

**ST. VINCENT SETON SPECIALTY HOSPITAL
INDIANAPOLIS, IN**

**MEDICARE PROVIDER NO. 15-2020
AND MEDICAID AIM NO. 200392020A**

**HOSPITAL STATEMENTS OF REIMBURSABLE COSTS
(MEDICARE AND MEDICAID PROGRAMS)**

JUNE 30, 2010

ST. VINCENT SETON SPECIALTY HOSPITAL
INDIANAPOLIS, IN

MEDICARE PROVIDER NO. 15-2020
AND MEDICAID AIM NO. 200392020A

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Accountants' Disclaimer

Hospital Statements of Reimbursable Costs

Board of Directors
St. Vincent Seton Specialty Hospital
Indianapolis, IN

We have compiled the Hospital Statements of Reimbursable Costs (Title XVIII and XIX) of St. Vincent Seton Specialty Hospital for the year ended June 30, 2010 in the accompanying prescribed form in accordance with Statements on Standards for Accounting Review Services issued by the American Institute of Certified Public Accountants.

Our compilation was limited to presenting in the form prescribed by the Centers for Medicare and Medicaid Services, information that is the representation of management. We have not audited or reviewed the report referred to above and, accordingly, do not express an opinion or any other form of assurance on it.

The report is presented in accordance with the requirements of the Centers for Medicare and Medicaid Services, which differ from generally accepted accounting principles. Accordingly, this report is not designed for those who are not informed about such differences.

This report is intended to be filed with the Centers for Medicare and Medicaid Services and should not be used for any other purposes.

Randall J. Associates, Inc.

November 22, 2010

THIS REPORT IS REQUIRED BY LAW (42 USC 1395j, 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 5
 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	15-2020	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: 11/23/2010 TIME 12:46

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 VINCENT SETON SPECIALTY HOSP INDY 15-2020
 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.

 ECR ENCRYPTION INFORMATION
 DATE: 11/23/2010 TIME 12:46

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 PI ENCRYPTION INFORMATION
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 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3		4
1	HOSPITAL	0	399,270	0	0
100	TOTAL	0	399,270	0	0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 8050 TOWNSHIP LINE ROAD P.O. BOX:
 1.01 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46260- COUNTY: MARION

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00	HOSPITAL	15-2020	2.01	2/ 8/2003	V XVIII XIX 4 5 6 N P O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2009 TO: 6/30/2010

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y 26900
- 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 INSTRU) 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). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.
- 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 IIME 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) N N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IIME 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) N N

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
28.02	0	0.0000	0.0000	
	0.00	0		

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

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)
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?
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS).
40.01 NAME: ST. VINCENT HEALTH FI/CONTRACTOR NAME
40.02 STREET: 10330 N. MERIDIAN ST P.O. BOX:
40.03 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46290-
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY?
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
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.)

Table with 6 columns: PART A, PART B, OUTPATIENT ASC, OUTPATIENT RADIOLOGY, OUTPATIENT DIAGNOSTIC. Row 47.00 HOSPITAL shows N for all categories.

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)
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
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.
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 0
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.

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.
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.
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.

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

MULTICAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	I/P DAYS /		O/P VISITS /		TRIPS	
				TITLE V	TITLE XVIII	NON COVERED MEDICARE DAYS	TITLE XIX	TITLE XIX	
1 ADULTS & PEDIATRICS	74	27,010	2.01	3	4	13,694	4.01	5	1,064
2 HMO									
2 01 HMO - (IRF PPS SUBPROVIDER)									
3 ADULTS & PED-SB SNF									
4 ADULTS & PED-SB NF									
5 TOTAL ADULTS AND PEDS	74	27,010				13,694			1,064
6 INTENSIVE CARE UNIT									
7 CORONARY CARE UNIT									
8 BURN INTENSIVE CARE UNIT									
9 SURGICAL INTENSIVE CARE UNIT									
11 NURSERY									
12 TOTAL	74	27,010				13,694			1,064
13 RPCH VISITS									
14 SUBPROVIDER									
15 SKILLED NURSING FACILITY									
16 NURSING FACILITY									
16 01 ICF/MR									
17 OTHER LONG TERM CARE									
18 HOME HEALTH AGENCY									
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE									
23 CORF									
25 TOTAL	74								
26 OBSERVATION BED DAYS									
27 AMBULANCE TRIPS									
28 EMPLOYEE DISCOUNT DAYS									
28 01 EMP DISCOUNT DAYS -IRF									
29 LABOR & DELIVERY DAYS									

COMPONENT	I/P DAYS /		O/P VISITS /	TRIPS		INTERNS & RES. FTES	
	TITLE XIX OBSERVATION BEDS ADMITTED	TITLE XIX OBSERVATION BEDS NOT ADMITTED		TITLE XIX OBSERVATION BEDS ADMITTED	TITLE XIX OBSERVATION BEDS NOT ADMITTED	TITLE XIX OBSERVATION BEDS ADMITTED	TITLE XIX OBSERVATION BEDS NOT ADMITTED
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			23,014				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			23,014				
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			23,014				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL							
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET	FULL TIME EQUIV		DISCHARGES			
		EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					448	23	738
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							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		295.99			448	23	738
13 RPCH VISITS							
14 SUBPROVIDER							

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		DISCHARGES			TOTAL ALL PATIENTS
	NET	9	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
15 SKILLED NURSING FACILITY			10	11	12	13	14	15
16 NURSING FACILITY								
16 01 ICF/MR								
17 OTHER LONG TERM CARE								
18 HOME HEALTH AGENCY								
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE								
23 CORF								
25 TOTAL			295.99					
26 OBSERVATION BED DAYS								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								
29 LABOR & DELIVERY DAYS								

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERI I PREPARED 11/22/2010
 I 15-2020 I FROM 1/2009 I WORKSHEET A
 I I TO 6/30/2010 I

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		1,682,898	1,682,898	-2,432	1,680,466
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		1,168,271	1,168,271		1,168,271
5	0500	EMPLOYEE BENEFITS	288,963	4,571,517	4,860,480		4,860,480
6	0600	ADMINISTRATIVE & GENERAL	2,645,640	2,336,589	4,982,229	2,432	4,984,661
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	328,239	678,287	1,006,526		1,006,526
9	0900	LAUNDRY & LINEN SERVICE					
10	1000	HOUSEKEEPING	222,450	218,035	440,485		440,485
11	1100	DIETARY	344,208	301,926	646,134		646,134
12	1200	CAFETERIA					
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	836,497	24,089	860,586		860,586
15	1500	CENTRAL SERVICES & SUPPLY					
16	1600	PHARMACY	1,368,420	3,181,377	4,549,797		4,549,797
17	1700	MEDICAL RECORDS & LIBRARY	67,608	156,370	223,978		223,978
18	1800	SOCIAL SERVICE	123,709	2,862	126,571		126,571
18.01	1801	PASTORAL CARE	124,522	3,215	127,737		127,737
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400	PARAMED ED PRGM					
25	2500	INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	7,352,265	4,583,859	11,936,124		11,936,124
26	2600	INTENSIVE CARE UNIT					
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
31	3100	SUBPROVIDER					
33	3300	NURSERY					
34	3400	SKILLED NURSING FACILITY					
35	3500	NURSING FACILITY					
35.01	3510	ICF/MR					
36	3600	OTHER LONG TERM CARE					
37	3700	ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	138,720	239,215	377,935		377,935
38	3800	RECOVERY ROOM					
39	3900	DELIVERY ROOM & LABOR ROOM					
40	4000	ANESTHESIOLOGY					
41	4100	RADIOLOGY-DIAGNOSTIC	306,449	442,342	748,791		748,791
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIOISOTOPE					
44	4400	LABORATORY		917,200	917,200		917,200
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.					
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	2,302,357	1,432,097	3,734,454		3,734,454
50	5000	PHYSICAL THERAPY	475,782	136,733	612,515		612,515
51	5100	OCCUPATIONAL THERAPY	298,856	30,635	329,491		329,491
52	5200	SPEECH PATHOLOGY	184,861	921	185,782		185,782
53	5300	ELECTROCARDIOLOGY	167,739	12,732	180,471		180,471
54	5400	ELECTROENCEPHALOGRAPHY	2,349	-53	2,296		2,296
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600	DRUGS CHARGED TO PATIENTS					
57	5700	RENAL DIALYSIS		580,279	580,279		580,279
58	5800	ASC (NON-DISTINCT PART)					
60	6000	OUTPAT SERVICE COST CNTRS					
61	6100	CLINIC					
62	6200	EMERGENCY					
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
64	6400	OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY					
82	8200	SPEC PURPOSE COST CENTERS					
82	8200	LUNG ACQUISITION					
83	8300	KIDNEY ACQUISITION					
84	8400	LIVER ACQUISITION					
86	8600	OTHER ORGAN ACQUISITION					
88	8800	INTEREST EXPENSE					
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D.P.)					
93	9300	HOSPICE					
95	9500	SUBTOTALS	17,579,634	22,701,396	40,281,030	-0-	40,281,030
96	9600	NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700	RESEARCH					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PER: I PREPARED 11/22/2010
I 15-2020 I FROM: 1/2009 I WORKSHEET A
I I TO 6/30/2010 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	NONREIMBURS COST CENTERS					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
101	TOTAL	17,579,634	22,701,396	40,281,030	-0-	40,281,030

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	530,384	2,210,850
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,168,271
5	0500 EMPLOYEE BENEFITS	-513,429	4,347,051
6	0600 ADMINISTRATIVE & GENERAL	1,173,770	6,158,431
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT		1,006,526
9	0900 LAUNDRY & LINEN SERVICE		
10	1000 HOUSEKEEPING	-4	440,481
11	1100 DIETARY	-136,090	510,044
12	1200 CAFETERIA		
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		860,586
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY	-5,257	4,544,540
17	1700 MEDICAL RECORDS & LIBRARY		223,978
18	1800 SOCIAL SERVICE	-13,455	113,116
18.01	1801 PASTORAL CARE		127,737
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM		
25	2500 ADULTS & PEDIATRICS	-473,675	11,462,449
26	2600 INTENSIVE CARE UNIT		
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		377,935
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC		748,791
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY		917,200
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY	19,999	3,754,453
50	5000 PHYSICAL THERAPY		612,515
51	5100 OCCUPATIONAL THERAPY		329,491
52	5200 SPEECH PATHOLOGY		185,782
53	5300 ELECTROCARDIOLOGY		180,471
54	5400 ELECTROENCEPHALOGRAPHY		2,296
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		
57	5700 RENAL DIALYSIS		580,279
58	5800 ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY		
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		
84	8400 LIVER ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
95	SUBTOTALS	582,243	40,863,273
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERI
I 15-2020 I FROM 1/2009 I PREPARED 11/22/2010
I I TO 6/30/2010 I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
98	9800 NONREIMBURS COST CENTERS		
99	9900 PHYSICIANS' PRIVATE OFFICES		
100	7950 NONPAID WORKERS		
101	7950 OTHER NONREIMBURSABLE COST CENTERS	618,139	618,139
	TOTAL	1,200,382	41,481,412

