

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0104	I	FROM 1/ 1/2010	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/20/2011 TIME 8:39

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:  
 WITHAM MEMORIAL HOSPITAL 15-0104  
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1 HOSPITAL	0	-16,469	-9,196	255,234	
2 SUBPROVIDER	0	0	0	0	
100 TOTAL	0	-16,469	-9,196	255,234	

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: 2605 N. LEBANON STREET  
 1.01 CITY: LEBANON

P.O. BOX:  
 STATE: IN ZIP CODE: 46052- COUNTY: BOONE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P, T, O OR N)		
					V XVIII	XIX	
02.00	HOSPITAL	15-0104		7/ 1/1966	N	P	O
03.00	SUBPROVIDER	15-S104		1/ 1/2000	N	P	N

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

18 TYPE OF CONTROL

1 2  
9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL  
 20 SUBPROVIDER

1  
4

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N 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 (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 OR MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

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

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

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

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

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

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

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N

25.07 HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THE COST REPORTING PERIOD? ENTER "Y" FOR YES OR "N" FOR NO IN COLUMN 1.

25.08 IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. 0.00

IF LINE 25.07 IS YES, USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENTS FTES BY PROGRAM IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED. (SEE INSTRUCTIONS)

25.09 0000 0.00

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

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

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

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

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

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

	1	2	3	4
28.02	0	0.0000	0.0000	

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

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

TITLE XIX INPATIENT SERVICES

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

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-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). N

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

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
 46 IF YOU ARE PARTICIPATING IN THE NHCMP 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 LOWER OF COSTS OR  
 CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT.  
 (SEE 42 CFR 413.13.)

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH  
 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N  
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL  
 EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N  
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN  
 EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE  
 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0  
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /  
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 0  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 0  
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND  
 GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS  
 CONTAINED THEREIN. N  
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH  
 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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

MULTICAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

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

MISCELLANEOUS DATA

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

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS / TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	60	21,900	2.01	3	4	2,797	5
2 HMO							524
2 01 HMO - (IRF PPS SUBPROVIDER)							922
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	60	21,900				2,797	524
6 INTENSIVE CARE UNIT	8	2,920				812	
11 NURSERY							
12 TOTAL	68	24,820				3,609	524
13 RPCH VISITS							
14 SUBPROVIDER	10	3,650				2,049	
25 TOTAL	78						
26 OBSERVATION BED DAYS							319
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS						21,351	
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							235

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS / TOTAL OBSERVATION BEDS ADMITTED	DISCHARGES / TOTAL OBSERVATION BEDS NOT ADMITTED	INTERNS & RES. FTES / TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			5,335				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			5,335				
6 INTENSIVE CARE UNIT			1,706				
11 NURSERY			741				
12 TOTAL			7,782				
13 RPCH VISITS							
14 SUBPROVIDER			2,049				
25 TOTAL							
26 OBSERVATION BED DAYS			1,513				
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			346				

