

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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0010	I	FROM 7/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 6/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/24/2010 TIME 15:28

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: ST. JOSEPH HOSPITAL & HEALTH CENTR 15-0010 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 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)
 VP - FINANCE

 TITLE
 11/24/2010

 DATE

ECR ENCRYPTION INFORMATION
DATE: 11/24/2010 TIME 15:28

evuoGILCGZrf1wNGsxpg4d958T4sA0
JsOKK0ZynhGmmMmXgp9XfCizuwWPjr
Vavv1JE8jp0k8QyJ

PI ENCRYPTION INFORMATION
DATE: 11/24/2010 TIME 15:28

gjuNjM:rQbQ2bb1tObuTYsumm7Q7z0
9.qYQOWOROGpgkvzPK9mJFhpXujLt8
C8ed57FOCr0EXQwy

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	5
1 HOSPITAL	0	459,298	165,978	56,896	
2 SUBPROVIDER	0	57,759	0	0	
00 TOTAL	0	517,057	165,978	56,896	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 1907 WEST SYCAMORE P.O. BOX:
 1.01 CITY: KOKOMO STATE: IN ZIP CODE: 46901- COUNTY: HOWARD

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	ST. JOSEPH HOSPITAL & HEALTH CENTR	15-0010		7/ 1/1966	N	P	O
03.00 SUBPROVIDER	ST. JOSEPH ACUTE REHAB UNIT	15-T010		7/ 1/2002	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2009 TO: 6/30/2010
 18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 5

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 29020

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

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

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

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

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

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

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

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01.
 26.01 SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0 0.0000 0.0000
 0.00 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)
 28.03 STAFFING % Y/N
 28.04 RECRUITMENT 0.00%
 28.05 RETENTION 0.00%
 28.06 TRAINING 0.00%
 28.07 0.00%
 28.08 0.00%
 28.09 0.00%
 28.10 0.00%
 28.11 0.00%
 28.12 0.00%
 28.13 0.00%
 28.14 0.00%
 28.15 0.00%
 28.16 0.00%
 28.17 0.00%
 28.18 0.00%
 28.19 0.00%
 28.20 0.00%

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N
 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N
 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70
 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N
 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE N Y N

WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

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

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE NUMBER. (SEE INSTRUCTIONS). Y 15H046

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

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.

45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

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

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 458,696
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE	Y OR N	LIMIT	Y OR N	FEE
	0	1	2	3	4
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.		N	0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y Y

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). N

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTICAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 10/13/2010

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS / TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	1	139	2	2.01	3	4	5
2 HMO		50,735				10,177	1,179
2 01 HMO - (IRF PPS SUBPROVIDER)							3,285
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	139	50,735				10,177	1,179
6 INTENSIVE CARE UNIT	10	3,650				1,547	56
11 NURSERY							399
12 TOTAL	149	54,385				11,724	1,634
13 RPCH VISITS							
14 SUBPROVIDER	18	6,570				3,522	103
25 TOTAL	167						
26 OBSERVATION BED DAYS							18
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS						1,956	
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS / TOTAL OBSERVATION BEDS ADMITTED	TRIPS / TOTAL OBSERVATION BEDS NOT ADMITTED	INTERNS & RES. FTES / TOTAL	INTERNS & RES. FTES / LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			19,631				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			19,631				
6 INTENSIVE CARE UNIT			2,237				
11 NURSERY			2,089				
12 TOTAL			23,957				
13 RPCH VISITS							
14 SUBPROVIDER			4,241				
25 TOTAL							
26 OBSERVATION BED DAYS		1	17	1,633	85	1,548	
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					2,244	718	5,740
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		751.27			2,244	718	5,740
13 RPCH VISITS							
14 SUBPROVIDER		23.25			266	10	321
25 TOTAL		774.52					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
2 TOTAL SALARY	38,348,877		38,348,877	1,580,211.00	24.27	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
4.01 PHYSICIAN - PART A						
5 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
6 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	2,046,045	92,958	2,139,003	106,974.00	20.00	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR:	881,592		881,592	14,682.00	60.05	
9.02 PHARMACY SERVICES UNDER CONTRACT						
9.03 LABORATORY SERVICES UNDER CONTRACT						
9.04 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	3,302,335		3,302,335	56,387.00	58.57	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	11,013,451		11,013,451			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	620,723		620,723			CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
18 NON-PHYS ANESTHETIST PART B						CMS 339
18.01 PHYSICIAN PART A						CMS 339
19 PART A TEACHING PHYSICIANS						CMS 339
19.01 PHYSICIAN PART B						CMS 339
20 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
21 INTERNS & RESIDENTS (APPRVD)						CMS 339
22 OVERHEAD COSTS - DIRECT SALARIES						
23 EMPLOYEE BENEFITS	1,336,304		1,336,304	57,128.00	23.39	
24 ADMINISTRATIVE & GENERAL	6,349,920		6,349,920	236,780.00	26.82	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	883,559		883,559	46,626.00	18.95	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	1,029,974		1,029,974	84,943.00	12.13	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,067,206	-760,350	306,856	23,442.00	13.09	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		760,350	760,350	58,087.00	13.09	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	346,066		346,066	10,688.00	32.38	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	919,400		919,400	27,337.00	33.63	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	670,874		670,874	41,456.00	16.18	
34 SOCIAL SERVICE	341,262		341,262	13,358.00	25.55	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	38,348,877		38,348,877	1,580,211.00	24.27	
2 EXCLUDED AREA SALARIES	2,046,045	92,958	2,139,003	106,974.00	20.00	
3 SUBTOTAL SALARIES	36,302,832	-92,958	36,209,874	1,473,237.00	24.58	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	4,183,927		4,183,927	71,069.00	58.87	
5 SUBTOTAL WAGE-RELATED COSTS	11,013,451		11,013,451		30.42	
6 TOTAL	51,500,210	-92,958	51,407,252	1,544,306.00	33.29	
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	12,944,565		12,944,565	599,845.00	21.58	

HOSPITAL UNCOMPENSATED CARE DATA

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 5,662,709
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 5,662,709
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) .294728
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 34,357,056

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	10,125,986
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	19,914,190
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5,869,269
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	10,125,986

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0010 I FROM 7/ 1/2009 I WORKSHEET A
 I I TO 6/30/2010 I

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		4,766,165	4,766,165	3,352,011	8,118,176
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS	1,336,304	10,337,734	11,674,038	638,188	12,312,226
6.01	0610 NONPATIENT TELEPHONES		303,767	303,767	-214,544	89,223
6.02	0620 DATA PROCESSING	2,326	7,895	10,221	-1,919	8,302
6.03	0630 PURCHASING, RECEIVING AND STORES	231,674	138,712	370,386	-16,832	353,554
6.04	0640 ADMITTING	871,475	269,189	1,140,664	-3,497	1,137,167
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	557,453	1,183,872	1,741,325	-10,882	1,730,443
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	4,686,992	8,750,159	13,437,151	-871,966	12,565,185
8	0800 OPERATION OF PLANT	883,559	2,355,493	3,239,052	275,978	3,515,030
9	0900 LAUNDRY & LINEN SERVICE				423,000	423,000
10	1000 HOUSEKEEPING	1,029,974	485,762	1,515,736	-401,403	1,114,333
11	1100 DIETARY	1,067,206	1,110,149	2,177,355	-1,550,634	626,721
12	1200 CAFETERIA				1,551,296	1,551,296
14	1400 NURSING ADMINISTRATION	346,066	1,965	348,031		348,031
16	1600 PHARMACY	919,400	3,534,580	4,453,980	-196,698	4,257,282
17	1700 MEDICAL RECORDS & LIBRARY	670,874	92,369	763,243	-5,992	757,251
18	1800 SOCIAL SERVICE	341,262	5,250	346,512	-1,780	344,732
24	2400 PARAMED ED PRGM	64,359	17,208	81,567	92,958	174,525
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	6,197,237	958,636	7,155,873	-307,460	6,848,413
26	2600 INTENSIVE CARE UNIT	1,169,596	324,843	1,494,439	-126,204	1,368,235
31	3100 SUBPROVIDER	1,001,413	574,592	1,576,005	-42,760	1,533,245
33	3300 NURSERY				398,213	398,213
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,943,204	1,574,733	4,517,937	-400,030	4,117,907
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM	1,534,647	343,665	1,878,312	-513,203	1,365,109
40	4000 ANESTHESIOLOGY		155,741	155,741	-107,631	48,110
41	4100 RADIOLOGY-DIAGNOSTIC	2,792,647	3,952,966	6,745,613	-2,249,127	4,496,486
44	4400 LABORATORY	1,984,620	2,845,379	4,829,999	-121,807	4,708,192
49	4900 RESPIRATORY THERAPY	1,319,912	334,917	1,654,829	-62,409	1,592,420
50	5000 PHYSICAL THERAPY	2,302,819	1,011,609	3,314,428	-435,261	2,879,167
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	722,135	318,121	1,040,256	-88,435	951,821
54	5400 ELECTROENCEPHALOGRAPHY		19	19	-19	
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	349,356	6,724,828	7,074,184	-2,143,439	4,930,745
55.03	5501 MED SUPPLIES CHRGD - IMPLANTABLES				3,750,130	3,750,130
56	5600 DRUGS CHARGED TO PATIENTS				563,619	563,619
57	5700 RENAL DIALYSIS		200,471	200,471	-5,964	194,507
58	5800 ASC (NON-DISTINCT PART)					
59	3020 PSYCH SERVICES		192,226	192,226	-40,425	151,801
59.01	3021 CARDIAC CATHETER LAB	125,132	375,756	500,888	-179,666	321,222
59.02	3330 ENDOSCOPY	274,905	150,171	425,076	-34,927	390,149
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	134,070	588,749	722,819	-176,954	545,865
61	6100 EMERGENCY	1,507,987	514,523	2,022,510	-138,532	1,883,978
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
62.01	6201 OBSERVATION BEDS (DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	752,066	124,618	876,684	-26,975	849,709
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		526,035	526,035	-526,035	
95	SUBTOTALS	38,120,670	55,152,867	93,273,537	41,983	93,315,520
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES		234	234	-234	
99	9900 NONPAID WORKERS					
100	7950 FOUNDATION					
100.01	7951 CLINIC OF HOPE	228,575	81,344	309,919	-43,224	266,695
100.04	7954 COMMUNITY RELATIONS	-368		-368	1,475	1,107
101	TOTAL	38,348,877	55,234,445	93,583,322	-0-	93,583,322

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
0100	OLD CAP REL COSTS-BLDG & FIXT	-85,425	8,032,751
0200	OLD CAP REL COSTS-MVBLE EQUIP		
0300	NEW CAP REL COSTS-BLDG & FIXT		
0400	NEW CAP REL COSTS-MVBLE EQUIP		
0500	EMPLOYEE BENEFITS	620,628	12,932,854
6.01 0610	NONPATIENT TELEPHONES	34,435	123,658
6.02 0620	DATA PROCESSING	3,752,804	3,761,106
6.03 0630	PURCHASING, RECEIVING AND STORES	104,028	457,582
6.04 0640	ADMITTING	149,304	1,286,471
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE	876,663	2,607,106
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	-6,820,512	5,744,673
0800	OPERATION OF PLANT	19,463	3,534,493
0900	LAUNDRY & LINEN SERVICE	-88,617	334,383
1000	HOUSEKEEPING		1,114,333
1100	DIETARY	-6,929	619,792
1200	CAFETERIA	-627,303	923,993
1400	NURSING ADMINISTRATION		348,031
1600	PHARMACY	-36,755	4,220,527
1700	MEDICAL RECORDS & LIBRARY	199,351	956,602
1800	SOCIAL SERVICE		344,732
2400	PARAMED ED PRGM	-76	174,449
	INPAT ROUTINE SRVC CNTRS		
2500	ADULTS & PEDIATRICS	-282,504	6,565,909
2600	INTENSIVE CARE UNIT	-37,280	1,330,955
3100	SUBPROVIDER		1,533,245
3300	NURSERY		398,213
	ANCILLARY SRVC COST CNTRS		
3700	OPERATING ROOM		4,117,907
3800	RECOVERY ROOM		
3900	DELIVERY ROOM & LABOR ROOM		1,365,109
4000	ANESTHESIOLOGY		48,110
4100	RADIOLOGY-DIAGNOSTIC	-295,659	4,200,827
4400	LABORATORY	-107,015	4,601,177
4900	RESPIRATORY THERAPY	-36,950	1,555,470
5000	PHYSICAL THERAPY	-61,920	2,817,247
5100	OCCUPATIONAL THERAPY		
5200	SPEECH PATHOLOGY		
5300	ELECTROCARDIOLOGY		951,821
5400	ELECTROENCEPHALOGRAPHY		
5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-98,620	4,832,125
55.03 5501	MED SUPPLIES CHRGD - IMPLANTABLES		3,750,130
5600	DRUGS CHARGED TO PATIENTS		563,619
5700	RENAL DIALYSIS		194,507
5800	ASC (NON-DISTINCT PART)		
3020	PSYCH SERVICES		151,801
59.01 3021	CARDIAC CATHETER LAB		321,222
59.02 3330	ENDOSCOPY		390,149
	OUTPAT SERVICE COST CNTRS		
6000	CLINIC		545,865
6100	EMERGENCY		1,883,978
6200	OBSERVATION BEDS (NON-DISTINCT PART)		
62.01 6201	OBSERVATION BEDS (DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
6500	AMBULANCE SERVICES		849,709
	SPEC PURPOSE COST CENTERS		
8800	INTEREST EXPENSE		-0-
95	SUBTOTALS	-2,828,889	90,486,631
	NONREIMBURS COST CENTERS		
9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
9700	RESEARCH		
9800	PHYSICIANS' PRIVATE OFFICES		
9900	NONPAID WORKERS		
7950	FOUNDATION		
100.01 7951	CLINIC OF HOPE		266,695
100.04 7954	COMMUNITY RELATIONS	1,385,670	1,386,777
101	TOTAL	-1,443,219	92,140,103

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0010 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 6/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
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	
55.03	MED SUPPLIES CHRGD - IMPLANTABLES	5501	MEDICAL SUPPLIES CHARGED TO PATIENTS
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	PSYCH SERVICES	3020	ACUPUNCTURE
59.01	CARDIAC CATHETER LAB	3021	ACUPUNCTURE
59.02	ENDOSCOPY	3330	ENDOSCOPY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
62.01	OBSERVATION BEDS (DISTINCT PART)	6201	OBSERVATION BEDS (NON-DISTINCT PART)
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	FOUNDATION	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	CLINIC OF HOPE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.04	COMMUNITY RELATIONS	7954	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	INCREASE		
		LINE NO	SALARY	OTHER
1 BENEFITS	A	5		638,188
2				
3				
4				
5				
6				
7				
8 UTILITIES	B	8		281,356
9		65		61
10				
11				
12				
13				
14				
15 DRUGS CHARGED	C	56		563,619
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
1 BUILDING RENT	D	1		399,948
2				
3				
4				
5				
6 EQUIPMENT LEASE	E	1		2,213,961
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32 TAXES	F	1		110,563
33				
34				
35				

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	INCREASE			
		LINE NO	SALARY	OTHER	
	1	2	3	4	5
1 TAXES	F				
2					
3 LAUNDRY	G LAUNDRY & LINEN SERVICE		9		423,000
4					
5 INSURANCE	H OLD CAP REL COSTS-BLDG & FIXT		1		101,504
6 NURSERY	I NURSERY		33	304,177	94,036
7 INTEREST	J OLD CAP REL COSTS-BLDG & FIXT		1		466,365
8 INTEREST - SERIES 2005	L OLD CAP REL COSTS-BLDG & FIXT		1		59,670
9 MED SUPPLIES	M MEDICAL SUPPLIES CHARGED TO PATIENTS		55		1,495,072
10	DIETARY		11		2,598
11	PHARMACY		16		2,396
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34 MARKETING	N COMMUNITY RELATIONS		100.04		1,475
35					
1 CHARITABLE EXPENSE	O OTHER ADMINISTRATIVE AND GENERAL		6.06		40,548
2					
3					
4					
5					
6					
7					
8 CAFETERIA	P CAFETERIA		12	760,350	790,946
9 IMPLANTABLES	R MED SUPPLIES CHRGD - IMPLANTABLES		55.03		3,750,130
10					
11					
12					
13					
14					
15 PARAMEDICAL EDUCATION - RADIOLOGY	S PARAMED ED PRGM		24	92,958	
16					
36 TOTAL RECLASSIFICATIONS				1,157,485	11,435,436