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
18.01	PASTORAL CARE	1801	SOCIAL SERVICE
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
OUTPAT SERVICE COST			
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
OTHER REIMBURS COST			
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
SPEC PURPOSE COST CE			
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
NONREIMBURS COST CEN			
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 152020	PI: 7/ 1/2009	PREPARED 11/22/2010
	TO 6/30/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE			
	CODE (1) COST CENTER		LINE NO	
	1	2	3	4
				5
1 INTEREST	E	ADMINISTRATIVE & GENERAL	6	
36 TOTAL RECLASSIFICATIONS				2,432

(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	DECREASE				A-7 REF 10	
	CODE (1)	COST CENTER	LINE NO	SALARY		OTHER
1 INTEREST	1	6	7	8	9	
36 TOTAL RECLASSIFICATIONS	E	NEW CAP REL COSTS-BLDG & FIXT	3			2,432 2,432

(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:	PE	PREPARED
152020	7/ 1/2009	11/22/2010
	TO	WORKSHEET A-6
	6/30/2010	NOT A CMS WORKSHEET

RECLASS CODE: E
 EXPLANATION : INTEREST

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	2,432	NEW CAP REL COSTS-BLDG & FIXT	3	2,432
TOTAL RECLASSIFICATIONS FOR CODE E		2,432			2,432

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	847,629						847,629	
2	LAND IMPROVEMENTS								
3	BUILDINGS & FIXTURE	17,143,648	3,790,488			3,790,488		20,934,136	
4	BUILDING IMPROVEMEN								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT								
7	SUBTOTAL	17,991,277	3,790,488			3,790,488		21,781,765	
8	RECONCILING ITEMS								
9	TOTAL	17,991,277	3,790,488			3,790,488		21,781,765	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

* 1 2 3 4 5	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL 8
		GROSS ASSETS 1	CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL	20,934,136		20,934,136				
	NEW CAP REL COSTS-MV							
	TOTAL	20,934,136		20,934,136				

* 1 2 3 4 5	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	
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL	2,020,229	168,485	9,504	12,632		2,210,850	
	NEW CAP REL COSTS-MV		1,166,879		1,392		1,168,271	
	TOTAL	2,020,229	1,335,364	9,504	14,024		3,379,121	

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

* 1 2 3 4 5	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	
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL	1,489,235	168,485	12,546	12,632		1,682,898	
	NEW CAP REL COSTS-MV		1,166,879		1,392		1,168,271	
	TOTAL	1,489,235	1,335,364	12,546	14,024		2,851,169	

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	
	1	2	3	LINE NO	4
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-447,395			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	1,874,251			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-132,600	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
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			UTILIZATION REVIEW-SNF	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-PHYSICIANS ANESTHETIST			NONPHYSICIAN ANESTHETISTS	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 MARKETING	A	-15	ADMINISTRATIVE & GENERAL	6	
38 LOBBYING EXPENSE	A	-1,091	ADMINISTRATIVE & GENERAL	6	
39 MISCELLANEOUS INCOME	B	-661	ADMINISTRATIVE & GENERAL	6	
40 MISCELLANEOUS INCOME	B	-11,564	SOCIAL SERVICE	18	
41 MISCELLANEOUS INCOME	B	-4	HOUSEKEEPING	10	
42					
43 INCENTIVE PAYROLL	A	-29,262	ADMINISTRATIVE & GENERAL	6	
44 INCENTIVE FICA	A	-2,239	EMPLOYEE BENEFITS	5	
45 LOBBYING	A	-969	ADMINISTRATIVE & GENERAL	6	
46 DONATIONS	A	-3,490	DIETARY	11	
47 DONATIONS/CHARITABLE EXP.	A	-18,575	ADMINISTRATIVE & GENERAL	6	
48 CHARITABLE EXP.	A	-1,272	PHARMACY	16	
49 CHARITABLE EXP.	A	-1,891	SOCIAL SERVICE	18	
49.01 LOSS ON SALE OF ASSETS	A	-26,280	ADULTS & PEDIATRICS	25	
49.02 GAIN ON SALE OF ASSETS	A	19,999	RESPIRATORY THERAPY	49	
49.03 LOSS ON SALE OF ASSETS	A	-13,130	ADMINISTRATIVE & GENERAL	6	
49.04 LOSS ON SALE OF ASSETS	A	-3,985	PHARMACY	16	
49.05 COLLECTION AGENCY FEES	A	555	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		1,200,382			

(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	5	EMPLOYEE BENEFITS	361,371	361,371		
2	6	ADMINISTRATIVE & GENERAL	240,969	240,969		
3						
4						
4.01	11	DIETARY	344,211	344,211		
4.02						
4.03	16	PHARMACY	30,149	30,149		
4.04	17	MEDICAL RECORDS & LIBRARY	111,369	111,369		
4.05	18	PASTORAL CARE	124,522	124,522		
4.06	25	ADULTS & PEDIATRICS	210,557	210,557		
4.07	37	OPERATING ROOM	186,346	186,346		
4.08	41	RADIOLOGY-DIAGNOSTIC	580,043	580,043		
4.09	44	LABORATORY	19,572	19,572		
4.10	49	RESPIRATORY THERAPY	18,670	18,670		
4.11	50	PHYSICAL THERAPY	803	803		
4.12	52	SPEECH PATHOLOGY	135	135		
4.13	53	ELECTROCARDIOLOGY	12,732	12,732		
4.14	54	ELECTROENCEPHALOGRAPHY	-53	-53		
4.15	57	RENAL DIALYSIS	1,725	1,725		
4.16	5	EMPLOYEE BENEFITS	485,094	701,574	-216,480	
4.17	3	NEW CAP REL COSTS-BLDG &	533,426		533,426	
4.18	6	ADMINISTRATIVE & GENERAL	3,417,108	2,179,458	1,237,650	9
4.19	6	ADMINISTRATIVE & GENERAL	1,700	2,432	-732	
4.20	3	NEW CAP REL COSTS-BLDG &	7,072	10,114	-3,042	
4.21	5	EMPLOYEE BENEFITS	1,307,109	1,601,819	-294,710	11
4.22	100	OTHER NONREIMBURSABLE COS	618,139		618,139	
4.23						
4.24						
4.25						
4.26						
4.27						
4.28						
5		TOTALS	8,612,769	6,738,518	1,874,251	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	100.00	ST VINCENT HEALTH	100.00	HOME OFFICE
2	G	100.00	ASCENSION	100.00	HOME OFFICE
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

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
25	DR IKERD/REISMAN, PULM.	485,610	380,024	105,586	165,600	480	38,215	1,911
101	TOTAL	485,610	380,024	105,586		480	38,215	1,911

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
		12	13	14	15	16	17	18
1	25 DR IKERD/REISMAN, PULM.					38,215	67,371	447,395
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					38,215	67,371	447,395

COST ALLOCATION STATISTICS

I PROVIDER NO: I PER I PREPARED 11/22/2010
 I 15-2020 I FROM 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	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	PATIENT DAYS		ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	8	PATIENT DAYS		ENTERED
12	CAFETERIA	11	MEALS	SERVED	NOT ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	8	PATIENT DAYS		ENTERED
18	SOCIAL SERVICE	8	PATIENT DAYS		ENTERED
18.01	PASTORAL CARE	8	PATIENT DAYS		ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED	TIME	NOT ENTERED
24	PARAMED ED PRGM	22	ASSIGNED	TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL COSTS-BLDG &	C OLD CAP REL COSTS-MVBLE	C NEW CAP REL COSTS-BLDG &	C NEW CAP REL COSTS-MVBLE	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	
001 GENERAL SERVICE COST CNTR							5a.00
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	2,210,850			2,210,850			
004 NEW CAP REL COSTS-MVBLE E	1,168,271				1,168,271		
005 EMPLOYEE BENEFITS	4,347,051					4,347,051	
006 ADMINISTRATIVE & GENERAL	6,158,431			67,953	35,908	665,140	6,927,432
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,006,526			149,421	78,958	82,523	1,317,428
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	440,481			40,495	21,399	55,926	558,301
011 DIETARY	510,044			93,740	49,535	86,537	739,856
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	860,586			168,618	89,102	210,304	1,328,610
015 CENTRAL SERVICES & SUPPLY				14,517	7,671		22,188
016 PHARMACY	4,544,540			53,293	28,161	344,034	4,970,028
017 MEDICAL RECORDS & LIBRARY	223,978			25,644	13,551	16,997	280,170
018 SOCIAL SERVICE	113,116					31,102	144,218
018 01 PASTORAL CARE	127,737			17,382	9,185	31,306	185,610
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	11,462,449			1,464,511	773,884	1,848,437	15,549,281
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	377,935			7,688	4,063	34,876	424,562
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	748,791			38,680	20,440	77,044	884,955
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	917,200			6,638	3,508		927,346
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	3,754,453			16,618	8,782	578,836	4,358,689
051 PHYSICAL THERAPY	612,515			45,652	24,124	119,616	801,907
052 OCCUPATIONAL THERAPY	329,491					75,135	404,626
053 SPEECH PATHOLOGY	185,782					46,476	232,258
054 ELECTROCARDIOLOGY	180,471					42,171	222,642
055 ELECTROENCEPHALOGRAPHY	2,296					591	2,887
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS							
058 RENAL DIALYSIS	580,279						580,279
059 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY							
063 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
072 LUNG ACQUISITION							
073 SPEC PURPOSE COST CENTERS							
074 KIDNEY ACQUISITION							
075 LIVER ACQUISITION							
076 OTHER ORGAN ACQUISITION							
077 AMBULATORY SURGICAL CENTE							
078 HOSPICE							
079 SUBTOTALS	40,863,273			2,210,850	1,168,271	4,347,051	40,863,273
080 NONREIMBURS COST CENTERS							
081 GIFT, FLOWER, COFFEE SHOP							
082 RESEARCH							
083 PHYSICIANS' PRIVATE OFFIC							
084 NONPAID WORKERS							

COST CENTER DESCRIPTION	NET EXPENSES	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	SUBTOTAL
	FOR COST ALLOCATION	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	0	1	2	3	4	5	
NONREIMBURS COST CENTERS							5a.00
100 OTHER NONREIMBURSABLE COS	618,139						618,139
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	41,481,412			2,210,850	1,168,271	4,347,051	41,481,412

