERAPY				7,867	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				1,657,170	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				456,177	
55 30 IMPL. DEV. CHARGED TO PATIENT				4,321,761	
56 DRUGS CHARGED TO PATIENTS				1,712,364	
57 RENAL DIALYSIS				3,136	
59 OTHER ANCILLARY					
59 02 WOUND CARE				669,879	
59 97 CARDIAC REHABILITATION					
59 98 HYPERBARIC OXYGEN THERAPY					
59 99 LI THOTRI PSY					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY				1,532,189	
62 OBSERVATION BEDS (NON-DISTINCT PART)				231,237	
65 OTHER REIMBURS COST CNTRS					
66 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL				17,796,872	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				17,796,872	

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

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
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		2,137,782	171,028,918	20,523		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO		483,208	7,984,722			
41	ANESTHESIOLOGY		7,879	7,020,456	490		
41	RADIOLOGY-DIAGNOSTIC		1,574,487	150,704,178	135,055		
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY		714,659	124,659,537	392,915		
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		166,969	10,512,714	115,157		
50	PHYSICAL THERAPY		640,866	14,252,008	1,857,026		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		920,835	47,584,196	8,348		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		69,977	17,661,491	56,457		
55	30 IMPL. DEV. CHARGED TO PAT		461,908	85,878,092	2,799		
56	DRUGS CHARGED TO PATIENTS		292,072	60,191,969	469,327		
57	RENAL DIALYSIS		2,880	1,542,501	20,246		
59	OTHER ANCILLARY						
59	02 WOUND CARE		344,325	4,978,280			
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
59	99 LI THOTRI PSY						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY		1,432,709	67,675,269	5,373		
62	OBSERVATION BEDS (NON-DIS		127,019	2,196,846			
62	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		9,377,575	773,871,177	3,083,716		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0035
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 15-T035
 PREPARED 5/31/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.012500	257
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO	.060517	
40	ANESTHESIOLOGY	.001122	1
41	RADIOLOGY-DIAGNOSTIC	.010448	1,411
41 01	ULTRASOUND		
41 02	CT SCAN		
41 03	MRI		
43	RADIOISOTOPE		
44	LABORATORY	.005733	2,253
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.015883	1,829
50	PHYSICAL THERAPY	.044967	83,505
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.019352	162
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.003962	224
55 30	IMPL. DEV. CHARGED TO PAT	.005379	15
56	DRUGS CHARGED TO PATIENTS	.004852	2,277
57	RENAL DIALYSIS	.001867	38
59	OTHER ANCILLARY		
59 02	WOUND CARE	.069165	
59 97	CARDIAC REHABILITATION		
59 98	HYPERBARIC OXYGEN THERAPY		
59 99	LITHOTRIpsy		
60	OUTPAT SERVICE COST CNTRS		
	CLINIC		
61	EMERGENCY	.021170	114
62	OBSERVATION BEDS (NON-DIS	.057819	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		92,086

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			171,028,918			20,523	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO			7,984,722				
41	ANESTHESIOLOGY			7,020,456			490	
41	RADIOLOGY-DIAGNOSTIC			150,704,178			135,055	
41	01 ULTRASOUND							
41	02 CT SCAN							
41	03 MRI							
43	RADIOISOTOPE							
44	LABORATORY			124,659,537			392,915	
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			10,512,714			115,157	
50	PHYSICAL THERAPY			14,252,008			1,857,026	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			47,584,196			8,348	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			17,661,491			56,457	
55	30 IMPL. DEV. CHARGED TO PAT			85,878,092			2,799	
56	DRUGS CHARGED TO PATIENTS			60,191,969			469,327	
57	RENAL DIALYSIS			1,542,501			20,246	
59	OTHER ANCILLARY							
59	02 WOUND CARE			4,978,280				
59	97 CARDIAC REHABILITATION							
59	98 HYPERBARIC OXYGEN THERAPY							
59	99 LI THOTRI PSY							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC							
61	EMERGENCY			67,675,269			5,373	
62	OBSERVATION BEDS (NON-DIS			2,196,846				
62	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			773,871,177			3,083,716	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
41 02	CT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	OTHER ANCILLARY						
59 02	WOUND CARE						
59 97	CARDIAC REHABILITATION						
59 98	HYPERBARIC OXYGEN THERAPY						
59 99	LITHOTRIPSY						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,566
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	736.04
85	OBSERVATION BED COST	1,152,639