(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

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO	7			
	1	6			8	9	10
1 BENEFITS	A	PURCHASING, RECEIVING AND STORES	6.03			101	
2		CASHIERING/ACCOUNTS RECEIVABLE	6.05			23	
3		OTHER ADMINISTRATIVE AND GENERAL	6.06			635,629	
4		ADULTS & PEDIATRICS	25			1,486	
5		RESPIRATORY THERAPY	49			779	
6		PHYSICAL THERAPY	50			114	
7		AMBULANCE SERVICES	65			56	
8 UTILITIES	B	NONPATIENT TELEPHONES	6.01			214,544	
9		CASHIERING/ACCOUNTS RECEIVABLE	6.05			7,102	
10		OTHER ADMINISTRATIVE AND GENERAL	6.06			24,893	
11		MEDICAL RECORDS & LIBRARY	17			3,060	
12		LABORATORY	44			290	
13		PHYSICAL THERAPY	50			20,960	
14		CLINIC OF HOPE	100.01			10,568	
15 DRUGS CHARGED	C	OTHER ADMINISTRATIVE AND GENERAL	6.06			25,912	
16		OPERATION OF PLANT	8			12	
17		ADULTS & PEDIATRICS	25			1,396	
18		INTENSIVE CARE UNIT	26			1,963	
19		SUBPROVIDER	31			663	
20		OPERATING ROOM	37			3,085	
21		DELIVERY ROOM & LABOR ROOM	39			280	
22		ANESTHESIOLOGY	40			87,474	
23		RADIOLOGY-DIAGNOSTIC	41			349,447	
24		LABORATORY	44			2,858	
25		RESPIRATORY THERAPY	49			2,197	
26		PHYSICAL THERAPY	50			455	
27		ELECTROCARDIOLOGY	53			60,380	
28		ELECTROENCEPHALOGRAPHY	54			19	
29		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			1,825	
30		RENAL DIALYSIS	57			575	
31		CLINIC	60			3,285	
32		EMERGENCY	61			1,448	
33		AMBULANCE SERVICES	65			4,362	
34		PHYSICIANS' PRIVATE OFFICES	98			234	
35		CLINIC OF HOPE	100.01			15,749	
1 BUILDING RENT	D	OTHER ADMINISTRATIVE AND GENERAL	6.06			1,000	9
2		DIETARY	11			300	
3		PHYSICAL THERAPY	50			344,473	
4		PSYCH SERVICES	59			40,425	
5		CLINIC OF HOPE	100.01			13,750	
6 EQUIPMENT LEASE	E	DATA PROCESSING	6.02			1,919	9
7		PURCHASING, RECEIVING AND STORES	6.03			16,031	
8		ADMITTING	6.04			3,287	
9		CASHIERING/ACCOUNTS RECEIVABLE	6.05			3,652	
10		OTHER ADMINISTRATIVE AND GENERAL	6.06			17,629	
11		OPERATION OF PLANT	8			2,288	
12		HOUSEKEEPING	10			274	
13		DIETARY	11			1,636	
14		PHARMACY	16			198,571	
15		MEDICAL RECORDS & LIBRARY	17			2,921	
16		SOCIAL SERVICE	18			1,780	
17		ADULTS & PEDIATRICS	25			10,942	
18		INTENSIVE CARE UNIT	26			5,423	
19		SUBPROVIDER	31			1,780	
20		OPERATING ROOM	37			6,397	
21		DELIVERY ROOM & LABOR ROOM	39			2,188	
22		RADIOLOGY-DIAGNOSTIC	41			1,731,939	
23		LABORATORY	44			22,972	
24		RESPIRATORY THERAPY	49			47,263	
25		PHYSICAL THERAPY	50			11,474	
26		ELECTROCARDIOLOGY	53			1,213	
27		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			35,573	
28		CLINIC	60			78,631	
29		EMERGENCY	61			6,124	
30		AMBULANCE SERVICES	65			274	
31		CLINIC OF HOPE	100.01			1,780	
32 TAXES	F	PURCHASING, RECEIVING AND STORES	6.03			159	9
33		OTHER ADMINISTRATIVE AND GENERAL	6.06			92,101	
34		PHARMACY	16			523	
35		RADIOLOGY-DIAGNOSTIC	41			15,826	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	DECREASE			A-7 REF 10	
		LINE NO	SALARY	OTHER		
	1	6	7	8	9	
1 TAXES	F	LABORATORY	44		1,200	
2		RESPIRATORY THERAPY	49		754	
3 LAUNDRY	G	HOUSEKEEPING	10		398,939	
4		PHYSICAL THERAPY	50		24,061	
5 INSURANCE	H	OTHER ADMINISTRATIVE AND GENERAL	6.06		101,504	9
6 NURSERY	I	DELIVERY ROOM & LABOR ROOM	39	304,177	94,036	
7 INTEREST	J	INTEREST EXPENSE	88		466,365	9
8 INTEREST - SERIES 2005	L	INTEREST EXPENSE	88		59,670	9
9 MED SUPPLIES	M	PURCHASING, RECEIVING AND STORES	6.03		541	
10		ADMITTING	6.04		210	
11		CASHIERING/ACCOUNTS RECEIVABLE	6.05		105	
12		OTHER ADMINISTRATIVE AND GENERAL	6.06		517	
13		OPERATION OF PLANT	8		3,078	
14		HOUSEKEEPING	10		2,190	
15		MEDICAL RECORDS & LIBRARY	17		11	
16		ADULTS & PEDIATRICS	25		293,636	
17		INTENSIVE CARE UNIT	26		118,818	
18		SUBPROVIDER	31		40,317	
19		OPERATING ROOM	37		316,649	
20		DELIVERY ROOM & LABOR ROOM	39		112,382	
21		ANESTHESIOLOGY	40		2,503	
22		RADIOLOGY-DIAGNOSTIC	41		61,738	
23		LABORATORY	44		92,091	
24		RESPIRATORY THERAPY	49		11,011	
25		PHYSICAL THERAPY	50		33,724	
26		ELECTROCARDIOLOGY	53		26,842	
27		RENAL DIALYSIS	57		5,389	
28		CARDIAC CATHETER LAB	59.01		161,484	
29		ENDOSCOPY	59.02		34,811	
30		CLINIC	60		27,446	
31		EMERGENCY	61		130,960	
32		AMBULANCE SERVICES	65		22,344	
33		CLINIC OF HOPE	100.01		1,269	
34 MARKETING	N	OTHER ADMINISTRATIVE AND GENERAL	6.06		1,070	
35		RESPIRATORY THERAPY	49		405	
1 CHARITABLE EXPENSE	O	OTHER ADMINISTRATIVE AND GENERAL	6.06		12,259	
2		OPERATING ROOM	37		15,126	
3		DELIVERY ROOM & LABOR ROOM	39		140	
4		RADIOLOGY-DIAGNOSTIC	41		42	
5		LABORATORY	44		2,396	
6		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		10,477	
7		CLINIC OF HOPE	100.01		108	
8 CAFETERIA	P	DIETARY	11	760,350	790,946	
9 IMPLANTABLES	R	OPERATING ROOM	37		58,773	
10		ANESTHESIOLOGY	40		17,654	
11		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		3,590,636	
12		CARDIAC CATHETER LAB	59.01		15,359	
13		ENDOSCOPY	59.02		116	
14		CLINIC	60		67,592	
15 PARAMEDICAL EDUCATION - RADIOLOGY	S	RADIOLOGY-DIAGNOSTIC	41	90,135		
16		CARDIAC CATHETER LAB	59.01		2,823	
36 TOTAL RECLASSIFICATIONS				1,157,485	11,435,436	

(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:	PERIOD:	PREPARED
150010	FROM 7/ 1/2009	11/24/2010
	TO 6/30/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : BENEFITS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	638,188	PURCHASING, RECEIVING AND STOR	6.03	101	
2.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.05	23	
3.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	635,629	
4.00			0	ADULTS & PEDIATRICS	25	1,486	
5.00			0	RESPIRATORY THERAPY	49	779	
6.00			0	PHYSICAL THERAPY	50	114	
7.00			0	AMBULANCE SERVICES	65	56	
TOTAL RECLASSIFICATIONS FOR CODE A			638,188				638,188

RECLASS CODE: B
EXPLANATION : UTILITIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	281,356	NONPATIENT TELEPHONES	6.01	214,544	
2.00	AMBULANCE SERVICES	65	61	CASHIERING/ACCOUNTS RECEIVABLE	6.05	7,102	
3.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	24,893	
4.00			0	MEDICAL RECORDS & LIBRARY	17	3,060	
5.00			0	LABORATORY	44	290	
6.00			0	PHYSICAL THERAPY	50	20,960	
7.00			0	CLINIC OF HOPE	100.01	10,568	
TOTAL RECLASSIFICATIONS FOR CODE B			281,417				281,417

RECLASS CODE: C
EXPLANATION : DRUGS CHARGED

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	563,619	OTHER ADMINISTRATIVE AND GENER	6.06	25,912	
2.00			0	OPERATION OF PLANT	8	12	
3.00			0	ADULTS & PEDIATRICS	25	1,396	
4.00			0	INTENSIVE CARE UNIT	26	1,963	
5.00			0	SUBPROVIDER	31	663	
6.00			0	OPERATING ROOM	37	3,085	
7.00			0	DELIVERY ROOM & LABOR ROOM	39	280	
8.00			0	ANESTHESIOLOGY	40	87,474	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	349,447	
10.00			0	LABORATORY	44	2,858	
11.00			0	RESPIRATORY THERAPY	49	2,197	
12.00			0	PHYSICAL THERAPY	50	455	
13.00			0	ELECTROCARDIOLOGY	53	60,380	
14.00			0	ELECTROENCEPHALOGRAPHY	54	19	
15.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	1,825	
16.00			0	RENAL DIALYSIS	57	575	
17.00			0	CLINIC	60	3,285	
18.00			0	EMERGENCY	61	1,448	
19.00			0	AMBULANCE SERVICES	65	4,362	
20.00			0	PHYSICIANS' PRIVATE OFFICES	98	234	
21.00			0	CLINIC OF HOPE	100.01	15,749	
TOTAL RECLASSIFICATIONS FOR CODE C			563,619				563,619

RECLASS CODE: D
EXPLANATION : BUILDING RENT

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	399,948	OTHER ADMINISTRATIVE AND GENER	6.06	1,000	
2.00			0	DIETARY	11	300	
3.00			0	PHYSICAL THERAPY	50	344,473	
4.00			0	PSYCH SERVICES	59	40,425	
5.00			0	CLINIC OF HOPE	100.01	13,750	
TOTAL RECLASSIFICATIONS FOR CODE D			399,948				399,948

RECLASS CODE: E
EXPLANATION : EQUIPMENT LEASE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	2,213,961	DATA PROCESSING	6.02	1,919	
2.00			0	PURCHASING, RECEIVING AND STOR	6.03	16,031	
3.00			0	ADMITTING	6.04	3,287	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150010	FROM 7/ 1/2009	11/24/2010
	TO 6/30/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: E
EXPLANATION : EQUIPMENT LEASE

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
4.00		0	CASHIERING/ACCOUNTS RECEIVABLE	6.05	3,652
5.00		0	OTHER ADMINISTRATIVE AND GENER	6.06	17,629
6.00		0	OPERATION OF PLANT	8	2,288
7.00		0	HOUSEKEEPING	10	274
8.00		0	DIETARY	11	1,636
9.00		0	PHARMACY	16	198,571
10.00		0	MEDICAL RECORDS & LIBRARY	17	2,921
11.00		0	SOCIAL SERVICE	18	1,780
12.00		0	ADULTS & PEDIATRICS	25	10,942
13.00		0	INTENSIVE CARE UNIT	26	5,423
14.00		0	SUBPROVIDER	31	1,780
15.00		0	OPERATING ROOM	37	6,397
16.00		0	DELIVERY ROOM & LABOR ROOM	39	2,188
17.00		0	RADIOLOGY-DIAGNOSTIC	41	1,731,939
18.00		0	LABORATORY	44	22,972
19.00		0	RESPIRATORY THERAPY	49	47,263
20.00		0	PHYSICAL THERAPY	50	11,474
21.00		0	ELECTROCARDIOLOGY	53	1,213
22.00		0	MEDICAL SUPPLIES CHARGED TO PA	55	35,573
23.00		0	CLINIC	60	78,631
24.00		0	EMERGENCY	61	6,124
25.00		0	AMBULANCE SERVICES	65	274
26.00		0	CLINIC OF HOPE	100.01	1,780
TOTAL RECLASSIFICATIONS FOR CODE E		2,213,961			

RECLASS CODE: F
EXPLANATION : TAXES

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	110,563	PURCHASING, RECEIVING AND STOR	6.03	159
2.00		0	OTHER ADMINISTRATIVE AND GENER	6.06	92,101
3.00		0	PHARMACY	16	523
4.00		0	RADIOLOGY-DIAGNOSTIC	41	15,826
5.00		0	LABORATORY	44	1,200
6.00		0	RESPIRATORY THERAPY	49	754
TOTAL RECLASSIFICATIONS FOR CODE F		110,563			

RECLASS CODE: G
EXPLANATION : LAUNDRY

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	423,000	HOUSEKEEPING	10	398,939
2.00		0	PHYSICAL THERAPY	50	24,061
TOTAL RECLASSIFICATIONS FOR CODE G		423,000			

RECLASS CODE: H
EXPLANATION : INSURANCE

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	101,504	OTHER ADMINISTRATIVE AND GENER	6.06	101,504
TOTAL RECLASSIFICATIONS FOR CODE H		101,504			

RECLASS CODE: I
EXPLANATION : NURSERY

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NURSERY	398,213	DELIVERY ROOM & LABOR ROOM	39	398,213
TOTAL RECLASSIFICATIONS FOR CODE I		398,213			

RECLASS CODE: J
EXPLANATION : INTEREST

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	466,365	INTEREST EXPENSE	88	466,365
TOTAL RECLASSIFICATIONS FOR CODE J		466,365			

RECLASS CODE: L
 EXPLANATION : INTEREST - SERIES 2005

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	59,670
TOTAL RECLASSIFICATIONS FOR CODE L			59,670

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88		59,670
			59,670

RECLASS CODE: M
 EXPLANATION : MED SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,495,072
2.00	DIETARY	11	2,598
3.00	PHARMACY	16	2,396
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
TOTAL RECLASSIFICATIONS FOR CODE M			1,500,066

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PURCHASING, RECEIVING AND STOR	6.03		541
ADMITTING	6.04		210
CASHIERING/ACCOUNTS RECEIVABLE	6.05		105
OTHER ADMINISTRATIVE AND GENER	6.06		517
OPERATION OF PLANT	8		3,078
HOUSEKEEPING	10		2,190
MEDICAL RECORDS & LIBRARY	17		11
ADULTS & PEDIATRICS	25		293,636
INTENSIVE CARE UNIT	26		118,818
SUBPROVIDER	31		40,317
OPERATING ROOM	37		316,649
DELIVERY ROOM & LABOR ROOM	39		112,382
ANESTHESIOLOGY	40		2,503
RADIOLOGY-DIAGNOSTIC	41		61,738
LABORATORY	44		92,091
RESPIRATORY THERAPY	49		11,011
PHYSICAL THERAPY	50		33,724
ELECTROCARDIOLOGY	53		26,842
RENAL DIALYSIS	57		5,389
CARDIAC CATHETER LAB	59.01		161,484
ENDOSCOPY	59.02		34,811
CLINIC	60		27,446
EMERGENCY	61		130,960
AMBULANCE SERVICES	65		22,344
CLINIC OF HOPE	100.01		1,269
			1,500,066

RECLASS CODE: N
 EXPLANATION : MARKETING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	COMMUNITY RELATIONS	100.04	1,475
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE N			1,475

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06		1,070
RESPIRATORY THERAPY	49		405
			1,475

RECLASS CODE: O
 EXPLANATION : CHARITABLE EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	40,548
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
TOTAL RECLASSIFICATIONS FOR CODE O			40,548

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06		12,259
OPERATING ROOM	37		15,126
DELIVERY ROOM & LABOR ROOM	39		140
RADIOLOGY-DIAGNOSTIC	41		42
LABORATORY	44		2,396
MEDICAL SUPPLIES CHARGED TO PA	55		10,477
CLINIC OF HOPE	100.01		108
			40,548

RECLASS CODE: P
 EXPLANATION : CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,551,296
TOTAL RECLASSIFICATIONS FOR CODE P			1,551,296

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11		1,551,296
			1,551,296

RECLASS CODE: R
 EXPLANATION : IMPLANTABLES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MED SUPPLIES CHRGD - IMPLANTAB	55.03	3,750,130

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATING ROOM	37		58,773

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 11/24/2010
150010	FROM 7/ 1/2009	WORKSHEET A-6
	TO 6/30/2010	NOT A CMS WORKSHEET

RECLASS CODE: R
 EXPLANATION : IMPLANTABLES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	ANESTHESIOLOGY	40	17,654	
3.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	3,590,636	
4.00			0	CARDIAC CATHETER LAB	59.01	15,359	
5.00			0	ENDOSCOPY	59.02	116	
6.00			0	CLINIC	60	67,592	
TOTAL RECLASSIFICATIONS FOR CODE R			3,750,130				3,750,130

RECLASS CODE: S
 EXPLANATION : PARAMEDICAL EDUCATION - RADIOLOGY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED ED PRGM	24	92,958	RADIOLOGY-DIAGNOSTIC	41	90,135	
2.00			0	CARDIAC CATHETER LAB	59.01	2,823	
TOTAL RECLASSIFICATIONS FOR CODE S			92,958				92,958

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	525,279					525,279	
2	LAND IMPROVEMENTS	826,606					826,606	
3	BUILDINGS & FIXTURE	22,123,526					22,123,526	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	12,612,905					12,612,905	
6	MOVABLE EQUIPMENT	4,678,793					4,678,793	
7	SUBTOTAL	40,767,109					40,767,109	
8	RECONCILING ITEMS							
9	TOTAL	40,767,109					40,767,109	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	897,392					897,392	
2	LAND IMPROVEMENTS	1,524,177					1,524,177	
3	BUILDINGS & FIXTURE	33,976,562					33,976,562	
4	BUILDING IMPROVEMEN	7,218,419	36,148		36,148		7,254,567	
5	FIXED EQUIPMENT	10,374,450	44,477		44,477		10,418,927	
6	MOVABLE EQUIPMENT	44,368,084	688,497		688,497		45,056,581	
7	SUBTOTAL	98,359,084	769,122		769,122		99,128,206	
8	RECONCILING ITEMS							
9	TOTAL	98,359,084	769,122		769,122		99,128,206	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
1	OLD CAP REL COSTS-BL	139,895,315		139,895,315	1.000000			
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	139,895,315		139,895,315	1.000000			

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL	4,680,741	2,613,909	526,034	101,504	110,563		8,032,751
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	4,680,741	2,613,909	526,034	101,504	110,563		8,032,751

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL	1,414,155	2,613,909	526,034	101,504	110,563		4,766,165
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	1,414,155	2,613,909	526,034	101,504	110,563		4,766,165