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: PERIOD: I PREPARED 11/22/2010
 I 15-2020 FROM 7/ 1/2009 I WORKSHEET B
 I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF E & GENERAL REPAIRS			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
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						
007	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	6,927,432					
008	OPERATION OF PLANT	264,119	1,581,547				
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING	111,929	32,127		702,357		
011	DIETARY	148,327	74,370		33,712	996,265	
012	CAFETERIA						
013	MAINTENANCE OF PERSONNEL						
014	NURSING ADMINISTRATION	266,361	133,775		60,641		
015	CENTRAL SERVICES & SUPPLY	4,448	11,517		5,221		
016	PHARMACY	996,396	42,281		19,166		
017	MEDICAL RECORDS & LIBRARY	56,169	20,345		9,222		
018	SOCIAL SERVICE	28,913					
018 01	PASTORAL CARE	37,211	13,790		6,251		
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGM C						
024	PARAMED ED PRGM						
025	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3,117,352	1,161,885		526,687	996,265	
026	INTENSIVE CARE UNIT						
027	CORONARY CARE UNIT						
028	BURN INTENSIVE CARE UNIT						
029	SURGICAL INTENSIVE CARE U						
031	SUBPROVIDER						
033	NURSERY						
034	SKILLED NURSING FACILITY						
035	NURSING FACILITY						
035 01	ICF/MR						
036	OTHER LONG TERM CARE						
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM	85,117	6,100		2,765		
038	RECOVERY ROOM						
039	DELIVERY ROOM & LABOR ROO						
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC	177,417	30,688		13,911		
042	RADIOLOGY-THERAPEUTIC						
043	RADIOISOTOPE						
044	LABORATORY	185,915	5,266		2,387		
045	PBP CLINICAL LAB SERVICES						
046	WHOLE BLOOD & PACKED RED						
047	BLOOD STORING, PROCESSING						
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY	873,834	13,184		5,976		
050	PHYSICAL THERAPY	160,767	36,219		16,418		
051	OCCUPATIONAL THERAPY	81,120					
052	SPEECH PATHOLOGY	46,563					
053	ELECTROCARDIOLOGY	44,635					
054	ELECTROENCEPHALOGRAPHY	579					
055	MEDICAL SUPPLIES CHARGED						
056	DRUGS CHARGED TO PATIENTS						
057	RENAL DIALYSIS	116,335					
058	ASC (NON-DISTINCT PART)						
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC						
061	EMERGENCY						
062	OBSERVATION BEDS (NON-DIS						
062	OTHER REIMBURS COST CNTRS						
064	HOME PROGRAM DIALYSIS						
065	AMBULANCE SERVICES						
066	DURABLE MEDICAL EQUIP-REN						
067	DURABLE MEDICAL EQUIP-SOL						
069	CORF						
070	I&R SERVICES-NOT APPRVD P						
071	HOME HEALTH AGENCY						
082	LUNG ACQUISITION						
083	SPEC PURPOSE COST CENTERS						
083	KIDNEY ACQUISITION						
084	LIVER ACQUISITION						
086	OTHER ORGAN ACQUISITION						
092	AMBULATORY SURGICAL CENTE						
093	HOSPICE						
095	SUBTOTALS	6,803,507	1,581,547		702,357	996,265	
096	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP						
097	RESEARCH						
098	PHYSICIANS' PRIVATE OFFIC						
099	NONPAID WORKERS						

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12	
NONREIMBURS COST CENTERS								
100 OTHER NONREIMBURSABLE COS	123,925							
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	6,927,432		1,581,547		702,357	996,265		

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO:
I 15-2020
I

PERIOD:
FROM 7/ 1/2009
I TO 6/30/2010 I

I PREPARED 11/22/2010
I WORKSHEET B
I PART I

COST CENTER DESCRIPTION	13	14	15	16	17	18	18.01
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							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		1,789,387		43,374			
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY					6,027,871		
018 MEDICAL RECORDS & LIBRARY						365,906	
018 01 SOCIAL SERVICE							173,131
020 01 PASTORAL CARE							242,862
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		1,328,644				365,906	173,131
028 INTENSIVE CARE UNIT							242,862
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
035 SUBPROVIDER							
036 NURSERY							
037 SKILLED NURSING FACILITY							
038 NURSING FACILITY							
039 01 ICF/MR							
040 OTHER LONG TERM CARE							
041 ANCILLARY SRVC COST CNTRS							
042 OPERATING ROOM							
043 RECOVERY ROOM							
044 DELIVERY ROOM & LABOR ROO							
045 ANESTHESIOLOGY							
046 RADIOLOGY-DIAGNOSTIC							
047 RADIOLOGY-THERAPEUTIC							
048 RADIOISOTOPE							
049 LABORATORY							
050 PBP CLINICAL LAB SERVICES							
051 WHOLE BLOOD & PACKED RED							
052 BLOOD STORING, PROCESSING							
053 INTRAVENOUS THERAPY							
054 RESPIRATORY THERAPY		303,318		43,374			
055 PHYSICAL THERAPY		85,757					
056 OCCUPATIONAL THERAPY		46,383					
057 SPEECH PATHOLOGY		25,285					
058 ELECTROCARDIOLOGY							
059 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED					6,027,871		
061 DRUGS CHARGED TO PATIENTS							
062 RENAL DIALYSIS							
063 ASC (NON-DISTINCT PART)							
064 OUTPAT SERVICE COST CNTRS							
065 CLINIC							
066 EMERGENCY							
067 OBSERVATION BEDS (NON-DIS							
068 OTHER REIMBURS COST CNTRS							
069 HOME PROGRAM DIALYSIS							
070 AMBULANCE SERVICES							
071 DURABLE MEDICAL EQUIP-REN							
072 DURABLE MEDICAL EQUIP-SOL							
073 CORF							
074 I&R SERVICES-NOT APPRVD P							
075 HOME HEALTH AGENCY							
076 LUNG ACQUISITION							
077 SPEC PURPOSE COST CENTERS							
078 KIDNEY ACQUISITION							
079 LIVER ACQUISITION							
080 OTHER ORGAN ACQUISITION							
081 AMBULATORY SURGICAL CENTE							
082 HOSPICE							
083 SUBTOTALS		1,789,387		43,374	6,027,871	365,906	173,131
084 NONREIMBURS COST CENTERS							242,862
085 GIFT, FLOWER, COFFEE SHOP							
086 RESEARCH							
087 PHYSICIANS' PRIVATE OFFIC							
088 NONPAID WORKERS							
089							
090							
091							
092							
093							
094							
095							
096							
097							
098							
099							

COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	PASTORAL CARE
NONREIMBURS COST CENTERS	13	14	15	16	17	18	18.01
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		1,789,387	43,374	6,027,871	365,906	173,131	242,862

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: (PERIOD: I PREPARED 11/22/2010
 I 15-2020 FROM 7/ 1/2009 I WORKSHEET B
 I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	20	21	22	23	24		25	26
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								
007 ADMINISTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
013 CAFETERIA								
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION								
016 CENTRAL SERVICES & SUPPLY								
017 PHARMACY								
018 MEDICAL RECORDS & LIBRARY								
018 01 SOCIAL SERVICE								
020 PASTORAL CARE								
021 NONPHYSICIAN ANESTHETISTS								
022 NURSING SCHOOL								
023 I&R SERVICES-SALARY & FRI								
024 I&R SERVICES-OTHER PRGM C								
025 PARAMED ED PRGM								
026 INPAT ROUTINE SRVC CNTRS								
027 ADULTS & PEDIATRICS							23,462,013	
028 INTENSIVE CARE UNIT								
029 CORONARY CARE UNIT								
031 BURN INTENSIVE CARE UNIT								
033 SURGICAL INTENSIVE CARE U								
034 SUBPROVIDER								
035 NURSERY								
035 01 SKILLED NURSING FACILITY								
036 NURSING FACILITY								
037 OTHER LONG TERM CARE								
038 ANCILLARY SRVC COST CNTRS								
039 OPERATING ROOM							518,544	
040 RECOVERY ROOM								
041 DELIVERY ROOM & LABOR ROO								
042 ANESTHESIOLOGY								
043 RADIOLOGY-DIAGNOSTIC							1,106,971	
044 RADIOLOGY-THERAPEUTIC								
045 RADIOISOTOPE								
046 LABORATORY							1,120,914	
047 PBP CLINICAL LAB SERVICES								
048 WHOLE BLOOD & PACKED RED								
049 BLOOD STORING, PROCESSING								
050 INTRAVENOUS THERAPY								
051 RESPIRATORY THERAPY							5,598,375	
052 PHYSICAL THERAPY							1,101,068	
053 OCCUPATIONAL THERAPY							532,129	
054 SPEECH PATHOLOGY							304,106	
055 ELECTROCARDIOLOGY							267,277	
056 ELECTROENCEPHALOGRAPHY							3,466	
057 MEDICAL SUPPLIES CHARGED								
058 DRUGS CHARGED TO PATIENTS							6,027,871	
060 RENAL DIALYSIS							696,614	
061 ASC (NON-DISTINCT PART)								
062 OUTPAT SERVICE COST CNTRS								
064 CLINIC								
065 EMERGENCY								
066 OBSERVATION BEDS (NON-DIS								
067 OTHER REIMBURS COST CNTRS								
068 HOME PROGRAM DIALYSIS								
069 AMBULANCE SERVICES								
070 DURABLE MEDICAL EQUIP-REN								
071 DURABLE MEDICAL EQUIP-SOL								
072 CORF								
073 I&R SERVICES-NOT APPRVD P								
074 HOME HEALTH AGENCY								
075 LUNG ACQUISITION								
076 SPEC PURPOSE COST CENTERS								
077 KIDNEY ACQUISITION								
078 LIVER ACQUISITION								
079 OTHER ORGAN ACQUISITION								
080 AMBULATORY SURGICAL CENTE								
081 HOSPICE								
082 SUBTOTALS							40,739,348	
083 NONREIMBURS COST CENTERS								
084 GIFT, FLOWER, COFFEE SHOP								
085 RESEARCH								
086 PHYSICIANS' PRIVATE OFFIC								
087 NONPAID WORKERS								

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	ED PR	SUBTOTAL	I&R COST POST STEP-DOWN	ADJ
100 NONREIMBURS COST CENTERS	20	21	22	23	24		25		26
101 OTHER NONREIMBURSABLE COS									
102 CROSS FOOT ADJUSTMENT								742,064	
103 NEGATIVE COST CENTER									
TOTAL								41,481,412	