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	34,135,382		1,152,639	
87	NEW CAPITAL-RELATED COST	3,761,638	.110198	1,152,639	127,019
88	NON PHYSICIAN ANESTHETIST	34,135,382		1,152,639	
89	MEDICAL EDUCATION	34,135,382		1,152,639	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0035
 COMPONENT NO: 15-0035
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET D-4

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		30,196,226	
26	INTENSIVE CARE UNIT		7,716,890	
26	01 NEONATAL INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.125909	39,625,345	4,989,188
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.533706	10,591	5,652
40	ANESTHESIOLOGY	.025323	1,410,975	35,730
41	RADIOLOGY-DIAGNOSTIC	.103497	21,997,604	2,276,686
41	01 ULTRASOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE LABORATORY	.132606	28,411,859	3,767,583
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.366046	6,034,405	2,208,870
50	PHYSICAL THERAPY	.354008	3,345,746	1,184,421
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.179914	11,486,132	2,066,516
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.166582	5,469,418	911,107
55	30 IMPL. DEV. CHARGED TO PATIENT	.305520	29,101,139	8,890,980
56	DRUGS CHARGED TO PATIENTS	.260629	20,628,050	5,376,268
57	RENAL DIALYSIS	.397696	992,353	394,655
59	OTHER ANCILLARY			
59	02 WOUND CARE	.482478	53,467	25,797
59	97 CARDIAC REHABILITATION			
59	98 HYPERBARIC OXYGEN THERAPY			
59	99 LI THOTRI PSY			
60	OUTPAT SERVICE COST CNTRS CLINIC			
61	EMERGENCY	.187511	10,288,151	1,929,141
62	OBSERVATION BEDS (NON-DISTINCT PART)	.524679	116,001	60,863
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		178,971,236	34,123,457
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		178,971,236	

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 NEONATAL INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS		2,137,085	
37	OPERATING ROOM	.125909	20,523	2,584
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.533706		
40	ANESTHESIOLOGY	.025323	490	12
41	RADIOLOGY-DIAGNOSTIC	.103497	135,055	13,978
41	01 ULTRASOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE LABORATORY	.132606	392,915	52,103
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.366046	115,157	42,153
50	PHYSICAL THERAPY	.354008	1,857,026	657,402
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.179914	8,348	1,502
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.166582	56,457	9,405
55	30 IMPL. DEV. CHARGED TO PATIENT	.305520	2,799	855
56	DRUGS CHARGED TO PATIENTS	.260629	469,327	122,320
57	RENAL DIALYSIS	.397696	20,246	8,052
59	OTHER ANCILLARY			
59	02 WOUND CARE	.482478		
59	97 CARDIAC REHABILITATION			
59	98 HYPERBARIC OXYGEN THERAPY			
59	99 LITHOTRIPSY			
60	OUTPAT SERVICE COST CNTRS CLINIC			
61	EMERGENCY	.187511	5,373	1,007
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.524679		
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		3,083,716	911,373
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,083,716	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 NEONATAL INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS		140,422	
37	OPERATING ROOM	.125909		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.533706		
40	ANESTHESIOLOGY	.025323	32	1
41	RADIOLOGY-DIAGNOSTIC	.103497	8,874	918
41	01 ULTRASOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE LABORATORY	.132606	25,817	3,423
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.366046	7,567	2,770
50	PHYSICAL THERAPY	.354008	122,020	43,196
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.179914	549	99
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.166582	3,894	649
55	30 IMPL. DEV. CHARGED TO PATIENT	.305520		
56	DRUGS CHARGED TO PATIENTS	.260629	30,838	8,037
57	RENAL DIALYSIS	.397696		
59	OTHER ANCILLARY			
59	02 WOUND CARE	.482478		
59	97 CARDIAC REHABILITATION			
59	98 HYPERBARIC OXYGEN THERAPY			
59	99 LI THOTRI PSY			
60	OUTPAT SERVICE COST CNTRS CLINIC			
61	EMERGENCY	.187511	353	66
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.524679		
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		199,944	59,159
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		199,944	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	32,882,370	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	10,960,790	
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)	3,773,376	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	260.71	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		3.03
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		14.76
4.02 SUM OF LINES 4 AND 4.01		17.79
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		4.31
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		1,889,640
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	49,506,176	
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)	49,506,176	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	4,196,938	
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	53,703,114	
17 PRIMARY PAYER PAYMENTS	91,170	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	53,611,944	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,510,632	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	283,525	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	455,954	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	319,168	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	445,090	
22 SUBTOTAL	49,136,955	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	49,136,955	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	48,839,580	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	297,375	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	1,096,654	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,423,878		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER		.49		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		2,423,878		
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			NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			65,098	
7 TOTAL MEDICARE PROGRAM LIABILITY		2,488,976		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		2,230,430
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		71,075
1.05	OUTLIER PAYMENTS		237,796
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		2,539,301
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
INPATIENT PSYCHIATRIC FACILITY (IPF)			
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
INPATIENT REHABILITATION FACILITY (IRF)			
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		7.553425
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		2,539,301
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		2,539,301
7	DEDUCTIBLES		7,700
8	SUBTOTAL		2,531,601
9	COINSURANCE		42,625
10	SUBTOTAL		2,488,976
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		2,488,976
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		