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					1,012	184	2,335
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		531.95			1,012	184	2,335
13 RPCH VISITS							
14 SUBPROVIDER		18.87			252		286
25 TOTAL		550.82					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011  
 I 15-0104 I FROM 1/ 1/2010 I WORKSHEET S-3  
 I I TO 12/31/2010 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	30,975,594		30,975,594	1,145,712.00	27.04	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	11,426,144		11,426,144	324,862.00	35.17	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	966,999		966,999	15,090.00	64.08	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	7,458,493		7,458,493			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	2,890,796		2,890,796			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	106,550		106,550	4,815.00	22.13	
22 ADMINISTRATIVE & GENERAL	4,071,347		4,071,347	177,470.00	22.94	
22.01 A & G UNDER CONTRACT	401,322		401,322	6,030.00	66.55	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	419,566		419,566	18,562.00	22.60	
25 LAUNDRY & LINEN SERVICE	26,664		26,664	3,052.00	8.74	
26 HOUSEKEEPING	292,782		292,782	24,314.00	12.04	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	490,071	-262,536	227,535	16,744.00	13.59	
27.01 DIETARY UNDER CONTRACT	16,145		16,145	292.00	55.29	
28 CAFETERIA		262,536	262,536	18,716.00	14.03	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	452,847		452,847	12,398.00	36.53	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	391,579		391,579	13,216.00	29.63	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	707,943		707,943	35,299.00	20.06	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	31,393,061		31,393,061	1,152,034.00	27.25	
2 EXCLUDED AREA SALARIES	11,426,144		11,426,144	324,862.00	35.17	
3 SUBTOTAL SALARIES	19,966,917		19,966,917	827,172.00	24.14	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	966,999		966,999	15,090.00	64.08	
5 SUBTOTAL WAGE-RELATED COSTS	7,458,493		7,458,493		37.35	
6 TOTAL	28,392,409		28,392,409	842,262.00	33.71	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011  
 I 15-0104 I FROM 1/ 1/2010 I WORKSHEET S-3  
 I I TO 12/31/2010 I PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
13	TOTAL OVERHEAD COSTS	7,376,816		7,376,816	330,908.00	22.29	

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011  
 I 15-0104 I FROM 1/ 1/2010 I WORKSHEET S-10  
 I I TO 12/31/2010 I  
 I I I

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

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

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

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

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

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

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

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

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE 3,045,306

17.01 GROSS MEDICAID REVENUES 27,812,842

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 30,858,148

UNCOMPENSATED CARE COST

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

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .283502

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

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/20/2011
I	15-0104	I	FROM 1/ 1/2010	I	WORKSHEET S-10
I		I	TO 12/31/2010	I	
I		I		I	

DESCRIPTION

27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	21,784,254
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	6,175,880
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	6,175,880