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

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	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 PROVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES	B	-24,800	NONPATIENT TELEPHONES	6.01		
10 TELEVISION AND RADIO SERVICE	A	-2,873	OPERATION OF PLANT	8		
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-647,615				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	1,442,037				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-627,303	CAFETERIA	12		
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS						
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49		
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50		
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**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			NEW CAP REL COSTS-BLDG &	3		
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20		
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51		
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52		
37 SOUTHWAY REHAB OTH OP REV	B	-9,585	PHYSICAL THERAPY	50		
38 FOREST PARK REHAB OTH OP REV	B	-41,335	PHYSICAL THERAPY	50		
39 COLLECTION AGENCY FEES	A	61,928	CASHIERING/ACCOUNTS RECEI	6.05		
40 INTEREST INCOME	A	-526,035	OLD CAP REL COSTS-BLDG &	1		9
41 OTHER OPERATING REVENUE	B	-21,112	RADIOLOGY-DIAGNOSTIC	41		
42 RENTAL INCOME	B	-645,208	OLD CAP REL COSTS-BLDG &	1		9
43 INCENTIVE OVER-ACCRUAL	A	-36,070	OTHER ADMINISTRATIVE AND	6.06		
44						
45 A&P OTHER INCOME	B	-5,323	ADULTS & PEDIATRICS	25		
46 PATIENT TELEVISION	A	-6,785	OTHER ADMINISTRATIVE AND	6.06		
47 HIM ADMINISTRATION OTHER OP REV	B	-11,014	MEDICAL RECORDS & LIBRARY	17		
48 PHYSICIAN RECRUITMENT	A	-384	OTHER ADMINISTRATIVE AND	6.06		
49						
49.01 1990 NON-ALLOWABLE DEPRECIATION	A	-4,078	OLD CAP REL COSTS-BLDG &	1		9
49.02 1994 AHA LIVES	A	12,652	OLD CAP REL COSTS-BLDG &	1		9
49.05 PLANT OPS REVENUE	B	-701	OPERATION OF PLANT	8		
49.07						
49.08 EQUIPMENT RENTAL REVENUE	B	-107,285	OLD CAP REL COSTS-BLDG &	1		9
49.12 LOBBY EXPENSE	A	-2,726	OTHER ADMINISTRATIVE AND	6.06		
49.13 RADIOLOGY OTHER REVENUE	B	-96,358	RADIOLOGY-DIAGNOSTIC	41		
49.15 SCHOOL OF RAD TECH	B	-76	PARAMED ED PRGM	24		
49.18 PHARMACY NON-PATIENT SALES	B	-36,755	PHARMACY	16		
49.19 MEDICAL LIBRARY	B	-624	OTHER ADMINISTRATIVE AND	6.06		
49.20 SYCAMORE PRIMARY CARE	A	-57,416	OTHER ADMINISTRATIVE AND	6.06		
49.23 CAFETERIA/VENDING REVENUE	B	-6,929	DIETARY	11		
49.24 ORGANIZATIONAL LEARNING	B	-1,342	OTHER ADMINISTRATIVE AND	6.06		
49.25 OTHER OPERATING REVENUE	B	-9,510	DATA PROCESSING	6.02		
49.26 OTHER OPERATING REVENUE	B	-30,594	OTHER ADMINISTRATIVE AND	6.06		
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,443,219				

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	1	OLD CAP REL COSTS-BLDG & NCI LINEN	103,471		103,471	9
2	9	LAUNDRY & LINEN SERVICE NCI LINEN	310,322	398,939	-88,617	
3	1	OLD CAP REL COSTS-BLDG & TRIMEDX CAPITAL	19,607	21,203	-1,596	9
4	6	6 OTHER ADMINISTRATIVE AND TRIMEDX OTHER	1,179,243	1,275,203	-95,960	
4.01	1	OLD CAP REL COSTS-BLDG & SVH CAPITAL	1,173,003		1,173,003	9
4.03	6	6 OTHER ADMINISTRATIVE AND SVH A&G - SALARIES	525,487	8,065,458	-7,539,971	
4.04	1	OLD CAP REL COSTS-BLDG & ASCENSION HEALTH-NEW BLDG	28,860		28,860	9
4.07	6	6 OTHER ADMINISTRATIVE AND ASCENSION HEALTH-SALARIES	332,137		332,137	
4.08	5	EMPLOYEE BENEFITS ASCENSION HEALTH-BENEFITS	88,187		88,187	
4.09	6	6 OTHER ADMINISTRATIVE AND ASCENSION HEALTH-OTHER	311,278		311,278	
4.10	1	OLD CAP REL COSTS-BLDG & ASCENSION HEALTH-INTEREST	277,127	396,336	-119,209	9
4.11	6	6 OTHER ADMINISTRATIVE AND ASCENSION HEALTH-INTEREST	66,630	95,292	-28,662	9
4.12	5	EMPLOYEE BENEFITS ASCENSION HEALTH-SERVICE	1,537,730	1,948,686	-410,956	
4.14	100	4 COMMUNITY RELATIONS SVH MARKETING - SALARIES	256,972		256,972	
4.15	100	4 COMMUNITY RELATIONS SVH MARKETING - OTHER	1,128,698		1,128,698	
4.16	6	6 OTHER ADMINISTRATIVE AND SVH A&G - OTHER	336,607		336,607	
4.17	5	EMPLOYEE BENEFITS SVH - EMP BENEFITS - SALA	244,457		244,457	
4.18	5	EMPLOYEE BENEFITS SVH - EMP BENEFITS - OTHE	743,103		743,103	
4.19	6	1 NONPATIENT TELEPHONES SVH - PHONES - SALARIES	74,729		74,729	
4.20	6	1 NONPATIENT TELEPHONES SVH - PHONES - OTHER	-15,494		-15,494	
4.21	6	2 DATA PROCESSING SVH IT - SALAREIS	853,825		853,825	
4.22	6	2 DATA PROCESSING SVH IT - OTHER	2,908,489		2,908,489	
4.23	6	3 PURCHASING, RECEIVING AND SVH - PURCHASING - SALARI	58,504		58,504	
4.24	6	3 PURCHASING, RECEIVING AND SVH - PURCHASING - OTHER	66,588		66,588	
4.25	6	4 ADMITTING SVH - ADMITTING - SALARIE	28,716		28,716	
4.26	6	4 ADMITTING SVH - ADMITTING - OTHER	120,588		120,588	
4.27	6	5 CASHIERING/ACCOUNTS RECEI SVH - CASHIER - SALARIES	215,595		215,595	
4.28	6	5 CASHIERING/ACCOUNTS RECEI SVH - CASHIER - OTHER	599,140		599,140	
4.29	8	OPERATION OF PLANT SVH - PLANT OPS - SALARIE	24,131		24,131	
4.30	8	OPERATION OF PLANT SVH - PLANT OPS - OTHER	-1,094		-1,094	
4.31	6	3 PURCHASING, RECEIVING AND SVH - SUPPLY CHAIN - SALA	-14,953		-14,953	
4.32	6	3 PURCHASING, RECEIVING AND SVH - SUPPLY CHAIN - OTHE	-6,111		-6,111	
4.33	17	MEDICAL RECORDS & LIBRARY SVH - MEDICAL RECS - SALA	214,077		214,077	
4.34	17	MEDICAL RECORDS & LIBRARY SVH - MEDICAL RECS - OTHE	-3,712		-3,712	
4.35	55	MEDICAL SUPPLIES CHARGED ASCENSION HEALTH - SUPPLI	-98,620		-98,620	
4.45	5	EMPLOYEE BENEFITS STV SELF INSURANCE	4,797,736	4,841,899	-44,163	
5		TOTALS	18,485,053	17,043,016	1,442,037	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	A	NCI LINEN		25.00	LAUNDRY FACILITY
2				0.00	
3	G	ASCENSION HEALTH	ASCENSION HEALTH	0.00	HOME OFFICE
4	C	ST. VINCENT HEALTH	ST. VINCENT HEALTH	0.00	HOSPITAL MGMT.
5				0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0010 I FROM 7/ 1/2009 I WORKSHEET A-8-2
 I I TO 6/30/2010 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 26	ICU WAGONER MEDICAL	37,280	37,280					
2 41	WOMENS - LONGMEYER-COOK	20,144	20,144					
3 25	PSYCH-STRUS WALKER	151,726	151,726					
4 25	PSYCH	125,455	125,455					
5 50	DR. MITHCELL	11,000	11,000					
6 44	KOKOMO PATHOLOGIST	107,015	107,015					
7 49	WAGONER MEDICAL GROUP	36,950	36,950					
8 41	DR. MILLER	45,575	45,575					
9 41	IN PHYSICS	112,470	112,470					
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	647,615	647,615					

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0010 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 6/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	NO	STATISTICS	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	NO	STATISTICS	NOT ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	NO	STATISTICS	NOT ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	6	# OF	PHONES	ENTERED
6.02	DATA PROCESSING	7	# OF	TERMINALS	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	8	COSTED	REQUISITIO	ENTERED
6.04	ADMITTING	9	GROSS	REVENUE	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	9	GROSS	REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-10	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	12	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	13	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	14	HOURS OF	SERVICE	ENTERED
11	DIETARY	15	MEALS	SERVED	ENTERED
12	CAFETERIA	16	MANHOURS		ENTERED
14	NURSING ADMINISTRATION	18	DIRECT	NURSING HR	ENTERED
16	PHARMACY	20	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	9	GROSS	REVENUE	ENTERED
18	SOCIAL SERVICE	21	DAYS		ENTERED
24	PARAMED ED PRGM	26	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	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	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES
	0	1	2	3	4	5	6.01
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &	8,032,751	8,032,751					
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	12,932,854	318,333				13,251,187	
006 01 NONPATIENT TELEPHONES	123,658	7,946					131,604
006 02 DATA PROCESSING	3,761,106	82,588				833	6,483
006 03 PURCHASING, RECEIVING AND	457,582	101,509				82,943	3,241
006 04 ADMITTING	1,286,471	40,822				312,001	2,593
006 05 CASHIERING/ACCOUNTS RECEI	2,607,106	46,782				199,577	3,025
006 06 OTHER ADMINISTRATIVE AND	5,744,673	811,253				1,678,013	17,507
008 OPERATION OF PLANT	3,534,493	1,141,979				316,327	2,593
009 LAUNDRY & LINEN SERVICE	334,383	12,862					216
010 HOUSEKEEPING	1,114,333	50,034				368,746	1,080
011 DIETARY	619,792	129,245				109,859	4,754
012 CAFETERIA	923,993	156,684				272,217	1,080
014 NURSING ADMINISTRATION	348,031	65,206				123,897	3,458
016 PHARMACY	4,220,527	79,434				329,159	3,241
017 MEDICAL RECORDS & LIBRARY	956,602	60,761				240,183	3,458
018 SOCIAL SERVICE	344,732	70,396				122,177	2,377
024 PARAMED ED PRGM	174,449	22,249				23,041	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	6,565,909	731,124				2,218,702	8,644
026 INTENSIVE CARE UNIT	1,330,955	139,947				418,733	6,483
031 SUBPROVIDER	1,533,245	336,907				358,521	4,322
033 NURSERY	398,213	39,953				108,900	2,161
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,117,907	784,610				1,053,711	4,322
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	1,365,109	81,048				440,527	6,483
040 ANESTHESIOLOGY	48,110	6,878					4,538
041 RADIOLOGY-DIAGNOSTIC	4,200,827	641,161				999,810	7,780
044 LABORATORY	4,601,177	196,165				710,524	1,297
049 RESPIRATORY THERAPY	1,555,470	30,716				472,548	3,241
050 PHYSICAL THERAPY	2,817,247	281,857				824,444	9,292
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	951,821	167,137				258,535	3,241
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	4,832,125	106,997				125,075	432
055 03 MED SUPPLIES CHRGD - IMPL	3,750,130						
056 DRUGS CHARGED TO PATIENTS	563,619						
057 RENAL DIALYSIS	194,507						
058 ASC (NON-DISTINCT PART)							
059 PSYCH SERVICES	151,801	113,999					4,106
059 01 CARDIAC CATHETER LAB	321,222	9,932				44,799	1,513
059 02 ENDOSCOPY	390,149					98,420	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	545,865	50,134				47,999	216
061 EMERGENCY	1,883,978	480,231				539,882	6,483
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	849,709	98,529				269,251	432
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	90,486,631	7,495,408				13,169,354	130,092
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		25,551					216
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		507,322					648
099 NONPAID WORKERS							
100 FOUNDATION		4,470					
100 01 CLINIC OF HOPE	266,695					81,833	648
100 04 COMMUNITY RELATIONS	1,386,777						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	92,140,103	8,032,751				13,251,187	131,604

	COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEIV	SUBTOTAL	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT
		6.02	6.03	6.04	6.05	6a.05	6.06	8
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING	3,851,010						
006	03 PURCHASING, RECEIVING AND	52,182	697,457					
006	04 ADMITTING	104,363	3,229	1,749,479				
006	05 CASHIERING/ACCOUNTS RECEI	31,309	1,795		2,889,594			
006	06 OTHER ADMINISTRATIVE AND	313,090	21,872			8,586,408	8,586,408	
008	OPERATION OF PLANT	62,618	1,632			5,059,642	519,954	5,579,596
009	LAUNDRY & LINEN SERVICE					347,461	35,707	13,093
010	HOUSEKEEPING	31,309	5,887			1,571,389	161,484	50,929
011	DIETARY	52,182				915,832	94,115	131,557
012	CAFETERIA					1,353,974	139,141	159,486
014	NURSING ADMINISTRATION	41,745	93			582,430	59,853	66,373
016	PHARMACY	104,363	7,299			4,744,023	487,520	80,855
017	MEDICAL RECORDS & LIBRARY	125,236	1,635			1,387,875	142,625	61,848
018	SOCIAL SERVICE	52,182	417			592,281	60,866	71,655
024	PARAMED ED PRGM					219,739	22,581	22,647
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	219,163	54,157	102,711	169,644	10,070,054	1,034,865	744,202
026	INTENSIVE CARE UNIT	365,272	18,678	28,625	47,279	2,355,972	242,111	142,451
031	SUBPROVIDER	114,800	7,743	24,835	41,020	2,421,393	248,834	342,934
033	NURSERY	10,436		16,069	26,540	602,272	61,892	40,668
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	657,493	117,025	200,887	331,798	7,267,753	746,871	798,645
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO	52,182	27,766	48,216	79,637	2,100,968	215,906	82,498
040	ANESTHESIOLOGY	10,436	2,828	33,754	55,751	162,295	16,678	7,001
041	RADIOLOGY-DIAGNOSTIC	177,418	12,788	334,432	552,407	6,926,623	711,814	652,630
044	LABORATORY	313,090	76,016	251,964	416,160	6,566,393	674,795	199,674
049	RESPIRATORY THERAPY	41,745	3,535	85,062	140,494	2,332,811	239,731	31,265
050	PHYSICAL THERAPY	250,472	7,216	96,715	159,740	4,446,983	456,994	286,899
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY		5,599	60,575	100,050	1,546,958	158,973	170,127
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED		236,317	48,715	80,462	5,430,123	558,027	108,911
055	03 MED SUPPLIES CHRGD - IMPL			35,144	58,047	3,843,321	394,959	
056	DRUGS CHARGED TO PATIENTS			60,518	99,956	724,093	74,411	
057	RENAL DIALYSIS	10,436	1,531	1,561	2,578	210,613	21,644	
058	ASC (NON-DISTINCT PART)							
059	PSYCH SERVICES	125,236		30,794	50,861	476,797	48,998	116,038
059	01 CARDIAC CATHETER LAB	41,745	29,631	45,198	74,653	568,693	58,442	10,110
059	02 ENDOSCOPY		15,544	54,119	89,386	647,618	66,552	
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	41,745	4,567	29,403	48,563	768,492	78,974	51,031
061	EMERGENCY	365,272	28,760	132,220	218,384	3,655,210	375,628	488,822
062	OBSERVATION BEDS (NON-DIS							
062	01 OBSERVATION BEDS (DISTINC							
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES	10,436	3,348	27,962	46,184	1,305,851	134,196	100,292
065	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	3,777,956	696,908	1,749,479	2,889,594	89,792,340	8,345,141	5,032,641
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP					25,767	2,648	26,008
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC	31,309				539,279	55,419	516,397
099	NONPAID WORKERS							
100	FOUNDATION					4,470	459	4,550
100	01 CLINIC OF HOPE	41,745	549			391,470	40,229	
100	04 COMMUNITY RELATIONS					1,386,777	142,512	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	3,851,010	697,457	1,749,479	2,889,594	92,140,103	8,586,408	5,579,596

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY
	9	10	11	12	14	16	17
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	396,261						
010 HOUSEKEEPING		1,783,802					
011 DIETARY	4,533		1,146,037				
012 CAFETERIA				1,652,601			
014 NURSING ADMINISTRATION		1,765		15,212	725,633		
016 PHARMACY				38,907		5,351,305	
017 MEDICAL RECORDS & LIBRARY		2,648		59,002			1,653,998
018 SOCIAL SERVICE		883		19,012			
024 PARAMED ED PRGM				3,087			
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	171,695	556,942	913,891	389,538	186,987		97,100
026 INTENSIVE CARE UNIT	28,656	132,395	34,713	64,897	31,152		27,062
031 SUBPROVIDER	46,686	132,395	197,433	68,810	33,030		23,479
033 NURSERY		26,479		16,893	8,109		15,191
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	14,002	264,790		167,285	80,301		189,914
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	33,118	225,072		68,335	32,802		45,583
040 ANESTHESIOLOGY							31,911
041 RADIOLOGY-DIAGNOSTIC	36,096	53,841		153,724	71,125		316,238
044 LABORATORY	1,205	54,723		129,204	62,021		238,201
049 RESPIRATORY THERAPY	412	2,648		67,155	32,236		80,416
050 PHYSICAL THERAPY	3,430	14,122		129,641	62,231		91,432
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	2,883	29,127		39,638	19,027		57,267
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED		49,427		29,097	13,967		46,055
03 MED SUPPLIES CHRGD - IMPL							33,225
056 DRUGS CHARGED TO PATIENTS		21,183				5,351,305	57,213
057 RENAL DIALYSIS		8,826					1,476
058 ASC (NON-DISTINCT PART)							
059 PSYCH SERVICES							29,112
059 01 CARDIAC CATHETER LAB	1,151	10,592		6,230	2,912		42,730
059 02 ENDOSCOPY				13,421	6,443		51,163
OUTPAT SERVICE COST CNTRS							
060 CLINIC	74	28,244		10,973	5,267		27,797
061 EMERGENCY	51,175	163,287		82,161	39,439		124,998
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES				66,332	31,841		26,435
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	395,116	1,779,389	1,146,037	1,638,554	718,890	5,351,305	1,653,998
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	1,145						
099 NONPAID WORKERS							
100 FOUNDATION		4,413					
100 01 CLINIC OF HOPE				14,047	6,743		
100 04 COMMUNITY RELATIONS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	396,261	1,783,802	1,146,037	1,652,601	725,633	5,351,305	1,653,998