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

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,488,976
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,423,878
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	65,098
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	5,000

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

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	-1,640,902			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	49,193,858			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-13,873,495			
7	INVENTORY	5,647,579			
8	PREPAID EXPENSES	1,317,949			
9	OTHER CURRENT ASSETS	149,669			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	40,794,658			
FIXED ASSETS					
12	LAND	16,617,065			
12.01	LAND IMPROVEMENTS	2,143,160			
13	LESS ACCUMULATED DEPRECIATION	-1,008,710			
13.01	BUILDINGS	34,667,792			
14	LESS ACCUMULATED DEPRECIATION	-13,343,381			
14.01	LEASEHOLD IMPROVEMENTS	4,944,206			
15	LESS ACCUMULATED DEPRECIATION	-2,585,331			
15.01	FIXED EQUIPMENT	1,195,417			
16	LESS ACCUMULATED DEPRECIATION	-343,761			
16.01	AUTOMOBILES AND TRUCKS	257,568			
17	LESS ACCUMULATED DEPRECIATION	-218,667			
17.01	MAJOR MOVABLE EQUIPMENT	22,802,175			
18	LESS ACCUMULATED DEPRECIATION	-13,238,759			
18.01	MINOR EQUIPMENT DEPRECIABLE	10,144,487			
19	LESS ACCUMULATED DEPRECIATION	-6,526,735			
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	55,506,526			
OTHER ASSETS					
21	INVESTMENTS				
22	DEPOSITS ON LEASES				
23	DUE FROM OWNERS/OFFICERS				
24	OTHER ASSETS	9,624,354			
25	TOTAL OTHER ASSETS	9,624,354			
26	TOTAL ASSETS	105,925,538			
27					

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	5,550,837			
29 SALARIES, WAGES & FEES PAYABLE	9,227,678			
30 PAYROLL TAXES PAYABLE	234,792			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	-18,267,272			
35 OTHER CURRENT LIABILITIES	4,376,897			
36 TOTAL CURRENT LIABILITIES	1,122,932			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	12,470,189			
42 TOTAL LONG-TERM LIABILITIES	12,470,189			
43 TOTAL LIABILITIES	13,593,121			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	92,332,417			
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	92,332,417			
52 TOTAL LIABILITIES AND FUND BALANCES	105,925,538			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		53,154,643		
2	NET INCOME (LOSS)		39,203,471		
3	TOTAL		92,358,114		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		92,358,114		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		92,358,114		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	50,443,934		50,443,934
2 00 SUBPROVIDER	3,149,097		3,149,097
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	53,593,031		53,593,031
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	13,626,979		13,626,979
10 01 NEONATAL INTENSIVE CARE UNIT	5,428,378		5,428,378
11 00 CORONARY CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	19,055,357		19,055,357
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	72,648,388		72,648,388
17 00 ANCILLARY SERVICES	335,478,002		335,478,002
18 00 OUTPATIENT SERVICES		439,822,583	439,822,583
20 00 AMBULANCE SERVICES			
24 00			
25 00 TOTAL PATIENT REVENUES	408,126,390	439,822,583	847,948,973

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		224,912,921	
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		224,912,921	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0035
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	847,948,973
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	586,414,219
3	NET PATIENT REVENUES	261,534,754
4	LESS: TOTAL OPERATING EXPENSES	224,912,921
5	NET INCOME FROM SERVICE TO PATIENTS	36,621,833
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER	2,581,638
25	TOTAL OTHER INCOME	2,581,638
26	TOTAL	39,203,471
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	39,203,471

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0035	FROM 1/ 1/2010	5/31/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET
15-0035		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,596,987
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	467,942
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	145.60
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	3.03
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	14.76
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	17.79
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.67
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	132,009
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4,196,938
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	