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 15-0104  
II PERIOD:  
I FROM 1/ 1/2010  
I TO 12/31/2010I PREPARED 5/20/2011  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		6,569,673	6,569,673	-697,304	5,872,369
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				3,879,372	3,879,372
5	0500 EMPLOYEE BENEFITS	106,550	7,952,155	8,058,705	282,368	8,341,073
6	0600 ADMINISTRATIVE & GENERAL	4,071,347	7,160,101	11,231,448	-1,269,153	9,962,295
8	0800 OPERATION OF PLANT	419,566	2,192,854	2,612,420	21,120	2,633,540
9	0900 LAUNDRY & LINEN SERVICE	26,664	279,877	306,541		306,541
10	1000 HOUSEKEEPING	292,782	167,372	460,154	-3,114	457,040
11	1100 DIETARY	490,071	517,176	1,007,247	-582,639	424,608
12	1200 CAFETERIA				580,339	580,339
14	1400 NURSING ADMINISTRATION	452,847	53,279	506,126	-3,686	502,440
16	1600 PHARMACY	391,579	1,766,992	2,158,571	-1,336,787	821,784
17	1700 MEDICAL RECORDS & LIBRARY	707,943	306,860	1,014,803	-114,955	899,848
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	2,406,483	1,975,816	4,382,299	-29,405	4,352,894
26	2600 INTENSIVE CARE UNIT	911,969	365,595	1,277,564	-442	1,277,122
31	3100 SUBPROVIDER	866,581	169,088	1,035,669	-4,315	1,031,354
33	3300 NURSERY		33,875	33,875		33,875
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,428,686	3,791,604	5,220,290	-1,609,480	3,610,810
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM					
41	4100 RADIOLOGY-DIAGNOSTIC	1,022,476	2,778,089	3,800,565	-488,841	3,311,724
41.01	3230 CAT SCAN	112,895	932,797	1,045,692	-518,739	526,953
42	4200 RADIOLOGY-THERAPEUTIC					
42.01	3630 ULTRA SOUND	246,869	172,866	419,735	-90,749	328,986
43	4300 RADIOISOTOPE					
43.01	3430 MAGNETIC RESONANCE IMAGING (MRI)	285,035	740,381	1,025,416	-445,651	579,765
44	4400 LABORATORY	1,813,151	3,153,217	4,966,368	-55,257	4,911,111
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.		200,162	200,162		200,162
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY					
50	5000 PHYSICAL THERAPY	862,458	157,208	1,019,666	-11,998	1,007,668
51	5100 OCCUPATIONAL THERAPY	300,175	232,228	532,403	-1,391	531,012
51.01	3040 AUDIOLOGY	87,720	146,254	233,974	-8,521	225,453
52	5200 SPEECH PATHOLOGY	54,552	5,419	59,971	-169	59,802
53	5300 ELECTROCARDIOLOGY					
53.01	3140 CARDIOLOGY	714,856	200,626	915,482	-46,616	868,866
53.02	3120 CARDIAC CATHETERIZATION LABORATORY	102,940	631,757	734,697	-290,748	443,949
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		33,371	33,371	-2,790	30,581
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				1,767,132	1,767,132
56	5600 DRUGS CHARGED TO PATIENTS				1,282,377	1,282,377
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.01	4950 OTHER OUTPATIENT SERVICE COST CENTER	204,922	160,523	365,445	-4,152	361,293
60.02	6001 CLINIC					
60.03	6002 DERMATOLOGY CLINIC		1,112	1,112		1,112
60.04	6003 ENT CLINIC		6,123	6,123	-2,664	3,459
60.05	6004 SURGERY CLINIC		3,613	3,613	-2,452	1,161
60.06	6005 CARDIOLOGY CLINIC					
60.07	6006 UROLOGY CLINIC		3,081	3,081		3,081
60.08	6007 PODIATRY CLINIC					
60.09	6008 GASTROENTEROLOGY CLINIC		28	28		28
60.10	6009 PULMONARY CLINIC					
60.11	6010 NEUROLOGY CLINIC		5,680	5,680	-3,323	2,357
60.12	6011 OPHTHAMOLOGY CLINIC					
60.13	6012 ALLERGY CLINIC	117,535	24,114	141,649	-459	141,190
60.14	6013 WOUND CARE	170,519	145,525	316,044	6,276	322,320
61	6100 EMERGENCY	1,746,860	2,673,541	4,420,401	-16,028	4,404,373
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	1,186,663	350,749	1,537,412	-85,402	1,452,010
	SPEC PURPOSE COST CENTERS					
85	8500 HEART ACQUISITION					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	21,602,694	46,060,781	67,663,475	91,754	67,755,229
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601 EYE INSTITUTE					
98	9800 PHYSICIANS' PRIVATE OFFICES	9,341,120	3,375,426	12,716,546	-91,754	12,624,792
99	9900 NONPAID WORKERS					
100	7950 THORNTOWN OFFICE BUILDING					
100.01	7952 CAFE/BOUIQUE	31,780	108,584	140,364		140,364
100.02	7951 OTHER NONREIMBURSABLE COST CENTERS					
101	TOTAL	30,975,594	49,544,791	80,520,385	-0-	80,520,385