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
007	ADMINISTRATIVE & GENERAL	
008	MAINTENANCE & REPAIRS	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
013	CAFETERIA	
014	MAINTENANCE OF PERSONNEL	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
018	MEDICAL RECORDS & LIBRARY	
018	01 SOCIAL SERVICE	
020	PASTORAL CARE	
021	NONPHYSICIAN ANESTHETISTS	
022	NURSING SCHOOL	
023	I&R SERVICES-SALARY & FRI	
024	I&R SERVICES-OTHER PRGM C	
025	PARAMED ED PRGM	
026	INPAT ROUTINE SRVC CNTRS	23,462,013
027	ADULTS & PEDIATRICS	
028	INTENSIVE CARE UNIT	
029	CORONARY CARE UNIT	
031	BURN INTENSIVE CARE UNIT	
033	SURGICAL INTENSIVE CARE U	
034	SUBPROVIDER	
035	NURSERY	
035	01 SKILLED NURSING FACILITY	
036	NURSING FACILITY	
037	01 ICF/MR	
038	OTHER LONG TERM CARE	
039	ANCILLARY SRVC COST CNTRS	
041	OPERATING ROOM	518,544
042	RECOVERY ROOM	
043	DELIVERY ROOM & LABOR ROO	
044	ANESTHESIOLOGY	
045	RADIOLOGY-DIAGNOSTIC	1,106,971
046	RADIOLOGY-THERAPEUTIC	
047	RADIOISOTOPE	
048	LABORATORY	1,120,914
049	PBP CLINICAL LAB SERVICES	
050	WHOLE BLOOD & PACKED RED	
051	BLOOD STORING, PROCESSING	
052	INTRAVENOUS THERAPY	
053	RESPIRATORY THERAPY	5,598,375
054	PHYSICAL THERAPY	1,101,068
055	OCCUPATIONAL THERAPY	532,129
056	SPEECH PATHOLOGY	304,106
057	ELECTROCARDIOLOGY	267,277
058	ELECTROENCEPHALOGRAPHY	3,466
059	MEDICAL SUPPLIES CHARGED	
060	DRUGS CHARGED TO PATIENTS	6,027,871
061	RENAL DIALYSIS	696,614
062	ASC (NON-DISTINCT PART)	
063	OUTPAT SERVICE COST CNTRS	
064	CLINIC	
065	EMERGENCY	
066	OBSERVATION BEDS (NON-DIS	
067	OTHER REIMBURS COST CNTRS	
068	HOME PROGRAM DIALYSIS	
069	AMBULANCE SERVICES	
070	DURABLE MEDICAL EQUIP-REN	
071	DURABLE MEDICAL EQUIP-SOL	
072	CORF	
073	I&R SERVICES-NOT APPRVD P	
074	HOME HEALTH AGENCY	
075	LUNG ACQUISITION	
076	SPEC PURPOSE COST CENTERS	
077	KIDNEY ACQUISITION	
078	LIVER ACQUISITION	
079	OTHER ORGAN ACQUISITION	
080	AMBULATORY SURGICAL CENTE	
081	HOSPICE	
082	SUBTOTALS	40,739,348
083	NONREIMBURS COST CENTERS	
084	GIFT, FLOWER, COFFEE SHOP	
085	RESEARCH	
086	PHYSICIANS' PRIVATE OFFIC	
087	NONPAID WORKERS	

		TOTAL
COST CENTER	DESCRIPTION	
	NONREIMBURS COST CENTERS	27
100	OTHER NONREIMBURSABLE COS	742,064
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	41,481,412

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
006	ADMINISTRATIVE & GENERAL			67,953	35,908	103,861	
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT			149,421	78,958	228,379	
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING			40,495	21,399	61,894	
011	DIETARY			93,740	49,535	143,275	
012	CAFETERIA						
013	MAINTENANCE OF PERSONNEL						
014	NURSING ADMINISTRATION			168,618	89,102	257,720	
015	CENTRAL SERVICES & SUPPLY			14,517	7,671	22,188	
016	PHARMACY			53,293	28,161	81,454	
017	MEDICAL RECORDS & LIBRARY			25,644	13,551	39,195	
018	SOCIAL SERVICE						
018	01 PASTORAL CARE			17,382	9,185	26,567	
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGM C						
024	PARAMED ED PRGM						
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS			1,464,511	773,884	2,238,395	
026	INTENSIVE CARE UNIT						
027	CORONARY CARE UNIT						
028	BURN INTENSIVE CARE UNIT						
029	SURGICAL INTENSIVE CARE U						
031	SUBPROVIDER						
033	NURSERY						
034	SKILLED NURSING FACILITY						
035	NURSING FACILITY						
035	01 ICF/MR						
036	OTHER LONG TERM CARE						
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM			7,688	4,063	11,751	
038	RECOVERY ROOM						
039	DELIVERY ROOM & LABOR ROO						
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC			38,680	20,440	59,120	
042	RADIOLOGY-THERAPEUTIC						
043	RADIOISOTOPE						
044	LABORATORY			6,638	3,508	10,146	
045	PBP CLINICAL LAB SERVICES						
046	WHOLE BLOOD & PACKED RED						
047	BLOOD STORING, PROCESSING						
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY			16,618	8,782	25,400	
050	PHYSICAL THERAPY			45,652	24,124	69,776	
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY						
054	ELECTROENCEPHALOGRAPHY						
055	MEDICAL SUPPLIES CHARGED						
056	DRUGS CHARGED TO PATIENTS						
057	RENAL DIALYSIS						
058	ASC (NON-DISTINCT PART)						
058	OUTPAT SERVICE COST CNTRS						
060	CLINIC						
061	EMERGENCY						
062	OBSERVATION BEDS (NON-DIS						
062	OTHER REIMBURS COST CNTRS						
064	HOME PROGRAM DIALYSIS						
065	AMBULANCE SERVICES						
066	DURABLE MEDICAL EQUIP-REN						
067	DURABLE MEDICAL EQUIP-SOL						
069	CORF						
070	I&R SERVICES-NOT APPRVD P						
071	HOME HEALTH AGENCY						
082	LUNG ACQUISITION						
082	SPEC PURPOSE COST CENTERS						
083	KIDNEY ACQUISITION						
084	LIVER ACQUISITION						
086	OTHER ORGAN ACQUISITION						
092	AMBULATORY SURGICAL CENTE						
093	HOSPICE						
095	SUBTOTALS			2,210,850	1,168,271	3,379,121	
095	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP						
097	RESEARCH						
098	PHYSICIANS' PRIVATE OFFIC						
099	NONPAID WORKERS						

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-2020 I PERIOD: FROM 7/ 1/2009 I TO 6/30/2010 I PREPARED 11/22/2010 I WORKSHEET B I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
	0	1	2	3	4	4a	5
NONREIMBURS COST CENTERS							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				2,210,850	1,168,271	3,379,121	

ALLOCATION OF NEW CAPITAL REPAI ED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF E & GENERAL REPAIRS PLANT			LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
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							
007 ADMINISTRATIVE & GENERAL	103,861						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	3,960		232,339				
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING	1,678		4,720		68,292		
012 DIETARY	2,224		10,925		3,278	159,702	
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	3,994		19,652		5,896		
016 CENTRAL SERVICES & SUPPLY	67		1,692		508		
017 PHARMACY	14,940		6,211		1,864		
018 MEDICAL RECORDS & LIBRARY	842		2,989		897		
018 01 SOCIAL SERVICE	434						
018 01 PASTORAL CARE	558		2,026		608		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	46,733		170,688		51,210	159,702	
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
034 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,276		896		269		
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	2,660		4,508		1,353		
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	2,788		774		232		
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	13,102		1,937		581		
050 PHYSICAL THERAPY	2,411		5,321		1,596		
051 OCCUPATIONAL THERAPY	1,216						
052 SPEECH PATHOLOGY	698						
053 ELECTROCARDIOLOGY	669						
054 ELECTROENCEPHALOGRAPHY	9						
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	1,744						
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	102,003		232,339		68,292	159,702	
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIV	MAINTENANCE	& OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA
	E & GENERAL	REPAIRS	PLANT	EN SERVICE			
	6	7	8	9	10	11	12
100 NONREIMBURS COST CENTERS							
101 OTHER NONREIMBURSABLE COS	1,858						
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	103,861		232,339		68,292	159,702	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	PASTORAL CARE
	F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	E	
	13	14	15	16	17	18	18.01
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							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		287,262					
016 CENTRAL SERVICES & SUPPLY			24,455				
017 PHARMACY				104,469			
018 MEDICAL RECORDS & LIBRARY					43,923		
018 SOCIAL SERVICE						434	
018 01 PASTORAL CARE							29,759
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		213,296			43,923	434	29,759
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC							
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY							
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		48,694	24,455				
050 PHYSICAL THERAPY		13,767					
051 OCCUPATIONAL THERAPY		7,446					
052 SPEECH PATHOLOGY		4,059					
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS				104,469			
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS		287,262	24,455	104,469	43,923	434	29,759
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							

ALLOCATION OF NEW CAPITAL RECORDED COSTS

I PROVIDER NO: 15-2020 I PERIOD: FROM 7/1/2009 I TO 6/30/2010 I PREPARED 11/22/2010 I WORKSHEET B I PART III

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	ADMIN CENTRAL SERVICES & SUPPLY	SERVI PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PASTORAL CARE
NONREIMBURS COST CENTERS	13	14	15	16	17	18	18.01
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		287,262	24,455	104,469	43,923	434	29,759

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: PERIOD: I PREPARED 11/22/2010
 I 15-2020 FROM 7/ 1/2009 I WORKSHEET B
 I TO 6/30/2010 I PART III

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	20	21	22	23	24	25	26
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							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
018 01 PASTORAL CARE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS						2,954,140	
026 ADULTS & PEDIATRICS							
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM						14,192	
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC						67,641	
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY						13,940	
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY						114,169	
051 PHYSICAL THERAPY						92,871	
052 OCCUPATIONAL THERAPY						8,662	
053 SPEECH PATHOLOGY						4,757	
054 ELECTROCARDIOLOGY						669	
055 ELECTROENCEPHALOGRAPHY						9	
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS						104,469	
058 RENAL DIALYSIS						1,744	
060 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							
064 EMERGENCY							
065 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 HOME PROGRAM DIALYSIS							
068 AMBULANCE SERVICES							
069 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 CORF							
072 I&R SERVICES-NOT APPRVD P							
073 HOME HEALTH AGENCY							
074 LUNG ACQUISITION							
075 SPEC PURPOSE COST CENTERS							
076 KIDNEY ACQUISITION							
077 LIVER ACQUISITION							
078 OTHER ORGAN ACQUISITION							
079 AMBULATORY SURGICAL CENTE							
080 HOSPICE							
081 SUBTOTALS						3,377,263	
082 NONREIMBURS COST CENTERS							
083 GIFT, FLOWER, COFFEE SHOP							
084 RESEARCH							
085 PHYSICIANS' PRIVATE OFFIC							
086 NONPAID WORKERS							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: PERIOD: I PREPARED 11/22/2010
 I 15-2020 FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART III

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	20	21	22	23	24	25	26
NONREIMBURS COST CENTERS							
OTHER NONREIMBURSABLE COS						1,858	
CROSS FOOT ADJUSTMENTS							
NEGATIVE COST CENTER							
TOTAL						3,379,121	