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0010 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	SOCIAL SERVIC E	PARAMED GM	ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	18	24		25	26	27
GENERAL SERVICE COST CNTR						
001 OLD CAP REL COSTS-BLDG &						
002 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING AND						
006 04 ADMITTING						
006 05 CASHIERING/ACCOUNTS RECEI						
006 06 OTHER ADMINISTRATIVE AND						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY						
018 SOCIAL SERVICE	744,697					
024 PARAMED ED PRGM		268,054				
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	518,446			14,683,720		14,683,720
026 INTENSIVE CARE UNIT	59,078			3,118,487		3,118,487
031 SUBPROVIDER	112,003			3,626,997		3,626,997
033 NURSERY	55,170			826,674		826,674
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM				9,529,561		9,529,561
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR ROO				2,804,282		2,804,282
040 ANESTHESIOLOGY				217,885		217,885
041 RADIOLOGY-DIAGNOSTIC		268,054		9,190,145		9,190,145
044 LABORATORY				7,926,216		7,926,216
049 RESPIRATORY THERAPY				2,786,674		2,786,674
050 PHYSICAL THERAPY				5,491,732		5,491,732
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY				2,024,000		2,024,000
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARGED				6,235,607		6,235,607
055 03 MED SUPPLIES CHRGD - IMPL				4,271,505		4,271,505
056 DRUGS CHARGED TO PATIENTS				6,228,205		6,228,205
057 RENAL DIALYSIS				242,559		242,559
058 ASC (NON-DISTINCT PART)						
059 PSYCH SERVICES				670,945		670,945
059 01 CARDIAC CATHETER LAB				700,860		700,860
059 02 ENDOSCOPY				785,197		785,197
OUTPAT SERVICE COST CNTRS						
060 CLINIC				970,852		970,852
061 EMERGENCY				4,980,720		4,980,720
062 OBSERVATION BEDS (NON-DIS						
062 01 OBSERVATION BEDS (DISTINC						
OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES				1,664,947		1,664,947
065 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	744,697	268,054		88,977,770		88,977,770
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				54,423		54,423
097 RESEARCH						
098 PHYSICIANS' PRIVATE OFFIC				1,112,240		1,112,240
099 NONPAID WORKERS						
100 FOUNDATION				13,892		13,892
100 01 CLINIC OF HOPE				452,489		452,489
100 04 COMMUNITY RELATIONS				1,529,289		1,529,289
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	744,697	268,054		92,140,103		92,140,103

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSIGNED	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE FITS
	OLD CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		
	0	1	2	3	4	4a	5
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		318,333				318,333	318,333
006 01 NONPATIENT TELEPHONES		7,946				7,946	
006 02 DATA PROCESSING		82,588				82,588	20
006 03 PURCHASING, RECEIVING AND		101,509				101,509	1,993
006 04 ADMITTING		40,822				40,822	7,496
006 05 CASHIERING/ACCOUNTS RECEI		46,782				46,782	4,795
006 06 OTHER ADMINISTRATIVE AND		811,253				811,253	40,313
008 OPERATION OF PLANT		1,141,979				1,141,979	7,599
009 LAUNDRY & LINEN SERVICE		12,862				12,862	
010 HOUSEKEEPING		50,034				50,034	8,859
011 DIETARY		129,245				129,245	2,639
012 CAFETERIA		156,684				156,684	6,540
014 NURSING ADMINISTRATION		65,206				65,206	2,977
016 PHARMACY		79,434				79,434	7,908
017 MEDICAL RECORDS & LIBRARY		60,761				60,761	5,770
018 SOCIAL SERVICE		70,396				70,396	2,935
024 PARAMED ED PRGM		22,249				22,249	554
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		731,124				731,124	53,285
026 INTENSIVE CARE UNIT		139,947				139,947	10,060
031 SUBPROVIDER		336,907				336,907	8,613
033 NURSERY		39,953				39,953	2,616
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		784,610				784,610	25,314
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO		81,048				81,048	10,583
040 ANESTHESIOLOGY		6,878				6,878	
041 RADIOLOGY-DIAGNOSTIC		641,161				641,161	24,020
044 LABORATORY		196,165				196,165	17,070
049 RESPIRATORY THERAPY		30,716				30,716	11,353
050 PHYSICAL THERAPY		281,857				281,857	19,807
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		167,137				167,137	6,211
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED		106,997				106,997	3,005
055 03 MED SUPPLIES CHRGD - IMPL							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 PSYCH SERVICES		113,999				113,999	
059 01 CARDIAC CATHETER LAB		9,932				9,932	1,076
059 02 ENDOSCOPY							2,364
OUTPAT SERVICE COST CNTRS							
060 CLINIC		50,134				50,134	1,153
061 EMERGENCY		480,231				480,231	12,970
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		98,529				98,529	6,469
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		7,495,408				7,495,408	316,367
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		25,551				25,551	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		507,322				507,322	
099 NONPAID WORKERS							
100 FOUNDATION		4,470				4,470	
100 01 CLINIC OF HOPE							1,966
100 04 COMMUNITY RELATIONS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		8,032,751				8,032,751	318,333

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0010 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART II

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	6.06	8
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	7,946						
006 02 DATA PROCESSING	391	82,999					
006 03 PURCHASING, RECEIVING AND	196	1,125	104,823				
006 04 ADMITTING	157	2,249	485	51,209			
006 05 CASHIERING/ACCOUNTS RECEI	183	675	270		52,705		
006 06 OTHER ADMINISTRATIVE AND	1,057	6,748	3,287			862,658	
008 OPERATION OF PLANT	157	1,350	245			52,241	1,203,571
009 LAUNDRY & LINEN SERVICE	13					3,588	2,824
010 HOUSEKEEPING	65	675	885			16,225	10,986
011 DIETARY	287	1,125				9,456	28,378
012 CAFETERIA	65					13,980	34,403
014 NURSING ADMINISTRATION	209	900	14			6,014	14,317
016 PHARMACY	196	2,249	1,097			48,982	17,441
017 MEDICAL RECORDS & LIBRARY	209	2,699	246			14,330	13,341
018 SOCIAL SERVICE	144	1,125	63			6,115	15,457
024 PARAMED ED PRGM						2,269	4,885
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	522	4,724	8,139	2,999	3,087	103,939	160,531
026 INTENSIVE CARE UNIT	391	7,873	2,807	836	860	24,325	30,728
031 SUBPROVIDER	261	2,474	1,164	725	747	25,001	73,974
033 NURSERY	130	225		469	483	6,218	8,772
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	261	14,166	17,588	5,866	6,038	75,040	172,276
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	391	1,125	4,173	1,408	1,449	21,692	17,796
040 ANESTHESIOLOGY	274	225	425	986	1,015	1,676	1,510
041 RADIOLOGY-DIAGNOSTIC	470	3,824	1,922	9,890	10,170	71,517	140,778
044 LABORATORY	78	6,748	11,425	7,357	7,574	67,798	43,072
049 RESPIRATORY THERAPY	196	900	531	2,484	2,557	24,086	6,744
050 PHYSICAL THERAPY	561	5,398	1,085	2,824	2,907	45,915	61,887
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	196		841	1,769	1,821	15,972	36,698
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	26		35,519	1,422	1,464	56,066	23,493
055 03 MED SUPPLIES CHRGD - IMPL				1,026	1,056	39,682	
056 DRUGS CHARGED TO PATIENTS				1,767	1,819	7,476	
057 RENAL DIALYSIS		225	230	46	47	2,175	
058 ASC (NON-DISTINCT PART)							
059 PSYCH SERVICES	248	2,699		899	926	4,923	25,031
059 01 CARDIAC CATHETER LAB	91	900	4,453	1,320	1,359	5,872	2,181
059 02 ENDOSCOPY			2,336	1,580	1,627	6,687	
OUTPAT SERVICE COST CNTRS							
060 CLINIC	13	900	686	859	884	7,935	11,008
061 EMERGENCY	391	7,873	4,322	3,861	3,974	37,740	105,443
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	26	225	503	816	841	13,483	21,634
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	7,855	81,424	104,741	51,209	52,705	838,418	1,085,588
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	13					266	5,610
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	39	675				5,568	111,392
099 NONPAID WORKERS							
100 FOUNDATION						46	981
100 01 CLINIC OF HOPE	39	900	82			4,042	
100 04 COMMUNITY RELATIONS						14,318	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	7,946	82,999	104,823	51,209	52,705	862,658	1,203,571

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY
	9	10	11	12	14	16	17
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	19,287						
010 HOUSEKEEPING		87,729					
011 DIETARY	221		171,351				
012 CAFETERIA				211,672			
014 NURSING ADMINISTRATION		87		1,948	91,672		
016 PHARMACY				4,983		162,290	
017 MEDICAL RECORDS & LIBRARY		130		7,557			105,043
018 SOCIAL SERVICE		43		2,435			
024 PARAMED ED PRGM				395			
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,355	27,392	136,642	49,894	23,622		6,175
026 INTENSIVE CARE UNIT	1,395	6,511	5,190	8,312	3,936		1,721
031 SUBPROVIDER	2,272	6,511	29,519	8,813	4,173		1,493
033 NURSERY		1,302		2,164	1,024		966
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	682	13,023		21,427	10,145		12,077
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	1,612	11,069		8,753	4,144		2,899
040 ANESTHESIOLOGY							2,029
041 RADIOLOGY-DIAGNOSTIC	1,757	2,648		19,690	8,985		19,973
044 LABORATORY	59	2,691		16,549	7,835		15,147
049 RESPIRATORY THERAPY	20	130		8,601	4,072		5,114
050 PHYSICAL THERAPY	167	695		16,605	7,862		5,814
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	140	1,432		5,077	2,404		3,642
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED		2,431		3,727	1,765		2,929
055 03 MED SUPPLIES CHRGD - IMPL							2,113
056 DRUGS CHARGED TO PATIENTS		1,042				162,290	3,638
057 RENAL DIALYSIS		434					94
058 ASC (NON-DISTINCT PART)							
059 PSYCH SERVICES							1,851
059 01 CARDIAC CATHETER LAB	56	521		798	368		2,717
059 02 ENDOSCOPY				1,719	814		3,253
OUTPAT SERVICE COST CNTRS							
060 CLINIC	4	1,389		1,406	665		1,768
061 EMERGENCY	2,491	8,031		10,524	4,983		7,949
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC							
065 OTHER REIMBURS COST CNTRS							
AMBULANCE SERVICES				8,496	4,023		1,681
095 SPEC PURPOSE COST CENTERS	19,231	87,512	171,351	209,873	90,820	162,290	105,043
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	56						
099 NONPAID WORKERS							
100 FOUNDATION		217					
100 01 CLINIC OF HOPE				1,799	852		
100 04 COMMUNITY RELATIONS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	19,287	87,729	171,351	211,672	91,672	162,290	105,043

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0010 I FROM 7/ 1/2009 I WORKSHEET B
 I TO 6/30/2010 I PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE		SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18		25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMITTING					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 OTHER ADMINISTRATIVE AND					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE	98,713				
024 PARAMED ED PRGM		30,352			
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS	68,722		1,389,152		1,389,152
031 INTENSIVE CARE UNIT	7,831		252,723		252,723
033 SUBPROVIDER	14,847		517,494		517,494
037 NURSERY	7,313		71,635		71,635
038 ANCILLARY SRVC COST CNTRS					
039 OPERATING ROOM			1,158,513		1,158,513
040 RECOVERY ROOM					
041 DELIVERY ROOM & LABOR ROO			168,142		168,142
044 ANESTHESIOLOGY			15,018		15,018
049 RADIOLOGY-DIAGNOSTIC			956,805		956,805
050 LABORATORY			399,568		399,568
051 RESPIRATORY THERAPY			97,504		97,504
052 PHYSICAL THERAPY			453,384		453,384
053 OCCUPATIONAL THERAPY					
054 SPEECH PATHOLOGY					
055 ELECTROCARDIOLOGY			243,340		243,340
056 ELECTROENCEPHALOGRAPHY					
057 MEDICAL SUPPLIES CHARGED			238,844		238,844
058 03 MED SUPPLIES CHRGD - IMPL			43,877		43,877
059 DRUGS CHARGED TO PATIENTS			178,032		178,032
060 RENAL DIALYSIS			3,251		3,251
061 ASC (NON-DISTINCT PART)					
062 PSYCH SERVICES			150,576		150,576
063 01 CARDIAC CATHETER LAB			31,644		31,644
064 02 ENDOSCOPY			20,380		20,380
065 OUTPAT SERVICE COST CNTRS					
066 CLINIC			78,804		78,804
067 EMERGENCY			690,783		690,783
068 OBSERVATION BEDS (NON-DIS					
069 01 OBSERVATION BEDS (DISTINC					
070 OTHER REIMBURS COST CNTRS					
071 AMBULANCE SERVICES			156,726		156,726
072 SPEC PURPOSE COST CENTERS					
073 SUBTOTALS	98,713		7,316,195		7,316,195
074 NONREIMBURS COST CENTERS					
075 GIFT, FLOWER, COFFEE SHOP			31,440		31,440
076 RESEARCH					
077 PHYSICIANS' PRIVATE OFFIC			625,052		625,052
078 NONPAID WORKERS					
079 FOUNDATION			5,714		5,714
080 01 CLINIC OF HOPE			9,680		9,680
081 04 COMMUNITY RELATIONS			14,318		14,318
082 CROSS FOOT ADJUSTMENTS		30,352	30,352		30,352
083 NEGATIVE COST CENTER					
084 TOTAL	98,713	30,352	8,032,751		8,032,751