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011  
I 15-0104 I FROM 1/ 1/2010 I WORKSHEET A  
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-402,731	5,469,638
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		3,879,372
5	0500 EMPLOYEE BENEFITS		8,341,073
6	0600 ADMINISTRATIVE & GENERAL	-1,787,106	8,175,189
8	0800 OPERATION OF PLANT		2,633,540
9	0900 LAUNDRY & LINEN SERVICE		306,541
10	1000 HOUSEKEEPING		457,040
11	1100 DIETARY	-42,120	382,488
12	1200 CAFETERIA	-271,753	308,586
14	1400 NURSING ADMINISTRATION		502,440
16	1600 PHARMACY	45,115	866,899
17	1700 MEDICAL RECORDS & LIBRARY	-718	899,130
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-901,033	3,451,861
26	2600 INTENSIVE CARE UNIT		1,277,122
31	3100 SUBPROVIDER	-31,561	999,793
33	3300 NURSERY		33,875
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		3,610,810
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
41	4100 RADIOLOGY-DIAGNOSTIC	-287	3,311,437
41.01	3230 CAT SCAN		526,953
42	4200 RADIOLOGY-THERAPEUTIC		
42.01	3630 ULTRA SOUND		328,986
43	4300 RADIOISOTOPE		
43.01	3430 MAGNETIC RESONANCE IMAGING (MRI)		579,765
44	4400 LABORATORY	-252,975	4,658,136
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		200,162
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		
50	5000 PHYSICAL THERAPY		1,007,668
51	5100 OCCUPATIONAL THERAPY	-5,124	525,888
51.01	3040 AUDIOLOGY	-70,176	155,277
52	5200 SPEECH PATHOLOGY		59,802
53	5300 ELECTROCARDIOLOGY		
53.01	3140 CARDIOLOGY		868,866
53.02	3120 CARDIAC CATHETERIZATION LABORATORY		443,949
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-30,581	
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		1,767,132
56	5600 DRUGS CHARGED TO PATIENTS		1,282,377
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	4950 OTHER OUTPATIENT SERVICE COST CENTER		361,293
60.02	6001 CLINIC		
60.03	6002 DERMATOLOGY CLINIC	-1,040	72
60.04	6003 ENT CLINIC	-6,123	-2,664
60.05	6004 SURGERY CLINIC	-3,613	-2,452
60.06	6005 CARDIOLOGY CLINIC		
60.07	6006 UROLOGY CLINIC	-3,081	
60.08	6007 PODIATRY CLINIC		
60.09	6008 GASTROENTEROLOGY CLINIC	-28	
60.10	6009 PULMONARY CLINIC		
60.11	6010 NEUROLOGY CLINIC	-5,680	-3,323
60.12	6011 OPTHAMOMOLOGY CLINIC		
60.13	6012 ALLERGY CLINIC		141,190
60.14	6013 WOUND CARE		322,320
61	6100 EMERGENCY	-1,596,746	2,807,627
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-5,593	1,446,417
	SPEC PURPOSE COST CENTERS		
85	8500 HEART ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-5,372,954	62,382,275
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601 EYE INSTITUTE		
98	9800 PHYSICIANS' PRIVATE OFFICES		12,624,792
99	9900 NONPAID WORKERS		
100	7950 THORNTOWN OFFICE BUILDING		
100.01	7952 CAFE/BOUTIQUE		140,364
100.02	7951 OTHER NONREIMBURSABLE COST CENTERS		
101	TOTAL	-5,372,954	75,147,431

## COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011  
 I 15-0104 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET  
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	3230	CAT SCAN
42	RADIOLOGY-THERAPEUTIC	4200	
42.01	ULTRA SOUND	3630	ULTRA SOUND
43	RADIOISOTOPE	4300	
43.01	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
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	
51.01	AUDIOLOGY	3040	AUDIOLOGY
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIOLOGY	3140	CARDIOLOGY
53.02	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
60.02	CLINIC	6001	CLINIC
60.03	DERMATOLOGY CLINIC	6002	CLINIC
60.04	ENT CLINIC	6003	CLINIC
60.05	SURGERY CLINIC	6004	CLINIC
60.06	CARDIOLOGY CLINIC	6005	CLINIC
60.07	UROLOGY CLINIC	6006	CLINIC
60.08	PODIATRY CLINIC	6007	CLINIC
60.09	GASTROENTEROLOGY CLINIC	6008	CLINIC
60.10	PULMONARY CLINIC	6009	CLINIC
60.11	NEUROLOGY CLINIC	6010	CLINIC
60.12	OPHTHAMOLOGY CLINIC	6011	CLINIC
60.13	ALLERGY CLINIC	6012	CLINIC
60.14	WOUND CARE	6013	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
85	HEART ACQUISITION	8500	
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	EYE INSTITUTE	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	THORNTOWN OFFICE BUILDING	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	CAFE/BOUTIQUE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.02	OTHER NONREIMBURSABLE COST CENTERS	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150104	FROM 1/ 1/2010	5/20/2011
	TO 12/31/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1) COST CENTER		LINE NO	SALARY	OTHER
	1	2	3	4	5
1 EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5		284,157
2 INSURANCE	B	NEW CAP REL COSTS-BLDG & FIXT	3		411,483
3 CAFETERIA	C	CAFETERIA	12	262,536	317,362
4 MME DEPRECIATION	D	NEW CAP REL COSTS-MVBLE EQUIP	4		3,879,372
5		OPERATION OF PLANT	8		21,120
6		CAFETERIA	12		441
7		WOUND CARE	60.14		6,276
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35 DRUGS	E	DRUGS CHARGED TO PATIENTS	56		1,282,377
1 MED SUPPLY IMPLANT RECLASS	F	IMPL. DEV. CHARGED TO PATIENT	55.30		1,767,132
2					
3					
4					
5					
6					
7					
36 TOTAL RECLASSIFICATIONS				262,536	7,969,720