TOTAL

27

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
007	ADMINISTRATIVE & GENERAL	
008	MAINTENANCE & REPAIRS	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
013	CAFETERIA	
014	MAINTENANCE OF PERSONNEL	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
018	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
018	01 PASTORAL CARE	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM	
025	INPAT ROUTINE SRVC CNTRS	2,954,140
026	ADULTS & PEDIATRICS	
027	INTENSIVE CARE UNIT	
028	CORONARY CARE UNIT	
029	BURN INTENSIVE CARE UNIT	
031	SURGICAL INTENSIVE CARE U	
033	SUBPROVIDER	
034	NURSERY	
034	SKILLED NURSING FACILITY	
035	NURSING FACILITY	
035	01 ICF/MR	
036	OTHER LONG TERM CARE	
037	ANCILLARY SRVC COST CNTRS	
038	OPERATING ROOM	14,192
039	RECOVERY ROOM	
040	DELIVERY ROOM & LABOR ROO	
041	ANESTHESIOLOGY	
042	RADIOLOGY-DIAGNOSTIC	67,641
043	RADIOLOGY-THERAPEUTIC	
044	RADIOISOTOPE	
045	LABORATORY	13,940
046	PBP CLINICAL LAB SERVICES	
047	WHOLE BLOOD & PACKED RED	
048	BLOOD STORING, PROCESSING	
049	INTRAVENOUS THERAPY	
050	RESPIRATORY THERAPY	114,169
051	PHYSICAL THERAPY	92,871
052	OCCUPATIONAL THERAPY	8,662
053	SPEECH PATHOLOGY	4,757
054	ELECTROCARDIOLOGY	669
055	ELECTROENCEPHALOGRAPHY	9
056	MEDICAL SUPPLIES CHARGED	
057	DRUGS CHARGED TO PATIENTS	104,469
058	RENAL DIALYSIS	1,744
060	ASC (NON-DISTINCT PART)	
061	OUTPAT SERVICE COST CNTRS	
062	CLINIC	
064	EMERGENCY	
065	OBSERVATION BEDS (NON-DIS	
066	OTHER REIMBURS COST CNTRS	
067	HOME PROGRAM DIALYSIS	
068	AMBULANCE SERVICES	
069	DURABLE MEDICAL EQUIP-REN	
070	DURABLE MEDICAL EQUIP-SOL	
071	CORF	
072	I&R SERVICES-NOT APPRVD P	
073	HOME HEALTH AGENCY	
074	LUNG ACQUISITION	
075	SPEC PURPOSE COST CENTERS	
076	KIDNEY ACQUISITION	
077	LIVER ACQUISITION	
078	OTHER ORGAN ACQUISITION	
079	AMBULATORY SURGICAL CENTE	
080	HOSPICE	
081	SUBTOTALS	3,377,263
082	NONREIMBURS COST CENTERS	
083	GIFT, FLOWER, COFFEE SHOP	
084	RESEARCH	
085	PHYSICIANS' PRIVATE OFFIC	
086	NONPAID WORKERS	

ALLOCATION OF NEW CAPITAL RE ED COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/22/2010
I	15-2020	I	FROM 7/ 1/2009	I	WORKSHEET B
I		I	TO 6/30/2010	I	PART III

TOTAL

27

100	NONREIMBURS COST CENTERS	
101	OTHER NONREIMBURSABLE COS	1,858
102	CROSS FOOT ADJUSTMENTS	
103	NEGATIVE COST CENTER	
	TOTAL	3,379,121

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	S RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD			46,297			
005 NEW CAP REL COSTS-MVB				46,297		
006 EMPLOYEE BENEFITS					17,290,671	
007 ADMINISTRATIVE & GENE			1,423	1,423	2,645,640	-6,927,432
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT			3,129	3,129	328,239	
010 LAUNDRY & LINEN SERVI						
011 HOUSEKEEPING			848	848	222,450	
012 DIETARY			1,963	1,963	344,208	
013 CAFETERIA						
014 MAINTENANCE OF PERSON						
015 NURSING ADMINISTRATIO			3,531	3,531	836,497	
016 CENTRAL SERVICES & SU			304	304		
017 PHARMACY			1,116	1,116	1,368,420	
018 MEDICAL RECORDS & LIB			537	537	67,608	
019 SOCIAL SERVICE					123,709	
020 01 PASTORAL CARE			364	364	124,522	
021 NONPHYSICIAN ANESTHET						
022 NURSING SCHOOL						
023 I&R SERVICES-SALARY &						
024 I&R SERVICES-OTHER PR						
025 PARAMED ED PRGM						
026 INPAT ROUTINE SRVC CN						
027 ADULTS & PEDIATRICS			30,668	30,668	7,352,265	
028 INTENSIVE CARE UNIT						
029 CORONARY CARE UNIT						
030 BURN INTENSIVE CARE U						
031 SURGICAL INTENSIVE CA						
032 SUBPROVIDER						
033 NURSERY						
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
036 01 ICF/MR						
037 OTHER LONG TERM CARE						
038 ANCILLARY SRVC COST C						
039 OPERATING ROOM			161	161	138,720	
040 RECOVERY ROOM						
041 DELIVERY ROOM & LABOR						
042 ANESTHESIOLOGY						
043 RADIOLOGY-DIAGNOSTIC			810	810	306,449	
044 RADIOLOGY-THERAPEUTIC						
045 RADIOISOTOPE						
046 LABORATORY			139	139		
047 PBP CLINICAL LAB SERV						
048 WHOLE BLOOD & PACKED						
049 BLOOD STORING, PROCES						
050 INTRAVENOUS THERAPY						
051 RESPIRATORY THERAPY			348	348	2,302,357	
052 PHYSICAL THERAPY			956	956	475,782	
053 OCCUPATIONAL THERAPY					298,856	
054 SPEECH PATHOLOGY					184,861	
055 ELECTROCARDIOLOGY					167,739	
056 ELECTROENCEPHALOGRAPH					2,349	
057 MEDICAL SUPPLIES CHAR						
058 DRUGS CHARGED TO PATI						
059 RENAL DIALYSIS						
060 ASC (NON-DISTINCT PAR						
061 OUTPAT SERVICE COST C						
062 CLINIC						
063 EMERGENCY						
064 OBSERVATION BEDS (NON						
065 OTHER REIMBURS COST C						
066 HOME PROGRAM DIALYSIS						
067 AMBULANCE SERVICES						
068 DURABLE MEDICAL EQUIP						
069 DURABLE MEDICAL EQUIP						
070 CORF						
071 I&R SERVICES-NOT APPR						
072 HOME HEALTH AGENCY						
073 LUNG ACQUISITION						
074 SPEC PURPOSE COST CEN						
075 KIDNEY ACQUISITION						
076 LIVER ACQUISITION						
077 OTHER ORGAN ACQUISITI						
078 AMBULATORY SURGICAL C						
079 HOSPICE						
080 SUBTOTALS			46,297	46,297	17,290,671	-6,927,432
081 NONREIMBURS COST CENT						
082 GIFT, FLOWER, COFFEE						

COST ALLOCATION - STATI...CAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2010
 I 15-2020 I FROM 7/ 1/2009 I WORKSHEET B-1
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	S RECONCIL-) IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR VALUE	(SQUARE) FEET	(SQUARE) FEET	(GROSS)ALARIES	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENT						
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			2,210,850	1,168,271	4,347,051	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			47.753634	25.234270	.251410	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST ALLOCATION - STATI CAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF PLANT		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(PATIENT DAYS)	(SQUARE FEET)	(PATIENT DAYS)	(MEALS SERVED)
	6	7	8	9	10	11	12
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							
007 ADMINISTRATIVE & GENE	34,553,980						
008 MAINTENANCE & REPAIRS			41,745				
009 OPERATION OF PLANT	1,317,428						
010 LAUNDRY & LINEN SERVI				23,014			
011 HOUSEKEEPING	558,301		848		40,897		
012 DIETARY	739,856		1,963		1,963	23,014	
013 CAFETERIA							
014 MAINTENANCE OF PERSON							
015 NURSING ADMINISTRATIO	1,328,610		3,531		3,531		
016 CENTRAL SERVICES & SU	22,188		304		304		
017 PHARMACY	4,970,028		1,116		1,116		
018 MEDICAL RECORDS & LIB	280,170		537		537		
019 SOCIAL SERVICE	144,218						
020 01 PASTORAL CARE	185,610		364		364		
021 NONPHYSICIAN ANESTHET							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY &							
024 I&R SERVICES-OTHER PR							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CN							
027 ADULTS & PEDIATRICS	15,549,281		30,668	23,014	30,668	23,014	
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
030 BURN INTENSIVE CARE U							
031 SURGICAL INTENSIVE CA							
032 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST C							
039 OPERATING ROOM	424,562		161		161		
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR							
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC	884,955		810		810		
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY	927,346		139		139		
047 PBP CLINICAL LAB SERV							
048 WHOLE BLOOD & PACKED							
049 BLOOD STORING, PROCES							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY	4,358,689		348		348		
052 PHYSICAL THERAPY	801,907		956		956		
053 OCCUPATIONAL THERAPY	404,626						
054 SPEECH PATHOLOGY	232,258						
055 ELECTROCARDIOLOGY	222,642						
056 ELECTROENCEPHALOGRAPH	2,887						
057 MEDICAL SUPPLIES CHAR							
058 DRUGS CHARGED TO PATI							
059 RENAL DIALYSIS	580,279						
060 ASC (NON-DISTINCT PAR							
061 OUTPAT SERVICE COST C							
062 CLINIC							
063 EMERGENCY							
064 OBSERVATION BEDS (NON							
065 OTHER REIMBURS COST C							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
068 DURABLE MEDICAL EQUIP							
069 DURABLE MEDICAL EQUIP							
070 CORP							
071 I&R SERVICES-NOT APPR							
072 HOME HEALTH AGENCY							
073 LUNG ACQUISITION							
074 SPEC PURPOSE COST CEN							
075 KIDNEY ACQUISITION							
076 LIVER ACQUISITION							
077 OTHER ORGAN ACQUISITI							
078 AMBULATORY SURGICAL C							
079 HOSPICE							
080 SUBTOTALS	33,935,841		41,745	23,014	40,897	23,014	
081 NONREIMBURS COST CENT							
082 GIFT, FLOWER, COFFEE							

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	S
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(PATIENT DAYS)	(SQUARE FEET)	(PATIENT DAYS)	(MEALS SERVED)	
	6	7	8	9	10	11	12	
097 NONREIMBURS COST CENT								
098 RESEARCH								
099 PHYSICIANS' PRIVATE O								
100 NONPAID WORKERS								
101 OTHER NONREIMBURSABLE	618,139							
102 CROSS FOOT ADJUSTMENT								
103 NEGATIVE COST CENTER								
104 COST TO BE ALLOCATED	6,927,432		1,581,547		702,357	996,265		
(WRKSHT B, PART I)								
105 UNIT COST MULTIPLIER	.200481		37.885903		17.173802	43.289519		
(WRKSHT B, PT I)								
106 COST TO BE ALLOCATED								
(WRKSHT B, PART II)								
107 UNIT COST MULTIPLIER	103,861		232,339		68,292	159,702		
(WRKSHT B, PT II)								
108 COST TO BE ALLOCATED								
(WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER	.003006		5.565673		1.669854	6.939341		
(WRKSHT B, PT III)								