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TE
	OSTS-BLDG & (SQUARE FEET	OSTS-MVBLE E (NO)STATISTICS	OSTS-BLDG & (NO)STATISTICS	OSTS-MVBLE E (NO)STATISTICS	(GROSS)SALARIES	(# OF)PHONES
	1	2	3	4	5	6.01
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	323,497					
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD						
005 NEW CAP REL COSTS-MVB						
006 EMPLOYEE BENEFITS	12,820				37,012,941	
006 01 NONPATIENT TELEPHONES	320					609
006 02 DATA PROCESSING	3,326				2,326	30
006 03 PURCHASING, RECEIVING	4,088				231,674	15
006 04 ADMITTING	1,644				871,475	12
006 05 CASHIERING/ACCOUNTS R	1,884				557,453	14
006 06 OTHER ADMINISTRATIVE	32,671				4,686,992	81
008 OPERATION OF PLANT	45,990				883,559	12
009 LAUNDRY & LINEN SERVI	518					1
010 HOUSEKEEPING	2,015				1,029,974	5
011 DIETARY	5,205				306,856	22
012 CAFETERIA	6,310				760,350	5
014 NURSING ADMINISTRATIO	2,626				346,066	16
016 PHARMACY	3,199				919,400	15
017 MEDICAL RECORDS & LIB	2,447				670,874	16
018 SOCIAL SERVICE	2,835				341,262	11
024 PARAMED ED PRGM	896				64,359	
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	29,444				6,197,237	40
031 INTENSIVE CARE UNIT	5,636				1,169,596	30
033 SUBPROVIDER	13,568				1,001,413	20
037 NURSERY	1,609				304,177	10
038 ANCILLARY SRVC COST C						
039 OPERATING ROOM	31,598				2,943,204	20
040 RECOVERY ROOM						
041 DELIVERY ROOM & LABOR	3,264				1,230,470	30
044 ANESTHESIOLOGY	277					21
049 RADIOLOGY-DIAGNOSTIC	25,821				2,792,647	36
050 LABORATORY	7,900				1,984,620	6
051 RESPIRATORY THERAPY	1,237				1,319,912	15
052 PHYSICAL THERAPY	11,351				2,302,819	43
053 OCCUPATIONAL THERAPY						
054 SPEECH PATHOLOGY						
055 ELECTROCARDIOLOGY	6,731				722,135	15
055 03 MED SUPPLIES CHRGD -						
056 ELECTROENCEPHALOGRAPH						
057 MEDICAL SUPPLIES CHAR	4,309				349,356	2
058 DRUGS CHARGED TO PATI						
059 RENAL DIALYSIS						
059 01 ASC (NON-DISTINCT PAR						
059 02 PSYCH SERVICES	4,591					19
060 01 CARDIAC CATHETER LAB	400				125,132	7
061 02 ENDOSCOPY					274,905	
062 OUTPAT SERVICE COST C						
062 01 CLINIC	2,019				134,070	1
065 EMERGENCY	19,340				1,507,987	30
065 01 OBSERVATION BEDS (NON						
065 02 OBSERVATION BEDS (DIS						
095 OTHER REIMBURS COST C						
096 AMBULANCE SERVICES	3,968				752,066	2
097 SPEC PURPOSE COST CEN						
098 SUBTOTALS	301,857				36,784,366	602
099 NONREIMBURS COST CENT						
100 GIFT, FLOWER, COFFEE	1,029					1
100 RESEARCH						
100 01 PHYSICIANS' PRIVATE O	20,431					3
100 04 NONPAID WORKERS						
101 FOUNDATION	180					
102 01 CLINIC OF HOPE					228,575	3
102 04 COMMUNITY RELATIONS						
103 CROSS FOOT ADJUSTMENT						
104 NEGATIVE COST CENTER						
105 COST TO BE ALLOCATED	8,032,751				13,251,187	131,604
106 (WRKSHT B, PART I)						
107 UNIT COST MULTIPLIER	24.830991				.358015	216.098522
108 (WRKSHT B, PT I)						7,946
109 COST TO BE ALLOCATED					318,333	
110 (WRKSHT B, PART II)						
111 UNIT COST MULTIPLIER					.008601	13.047619
112 (WRKSHT B, PT II)						
113 COST TO BE ALLOCATED						
114 (WRKSHT B, PART III)						
115 UNIT COST MULTIPLIER						
116 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0010 I FROM 7/ 1/2009 I WORKSHEET B-1
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	RECONCILIATION	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT
	(# OF TERMINALS)	(COSTED) REQUISITIO	(GROSS) REVENUE	(GROSS) REVENUE)	(ACCUM. COST	(SQUARE) FEET
	6.02	6.03	6.04	6.05	6a.06	6.06	8
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	369						
006 03 PURCHASING, RECEIVING	5	5,526,283					
006 04 ADMITTING	10	25,587	300,494,572				
006 05 CASHIERING/ACCOUNTS R	3	14,223		300,494,572			
006 06 OTHER ADMINISTRATIVE	30	173,303			-8,586,408	83,553,695	
008 OPERATION OF PLANT	6	12,934				5,059,642	220,754
009 LAUNDRY & LINEN SERVI						347,461	518
010 HOUSEKEEPING	3	46,648				1,571,389	2,015
011 DIETARY	5					915,832	5,205
012 CAFETERIA						1,353,974	6,310
014 NURSING ADMINISTRATIO	4	740				582,430	2,626
016 PHARMACY	10	57,830				4,744,023	3,199
017 MEDICAL RECORDS & LIB	12	12,951				1,387,875	2,447
018 SOCIAL SERVICE	5	3,308				592,281	2,835
024 01 PARAMED ED PRGM						219,739	896
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	21	429,111	17,641,802	17,641,802		10,070,054	29,444
026 INTENSIVE CARE UNIT	35	147,994	4,916,715	4,916,715		2,355,972	5,636
031 SUBPROVIDER	11	61,353	4,265,782	4,265,782		2,421,393	13,568
033 NURSERY	1		2,759,978	2,759,978		602,272	1,609
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	63	927,247	34,504,798	34,504,798		7,267,753	31,598
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR	5	220,002	8,281,767	8,281,767		2,100,968	3,264
040 ANESTHESIOLOGY	1	22,406	5,797,696	5,797,696		162,295	277
041 RADIOLOGY-DIAGNOSTIC	17	101,327	57,442,648	57,442,648		6,926,623	25,821
044 LABORATORY	30	602,310	43,277,835	43,277,835		6,566,393	7,900
049 RESPIRATORY THERAPY	4	28,007	14,610,476	14,610,476		2,332,811	1,237
050 PHYSICAL THERAPY	24	57,176	16,611,924	16,611,924		4,446,983	11,351
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		44,361	10,404,534	10,404,534		1,546,958	6,731
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR		1,872,447	8,367,477	8,367,477		5,430,123	4,309
055 03 MED SUPPLIES CHRGD -			6,036,472	6,036,472		3,843,321	
056 DRUGS CHARGED TO PATI			10,394,741	10,394,741		724,093	
057 RENAL DIALYSIS	1	12,132	268,144	268,144		210,613	
058 ASC (NON-DISTINCT PAR							
059 PSYCH SERVICES	12		5,289,248	5,289,248		476,797	4,591
059 01 CARDIAC CATHETER LAB	4	234,784	7,763,365	7,763,365		568,693	400
059 02 ENDOSCOPY		123,166	9,295,540	9,295,540		647,618	
060 OUTPAT SERVICE COST C							
060 CLINIC	4	36,184	5,050,276	5,050,276		768,492	2,019
061 EMERGENCY	35	227,877	22,710,483	22,710,483		3,655,210	19,340
062 OBSERVATION BEDS (NON							
062 01 OBSERVATION BEDS (DIS							
062 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	1	26,528	4,802,871	4,802,871		1,305,851	3,968
065 SPEC PURPOSE COST CEN							
095 SUBTOTALS	362	5,521,936	300,494,572	300,494,572	-8,586,408	81,205,932	199,114
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE						25,767	1,029
097 RESEARCH							
098 PHYSICIANS' PRIVATE O	3					539,279	20,431
099 NONPAID WORKERS							
100 FOUNDATION						4,470	180
100 01 CLINIC OF HOPE	4	4,347				391,470	
100 04 COMMUNITY RELATIONS						1,386,777	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	3,851,010	697,457	1,749,479	2,889,594		8,586,408	5,579,596
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.126207		.009616		.102765	
(WRKSHT B, PT I)	10,436.341463		.005822				25.275175
105 COST TO BE ALLOCATED	82,999	104,823	51,209	52,705		862,658	1,203,571
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.018968		.000175		.010325	
(WRKSHT B, PT II)	224.929539		.000170				5.452091
107 COST TO BE ALLOCATED							
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER							
(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	LAUNDRY & LIN HOUSEKEEPING EN SERVICE		DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY
	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MANHOURS)	(DIRECT NURSING HR)	(COSTED REQUIS.)	(GROSS REVENUE)
	9	10	11	12	14	16	17
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI	677,607						
010 HOUSEKEEPING		2,021					
011 DIETARY	7,752		73,853				
012 CAFETERIA				1,161,144			
014 NURSING ADMINISTRATIO		2		10,688	1,062,119		
016 PHARMACY				27,337		100	
017 MEDICAL RECORDS & LIB				41,456			300,494,572
018 SOCIAL SERVICE		1		13,358			
024 PARAMED ED PRGM				2,169			
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	293,600	631	58,893	273,695	273,695		17,641,802
031 INTENSIVE CARE UNIT	49,001	150	2,237	45,598	45,598		4,916,715
033 SUBPROVIDER	79,833	150	12,723	48,347	48,347		4,265,782
037 NURSERY		30		11,869	11,869		2,759,978
038 ANCILLARY SRVC COST C							
039 OPERATING ROOM	23,944	300		117,537	117,537		34,504,798
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR	56,631	255		48,013	48,013		8,281,767
044 ANESTHESIOLOGY							5,797,696
049 RADIOLOGY-DIAGNOSTIC	61,725	61		108,009	104,106		57,442,648
050 LABORATORY	2,060	62		90,781	90,781		43,277,835
051 RESPIRATORY THERAPY	704	3		47,184	47,184		14,610,476
052 PHYSICAL THERAPY	5,865	16		91,088	91,088		16,611,924
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY	4,930	33		27,850	27,850		10,404,534
055 ELECTROCARDIOLOGY							
055 03 MED SUPPLIES CHRGD -				20,444	20,444		8,367,477
056 DRUGS CHARGED TO PATI		24				100	6,036,472
057 RENAL DIALYSIS		10					10,394,741
058 ASC (NON-DISTINCT PAR							268,144
059 PSYCH SERVICES							5,289,248
059 01 CARDIAC CATHETER LAB	1,969	12		4,377	4,263		7,763,365
059 02 ENDOSCOPY				9,430	9,430		9,295,540
060 OUTPAT SERVICE COST C							
061 CLINIC	126	32		7,710	7,710		5,050,276
062 EMERGENCY	87,509	185		57,728	57,728		22,710,483
062 01 OBSERVATION BEDS (NON							
065 OTHER REIMBURS COST C							
065 01 OBSERVATION BEDS (DIS							
065 02 OTHER REIMBURS COST C							
065 03 AMBULANCE SERVICES				46,606	46,606		4,802,871
065 04 SPEC PURPOSE COST CEN							
095 SUBTOTALS	675,649	2,016	73,853	1,151,274	1,052,249	100	300,494,572
096 NONREIMBURS COST CENT							
097 GIFT, FLOWER, COFFEE							
098 RESEARCH							
099 PHYSICIANS' PRIVATE O	1,958						
100 NONPAID WORKERS							
100 FOUNDATION		5					
100 01 CLINIC OF HOPE				9,870	9,870		
100 04 COMMUNITY RELATIONS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	396,261	1,783,802	1,146,037	1,652,601	725,633	5,351,305	1,653,998
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		882.633350		1.423252		53,513.050000	
105 (WRKSHT B, PT I)	.584795		15.517812		.683194		.005504
105 COST TO BE ALLOCATED	19,287	87,729	171,351	211,672	91,672	162,290	105,043
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		43.408709		.182296		1,622.900000	
107 (WRKSHT B, PT II)	.028463		2.320163		.086310		.000350
107 COST TO BE ALLOCATED							
108 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER							
108 (WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2010
I 15-0010	I FROM 7/ 1/2009	I WORKSHEET B-1
I	I TO 6/30/2010	I

COST CENTER DESCRIPTION	SOCIAL SERVICE (DAYS)	PARAMED (ASSIGNED)	ED PR GM
-------------------------	------------------------	---------------------	----------

		18	24	
001	GENERAL SERVICE COST			
002	OLD CAP REL COSTS-BLD			
003	OLD CAP REL COSTS-MVB			
004	NEW CAP REL COSTS-BLD			
005	NEW CAP REL COSTS-MVB			
006	EMPLOYEE BENEFITS			
006	01 NONPATIENT TELEPHONES			
006	02 DATA PROCESSING			
006	03 PURCHASING, RECEIVING			
006	04 ADMITTING			
006	05 CASHIERING/ACCOUNTS R			
006	06 OTHER ADMINISTRATIVE			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVI			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATIO			
016	PHARMACY			
017	MEDICAL RECORDS & LIB			
018	SOCIAL SERVICE	28,198		
024	PARAMED ED PRGM		100	
025	INPAT ROUTINE SRVC CN			
026	ADULTS & PEDIATRICS	19,631		
031	INTENSIVE CARE UNIT	2,237		
033	SUBPROVIDER	4,241		
033	NURSERY	2,089		
037	ANCILLARY SRVC COST C			
038	OPERATING ROOM			
039	RECOVERY ROOM			
040	DELIVERY ROOM & LABOR			
041	ANESTHESIOLOGY			
044	RADIOLOGY-DIAGNOSTIC		100	
049	LABORATORY			
050	RESPIRATORY THERAPY			
051	PHYSICAL THERAPY			
052	OCCUPATIONAL THERAPY			
053	SPEECH PATHOLOGY			
054	ELECTROCARDIOLOGY			
055	ELECTROENCEPHALOGRAPH			
055	MEDICAL SUPPLIES CHAR			
056	03 MED SUPPLIES CHRGD -			
057	DRUGS CHARGED TO PATI			
058	RENAL DIALYSIS			
059	ASC (NON-DISTINCT PAR			
059	PSYCH SERVICES			
059	01 CARDIAC CATHETER LAB			
059	02 ENDOSCOPY			
060	OUTPUT SERVICE COST C			
061	CLINIC			
062	EMERGENCY			
062	OBSERVATION BEDS (NON			
065	01 OBSERVATION BEDS (DIS			
065	OTHER REIMBURS COST C			
095	AMBULANCE SERVICES			
095	SPEC PURPOSE COST CEN			
096	SUBTOTALS	28,198	100	
097	NONREIMBURS COST CENT			
098	GIFT, FLOWER, COFFEE			
099	RESEARCH			
100	PHYSICIANS' PRIVATE O			
100	NONPAID WORKERS			
100	FOUNDATION			
100	01 CLINIC OF HOPE			
100	04 COMMUNITY RELATIONS			
101	CROSS FOOT ADJUSTMENT			
102	NEGATIVE COST CENTER			
103	COST TO BE ALLOCATED	744,697	268,054	
104	(PER WRKSHT B, PART			
105	UNIT COST MULTIPLIER		2,680.540000	
105	(WRKSHT B, PT I)	26.409568		
106	COST TO BE ALLOCATED	98,713	30,352	
106	(PER WRKSHT B, PART			
107	UNIT COST MULTIPLIER		303.520000	
107	(WRKSHT B, PT II)	3.500709		
108	COST TO BE ALLOCATED			
108	(PER WRKSHT B, PART			
108	UNIT COST MULTIPLIER			
108	(WRKSHT B, PT III)			

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	14,683,720		14,683,720		14,683,720
26	INTENSIVE CARE UNIT	3,118,487		3,118,487		3,118,487
31	SUBPROVIDER	3,626,997		3,626,997		3,626,997
33	NURSERY	826,674		826,674		826,674
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	9,529,561		9,529,561		9,529,561
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	2,804,282		2,804,282		2,804,282
40	ANESTHESIOLOGY	217,885		217,885		217,885
41	RADIOLOGY-DIAGNOSTIC	9,190,145		9,190,145		9,190,145
44	LABORATORY	7,926,216		7,926,216		7,926,216
49	RESPIRATORY THERAPY	2,786,674		2,786,674		2,786,674
50	PHYSICAL THERAPY	5,491,732		5,491,732		5,491,732
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	2,024,000		2,024,000		2,024,000
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	6,235,607		6,235,607		6,235,607
55	03 MED SUPPLIES CHRGD - IMPL	4,271,505		4,271,505		4,271,505
56	DRUGS CHARGED TO PATIENTS	6,228,205		6,228,205		6,228,205
57	RENAL DIALYSIS	242,559		242,559		242,559
58	ASC (NON-DISTINCT PART)					
59	PSYCH SERVICES	670,945		670,945		670,945
59	01 CARDIAC CATHETER LAB	700,860		700,860		700,860
59	02 ENDOSCOPY	785,197		785,197		785,197
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	970,852		970,852		970,852
61	EMERGENCY	4,980,720		4,980,720		4,980,720
62	OBSERVATION BEDS (NON-DIS	1,127,652		1,127,652		1,127,652
62	01 OBSERVATION BEDS (DISTINC					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,664,947		1,664,947		1,664,947
101	SUBTOTAL	90,105,422		90,105,422		90,105,422
102	LESS OBSERVATION BEDS	1,127,652		1,127,652		1,127,652
103	TOTAL	88,977,770		88,977,770		88,977,770

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	17,641,802		17,641,802			
26	INTENSIVE CARE UNIT	4,916,715		4,916,715			
31	SUBPROVIDER	4,265,782		4,265,782			
33	NURSERY	2,759,978		2,759,978			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,489,419	25,015,379	34,504,798	.276181	.276181	.276181
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	7,604,194	677,573	8,281,767	.338609	.338609	.338609
40	ANESTHESIOLOGY	1,929,229	3,868,467	5,797,696	.037581	.037581	.037581
41	RADIOLOGY-DIAGNOSTIC	10,978,791	46,463,857	57,442,648	.159988	.159988	.159988
44	LABORATORY	17,326,110	25,951,726	43,277,836	.183147	.183147	.183147
49	RESPIRATORY THERAPY	12,690,674	1,919,802	14,610,476	.190731	.190731	.190731
50	PHYSICAL THERAPY	6,695,780	9,916,144	16,611,924	.330590	.330590	.330590
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,876,956	7,527,578	10,404,534	.194531	.194531	.194531
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	6,279,425	2,088,052	8,367,477	.745219	.745219	.745219
55	03 MED SUPPLIES CHRGD - IMPL	5,058,562	977,910	6,036,472	.707616	.707616	.707616
56	DRUGS CHARGED TO PATIENTS	7,336,722	3,058,019	10,394,741	.599169	.599169	.599169
57	RENAL DIALYSIS	263,506	4,638	268,144	.904585	.904585	.904585
58	ASC (NON-DISTINCT PART)						
59	PSYCH SERVICES		5,289,248	5,289,248	.126851	.126851	.126851
59	01 CARDIAC CATHETER LAB	1,899,460	5,863,905	7,763,365	.090278	.090278	.090278
59	02 ENDOSCOPY	897,462	8,398,078	9,295,540	.084470	.084470	.084470
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	26,854	5,023,422	5,050,276	.192237	.192237	.192237
61	EMERGENCY	4,930,071	17,780,412	22,710,483	.219314	.219314	.219314
62	OBSERVATION BEDS (NON-DIS		1,403,126	1,403,126	.803671	.803671	.803671
62	01 OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	2,240	4,800,631	4,802,871	.346657	.346657	.346657
101	SUBTOTAL	125,869,732	176,027,967	301,897,699			
102	LESS OBSERVATION BEDS						
103	TOTAL	125,869,732	176,027,967	301,897,699			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
	ADULTS & PEDIATRICS	14,683,720		14,683,720		14,683,720
26	INTENSIVE CARE UNIT	3,118,487		3,118,487		3,118,487
31	SUBPROVIDER	3,626,997		3,626,997		3,626,997
33	NURSERY	826,674		826,674		826,674
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	9,529,561		9,529,561		9,529,561
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	2,804,282		2,804,282		2,804,282
40	ANESTHESIOLOGY	217,885		217,885		217,885
41	RADIOLOGY-DIAGNOSTIC	9,190,145		9,190,145		9,190,145
44	LABORATORY	7,926,216		7,926,216		7,926,216
49	RESPIRATORY THERAPY	2,786,674		2,786,674		2,786,674
50	PHYSICAL THERAPY	5,491,732		5,491,732		5,491,732
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	2,024,000		2,024,000		2,024,000
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	6,235,607		6,235,607		6,235,607
55	03 MED SUPPLIES CHRGD - IMPL	4,271,505		4,271,505		4,271,505
56	DRUGS CHARGED TO PATIENTS	6,228,205		6,228,205		6,228,205
57	RENAL DIALYSIS	242,559		242,559		242,559
58	ASC (NON-DISTINCT PART)					
59	PSYCH SERVICES	670,945		670,945		670,945
59	01 CARDIAC CATHETER LAB	700,860		700,860		700,860
59	02 ENDOSCOPY	785,197		785,197		785,197
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	970,852		970,852		970,852
61	EMERGENCY	4,980,720		4,980,720		4,980,720
62	OBSERVATION BEDS (NON-DIS	1,127,652		1,127,652		1,127,652
62	01 OBSERVATION BEDS (DISTINC					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,664,947		1,664,947		1,664,947
101	SUBTOTAL	90,105,422		90,105,422		90,105,422
102	LESS OBSERVATION BEDS	1,127,652		1,127,652		1,127,652
103	TOTAL	88,977,770		88,977,770		88,977,770

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	17,641,802		17,641,802			
26	INTENSIVE CARE UNIT	4,916,715		4,916,715			
31	SUBPROVIDER	4,265,782		4,265,782			
33	NURSERY	2,759,978		2,759,978			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,489,419	25,015,379	34,504,798	.276181	.276181	.276181
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	7,604,194	677,573	8,281,767	.338609	.338609	.338609
40	ANESTHESIOLOGY	1,929,229	3,868,467	5,797,696	.037581	.037581	.037581
41	RADIOLOGY-DIAGNOSTIC	10,978,791	46,463,857	57,442,648	.159988	.159988	.159988
44	LABORATORY	17,326,110	25,951,726	43,277,836	.183147	.183147	.183147
49	RESPIRATORY THERAPY	12,690,674	1,919,802	14,610,476	.190731	.190731	.190731
50	PHYSICAL THERAPY	6,695,780	9,916,144	16,611,924	.330590	.330590	.330590
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,876,956	7,527,578	10,404,534	.194531	.194531	.194531
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	6,279,425	2,088,052	8,367,477	.745219	.745219	.745219
55	03 MED SUPPLIES CHRGD - IMPL	5,058,562	977,910	6,036,472	.707616	.707616	.707616
56	DRUGS CHARGED TO PATIENTS	7,336,722	3,058,019	10,394,741	.599169	.599169	.599169
57	RENAL DIALYSIS	263,506	4,638	268,144	.904585	.904585	.904585
58	ASC (NON-DISTINCT PART)						
59	PSYCH SERVICES		5,289,248	5,289,248	.126851	.126851	.126851
59	01 CARDIAC CATHETER LAB	1,899,460	5,863,905	7,763,365	.090278	.090278	.090278
59	02 ENDOSCOPY	897,462	8,398,078	9,295,540	.084470	.084470	.084470
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	26,854	5,023,422	5,050,276	.192237	.192237	.192237
61	EMERGENCY	4,930,071	17,780,412	22,710,483	.219314	.219314	.219314
62	OBSERVATION BEDS (NON-DIS		1,403,126	1,403,126	.803671	.803671	.803671
62	01 OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	2,240	4,800,631	4,802,871	.346657	.346657	.346657
101	SUBTOTAL	125,869,732	176,027,967	301,897,699			
102	LESS OBSERVATION BEDS						
103	TOTAL	125,869,732	176,027,967	301,897,699			