(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: 150104	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/20/2011 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
	1	6	7		8	9	
1 EMPLOYEE BENEFITS	A	ADMINISTRATIVE & GENERAL	6			284,157	
2 INSURANCE	B	ADMINISTRATIVE & GENERAL	6			411,483	11
3 CAFETERIA	C	DIETARY	11		262,536	317,362	
4 MME DEPRECIATION	D	NEW CAP REL COSTS-BLDG & FIXT	3			1,108,787	9
5		EMPLOYEE BENEFITS	5			1,789	
6		ADMINISTRATIVE & GENERAL	6			573,513	
7		HOUSEKEEPING	10			3,114	
8		DIETARY	11			2,741	
9		NURSING ADMINISTRATION	14			3,686	
10		PHARMACY	16			3,842	
11		MEDICAL RECORDS & LIBRARY	17			114,955	
12		ADULTS & PEDIATRICS	25			28,731	
13		SUBPROVIDER	31			4,315	
14		OPERATING ROOM	37			195,364	
15		RADIOLOGY-DIAGNOSTIC	41			436,935	
16		CAT SCAN	41.01			518,739	
17		ULTRA SOUND	42.01			90,749	
18		MAGNETIC RESONANCE IMAGING (MRI)	43.01			445,651	
19		LABORATORY	44			55,257	
20		PHYSICAL THERAPY	50			11,998	
21		OCCUPATIONAL THERAPY	51			1,391	
22		AUDIOLOGY	51.01			8,521	
23		SPEECH PATHOLOGY	52			169	
24		CARDIOLOGY	53.01			46,616	
25		CARDIAC CATHETERIZATION LABORATORY	53.02			43,218	
26		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			894	
27		OTHER OUTPATIENT SERVICE COST CENTER	60.01			4,152	
28		ENT CLINIC	60.04			2,664	
29		SURGERY CLINIC	60.05			2,452	
30		NEUROLOGY CLINIC	60.11			3,323	
31		ALLERGY CLINIC	60.13			459	
32		EMERGENCY	61			16,028	
33		AMBULANCE SERVICES	65			85,402	
34		PHYSICIANS' PRIVATE OFFICES	98			91,754	
35 DRUGS	E	PHARMACY	16			1,282,377	
1 MED SUPPLY IMPLANT RECLASS	F	INTENSIVE CARE UNIT	26			442	
2		ADULTS & PEDIATRICS	25			674	
3		OPERATING ROOM	37			1,414,116	
4		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			1,896	
5		CARDIAC CATHETERIZATION LABORATORY	53.02			247,530	
6		RADIOLOGY-DIAGNOSTIC	41			51,906	
7		PHARMACY	16			50,568	
36 TOTAL RECLASSIFICATIONS					262,536	7,969,720	

(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: 150104 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 5/20/2011 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	284,157
TOTAL RECLASSIFICATIONS FOR CODE A			284,157