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PASTORAL CARE
	(NUMBER HOUSED)	(DIRECT)SING HRS	NR(COSTED)EQUIS.	R(COSTED)EQUIS.	R(PATIENT DAYS)	(PATIENT DAYS)	(PATIENT DAYS)
	13	14	15	16	17	18	18.01
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							
007 ADMINISTRATIVE & GENE							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVI							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSON							
015 NURSING ADMINISTRATIO		411,517					
016 CENTRAL SERVICES & SU			100				
017 PHARMACY				100			
018 MEDICAL RECORDS & LIB					23,014		
019 SOCIAL SERVICE						23,014	
020 01 PASTORAL CARE							23,014
021 NONPHYSICIAN ANESTHET							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY &							
024 I&R SERVICES-OTHER PR							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CN							
027 ADULTS & PEDIATRICS		305,557			23,014	23,014	23,014
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
030 BURN INTENSIVE CARE U							
031 SURGICAL INTENSIVE CA							
032 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST C							
039 OPERATING ROOM							
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR							
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC							
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY							
047 PBP CLINICAL LAB SERV							
048 WHOLE BLOOD & PACKED							
049 BLOOD STORING, PROCES							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY		69,756	100				
052 PHYSICAL THERAPY		19,722					
053 OCCUPATIONAL THERAPY		10,667					
054 SPEECH PATHOLOGY		5,815					
055 ELECTROCARDIOLOGY							
056 ELECTROENCEPHALOGRAPH							
057 MEDICAL SUPPLIES CHAR							
058 DRUGS CHARGED TO PATI				100			
059 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PAR							
061 OUTPAT SERVICE COST C							
062 CLINIC							
063 EMERGENCY							
064 OBSERVATION BEDS (NON							
065 OTHER REIMBURS COST C							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
068 DURABLE MEDICAL EQUIP							
069 DURABLE MEDICAL EQUIP							
070 CORF							
071 I&R SERVICES-NOT APPR							
072 HOME HEALTH AGENCY							
073 LUNG ACQUISITION							
074 SPEC PURPOSE COST CEN							
075 KIDNEY ACQUISITION							
076 LIVER ACQUISITION							
077 OTHER ORGAN ACQUISITI							
078 AMBULATORY SURGICAL C							
079 HOSPICE							
080 SUBTOTALS		411,517	100	100	23,014	23,014	23,014
081 NONREIMBURS COST CENT							
082 GIFT, FLOWER, COFFEE							

COST ALLOCATION - STATIL...CAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2010
 I 15-2020 I FROM 7/ 1/2009 I WORKSHEET B-1
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL	NURSING ISTRATION	ADMIN CES & SUPPLY	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	PASTORAL CARE
	(NUMBER HOUSED)	(DIRECT)SING HRS	NR(COSTED)EQUIS.	R(COSTED)EQUIS.	R(PATIENT DAYS)	(PATIENT DAYS)	(PATIENT DAYS)	(PATIENT DAYS)
	13	14	15	16	17	18	18.01	
097 NONREIMBURS COST CENT								
098 RESEARCH								
099 PHYSICIANS' PRIVATE O								
100 NONPAID WORKERS								
101 OTHER NONREIMBURSABLE								
102 CROSS FOOT ADJUSTMENT								
103 NEGATIVE COST CENTER								
104 COST TO BE ALLOCATED		1,789,387	43,374	6,027,871	365,906	173,131	242,862	
(WRKSHT B, PART I)								
105 UNIT COST MULTIPLIER		4.348270	433.740000	60,278.710000	15.899279	7.522856	10.552794	
(WRKSHT B, PT I)								
106 COST TO BE ALLOCATED								
(WRKSHT B, PART II)								
107 UNIT COST MULTIPLIER		287,262	24,455	104,469	43,923	434	29,759	
(WRKSHT B, PT II)								
108 COST TO BE ALLOCATED		.698056	244.550000	1,044.690000	1.908534	.018858	1.293082	
(WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER								
(WRKSHT B, PT III)								

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	20	21	22	23	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				
007	ADMINISTRATIVE & GENE				
008	MAINTENANCE & REPAIRS				
009	OPERATION OF PLANT				
010	LAUNDRY & LINEN SERVI				
011	HOUSEKEEPING				
012	DIETARY				
013	CAFETERIA				
014	MAINTENANCE OF PERSON				
015	NURSING ADMINISTRATIO				
016	CENTRAL SERVICES & SU				
017	PHARMACY				
018	MEDICAL RECORDS & LIB				
019	SOCIAL SERVICE				
020	01 PASTORAL CARE				
021	NONPHYSICIAN ANESTHET				
022	NURSING SCHOOL				
023	I&R SERVICES-SALARY &				
024	I&R SERVICES-OTHER PR				
025	PARAMED ED PRGM				
026	INPAT ROUTINE SRVC CN				
027	ADULTS & PEDIATRICS				
028	INTENSIVE CARE UNIT				
029	CORONARY CARE UNIT				
030	BURN INTENSIVE CARE U				
031	SURGICAL INTENSIVE CA				
032	SUBPROVIDER				
033	NURSERY				
034	SKILLED NURSING FACIL				
035	NURSING FACILITY				
036	01 ICF/MR				
037	OTHER LONG TERM CARE				
038	ANCILLARY SRVC COST C				
039	OPERATING ROOM				
040	RECOVERY ROOM				
041	DELIVERY ROOM & LABOR				
042	ANESTHESIOLOGY				
043	RADIOLOGY-DIAGNOSTIC				
044	RADIOLOGY-THERAPEUTIC				
045	RADIOISOTOPE				
046	LABORATORY				
047	PBP CLINICAL LAB SERV				
048	WHOLE BLOOD & PACKED				
049	BLOOD STORING, PROCES				
050	INTRAVENOUS THERAPY				
051	RESPIRATORY THERAPY				
052	PHYSICAL THERAPY				
053	OCCUPATIONAL THERAPY				
054	SPEECH PATHOLOGY				
055	ELECTROCARDIOLOGY				
056	ELECTROENCEPHALOGRAPH				
057	MEDICAL SUPPLIES CHAR				
058	DRUGS CHARGED TO PATI				
059	RENAL DIALYSIS				
060	ASC (NON-DISTINCT PAR				
061	OUTPAT SERVICE COST C				
062	CLINIC				
063	EMERGENCY				
064	OBSERVATION BEDS (NON				
065	OTHER REIMBURS COST C				
066	HOME PROGRAM DIALYSIS				
067	AMBULANCE SERVICES				
068	DURABLE MEDICAL EQUIP				
069	DURABLE MEDICAL EQUIP				
070	CORF				
071	I&R SERVICES-NOT APPR				
072	HOME HEALTH AGENCY				
073	LUNG ACQUISITION				
074	SPEC PURPOSE COST CEN				
075	KIDNEY ACQUISITION				
076	LIVER ACQUISITION				
077	OTHER ORGAN ACQUISITI				
078	AMBULATORY SURGICAL C				
079	HOSPICE				
080	SUBTOTALS				
081	NONREIMBURS COST CENT				
082	GIFT, FLOWER, COFFEE				

COST ALLOCATION - STATIL...CAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2010
 I 15-2020 I FROM 7/ 1/2009 I WORKSHEET B-1
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	20	21	22	23	24
097 NONREIMBURS COST CENT					
098 RESEARCH					
099 PHYSICIANS' PRIVATE O					
100 NONPAID WORKERS					
101 OTHER NONREIMBURSABLE					
102 CROSS FOOT ADJUSTMENT					
103 NEGATIVE COST CENTER					
104 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER					
(WRKSHT B, PT I)					
105 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER					
(WRKSHT B, PT II)					
107 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					
108 UNIT COST MULTIPLIER					
(WRKSHT B, PT III)					

COMPUTATION OF RATIO OF COSTS TO CHARGE

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	23,462,013		23,462,013	67,371	23,529,384
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	518,544		518,544		518,544
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	1,106,971		1,106,971		1,106,971
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	1,120,914		1,120,914		1,120,914
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	5,598,375		5,598,375		5,598,375
50	PHYSICAL THERAPY	1,101,068		1,101,068		1,101,068
51	OCCUPATIONAL THERAPY	532,129		532,129		532,129
52	SPEECH PATHOLOGY	304,106		304,106		304,106
53	ELECTROCARDIOLOGY	267,277		267,277		267,277
54	ELECTROENCEPHALOGRAPHY	3,466		3,466		3,466
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	6,027,871		6,027,871		6,027,871
57	RENAL DIALYSIS	696,614		696,614		696,614
58	ASC (NON-DISTINCT PART)					
60	OUTPAT SERVICE COST CNTRS CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	40,739,348		40,739,348	67,371	40,806,719
102	LESS OBSERVATION BEDS					
103	TOTAL	40,739,348		40,739,348	67,371	40,806,719

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	35,332,542		35,332,542			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
36	01 ICF/MR OTHER LONG TERM CARE						
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	2,523,889	2,867	2,526,756	.205221	.205221	.205221
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	3,086,885	17,580	3,104,465	.356574	.356574	.356574
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	10,792,955	3,371	10,796,326	.103824	.103824	.103824
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	20,527,320	16,131	20,543,451	.272514	.272514	.272514
50	PHYSICAL THERAPY	2,164,064		2,164,064	.508796	.508796	.508796
51	OCCUPATIONAL THERAPY	2,016,691	486	2,017,177	.263799	.263799	.263799
52	SPEECH PATHOLOGY	699,716		699,716	.434613	.434613	.434613
53	ELECTROCARDIOLOGY	177,297		177,297	1.507510	1.507510	1.507510
54	ELECTROENCEPHALOGRAPHY	1,088		1,088	3.185662	3.185662	3.185662
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	19,165,039		19,165,039	.314524	.314524	.314524
57	RENAL DIALYSIS	1,368,870		1,368,870	.508897	.508897	.508897
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	97,856,356	40,435	97,896,791			
102	LESS OBSERVATION BEDS						
103	TOTAL	97,856,356	40,435	97,896,791			