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						
37	OPERATING ROOM	9,529,561	1,158,513	8,371,048			9,529,561
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	2,804,282	168,142	2,636,140			2,804,282
40	ANESTHESIOLOGY	217,885	15,018	202,867			217,885
41	RADIOLOGY-DIAGNOSTIC	9,190,145	956,805	8,233,340			9,190,145
44	LABORATORY	7,926,216	399,568	7,526,648			7,926,216
49	RESPIRATORY THERAPY	2,786,674	97,504	2,689,170			2,786,674
50	PHYSICAL THERAPY	5,491,732	453,384	5,038,348			5,491,732
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,024,000	243,340	1,780,660			2,024,000
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	6,235,607	238,844	5,996,763			6,235,607
55	03 MED SUPPLIES CHRGD - IMPL	4,271,505	43,877	4,227,628			4,271,505
56	DRUGS CHARGED TO PATIENTS	6,228,205	178,032	6,050,173			6,228,205
57	RENAL DIALYSIS	242,559	3,251	239,308			242,559
58	ASC (NON-DISTINCT PART)						
59	PSYCH SERVICES	670,945	150,576	520,369			670,945
59	01 CARDIAC CATHETER LAB	700,860	31,644	669,216			700,860
59	02 ENDOSCOPY	785,197	20,380	764,817			785,197
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	970,852	78,804	892,048			970,852
61	EMERGENCY	4,980,720	690,783	4,289,937			4,980,720
62	OBSERVATION BEDS (NON-DIS	1,127,652	106,682	1,020,970			1,127,652
62	01 OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,664,947	156,726	1,508,221			1,664,947
101	SUBTOTAL	67,849,544	5,191,873	62,657,671			67,849,544
102	LESS OBSERVATION BEDS	1,127,652	106,682	1,020,970			1,127,652
103	TOTAL	66,721,892	5,085,191	61,636,701			66,721,892

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	34,504,798	.276181	.276181
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	8,281,767	.338609	.338609
40	ANESTHESIOLOGY	5,797,696	.037581	.037581
41	RADIOLOGY-DIAGNOSTIC	57,442,648	.159988	.159988
44	LABORATORY	43,277,836	.183147	.183147
49	RESPIRATORY THERAPY	14,610,476	.190731	.190731
50	PHYSICAL THERAPY	16,611,924	.330590	.330590
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	10,404,534	.194531	.194531
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	8,367,477	.745219	.745219
55	03 MED SUPPLIES CHRGD - IMPL	6,036,472	.707616	.707616
56	DRUGS CHARGED TO PATIENTS	10,394,741	.599169	.599169
57	RENAL DIALYSIS	268,144	.904585	.904585
58	ASC (NON-DISTINCT PART)			
59	PSYCH SERVICES	5,289,248	.126851	.126851
59	01 CARDIAC CATHETER LAB	7,763,365	.090278	.090278
59	02 ENDOSCOPY	9,295,540	.084470	.084470
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	5,050,276	.192237	.192237
61	EMERGENCY	22,710,483	.219314	.219314
62	OBSERVATION BEDS (NON-DIS	1,403,126	.803671	.803671
62	01 OBSERVATION BEDS (DISTINC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	4,802,871	.346657	.346657
101	SUBTOTAL	272,313,422		
102	LESS OBSERVATION BEDS	1,403,126		
103	TOTAL	270,910,296		

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						
37	OPERATING ROOM	9,529,561	1,158,513	8,371,048			9,529,561
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	2,804,282	168,142	2,636,140			2,804,282
40	ANESTHESIOLOGY	217,885	15,018	202,867			217,885
41	RADIOLOGY-DIAGNOSTIC	9,190,145	956,805	8,233,340			9,190,145
44	LABORATORY	7,926,216	399,568	7,526,648			7,926,216
49	RESPIRATORY THERAPY	2,786,674	97,504	2,689,170			2,786,674
50	PHYSICAL THERAPY	5,491,732	453,384	5,038,348			5,491,732
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,024,000	243,340	1,780,660			2,024,000
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	6,235,607	238,844	5,996,763			6,235,607
55	03 MED SUPPLIES CHRGD - IMPL	4,271,505	43,877	4,227,628			4,271,505
56	DRUGS CHARGED TO PATIENTS	6,228,205	178,032	6,050,173			6,228,205
57	RENAL DIALYSIS	242,559	3,251	239,308			242,559
58	ASC (NON-DISTINCT PART)						
59	PSYCH SERVICES	670,945	150,576	520,369			670,945
59	01 CARDIAC CATHETER LAB	700,860	31,644	669,216			700,860
59	02 ENDOSCOPY	785,197	20,380	764,817			785,197
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	970,852	78,804	892,048			970,852
61	EMERGENCY	4,980,720	690,783	4,289,937			4,980,720
62	OBSERVATION BEDS (NON-DIS	1,127,652	106,682	1,020,970			1,127,652
62	01 OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,664,947	156,726	1,508,221			1,664,947
101	SUBTOTAL	67,849,544	5,191,873	62,657,671			67,849,544
102	LESS OBSERVATION BEDS	1,127,652	106,682	1,020,970			1,127,652
103	TOTAL	66,721,892	5,085,191	61,636,701			66,721,892

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	34,504,798	.276181	.276181
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	8,281,767	.338609	.338609
40	ANESTHESIOLOGY	5,797,696	.037581	.037581
41	RADIOLOGY-DIAGNOSTIC	57,442,648	.159988	.159988
44	LABORATORY	43,277,836	.183147	.183147
49	RESPIRATORY THERAPY	14,610,476	.190731	.190731
50	PHYSICAL THERAPY	16,611,924	.330590	.330590
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	10,404,534	.194531	.194531
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	8,367,477	.745219	.745219
55	03 MED SUPPLIES CHRGD - IMPL	6,036,472	.707616	.707616
56	DRUGS CHARGED TO PATIENTS	10,394,741	.599169	.599169
57	RENAL DIALYSIS	268,144	.904585	.904585
58	ASC (NON-DISTINCT PART)			
59	PSYCH SERVICES	5,289,248	.126851	.126851
59	01 CARDIAC CATHETER LAB	7,763,365	.090278	.090278
59	02 ENDOSCOPY	9,295,540	.084470	.084470
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	5,050,276	.192237	.192237
61	EMERGENCY	22,710,483	.219314	.219314
62	OBSERVATION BEDS (NON-DIS	1,403,126	.803671	.803671
62	01 OBSERVATION BEDS (DISTINC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	4,802,871	.346657	.346657
101	SUBTOTAL	272,313,422		
102	LESS OBSERVATION BEDS	1,403,126		
103	TOTAL	270,910,296		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	1,389,152		1,389,152			
26	INTENSIVE CARE UNIT	252,723		252,723			
31	SUBPROVIDER	517,494		517,494			
33	NURSERY	71,635		71,635			
101	TOTAL	2,231,004		2,231,004			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	21,264	10,177	65.33	664,863		
26	INTENSIVE CARE UNIT	2,237	1,547	112.97	174,765		
31	SUBPROVIDER	4,241	3,522	122.02	429,754		
33	NURSERY	2,089		34.29			
101	TOTAL	29,831	15,246		1,269,382		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,158,513		34,504,798	6,487,144	.033575	217,806
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	168,142		8,281,767	17,171	.020303	349
40	ANESTHESIOLOGY	15,018		5,797,696	994,289	.002590	2,575
41	RADIOLOGY-DIAGNOSTIC	956,805		57,442,648	6,780,016	.016657	112,935
44	LABORATORY	399,568		43,277,836	10,192,921	.009233	94,111
49	RESPIRATORY THERAPY	97,504		14,610,476	4,797,962	.006674	32,022
50	PHYSICAL THERAPY	453,384		16,611,924	1,953,166	.027293	53,308
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	243,340		10,404,534	2,621,858	.023388	61,320
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	238,844		8,367,477	4,536,474	.028544	129,489
55	03 MED SUPPLIES CHRGD - IMPL	43,877		6,036,472	5,039,362	.007269	36,631
56	DRUGS CHARGED TO PATIENTS	178,032		10,394,741	4,943,370	.017127	84,665
57	RENAL DIALYSIS	3,251		268,144	161,298	.012124	1,956
58	ASC (NON-DISTINCT PART)						
59	PSYCH SERVICES	150,576		5,289,248		.028468	
59	01 CARDIAC CATHETER LAB	31,644		7,763,365	254,273	.004076	1,036
59	02 ENDOSCOPY	20,380		9,295,540		.002192	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	78,804		5,050,276		.015604	
61	EMERGENCY	690,783		22,710,483	2,334,872	.030417	71,020
62	OBSERVATION BEDS (NON-DIS	106,682		1,403,126		.076032	
62	01 OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	5,035,147		267,510,551	51,114,176		899,223

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0010 I FROM 7/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2010 I PART II
 I 15-0010 I I

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
55	03 MED SUPPLIES CHRGD - IMPL		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
59	PSYCH SERVICES		
59	01 CARDIAC CATHETER LAB		
59	02 ENDOSCOPY		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
62	01 OBSERVATION BEDS (DISTINC		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		

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

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0010 I FROM 7/ 1/2009 I WORKSHEET D
 I I TO 6/30/2010 I PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					21,264	
26	INTENSIVE CARE UNIT					2,237	
31	SUBPROVIDER					4,241	
33	NURSERY					2,089	
101	TOTAL					29,831	

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

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
I 15-0010 I FROM 7/ 1/2009 I WORKSHEET D
I I TO 6/30/2010 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	10,177	
26	INTENSIVE CARE UNIT	1,547	
31	SUBPROVIDER	3,522	
33	NURSERY		
101	TOTAL	15,246	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC			268,054			
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	03 MED SUPPLIES CHRGD - IMPL						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCH SERVICES						
59	01 CARDIAC CATHETER LAB						
59	02 ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	01 OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL			268,054			

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			34,504,798			6,487,144	
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			8,281,767			17,171	
40	ANESTHESIOLOGY			5,797,696			994,289	
41	RADIOLOGY-DIAGNOSTIC	268,054	268,054	57,442,648	.004666	.004666	6,780,016	31,636
44	LABORATORY			43,277,836			10,192,921	
49	RESPIRATORY THERAPY			14,610,476			4,797,962	
50	PHYSICAL THERAPY			16,611,924			1,953,166	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			10,404,534			2,621,858	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			8,367,477			4,536,474	
55 03	MED SUPPLIES CHRGD - IMPL			6,036,472			5,039,362	
56	DRUGS CHARGED TO PATIENTS			10,394,741			4,943,370	
57	RENAL DIALYSIS			268,144			161,298	
58	ASC (NON-DISTINCT PART)							
59	PSYCH SERVICES			5,289,248				
59 01	CARDIAC CATHETER LAB			7,763,365			254,273	
59 02	ENDOSCOPY			9,295,540				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			5,050,276				
61	EMERGENCY			22,710,483			2,334,872	
62	OBSERVATION BEDS (NON-DIS			1,403,126				
62 01	OBSERVATION BEDS (DISTINC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	268,054	268,054	267,510,551			51,114,176	31,636

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	12,107,854					
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	10,024					
40	ANESTHESIOLOGY	1,133,978					
41	RADIOLOGY-DIAGNOSTIC	17,214,474			80,323		
44	LABORATORY	1,104,313					
49	RESPIRATORY THERAPY	769,308					
50	PHYSICAL THERAPY	39,286					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,979,886					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,707,843					
55	03 MED SUPPLIES CHRGD - IMPL	977,910					
56	DRUGS CHARGED TO PATIENTS	2,467,793					
57	RENAL DIALYSIS	600					
58	ASC (NON-DISTINCT PART)						
59	PSYCH SERVICES	407,869					
59	01 CARDIAC CATHETER LAB	839,658					
59	02 ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	3,474,349					
62	OBSERVATION BEDS (NON-DIS	416,851					
62	01 OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	46,651,996			80,323		

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.276181	.276181			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM	.338609	.338609			
40 ANESTHESIOLOGY	.037581	.037581			
41 RADIOLOGY-DIAGNOSTIC	.159988	.159988			
44 LABORATORY	.183147	.183147			
49 RESPIRATORY THERAPY	.190731	.190731			
50 PHYSICAL THERAPY	.330590	.330590			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.194531	.194531			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.745219	.745219			
55 03 MED SUPPLIES CHRGD - IMPLANTABLES	.707616	.707616			
56 DRUGS CHARGED TO PATIENTS	.599169	.599169			
57 RENAL DIALYSIS	.904585	.904585			
58 ASC (NON-DISTINCT PART)					
59 PSYCH SERVICES	.126851	.126851			
59 01 CARDIAC CATHETER LAB	.090278	.090278			
59 02 ENDOSCOPY	.084470	.084470			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.192237	.192237			
61 EMERGENCY	.219314	.219314			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.803671	.803671			
62 01 OBSERVATION BEDS (DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.346657	.346657			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

	All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		12,107,854			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM		10,024			
40 ANESTHESIOLOGY		1,133,978			
41 RADIOLOGY-DIAGNOSTIC		17,214,474	333		
44 LABORATORY		1,104,313			
49 RESPIRATORY THERAPY		769,308			
50 PHYSICAL THERAPY		39,286			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		3,979,886			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,707,843			
55 03 MED SUPPLIES CHRGD - IMPLANTABLES		977,910			
56 DRUGS CHARGED TO PATIENTS		2,467,793			
57 RENAL DIALYSIS		600			
58 ASC (NON-DISTINCT PART)					
59 PSYCH SERVICES		407,869			
59 01 CARDIAC CATHETER LAB		839,658			
59 02 ENDOSCOPY					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY		3,474,349			
62 OBSERVATION BEDS (NON-DISTINCT PART)		416,851			
62 01 OBSERVATION BEDS (DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		46,651,996	333		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-- PROGRAM ONLY CHARGES					
104 NET CHARGES		46,651,996	333		

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				3,343,959	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM				3,394	
40 ANESTHESIOLOGY				42,616	
41 RADIOLOGY-DIAGNOSTIC				2,754,109	53
44 LABORATORY				202,252	
49 RESPIRATORY THERAPY				146,731	
50 PHYSICAL THERAPY				12,988	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				774,211	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,272,717	
55 03 MED SUPPLIES CHRGD - IMPLANTABLES				691,985	
56 DRUGS CHARGED TO PATIENTS				1,478,625	
57 RENAL DIALYSIS				543	
58 ASC (NON-DISTINCT PART)					
59 PSYCH SERVICES				51,739	
59 01 CARDIAC CATHETER LAB				75,803	
59 02 ENDOSCOPY					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY				761,973	
62 OBSERVATION BEDS (NON-DISTINCT PART)				335,011	
62 01 OBSERVATION BEDS (DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				11,948,656	53
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				11,948,656	53

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

TITLE XVIII, PART B HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
(A) 37 ANCILLARY SRVC COST CNTRS	9.03	10	11
38 OPERATING ROOM			
39 RECOVERY ROOM			
40 DELIVERY ROOM & LABOR ROOM			
41 ANESTHESIOLOGY			
42 RADIOLOGY-DIAGNOSTIC			
43 LABORATORY			
44 RESPIRATORY THERAPY			
45 PHYSICAL THERAPY			
46 OCCUPATIONAL THERAPY			
47 SPEECH PATHOLOGY			
48 ELECTROCARDIOLOGY			
49 ELECTROENCEPHALOGRAPHY			
50 MEDICAL SUPPLIES CHARGED TO PATIENTS			
51 03 MED SUPPLIES CHRGD - IMPLANTABLES			
52 DRUGS CHARGED TO PATIENTS			
53 RENAL DIALYSIS			
54 ASC (NON-DISTINCT PART)			
55 PSYCH SERVICES			
56 01 CARDIAC CATHETER LAB			
57 02 ENDOSCOPY			
58 OUTPAT SERVICE COST CNTRS			
59 CLINIC			
60 EMERGENCY			
61 OBSERVATION BEDS (NON-DISTINCT PART)			
62 01 OBSERVATION BEDS (DISTINCT PART)			
63 OTHER REIMBURS COST CNTRS			
64 AMBULANCE SERVICES			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
104 PROGRAM ONLY CHARGES			
NET CHARGES			

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0010 I FROM 7/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2010 I PART II
 I 15-T010 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	1,158,513		34,504,798	38,040	.033575	1,277
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	168,142		8,281,767		.020303	
41	ANESTHESIOLOGY	15,018		5,797,696	3,876	.002590	10
42	RADIOLOGY-DIAGNOSTIC	956,805		57,442,648	305,110	.016657	5,082
43	LABORATORY	399,568		43,277,836	895,207	.009233	8,265
44	RESPIRATORY THERAPY	97,504		14,610,476	483,248	.006674	3,225
45	PHYSICAL THERAPY	453,384		16,611,924	3,353,533	.027293	91,528
46	OCCUPATIONAL THERAPY						
47	SPEECH PATHOLOGY						
48	ELECTROCARDIOLOGY	243,340		10,404,534	192,669	.023388	4,506
49	ELECTROENCEPHALOGRAPHY						
50	MEDICAL SUPPLIES CHARGED	238,844		8,367,477	416,588	.028544	11,891
51	03 MED SUPPLIES CHRGD - IMPL	43,877		6,036,472	1,548	.007269	11
52	DRUGS CHARGED TO PATIENTS	178,032		10,394,741	578,995	.017127	9,916
53	RENAL DIALYSIS	3,251		268,144	4,296	.012124	52
54	ASC (NON-DISTINCT PART)						
55	PSYCH SERVICES	150,576		5,289,248		.028468	
56	01 CARDIAC CATHETER LAB	31,644		7,763,365		.004076	
57	02 ENDOSCOPY	20,380		9,295,540		.002192	
58	OUTPAT SERVICE COST CNTRS						
59	CLINIC	78,804		5,050,276	2,628	.015604	41
60	EMERGENCY	690,783		22,710,483	11,107	.030417	338
61	OBSERVATION BEDS (NON-DIS	106,682		1,403,126		.076032	
62	01 OBSERVATION BEDS (DISTINC						
63	OTHER REIMBURS COST CNTRS						
64	AMBULANCE SERVICES						
101	TOTAL	5,035,147		267,510,551	6,286,845		136,142