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	284,157	
		284,157	

RECLASS CODE: B  
EXPLANATION : INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	411,483
TOTAL RECLASSIFICATIONS FOR CODE B			411,483

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	411,483	
		411,483	

RECLASS CODE: C  
EXPLANATION : CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	579,898
TOTAL RECLASSIFICATIONS FOR CODE C			579,898

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	579,898	
		579,898	

RECLASS CODE: D  
EXPLANATION : MME DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,879,372
2.00	OPERATION OF PLANT	8	21,120
3.00	CAFETERIA	12	441
4.00	WOUND CARE	60.14	6,276
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			3,907,209

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	1,108,787	
EMPLOYEE BENEFITS	5	1,789	
ADMINISTRATIVE & GENERAL	6	573,513	
HOUSEKEEPING	10	3,114	
DIETARY	11	2,741	
NURSING ADMINISTRATION	14	3,686	
PHARMACY	16	3,842	
MEDICAL RECORDS & LIBRARY	17	114,955	
ADULTS & PEDIATRICS	25	28,731	
SUBPROVIDER	31	4,315	
OPERATING ROOM	37	195,364	
RADIOLOGY-DIAGNOSTIC	41	436,935	
CAT SCAN	41.01	518,739	
ULTRA SOUND	42.01	90,749	
MAGNETIC RESONANCE IMAGING (MR)	43.01	445,651	
LABORATORY	44	55,257	
PHYSICAL THERAPY	50	11,998	
OCCUPATIONAL THERAPY	51	1,391	
AUDIOLOGY	51.01	8,521	
SPEECH PATHOLOGY	52	169	
CARDIOLOGY	53.01	46,616	
CARDIAC CATHETERIZATION LABORA	53.02	43,218	
MEDICAL SUPPLIES CHARGED TO PA	55	894	
OTHER OUTPATIENT SERVICE COST	60.01	4,152	
ENT CLINIC	60.04	2,664	
SURGERY CLINIC	60.05	2,452	
NEUROLOGY CLINIC	60.11	3,323	
ALLERGY CLINIC	60.13	459	
EMERGENCY	61	16,028	
AMBULANCE SERVICES	65	85,402	
PHYSICIANS' PRIVATE OFFICES	98	91,754	
		3,907,209	

RECLASS CODE: E  
EXPLANATION : DRUGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	1,282,377
TOTAL RECLASSIFICATIONS FOR CODE E			1,282,377

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	1,282,377	
		1,282,377	

RECLASS CODE: F  
EXPLANATION : MED SUPPLY IMPLANT RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	1,767,132

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTENSIVE CARE UNIT	26	442	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 5/20/2011
150104	FROM 1/ 1/2010	WORKSHEET A-6
	TO 12/31/2010	NOT A CMS WORKSHEET

RECLASS CODE: F  
 EXPLANATION : MED SUPPLY IMPLANT RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	ADULTS & PEDIATRICS	25	674	
3.00			0	OPERATING ROOM	37	1,414,116	
4.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	1,896	
5.00			0	CARDIAC CATHETERIZATION LABORA	53.02	247,530	
6.00			0	RADIOLOGY-DIAGNOSTIC	41	51,906	
7.00			0	PHARMACY	16	50,568	
TOTAL RECLASSIFICATIONS FOR CODE F			1,767,132				
				1,767,132			

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	3,037,129	1,452,101			1,452,101		4,489,230	
2	LAND IMPROVEMENTS	2,625,280	3,564			3,564	100,000	2,528,844	
3	BUILDINGS & FIXTURE								
4	BUILDING IMPROVEMEN	59,254,325	13,488,716			13,488,716		72,743,041	
5	FIXED EQUIPMENT	2,128,763	28,425			28,425		2,157,188	
6	MOVABLE EQUIPMENT	32,369,131	725,977			725,977	34,664	33,060,444	
7	SUBTOTAL	99,414,628	15,698,783			15,698,783	134,664	114,978,747	
8	RECONCILING ITEMS								
9	TOTAL	99,414,628	15,698,783			15,698,783	134,664	114,978,747	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13			
3	NEW CAP REL COSTS-BL	5,460,886	-23,634	178,711			-146,325	5,469,638	
4	NEW CAP REL COSTS-MV	3,879,372						3,879,372	
5	TOTAL	9,340,258	-23,634	178,711			-146,325	9,349,010	