COMPUTATION OF RATIO OF COSTS TO CHARGE
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: PERIOD: I PREPARED 11/22/2010
I 15-2020 FROM 7/ 1/2009 I WORKSHEET C
I TO 6/30/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	23,462,013		23,462,013	67,371	23,529,384
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	518,544		518,544		518,544
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	1,106,971		1,106,971		1,106,971
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	1,120,914		1,120,914		1,120,914
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	5,598,375		5,598,375		5,598,375
50	PHYSICAL THERAPY	1,101,068		1,101,068		1,101,068
51	OCCUPATIONAL THERAPY	532,129		532,129		532,129
52	SPEECH PATHOLOGY	304,106		304,106		304,106
53	ELECTROCARDIOLOGY	267,277		267,277		267,277
54	ELECTROENCEPHALOGRAPHY	3,466		3,466		3,466
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	6,027,871		6,027,871		6,027,871
57	RENAL DIALYSIS	696,614		696,614		696,614
58	ASC (NON-DISTINCT PART)					
60	OUTPAT SERVICE COST CNTRS CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	40,739,348		40,739,348	67,371	40,806,719
102	LESS OBSERVATION BEDS					
103	TOTAL	40,739,348		40,739,348	67,371	40,806,719

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	35,332,542		35,332,542			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,523,889	2,867	2,526,756	.205221	.205221	.205221
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	3,086,885	17,580	3,104,465	.356574	.356574	.356574
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	10,792,955	3,371	10,796,326	.103824	.103824	.103824
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	20,527,320	16,131	20,543,451	.272514	.272514	.272514
50	PHYSICAL THERAPY	2,164,064		2,164,064	.508796	.508796	.508796
51	OCCUPATIONAL THERAPY	2,016,691	486	2,017,177	.263799	.263799	.263799
52	SPEECH PATHOLOGY	699,716		699,716	.434613	.434613	.434613
53	ELECTROCARDIOLOGY	177,297		177,297	1.507510	1.507510	1.507510
54	ELECTROENCEPHALOGRAPHY	1,088		1,088	3.185662	3.185662	3.185662
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	19,165,039		19,165,039	.314524	.314524	.314524
57	RENAL DIALYSIS	1,368,870		1,368,870	.508897	.508897	.508897
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	97,856,356	40,435	97,896,791			
102	LESS OBSERVATION BEDS						
103	TOTAL	97,856,356	40,435	97,896,791			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	518,544	14,192	504,352			518,544
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	1,106,971	67,641	1,039,330			1,106,971
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	1,120,914	13,940	1,106,974			1,120,914
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	5,598,375	114,169	5,484,206			5,598,375
51	PHYSICAL THERAPY	1,101,068	92,871	1,008,197			1,101,068
52	OCCUPATIONAL THERAPY	532,129	8,662	523,467			532,129
53	SPEECH PATHOLOGY	304,106	4,757	299,349			304,106
54	ELECTROCARDIOLOGY	267,277	669	266,608			267,277
55	ELECTROENCEPHALOGRAPHY	3,466	9	3,457			3,466
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS	6,027,871	104,469	5,923,402			6,027,871
58	RENAL DIALYSIS	696,614	1,744	694,870			696,614
59	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY						
63	OBSERVATION BEDS (NON-DIS						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	17,277,335	423,123	16,854,212			17,277,335
102	LESS OBSERVATION BEDS						
103	TOTAL	17,277,335	423,123	16,854,212			17,277,335

WKST 'A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	2,526,756	.205221	.205221
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	3,104,465	.356574	.356574
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	10,796,326	.103824	.103824
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	20,543,451	.272514	.272514
50	PHYSICAL THERAPY	2,164,064	.508796	.508796
51	OCCUPATIONAL THERAPY	2,017,177	.263799	.263799
52	SPEECH PATHOLOGY	699,716	.434613	.434613
53	ELECTROCARDIOLOGY	177,297	1.507510	1.507510
54	ELECTROENCEPHALOGRAPHY	1,088	3.185662	3.185662
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	19,165,039	.314524	.314524
57	RENAL DIALYSIS	1,368,870	.508897	.508897
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	62,564,249		
102	LESS OBSERVATION BEDS			
103	TOTAL	62,564,249		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	518,544	14,192	504,352	1,419	29,252	487,873
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,106,971	67,641	1,039,330	6,764	60,281	1,039,926
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,120,914	13,940	1,106,974	1,394	64,204	1,055,316
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	5,598,375	114,169	5,484,206	11,417	318,084	5,268,874
50	PHYSICAL THERAPY	1,101,068	92,871	1,008,197	9,287	58,475	1,033,306
51	OCCUPATIONAL THERAPY	532,129	8,662	523,467	866	30,361	500,902
52	SPEECH PATHOLOGY	304,106	4,757	299,349	476	17,362	286,268
53	ELECTROCARDIOLOGY	267,277	669	266,608	67	15,463	251,747
54	ELECTROENCEPHALOGRAPHY	3,466	9	3,457	1	201	3,264
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	6,027,871	104,469	5,923,402	10,447	343,557	5,673,867
57	RENAL DIALYSIS	696,614	1,744	694,870	174	40,302	656,138
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	17,277,335	423,123	16,854,212	42,312	977,542	16,257,481
102	LESS OBSERVATION BEDS						
103	TOTAL	17,277,335	423,123	16,854,212	42,312	977,542	16,257,481

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	2,526,756	.193083	.204660
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	3,104,465	.334978	.354395
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	10,796,326	.097748	.103695
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	20,543,451	.256475	.271958
51	PHYSICAL THERAPY	2,164,064	.477484	.504505
52	OCCUPATIONAL THERAPY	2,017,177	.248318	.263370
53	SPEECH PATHOLOGY	699,716	.409120	.433933
54	ELECTROCARDIOLOGY	177,297	1.419917	1.507132
55	ELECTROENCEPHALOGRAPHY	1,088	3.000000	3.184743
56	MEDICAL SUPPLIES CHARGED			
57	DRUGS CHARGED TO PATIENTS	19,165,039	.296053	.313979
58	RENAL DIALYSIS	1,368,870	.479328	.508770
59	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
62	EMERGENCY			
63	OBSERVATION BEDS (NON-DIS			
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-REN			
68	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	62,564,249		
102	LESS OBSERVATION BEDS			
103	TOTAL	62,564,249		

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				2,954,140		2,954,140
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL				2,954,140		2,954,140

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	23,014	13,694			128.36	1,757,762
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	23,014	13,694				1,757,762

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL CST/CHRG RATIO	COSTS
LINE NO.		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		14,192	2,526,756	1,538,165		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC		67,641	3,104,465	1,783,662		
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY		13,940	10,796,326	6,427,275		
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY		114,169	20,543,451	13,396,802		
51	PHYSICAL THERAPY		92,871	2,164,064	1,246,137		
52	OCCUPATIONAL THERAPY		8,662	2,017,177	1,154,021		
53	SPEECH PATHOLOGY		4,757	699,716	424,970		
54	ELECTROCARDIOLOGY		669	177,297	174,731		
55	ELECTROENCEPHALOGRAPHY		9	1,088			
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS		104,469	19,165,039	10,929,498		
58	RENAL DIALYSIS		1,744	1,368,870	915,170		
59	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY						
63	OBSERVATION BEDS (NON-DIS						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		423,123	62,564,249	37,990,431		

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.005617	8,640
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.021788	38,862
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY	.001291	8,298
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.005557	74,446
50	PHYSICAL THERAPY	.042915	53,478
51	OCCUPATIONAL THERAPY	.004294	4,955
52	SPEECH PATHOLOGY	.006798	2,889
53	ELECTROCARDIOLOGY	.003773	659
54	ELECTROENCEPHALOGRAPHY	.008272	
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS	.005451	59,577
57	RENAL DIALYSIS	.001274	1,166
58	ASC (NON-DISTINCT PART)		
60	OUTPAT SERVICE COST CNTRS		
61	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		252,970

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

I PROVIDER NO: PERIOD: I PREPARED 11/22/2010
I 15-2020 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 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					23,014	
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					23,014	

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

I PROVIDER NO: 15-2020 PERIOD: FROM 7/ 1/2009 I PREPARED 11/22/2010
 I TO 6/30/2010 I WORKSHEET D PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		13,694
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35	01 ICF/MR		
101	TOTAL		13,694

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.		ANESTHETIST	SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
		1	2	2.01	2.02	2.03
		1.01				
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM					
39	RECOVERY ROOM					
40	DELIVERY ROOM & LABOR ROD					
41	ANESTHESIOLOGY					
42	RADIOLOGY-DIAGNOSTIC					
43	RADIOLOGY-THERAPEUTIC					
44	RADIOISOTOPE					
45	LABORATORY					
46	PBP CLINICAL LAB SERVICES					
47	WHOLE BLOOD & PACKED RED					
48	BLOOD STORING, PROCESSING					
49	INTRAVENOUS THERAPY					
50	RESPIRATORY THERAPY					
51	PHYSICAL THERAPY					
52	OCCUPATIONAL THERAPY					
53	SPEECH PATHOLOGY					
54	ELECTROCARDIOLOGY					
55	ELECTROENCEPHALOGRAPHY					
56	MEDICAL SUPPLIES CHARGED					
57	DRUGS CHARGED TO PATIENTS					
58	RENAL DIALYSIS					
59	ASC (NON-DISTINCT PART)					
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC					
62	EMERGENCY					
63	OBSERVATION BEDS (NON-DIS					
64	OTHER REIMBURS COST CNTRS					
65	HOME PROGRAM DIALYSIS					
66	AMBULANCE SERVICES					
67	DURABLE MEDICAL EQUIP-REN					
68	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL					

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			2,526,756			1,538,165	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY							
42	RADIOLOGY-DIAGNOSTIC			3,104,465			1,783,662	
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
45	LABORATORY			10,796,326			6,427,275	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY			20,543,451			13,396,802	
51	PHYSICAL THERAPY			2,164,064			1,246,137	
52	OCCUPATIONAL THERAPY			2,017,177			1,154,021	
53	SPEECH PATHOLOGY			699,716			424,970	
54	ELECTROCARDIOLOGY			177,297			174,731	
55	ELECTROENCEPHALOGRAPHY			1,088				
56	MEDICAL SUPPLIES CHARGED							
57	DRUGS CHARGED TO PATIENTS			19,165,039			10,929,498	
58	RENAL DIALYSIS			1,368,870			915,170	
59	ASC (NON-DISTINCT PART)							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC							
62	EMERGENCY							
63	OBSERVATION BEDS (NON-DIS							
64	OTHER REIMBURS COST CNTRS							
65	HOME PROGRAM DIALYSIS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
68	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			62,564,249			37,990,431	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	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
LINE NO.		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,867					
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	17,580					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	3,371					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	16,131					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY	486					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	40,435					

TITLE XVIII, PART B

HOSPITAL

	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.205221	.205221			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.356574	.356574			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY	.103824	.103824			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.272514	.272514			
50 PHYSICAL THERAPY	.508796	.508796			
51 OCCUPATIONAL THERAPY	.263799	.263799			
52 SPEECH PATHOLOGY	.434613	.434613			
53 ELECTROCARDIOLOGY	1.507510	1.507510			
54 ELECTROENCEPHALOGRAPHY	3.185662	3.185662			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS	.314524	.314524			
57 RENAL DIALYSIS	.508897	.508897			
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY					
64 OBSERVATION BEDS (NON-DISTINCT PART)					
65 OTHER REIMBURS COST CNTRS					
66 HOME PROGRAM DIALYSIS					
67 AMBULANCE SERVICES					
101 DURABLE MEDICAL EQUIP-RENTED					
102 DURABLE MEDICAL EQUIP-SOLD					
103 SUBTOTAL					
104 CRNA CHARGES					
105 LESS PBP CLINIC LAB SVCS-					
106 PROGRAM ONLY CHARGES					
107 NET CHARGES					