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0010 I FROM 7/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2010 I PART II
 I 15-T010 I I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
55	03 MED SUPPLIES CHRGD - IMPL		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
59	PSYCH SERVICES		
59	01 CARDIAC CATHETER LAB		
59	02 ENDOSCOPY		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
62	01 OBSERVATION BEDS (DISTINC		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		

WKST 7
 END

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS	1.01				
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		268,054			
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
55	03 MED SUPPLIES CHRGD - IMPL					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	PSYCH SERVICES					
59	01 CARDIAC CATHETER LAB					
59	02 ENDOSCOPY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
62	01 OBSERVATION BEDS (DISTINC					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	TOTAL		268,054			

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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			34,504,798			38,040	
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			8,281,767				
40	ANESTHESIOLOGY			5,797,696			3,876	
41	RADIOLOGY-DIAGNOSTIC	268,054	268,054	57,442,648	.004666	.004666	305,110	1,424
44	LABORATORY			43,277,836			895,207	
49	RESPIRATORY THERAPY			14,610,476			483,248	
50	PHYSICAL THERAPY			16,611,924			3,353,533	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			10,404,534			192,669	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			8,367,477			416,588	
55	03 MED SUPPLIES CHRGD - IMPL			6,036,472			1,548	
56	DRUGS CHARGED TO PATIENTS			10,394,741			578,995	
57	RENAL DIALYSIS			268,144			4,296	
58	ASC (NON-DISTINCT PART)							
59	PSYCH SERVICES			5,289,248				
59	01 CARDIAC CATHETER LAB			7,763,365				
59	02 ENDOSCOPY			9,295,540				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			5,050,276			2,628	
61	EMERGENCY			22,710,483			11,107	
62	OBSERVATION BEDS (NON-DIS			1,403,126				
62	01 OBSERVATION BEDS (DISTINC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	268,054	268,054	267,510,551			6,286,845	1,424

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	03 MED SUPPLIES CHRGD - IMPL						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCH SERVICES						
59	01 CARDIAC CATHETER LAB						
59	02 ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	01 OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	21,264
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	21,264
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,383
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	18,881
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	10,177
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	2,288
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	14,683,720
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	14,683,720

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	17,641,802
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,680,948
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11,960,854
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.832325
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	2,383.95
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	633.49
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	1,750.46
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	1,456.95
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	3,471,912
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	11,211,808

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 690.54
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 7,027,626
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 7,027,626

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	3,118,487	2,237	1,394.05	1,547	2,156,595
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					17,446,627
49 TOTAL PROGRAM INPATIENT COSTS					26,630,848

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 839,628
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 930,859
 52 TOTAL PROGRAM EXCLUDABLE COST 1,770,487
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 24,860,361

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

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	1,633
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	690.54
85	OBSERVATION BED COST	1,127,652

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST	
	1	2	3	4	5	
86	OLD CAPITAL-RELATED COST	1,389,152	14,683,720	.094605	1,127,652	106,682
87	NEW CAPITAL-RELATED COST		14,683,720		1,127,652	
88	NON PHYSICIAN ANESTHETIST		14,683,720		1,127,652	
89	MEDICAL EDUCATION		14,683,720		1,127,652	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,241
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,241
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	458
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,783
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,522
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,626,997
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,626,997

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,265,782
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	475,430
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,790,352
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.850254
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,038.06
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,001.94
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	36.12
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	30.71
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	14,065
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,612,932

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 855.22
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,012,085
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,012,085

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT					
44 HOSPITAL UNITS					
45 INTENSIVE CARE UNIT					
46 CORONARY CARE UNIT					
47 BURN INTENSIVE CARE UNIT					
48 SURGICAL INTENSIVE CARE UNIT					
49 OTHER SPECIAL CARE					
					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					2,127,001
49 TOTAL PROGRAM INPATIENT COSTS					5,139,086

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 429,754
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 137,566
 52 TOTAL PROGRAM EXCLUDABLE COST 567,320
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 4,571,766

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	855.22
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	517,494	3,626,997	.142678	
87	NEW CAPITAL-RELATED COST		3,626,997		
88	NON PHYSICIAN ANESTHETIST		3,626,997		
89	MEDICAL EDUCATION		3,626,997		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	21,264
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	21,264
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,383
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	18,881
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,179
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	2,089
16	NURSERY DAYS (TITLE V OR XIX ONLY)	399

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	14,683,720
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	14,683,720

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	17,641,802
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,680,948
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11,960,854
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.832325
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	2,383.95
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	633.49
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	1,750.46
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	1,456.95
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	3,471,912
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	11,211,808

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					527.27
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					621,651
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					621,651
		TOTAL	TOTAL	AVERAGE	PROGRAM	PROGRAM
		I/P COST	I/P DAYS	PER DIEM	DAYS	COST
		1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)	826,674	2,089	395.73	399	157,896
	INTENSIVE CARE TYPE INPATIENT					
	HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	3,118,487	2,237	1,394.05	56	78,067
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
						1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					811,937
49	TOTAL PROGRAM INPATIENT COSTS					1,669,551

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P SUBPROVIDER I OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,241
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,241
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	458
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,783
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	103
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

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

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,265,782
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	475,430
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,790,352
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,038.06
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,001.94
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	36.12
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

TITLE XIX - I/P SUBPROVIDER I OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

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

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					8,205 8,205

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 8,205

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 10
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P SUBPROVIDER I OTHER

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

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		9,805,667	
26	INTENSIVE CARE UNIT		3,390,608	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.276181	6,487,144	1,791,626
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.338609	17,171	5,814
40	ANESTHESIOLOGY	.037581	994,289	37,366
41	RADIOLOGY-DIAGNOSTIC	.159988	6,780,016	1,084,721
44	LABORATORY	.183147	10,192,921	1,866,803
49	RESPIRATORY THERAPY	.190731	4,797,962	915,120
50	PHYSICAL THERAPY	.330590	1,953,166	645,697
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.194531	2,621,858	510,033
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.745219	4,536,474	3,380,667
55	03 MED SUPPLIES CHRGD - IMPLANTABLES	.707616	5,039,362	3,565,933
56	DRUGS CHARGED TO PATIENTS	.599169	4,943,370	2,961,914
57	RENAL DIALYSIS	.904585	161,298	145,908
58	ASC (NON-DISTINCT PART)			
59	PSYCH SERVICES	.126851		
59	01 CARDIAC CATHETER LAB	.090278	254,273	22,955
59	02 ENDOSCOPY	.084470		
60	OUTPAT SERVICE COST CNTRS CLINIC	.192237		
61	EMERGENCY	.219314	2,334,872	512,070
62	OBSERVATION BEDS (NON-DISTINCT PART)	.803671		
62	01 OBSERVATION BEDS (DISTINCT PART)			
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
101	TOTAL		51,114,176	17,446,627
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		51,114,176	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		3,549,021	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.276181	38,040	10,506
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.338609		
40	ANESTHESIOLOGY	.037581	3,876	146
41	RADIOLOGY-DIAGNOSTIC	.159988	305,110	48,814
44	LABORATORY	.183147	895,207	163,954
49	RESPIRATORY THERAPY	.190731	483,248	92,170
50	PHYSICAL THERAPY	.330590	3,353,533	1,108,644
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.194531	192,669	37,480
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.745219	416,588	310,449
55	03 MED SUPPLIES CHRGD - IMPLANTABLES	.707616	1,548	1,095
56	DRUGS CHARGED TO PATIENTS	.599169	578,995	346,916
57	RENAL DIALYSIS	.904585	4,296	3,886
58	ASC (NON-DISTINCT PART)			
59	PSYCH SERVICES	.126851		
59	01 CARDIAC CATHETER LAB	.090278		
59	02 ENDOSCOPY	.084470		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.192237	2,628	505
61	EMERGENCY	.219314	11,107	2,436
62	OBSERVATION BEDS (NON-DISTINCT PART)	.803671		
62	01 OBSERVATION BEDS (DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		6,286,845	2,127,001
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		6,286,845	

TITLE XIX HOSPITAL OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		965,182	
26	INTENSIVE CARE UNIT		166,608	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.276181	272,334	75,213
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.338609	741,271	251,001
40	ANESTHESIOLOGY	.037581	127,612	4,796
41	RADIOLOGY-DIAGNOSTIC	.159988	179,860	28,775
44	LABORATORY	.183147	486,189	89,044
49	RESPIRATORY THERAPY	.190731	142,594	27,197
50	PHYSICAL THERAPY	.330590	89,166	29,477
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.194531	60,909	11,849
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.745219	182,957	136,343
55 03	MED SUPPLIES CHRGD - IMPLANTABLES	.707616	17,652	12,491
56	DRUGS CHARGED TO PATIENTS	.599169	204,429	122,488
57	RENAL DIALYSIS	.904585		
58	ASC (NON-DISTINCT PART)			
59	PSYCH SERVICES	.126851		
59 01	CARDIAC CATHETER LAB	.090278	7,992	722
59 02	ENDOSCOPY	.084470		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.192237		
61	EMERGENCY	.219314	102,779	22,541
62	OBSERVATION BEDS (NON-DISTINCT PART)	.803671		
62 01	OBSERVATION BEDS (DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		2,615,744	811,937
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,615,744	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	4,328,252	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	4,243,346	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	8,640,428	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	1,711,693	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		144.76
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES	PLUS E-3, PT
	3.21 - 3.23	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)		3.72
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		20.46
4.02 SUM OF LINES 4 AND 4.01		24.18
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		9.22
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		1,586,949
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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)	401.43
5.06	TOTAL ADDITIONAL PAYMENT	
6	SUBTOTAL (SEE INSTRUCTIONS)	20,510,668
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)	20,510,668
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,625,482
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	
12	NET ORGAN ACQUISITION COST	
13	COST OF TEACHING PHYSICIANS	
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	31,636
16	TOTAL	22,167,786
17	PRIMARY PAYER PAYMENTS	5,639
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	22,162,147
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,710,564
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	76,508
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	317,125
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	221,988
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	210,766
22	SUBTOTAL	20,597,063
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
24	OTHER ADJUSTMENTS (SPECIFY)	
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	20,597,063
27	SEQUESTRATION ADJUSTMENT	20,137,765
28	INTERIM PAYMENTS	
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	459,298
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	1,437,204

----- 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 AMOUNT (SEE INSTRUCTIONS)	
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,084
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	11,868,333
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	9,375,282
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.868
1.04	LINE 1.01 TIMES LINE 1.03.	10,301,713
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	91.01
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	80,323
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	2,084
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	3,723
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	3,723
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	3,723
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1,639
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	2,084
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	9,455,605
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,367,279
19	SUBTOTAL (SEE INSTRUCTIONS)	7,090,410
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	7,090,410
24	PRIMARY PAYER PAYMENTS	4,106
25	SUBTOTAL	7,086,304
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	343,626
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	240,538
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	206,157
28	SUBTOTAL	7,326,842
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	-290
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	7,327,132
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	7,161,154
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	165,978
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
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.		19,833,071		7,004,370
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)		NONE		NONE
ADJUSTMENTS TO PROVIDER .01	1/28/2010	113,656	6/10/2010	158,032
ADJUSTMENTS TO PROVIDER .02	6/10/2010	191,038		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50			1/28/2010	1,248
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		304,694		156,784
4 TOTAL INTERIM PAYMENTS		20,137,765		7,161,154
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		459,298		165,978
7 TOTAL MEDICARE PROGRAM LIABILITY		20,597,063		7,327,132

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.

TITLE XVIII SUBPROVIDER 1

DESCRIPTION

INPATIENT-PART A P A R T B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
 1 2 3 4

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			
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.			
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
	ADJUSTMENTS TO PROVIDER	.01		
	ADJUSTMENTS TO PROVIDER	.02		
	ADJUSTMENTS TO PROVIDER	.03		
	ADJUSTMENTS TO PROVIDER	.04		
	ADJUSTMENTS TO PROVIDER	.05		
	ADJUSTMENTS TO PROGRAM	.50		
	ADJUSTMENTS TO PROGRAM	.51		
	ADJUSTMENTS TO PROGRAM	.52		
	ADJUSTMENTS TO PROGRAM	.53		
	ADJUSTMENTS TO PROGRAM	.54		
	SUBTOTAL	.99	NONE	NONE
4	TOTAL INTERIM PAYMENTS		4,002,986	
	TO BE COMPLETED BY INTERMEDIARY			
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
	TENTATIVE TO PROVIDER	.01		
	TENTATIVE TO PROVIDER	.02		
	TENTATIVE TO PROVIDER	.03		
	TENTATIVE TO PROGRAM	.50		
	TENTATIVE TO PROGRAM	.51		
	TENTATIVE TO PROGRAM	.52		
	SUBTOTAL	.99	NONE	NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			
	SETTLEMENT TO PROVIDER	.01	57,759	
	SETTLEMENT TO PROGRAM	.02		
7	TOTAL MEDICARE PROGRAM LIABILITY		4,060,745	

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	3,913,726
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0173
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	100,602
1.05	OUTLIER PAYMENTS	115,023
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	4,129,351
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 $\{(1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
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)	11.619178
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
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)	4,129,351
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	4,129,351
7	DEDUCTIBLES	48,828
8	SUBTOTAL	4,080,523
9	COINSURANCE	35,553
10	SUBTOTAL	4,044,970
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)S	20,502
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	14,351
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	8,199
12	SUBTOTAL	4,059,321
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	1,424
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	

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

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

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	5,627,915			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	37,233,429			
5	OTHER RECEIVABLES	596,862			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-24,819,491			
7	INVENTORY	1,161,349			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	16,434,446			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	36,234,510			
FIXED ASSETS					
12	LAND	1,422,671			
12.01					
13	LAND IMPROVEMENTS	2,350,173			
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	63,439,228			
14.01	LESS ACCUMULATED DEPRECIATION	-41,506,187			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	72,767,207			
16.01	LESS ACCUMULATED DEPRECIATION	-63,602,723			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	34,870,369			
OTHER ASSETS					
22	INVESTMENTS	90,092,370			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	-13,375,602			
26	TOTAL OTHER ASSETS	76,716,768			
27	TOTAL ASSETS	147,821,647			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,227,289			
29 SALARIES, WAGES & FEES PAYABLE	6,218,721			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	138,722			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	5,441,540			
36 TOTAL CURRENT LIABILITIES	14,026,272			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	17,054,255			
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	8,178,187			
42 TOTAL LONG-TERM LIABILITIES	25,232,442			
43 TOTAL LIABILITIES	39,258,714			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	108,562,933			
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	108,562,933			
52 TOTAL LIABILITIES AND FUND BALANCES	147,821,647			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		90,819,920		
2 NET INCOME (LOSS)		19,606,763		
3 TOTAL		110,426,683		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 UNREALIZED GAIN-ST INVEST				
6 GRANT REVENUE AND OTHER A				
7 REST. CONTRIBUTIONS USED				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		110,426,683		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 UNREALIZED LOSS ON INVEST				
14 TRANSFERS TO AFFILIATES				
15 DEFERRED PENSION COST				
16 OTHER UNRESTRICTED ACTIVIT				
17 NET ASSETS RELEASED FROM				
18 ADJUSTMENT	1,863,750			
19 TOTAL DEDUCTIONS		1,863,750		
FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		108,562,933		

	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 UNREALIZED GAIN-ST INVEST				
6 GRANT REVENUE AND OTHER A				
7 REST. CONTRIBUTIONS USED				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 UNREALIZED LOSS ON INVEST				
14 TRANSFERS TO AFFILIATES				
15 DEFERRED PENSION COST				
16 OTHER UNRESTRICTED ACTIVIT				
17 NET ASSETS RELEASED FROM				
18 ADJUSTMENT				
19 TOTAL DEDUCTIONS				
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	17,641,802		17,641,802
2 00 SUBPROVIDER	4,265,782		4,265,782
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	21,907,584		21,907,584
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	4,916,715		4,916,715
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	4,916,715		4,916,715
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	26,824,299		26,824,299
17 00 ANCILLARY SERVICES	99,043,193	171,227,336	270,270,529
18 00 OUTPATIENT SERVICES			
20 00 AMBULANCE SERVICES	2,240	4,800,631	4,802,871
24 00			
25 00 TOTAL PATIENT REVENUES	125,869,732	176,027,967	301,897,699

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		93,583,322	
ADD (SPECIFY)			
27 00 BAD DEBT	7,671,348		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		7,671,348	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00 ADJUSTMENT	1		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		1	
40 00 TOTAL OPERATING EXPENSES		101,254,669	

DESCRIPTION

1	TOTAL PATIENT REVENUES	301,897,699
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	188,682,949
3	NET PATIENT REVENUES	113,214,750
4	LESS: TOTAL OPERATING EXPENSES	101,254,669
5	NET INCOME FROM SERVICE TO PATIENTS	11,960,081
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	TOTAL NONOPERATING INCOME	10,294,751
25	TOTAL OTHER INCOME	10,294,751
26	TOTAL	22,254,832
	OTHER EXPENSES	
27	TOTAL OTHER OPERATING INCOME	2,648,069
28		
29		
30	TOTAL OTHER EXPENSES	2,648,069
31	NET INCOME (OR LOSS) FOR THE PERIOD	19,606,763

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,413,096
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	141,449
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	59.91
	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	3.72
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	20.46
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	24.18
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.02
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	70,937
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,625,482

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)	

CMS 339 Questionnaire - Exhibit 1
Date Prepared: 11/24/2010 3:29:54 PM
Data File: G:\finance\CostRepo\10 CR\St Joe\MCR Files\150010_10.MCR
Fiscal Year: 07/01/2009 To 06/30/2010
Provider Name: ST. JOSEPH HOSPITAL & HEALTH CENTR
Provider No: 150010

Health Financial Systems
MCRIF32

EXHIBIT 1
FORM APPROVED
OMB NO. 0938-0301

This questionnaire is required under the authority of sections 1815(a) and 1833(e) of the Social Security Act. Failure to submit this questionnaire will result in suspension of Medicare payments.

To the degree that the information in CMS-339: 1) constitutes commercial or financial information which is confidential, and/or 2) is of a highly sensitive personal nature, the information will be protected from release under the Freedom of Information Act.

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 0938-0301. The time required to complete this information collection is estimated to average 17 hours and 20 minutes per response, including the time to review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE
(You MUST USE Instructions For Completing This Form
Located In PRM-II, § 1100ff.)