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13			
3	NEW CAP REL COSTS-BL	6,569,673						6,569,673	
4	NEW CAP REL COSTS-MV								
5	TOTAL	6,569,673						6,569,673	

\* 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

I PROVIDER NO:  
I 15-0104  
II PERIOD: I PREPARED 5/20/2011  
I FROM 1/ 1/2010 I WORKSHEET A-8  
I TO 12/31/2010 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1			**COST CENTER DELETED**	1	
2			**COST CENTER DELETED**	2	
3			NEW CAP REL COSTS-BLDG &	3	
4			NEW CAP REL COSTS-MVBLE E	4	
5					
6					
7					
8					
9	A	-4,934	ADMINISTRATIVE & GENERAL	6	
10					
11					
12	A-8-2	-2,787,851			
13					
14	A-8-1				
15					
16	B	-176,492	CAFETERIA	12	
17					
18					
19					
20					
21					
22	B	-11,885	ADMINISTRATIVE & GENERAL	6	
23					
24					
25	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	A-8-3				
28			**COST CENTER DELETED**	89	
29			**COST CENTER DELETED**	1	
30			**COST CENTER DELETED**	2	
31			NEW CAP REL COSTS-BLDG &	3	
32			NEW CAP REL COSTS-MVBLE E	4	
33			**COST CENTER DELETED**	20	
34					
35	A-8-4		OCCUPATIONAL THERAPY	51	
36	A-8-4		SPEECH PATHOLOGY	52	
37		-661,883	ADMINISTRATIVE & GENERAL	6	
38	A	-1,975	LABORATORY	44	
39	B	-23,634	NEW CAP REL COSTS-BLDG &	3	10
40	B	-5,070	ADMINISTRATIVE & GENERAL	6	
41	B	-775	ADMINISTRATIVE & GENERAL	6	
42	B	-534	ADMINISTRATIVE & GENERAL	6	
43	B	-606	ADMINISTRATIVE & GENERAL	6	
44	B	-42,120	DIETARY	11	
45	B	45,115	PHARMACY	16	
46	B	-718	MEDICAL RECORDS & LIBRARY	17	
47	A	-47	ADULTS & PEDIATRICS	25	
48	B	-986	ADULTS & PEDIATRICS	25	
49	B	-153	RADIOLOGY-DIAGNOSTIC	41	
49.01	B	-134	RADIOLOGY-DIAGNOSTIC	41	
49.02	A	-30,581	MEDICAL SUPPLIES CHARGED	55	
49.03	B	-1,040	DERMATOLOGY CLINIC	60.03	
49.04	A	-6,123	ENT CLINIC	60.04	
49.05	A	-3,613	SURGERY CLINIC	60.05	
49.06	A	-3,081	UROLOGY CLINIC	60.07	
49.07	A	-28	GASTROENTEROLOGY CLINIC	60.09	
49.08	A	-5,680	NEUROLOGY CLINIC	60.11	
49.09	B	-5,593	AMBULANCE SERVICES	65	
49.10	B	-134,258	NEW CAP REL COSTS-BLDG &	3	14
49.11	B	-12,067	NEW CAP REL COSTS-BLDG &	3	14
49.12	B	46,170	NEW CAP REL COSTS-BLDG &	3	11
49.13	B	-62,250	NEW CAP REL COSTS-BLDG &	3	11
49.14	B	-15,903	NEW CAP REL COSTS-BLDG &	3	11
49.15	B	-230,268	NEW CAP REL COSTS-BLDG &	3	11
49.16	B	29,479	NEW CAP REL COSTS-BLDG &	3	11
49.17	B	-120,605	ADMINISTRATIVE & GENERAL	6	
49.18	B	-145,196	ADMINISTRATIVE & GENERAL	6	
49.19	B	61,732	ADMINISTRATIVE & GENERAL	6	
49.20	B	-298,008	ADMINISTRATIVE & GENERAL	6	
49.21	A	-95,261	CAFETERIA	12	
49.22	A	-66,756	AUDIOLOGY	51.01	
49.23	A	-122,250	ADMINISTRATIVE & GENERAL	6	
49.24	A	-1,510	ADMINISTRATIVE & GENERAL	6	
49.25	A	-4,045	ADMINISTRATIVE & GENERAL	6	
49.26	A	-471,537	ADMINISTRATIVE & GENERAL	6	
49.27					
49.28					
49.29					
49.30					
49.31					
49.32					
49.33					
49.34					