(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

	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		2,867			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		17,580			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY		3,371			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		16,131			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY		486			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		40,435			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		40,435			

(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				588	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				6,269	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY				350	
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				4,396	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY				128	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL				11,731	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				11,731	

(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

	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
44 LABORATORY			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS			
47 BLOOD STORING, PROCESSING & TRANS.			
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
58 ASC (NON-DISTINCT PART)			
60 OUTPAT SERVICE COST CNTRS			
61 CLINIC			
62 EMERGENCY			
63 OBSERVATION BEDS (NON-DISTINCT PART)			
64 OTHER REIMBURS COST CNTRS			
65 HOME PROGRAM DIALYSIS			
66 AMBULANCE SERVICES			
67 DURABLE MEDICAL EQUIP-RENTED			
101 DURABLE MEDICAL EQUIP-SOLD			
102 SUBTOTAL			
103 CRNA CHARGES			
104 LESS PBP CLINIC LAB SVCS-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)

COMPUTATION OF INPATIENT OPERATING COST

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)	23,014
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	23,014
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23,014
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	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)	
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)	13,694
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 TITLES 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	23,529,384
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	23,529,384

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	35,453,688
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	35,453,688
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.663665
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	23,529,384

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,022.39
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 14,000,609
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 14,000,609

	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					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					10,559,674
49 TOTAL PROGRAM INPATIENT COSTS					24,560,283

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 1,757,762
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 252,970
 52 TOTAL PROGRAM EXCLUDABLE COST 2,010,732
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS 22,549,551

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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,022.39
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	23,529,384			
87	NEW CAPITAL-RELATED COST	2,954,140	.125551		
88	NON PHYSICIAN ANESTHETIST	23,529,384			
89	MEDICAL EDUCATION	23,529,384			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPOINTMENT

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		20,160,676	
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.205221	1,538,165	315,664
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.356574	1,783,662	636,007
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.103824	6,427,275	667,305
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.272514	13,396,802	3,650,816
50	PHYSICAL THERAPY	.508796	1,246,137	634,030
51	OCCUPATIONAL THERAPY	.263799	1,154,021	304,430
52	SPEECH PATHOLOGY	.434613	424,970	184,697
53	ELECTROCARDIOLOGY	1.507510	174,731	263,409
54	ELECTROENCEPHALOGRAPHY	3.185662		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.314524	10,929,498	3,437,589
57	RENAL DIALYSIS	.508897	915,170	465,727
58	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
64	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		37,990,431	10,559,674
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		37,990,431	

INPATIENT ANCILLARY SERVICE COST APPOINTMENT

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,620,818	
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.205221	240,173	49,289
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.356574	156,130	55,672
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.103824	469,062	48,700
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.272514	1,054,647	287,406
50	PHYSICAL THERAPY	.508796	113,759	57,880
51	OCCUPATIONAL THERAPY	.263799	101,095	26,669
52	SPEECH PATHOLOGY	.434613	33,837	14,706
53	ELECTROCARDIOLOGY	1.507510	2,566	3,868
54	ELECTROENCEPHALOGRAPHY	3.185662		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.314524	1,159,212	364,600
57	RENAL DIALYSIS	.508897	38,762	19,726
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		3,369,243	928,516
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,369,243	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	PERIOD:	I	PREPARED 11/22/2010
I	15-2020	FROM 7/ 1/2009	I	WORKSHEET E
I	COMPONENT NO:	I TO 6/30/2010	I	PART B
I	15-2020	I	I	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	11,731
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	6,431
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
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)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	6,431

COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,216
19	SUBTOTAL (SEE INSTRUCTIONS)	5,215
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	5,215
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	5,215

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	5,215
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	5,215
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,215
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	
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)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: PERIOD: I PREPARED 11/22/2010
I 15-2020 FROM 7/ 1/2009 I WORKSHEET E-1
I COMPONENT NO: 1 TO 6/30/2010 I
I 15-2020 I I

TITLE XVIII HOSPITAL

Table with columns: DESCRIPTION, INPATIENT-PART A (MM/DD/YYYY, AMOUNT), P A R T B (MM/DD/YYYY, AMOUNT). Rows include: 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER (23,197,407); 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS (5,215); 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT; 4 TOTAL INTERIM PAYMENTS (23,197,407); 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT; 6 DETERMINED NET SETTLEMENT (399,270); 7 TOTAL MEDICARE PROGRAM LIABILITY (23,596,677).

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 HOSPITAL

1 INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)
 1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)
 1.02 ENTER FROM THE PS&R, THE IRF PPS PAYMENT 21,021,326
 1.03 MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)
 1.04 INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)
 1.05 OUTLIER PAYMENTS 3,467,971
 1.06 TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42) 24,489,297
 1.07 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)

INPATIENT PSYCHIATRIC FACILITY (IPF)
 1.08 NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)
 1.09 NET IPF PPS OUTLIER PAYMENTS
 1.10 NET IPF PPS ECT PAYMENTS
 1.11 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)
 1.12 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)
 1.13 CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
 1.14 CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
 1.15 INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)
 1.16 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)
 1.17 MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16))\}$ 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)
 1.41 MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40))\}$ 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) 24,489,297
 5 PRIMARY PAYER PAYMENTS 3,960
 6 SUBTOTAL 24,485,337
 7 DEDUCTIBLES 24,852
 8 SUBTOTAL 24,460,485
 9 COINSURANCE 1,263,078
 10 SUBTOTAL 23,197,407
 11 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS) 570,386
 11.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 399,270
 11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 519,044
 12 SUBTOTAL 23,596,677
 13 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
 13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)
 14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION
 15 OTHER ADJUSTMENTS (SPECIFY)
 15.99 OUTLIER RECONCILIATION ADJUSTMENT

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	PERIOD:	I	PREPARED 11/22/2010
I	15-2020	FROM 7/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I TO 6/30/2010	I	PART I
I	15-2020	I	I	

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	23,596,677
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	23,197,407
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	399,270
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).	
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).	
53	ENTER THE TIME VALUE OF MONEY.	

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,494,978			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	7,415,706			
5	OTHER RECEIVABLES	9,121			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-175,145			
7	INVENTORY	333,956			
8	PREPAID EXPENSES	34,884			
9	OTHER CURRENT ASSETS	376,876			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	10,490,376			
FIXED ASSETS					
12	LAND	847,629			
12.01					
13	LAND IMPROVEMENTS	3,157			
13.01	LESS ACCUMULATED DEPRECIATION	-658			
14	BUILDINGS	15,937,722			
14.01	LESS ACCUMULATED DEPRECIATION	-2,624,020			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	4,993,257			
18.01	LESS ACCUMULATED DEPRECIATION	-2,648,800			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	16,508,287			
OTHER ASSETS					
22	INVESTMENTS	30,205,590			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS	30,205,590			
27	TOTAL ASSETS	57,204,253			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	732,200			
29 SALARIES, WAGES & FEES PAYABLE	2,341,268			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,879,031			
36 TOTAL CURRENT LIABILITIES	4,952,499			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	2,558,061			
42 TOTAL LONG-TERM LIABILITIES	2,558,061			
43 TOTAL LIABILITIES	7,510,560			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	49,693,693			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	49,693,693			
52 TOTAL LIABILITIES AND FUND BALANCES	57,204,253			

STATEMENT OF CHANGES IN FUND BALANCE

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1	FUND BALANCE AT BEGINNING		38,898,117	
	OF PERIOD			
2	NET INCOME (LOSS)		10,606,014	
3	TOTAL		49,504,131	
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
4	ADDITIONS (CREDIT ADJUSTM			
5	TRANSFER TO/FROM AFFILIAT	390,323		
6	GRANT REVENUE - STATE	27,729		
7	ROUNDING			
8				
9				
10	TOTAL ADDITIONS		418,052	
11	SUBTOTAL		49,922,183	
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
12	DEDUCTIONS (DEBIT ADJUSTM			
13	DEFERRED PENSION COSTS	203,247		
14	TEMP RESTRICTED - RELEASE	25,242		
15	ROUNDING	1		
16				
17				
18	TOTAL DEDUCTIONS		228,490	
19	FUND BALANCE AT END OF		49,693,693	
	PERIOD PER BALANCE SHEET			

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1	FUND BALANCE AT BEGINNING			
	OF PERIOD			
2	NET INCOME (LOSS)			
3	TOTAL			
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
4	ADDITIONS (CREDIT ADJUSTM			
5	TRANSFER TO/FROM AFFILIAT			
6	GRANT REVENUE - STATE			
7	ROUNDING			
8				
9				
10	TOTAL ADDITIONS			
11	SUBTOTAL			
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
12	DEDUCTIONS (DEBIT ADJUSTM			
13	DEFERRED PENSION COSTS			
14	TEMP RESTRICTED - RELEASE			
15	ROUNDING			
16				
17				
18	TOTAL DEDUCTIONS			
19	FUND BALANCE AT END OF			
	PERIOD PER BALANCE SHEET			

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	35,453,688		35,453,688
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	35,453,688		35,453,688
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	35,453,688		35,453,688
17 00 ANCILLARY SERVICES	62,443,103		62,443,103
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	97,896,791		97,896,791

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		40,281,030	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		40,281,030	

STATEMENT OF REVENUES , EXPENSES

I	PROVIDER NO:	PERIOD:	I	PREPARED 11/22/2010
I	15-2020	FROM 7/ 1/2009	I	WORKSHEET G-3
I		I TO 6/30/2010	I	

DESCRIPTION		
1	TOTAL PATIENT REVENUES	97,896,791
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	50,388,490
3	NET PATIENT REVENUES	47,508,301
4	LESS: TOTAL OPERATING EXPENSES	40,281,030
5	NET INCOME FROM SERVICE TO PATIENTS	7,227,271
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	25,242
7	INCOME FROM INVESTMENTS	2,859,451
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	132,600
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	659
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	11,670
25	TOTAL OTHER INCOME	3,029,622
26	TOTAL	10,256,893
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28	BAD DEBT	-349,121
29		
30	TOTAL OTHER EXPENSES	-349,121
31	NET INCOME (OR LOSS) FOR THE PERIOD	10,606,014

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: PERIOD: I PREPARED 11/22/2010
 I 15-2020 FROM 7/1/2009 I WORKSHEET L
 I COMPONENT NO: I TO 6/30/2010 I PARTS I-IV
 I 15-2020 I I
 FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	63.05
	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 RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	