Provider Name: ST. JOSEPH HOSPITAL & HEALTH CENTR

Provider Number(s): 150010

Filed with Form CMS-2552-96

Period: From: 07/01/2009

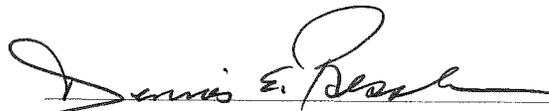
To: 06/30/2010

INTENTIONAL MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS QUESTIONNAIRE MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW.

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 information prepared by 150010 : ST. JOSEPH HOSPITAL & HEALTH CENTR (Provider name(s) and number(s) stated above) for the cost report period beginning 07/01/2009 and ending 06/30/2010 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(s) in accordance with applicable instructions, except as noted.

(Signed)



Officer or Administrator of Provider(s)

Date

11/24/2010

Title

VP-Finance

GARY MARKER

317/583-3232

Name and Telephone Number of Person to Contact for More Information

Date Prepared: 11/24/2010 3:29:54 PM

Data File: G:\finance\CostRepo\10 CR\St Joe\MCR Files\150010_10.MCR

Fiscal Year: 07/01/2009 To 06/30/2010

Provider Name: ST. JOSEPH HOSPITAL & HEALTH CENTR

Health Financial Systems

Provider No: 150010

MCRIF32

Street: 1907 WEST SYCAMORE

State: IN

PO Box:

Zip Code: 46901-

City: KOKOMO

County: HOWARD

Contact: GARY MARKER

Phone: 317/583-3232

Ext.

YES/NO

A. Provider Organization and Operation

NOTE: Section A to be completed by all providers.

- 1. The provider has:
 - a. Changed ownership. NO
If "yes", submit name and address of new owner, date of change, copy of sales agreement, or any similar agreement affecting change of ownership.
 - b. Terminated participation. NO
If "yes", list date of termination, and reason (Voluntary/Involuntary).
- 2. The provider, members of the board of directors, officers, medical staff or management personnel are associated with or involved in business transactions with the following:
 - a. Related organizations, management contracts and services under arrangements as owners (stockholders), management, by family relationship, or any other similar type relationship. NO
 - b. Management personnel of major suppliers of the provider (drug, medical supply companies, etc.). If "yes" to question 2a and/or 2b, attach a list of the individuals, the organizations involved, and description of the transactions. NO

B. Financial Data and Reports

NOTE: Section B to be completed by all providers.

- 1. During this cost reporting period, the financial statements are prepared by Certified Public Accountants or Public Accountants (submit complete copy or indicate available date) and are:
 - a. Audited; YES
 - b. Compiled; and
 - c. Reviewed.

NOTE: Where there is no affirmative response to the above described financial statements, attach a copy of the financial statements prepared and a description of the changes in accounting policies and practices if not mentioned in those statements.

- 2. Cost report total expenses and total revenues differ from those on the filed financial statement. If "yes", submit reconciliation. NO

C. Capital Related Cost

NOTE: Section C to be completed only by hospitals excluded from PPS (except Children's) and PPS hospitals that have a unit excluded from PPS.

Street: 1907 WEST SYCAMORE

State: IN

PO Box:

Zip Code: 46901-

City: KOKOMO

County: HOWARD

Contact: GARY MARKER

Phone: 317/583-3232

Ext.

YES/NO

- 1. Assets have been relifed for Medicare purposes. If "yes", attach detailed listing of these specific assets, by classes, as shown in the Fixed Asset Register. N/A

NOTE: For cost reporting periods beginning on or after October 1, 1991 and before October 1, 2001, under the capital - PPS consistency rule (42 CFR 412.302 (d)), PPS hospitals are precluded from relifing old capital.

- 2. Due to appraisals made during this cost reporting period, changes have occurred to Medicare depreciation expense. If "yes", attach copy of Appraisal Report and Appraisal Summary by class of asset. N/A

- 3. New leases and/or amendments to existing leases for land, equipment, or facilities with annual rental payment in excess of the amounts listed in the instructions, have been entered into during this cost reporting period. If "yes", submit a listing of these new leases and/or amendments to existing leases that have the following information: N/A

- o A new lease or lease renewal;
- o Parties to the lease;
- o Period covered by the lease;
- o Description of the asset being leased; and
- o Annual charge by the lessor.

NOTE: Providers are required to submit copies of the lease, or significant extracts, upon request from the intermediary.

- 4. There have been new capitalized leases entered into during the current cost reporting period. If "yes", attach a list of the individual assets by class, the department assigned to, and respective dollar amounts for all capitalized leases in accordance with the thresholds discussed in the instructions. N/A

- 5. Assets which were subject to §2314 of DEFRA were acquired during the period. If "yes", supply a computation of the basis. N/A

- 6. Provider's capitalization policy changed during cost reporting period. If "yes", submit copy. N/A

- 7. Obligated capital has been placed into use during the cost reporting period. If "yes", attach schedule listing each project, the cost of these projects and the date placed into service for patient care. N/A

D. Interest Expense

NOTE: Section D to be completed only by hospitals excluded from PPS (except Children's) and PPS hospitals that have a unit excluded from PPS.

- 1. New loan, mortgage agreements or letters of credit were entered into during the cost reporting period. N/A

Street: 1907 WEST SYCAMORE

State: IN

PO Box:

Zip Code: 46901-

City: KOKOMO

County: HOWARD

Contact: GARY MARKER

Phone: 317/583-3232

Ext.

YES/NO

If "yes", state the purpose and submit copies of debt documents and amortization schedules.

- 2. The provider has a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account. N/A

If "yes", submit a detailed analysis of the funded depreciation account for the cost reporting period. (See PRM-1, §226.4.)

- 3. Provider replaced existing debt prior to its scheduled maturity with new debt. N/A

If "yes", submit support for new debt and calculation of allowable cost. (See §233.3 for description of allowable cost.)

- 4. Provider recalled debt before scheduled maturity without issuance of new debt. N/A

If "yes", submit detail of debt cancellation costs. (See §215 for description and treatment of debt cancellation costs.)

E. Approved Educational Activities

NOTE: Section E to be completed by all providers.

- 1. Costs were claimed for Nursing School and Allied Health Programs. YES
If "yes", attach list of the programs and annotate for each whether the provider is the legal operator of the program.

- 2. Approvals and/or renewals were obtained during this cost reporting period for Nursing School and/or Allied Health Programs. NO

If "yes", submit copies.

- 3. Provider has claimed Intern-Resident costs on the current cost report. NO
If "yes", submit the current year Intern-Resident Information System (IRIS) on diskette.

- 4. Provider has initiated an Intern-Resident program in the current year or obtained a renewal of an existing program. NO

If "yes", submit certification/program approval.

- 5. Graduate Medical Education costs have been directly assigned to cost centers other than the Intern-Resident Services in an Approved Teaching Program, on Worksheet A, Form CMS-2552. NO

If "yes", submit appropriate workpapers indicating to which cost centers assigned and the amounts.

Street: 1907 WEST SYCAMORE **State:** IN
PO Box: **Zip Code:** 46901-
City: KOKOMO **County:** HOWARD

Contact: GARY MARKER
Phone: 317/583-3232 **Ext.**

YES/NO

F. Purchased Services

NOTE: Questions 1 and 2 to be completed only by hospitals excluded from PPS (except Children's) and PPS hospitals that have a unit excluded from PPS. Question 3 to be completed only by Inpatient PPS (IPPS) hospitals, hospitals with an IPPS subprovider, hospitals that would be subject to IPPS if not granted a waiver, and SNFs.

1. Changes or new agreements have occurred in patient care services furnished through contractual arrangements with suppliers of services. N/A

If "yes", submit copies of changes or contracts, or where there are no written agreements, attach description.

NOTE: Hospitals are only required to submit such information where the cost of the individual's services exceeds \$25,000 per year.

2. The requirements of §2135.2 were applied pertaining to competitive bidding. N/A

If "no", attach explanation.

3. Contract services are reported on Worksheet S-3, Part II, line 9 (hospitals) or line 17 (SNFs). YES

If "yes", submit a schedule showing the total direct patient care related contract labor, hours and calculated rate for each invoice paid during the year for the direct patient care related contract labor reported on Worksheet S-3, Part II, line 9 (hospitals) or line 17 (SNFs). Contracted labor will include any wage related costs. The contracted amounts for the top four management personnel (CEO, CFO, COO and Nursing Administrator) are not required to be reported by individuals. The total aggregate wage and hours will be reported for these management contracts. Other contracts or contracts for other management personnel should NOT be reported as they are not allowed in the computation of the wage index.

G. Provider-Based Physicians

NOTE: Section G to be completed only by hospitals excluded from PPS (except Children's) and PPS hospitals that have a unit excluded from PPS.

1. Services are furnished at the provider facility under an arrangement with provider-based physicians. N/A

If "yes", submit completed provider-based physician questionnaire (Exhibits 2 through 4A).

2. The provider has entered into new agreements or amended existing agreements with provider-based physicians during this cost reporting period.

If "yes", submit copies of new agreements or amendments to existing agreements and assignment authorizations. N/A

Street: 1907 WEST SYCAMORE

State: IN

PO Box:

Zip Code: 46901-

City: KOKOMO

County: HOWARD

Contact: GARY MARKER

Phone: 317/583-3232

Ext.

YES/NO

H. Home Office Costs

NOTE: Questions 1 through 6 to be completed only by hospitals excluded from PPS (except Children's) and PPS hospitals that have a unit excluded from PPS. Question 7 to be completed only by IPPS hospitals, hospitals with an IPPS subprovider, hospitals that would be subject to IPPS if not granted a waiver, and SNFs.

1. The provider is part of a chain organization. N/A
 If "yes", give full name and address of the home office:

Name:

Address:

City: State:

Zip:

Designated Intermediary:

2. A home office cost statement has been prepared by the home office. N/A
 If "yes", submit a schedule displaying the entire chain's direct, functional and pooled cost as provided to the designated home office intermediary as part of the home office cost statement.

3. The fiscal year end of the home office is different from that of the provider. N/A

If "yes", indicate the fiscal year end of the home office.

FYE

NOTE: Where the year ends of the provider and home office are not the same (nonconcurrent year ends), the summary listing, as described in number 2 above, will be necessary to support the provider's cost report.

4. Describe the operation of the intercompany accounts. Include in this description the types of costs included from these intercompany accounts and their location on the cost report. (Provide informative attachments not shown on Worksheet A-8-1). N/A

5. Actual expense amounts are transferred by the home office to the provider components on an interim basis. (Provide informative attachments if not shown on Worksheet A-8-1.) N/A

6. The provider renders services to:

a. Other chain components. N/A

b. The home office. N/A

If "yes", to either of the above, provide informative attachments.

7. Home Office or Related Organization personnel cost are reported on Worksheet S-3, Part II, Line 11 (hospitals) or line 18 (SNFs). YES

Date Prepared: 11/24/2010 3:29:54 PM

Data File: G:\finance\CostRepo\10 CR\St Joe\MCR Files\150010_10.MCR

Fiscal Year: 07/01/2009 To 06/30/2010

Provider Name: ST. JOSEPH HOSPITAL & HEALTH CENTR

Health Financial Systems

Provider No: 150010

MCRIF32

Street: 1907 WEST SYCAMORE

State: IN

PO Box:

Zip Code: 46901-

City: KOKOMO

County: HOWARD

Contact: GARY MARKER

Phone: 317/583-3232

Ext.

YES/NO

If yes, submit a schedule displaying the wages, wage related costs, and hours allocated to the individual chain components as provided to the designated home office intermediary to support the amount reported on Worksheet S-3, Part II, line 11 (hospitals) or line 18 (SNFs).

I. Bad Debts

NOTE: Section I to be completed by all providers.

- 1. The provider seeks Medicare reimbursement for bad debts. YES
If "yes", complete Exhibit 5 or submit internal schedules duplicating documentation required on Exhibit 5 to support bad debts claimed. (see instructions)
- 2. The provider's bad debt collection policy changed during the cost reporting period. NO
If "yes", submit copy.
- 3. The provider waives patient deductibles and/or copayments. NO
If yes, insure that they are not included on Exhibit 5.

J. Bed Complement

NOTE: Section J to be completed by all providers.

The provider's total available beds have changed from prior cost reporting period. YES
If "yes", provide an analysis of available beds and explain any changes during the cost reporting period.

K. PS&R Data

NOTE 1: Section K to be completed by all providers.

NOTE 2: Refer to the instructions regarding required documentation and attachments.

- 1. The cost report was prepared using the PS&R only?
 - a) Part A (including subproviders, SNF, etc.)? YES
 - b) Part B (inpatient and outpatient). YES
If yes, attach a crosswalk between revenue codes and charges found on the PS&R to the cost center groupings on the cost report. This crosswalk will reflect a cost center to revenue code match only.
- 2. The cost report was prepared using the PS&R for totals and the provider records for allocation.
 - a) Part A (including subproviders, SNF, etc). NO
 - b) Part B (inpatient and outpatient). NO

Date Prepared: 11/24/2010 3:29:54 PM

Data File: G:\finance\CostRepo\10 CR\St Joe\MCR Files\150010_10.MCR

Fiscal Year: 07/01/2009 To 06/30/2010

Provider Name: ST. JOSEPH HOSPITAL & HEALTH CENTR

Health Financial Systems

Provider No: 150010

MCRIF32

Street: 1907 WEST SYCAMORE

State: IN

PO Box:

Zip Code: 46901-

City: KOKOMO

County: HOWARD

Contact: GARY MARKER

Phone: 317/583-3232

Ext.

YES/NO

If yes, include a detailed crosswalk between revenue codes, departments and charges on the PS&R to the cost center groupings on the cost report. This crosswalk must include which revenue codes were allocated to each cost center. Supporting workpapers must accompany this crosswalk to provide sufficient documentation as to the accuracy of the provider records.

If the PS&R is used for the allocation of ASC, Radiology, Other Diagnostic, and All Other Part B, explain how the total charges are detailed to the various PS&R Medicare outpatient types. Include workpapers supporting the allocation of charges into the various cost centers. If internal records are used for either the type of service breakdown or the charge allocation, the source of this information must be included in the documentation.

3. Provider records only were used to complete the cost report?

a) Part A (including subproviders, SNF, etc.).

NO

b) Part B (inpatient and outpatient).

NO

If yes, attach detailed documentation of the system used to support the data reported on the cost report.

If the detail documentation was previously supplied, submit only necessary updated documentation.

The minimum requirements are:

- Copies of input tables, calculations, or charts supporting data elements for PPS operating rate components, capital PPS rate components, ASC payment group rates, Radiology and Other Diagnostic prevailing rates and other claims PRICING information.
- Log summaries and log detail supporting program utilization statistics, charges, prevailing rates and payment information broken into each Medicare bill type in a consistent manner with the PS&R.
- Reconciliation of remittance totals to the provider consolidated log totals.

Additional information may be supplied such as narrative documentation, internal flow charts, or outside vendor informational material.

Include the name of the system used and indicate how the system was maintained (vendor or provider). If the provider maintained the system, include date of last software update.

4. If yes to questions 1 or 2 above, were any of the following adjustments made to the Part A PS&R data?

Part A:

Date Prepared: 11/24/2010 3:29:54 PM

Data File: G:\finance\CostRepo\10 CR\St Joe\MCR Files\150010_10.MCR

Fiscal Year: 07/01/2009 To 06/30/2010

Provider Name: ST, JOSEPH HOSPITAL & HEALTH CENTR

Health Financial Systems

Provider No: 150010

MCRIF32

Street: 1907 WEST SYCAMORE

State:

IN

PO Box:

Zip Code:

46901-

City: KOKOMO

County:

HOWARD

Contact: GARY MARKER

Phone: 317/583-3232

Ext.

YES/NO

- a) Addition of claims billed but not on PS&R? Indicate the paid claims through date from the PS&R used and the final pay date of the claims that supplement the original PS&R. Also indicate the total charges for the claims added to the PS&R. Include a summary of the unpaid claims log. NO
- b) Correction of other PS&R information? NO
- c) Late charges? NO
- d) Other (describe)? NO

Part B (inpatient and outpatient):

- a) Addition of claims billed but not on PS&R? Indicate the paid claims through date from the PS&R used and the final pay date of the claims that supplement the original PS&R. Also indicate the total charges for the claims added to the PS&R. Include a summary of the unpaid claims log. NO
- b) Correction of other PS&R information? NO
- c) Late charges? NO
- d) Other (describe)? NO

Attach documentation which provides an audit trail from the PS&R to the cost report. The documentation should include the details of the PS&R, reclassifications, adjustments, and groupings necessary to trace to the cost center totals and in addition, for outpatient services, there should be an audit trail from the PS&R to the amounts shown on the cost report for outpatient charges by ASC, radiology, other diagnostic and all other service categories including standard overhead amounts and prevailing charges.

L. Wage Related Costs

NOTE: Section L to be completed only by IPPS hospitals, hospitals with an IPPS subprovider, hospitals that would be subject to IPPS if not granted a waiver, and SNFs.

- 1. Complete EXHIBIT 6, Part I (Per instructions). Part III must be completed to reconcile any differences between any fringe benefit cost reported on Worksheet A, Column 2, using Medicare principles and the corresponding wage related costs reported under GAAP for purposes of the wage index computation. YES
- 2. The individual wage related cost exceeds one percent of total adjusted salaries after removing excluded salaries. (Salaries reported on Worksheet S-3, Part III, Column 3, line 3 (CMS- 2552-96), or Worksheet S-3, Part II, Column 3, Line 26 2540-96). NO
- 3. Additional wage related costs were provided that meet ALL of the following tests:

Street: 1907 WEST SYCAMORE

State: IN

PO Box:

Zip Code: 46901-

City: KOKOMO

County: HOWARD

Contact: GARY MARKER

Phone: 317/583-3232

Ext.

YES/NO

- a. The cost is not listed on Part I of EXHIBIT 6. NO
- b. If any of the additional wage related cost applies to the excluded areas of the hospital, the cost associated with the excluded areas has been removed prior to making the 1 percent threshold test in question 2 above. NO
- c. The wage related cost has been reported to the IRS, as a fringe benefit if so required by the IRS. NO
- d. The individual wage related cost is not included in salaries reported on Worksheet S-3, Part III, column 3, line 3, (CMS-2552-96) or Worksheet S-3, Part II, Column 3, Line 16 (CMS-2540-96). NO
- e. The wage related cost is not being furnished for the convenience of the employer. NO

[v6.1]