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:  
I 15-0104  
I

I PERIOD: I PREPARED 5/20/2011  
I FROM 1/ 1/2010 I WORKSHEET A-8  
I TO 12/31/2010 I

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4		
49.35						
49.36						
49.37						
49.38						
49.39						
49.40						
50 TOTAL (SUM OF LINES 1 THRU 49)		-5,372,954				

- 
- (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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011  
 I 15-0104 I FROM 1/ 1/2010 I WORKSHEET A-8-2  
 I I TO 12/31/2010 I GROUP 1

WKSHT A	COST CENTER/ PHYSICIAN	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
LINE NO.	IDENTIFIER	3	4	5	6	7	8	9
1 25	BIRTHING CENTER	900,000	900,000					
2 31	PSYCH	63,196		63,196	154,100	427	31,635	1,582
3 44	LAB	251,000	251,000					
4 51	OCCUPATIONAL THERAPY	5,124	5,124					
5 51 1	AUDIOLOGY	3,420	3,420					
6 61	ER	300,000	300,000					
7 61	AMBULANCE	1,296,746	1,296,746					
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,819,486	2,756,290	63,196		427	31,635	1,582

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011  
 I 15-0104 I FROM 1/ 1/2010 I WORKSHEET A-8-2  
 I I TO 12/31/2010 I GROUP 1

LINE NO.	WKSHT A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
	10	11	12	13	14	15	16	17	18
1	25	BIRTHING CENTER							900,000
2	31	PSYCH					31,635	31,561	31,561
3	44	LAB							251,000
4	51	OCCUPATIONAL THERAPY							5,124
5	51	1 AUDIOLOGY							3,420
6	61	ER							300,000
7	61	AMBULANCE							1,296,746
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					31,635	31,561	2,787,851

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011  
 I 15-0104 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET  
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
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	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	33	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	C	GROSS	CHARGES	NOT ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011  
 I 15-0104 I FROM 1/ 1/2010 I WORKSHEET B  
 I I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL OSTS-BLDG &	NEW CAP REL OSTS-MVBLE	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	5,469,638	5,469,638					
005 NEW CAP REL COSTS-MVBLE E	3,879,372		3,879,372				
006 EMPLOYEE BENEFITS	8,341,073	13,582	9,633	8,364,288			
008 ADMINISTRATIVE & GENERAL	8,175,189	434,052	307,854	1,103,172	10,020,267	10,020,267	
009 OPERATION OF PLANT	2,633,540	568,188	402,991	113,686	3,718,405	572,028	4,290,433
010 LAUNDRY & LINEN SERVICE	306,541			7,225	313,766	48,269	
011 HOUSEKEEPING	457,040	65,481	46,443	79,332	648,296	99,732	74,172
012 DIETARY	382,488	146,574	103,959	61,653	694,674	106,867	166,028
014 CAFETERIA	308,586			71,137	379,723	58,415	
016 NURSING ADMINISTRATION	502,440			122,703	625,143	96,170	
017 PHARMACY	866,899	45,249	32,093	106,102	1,050,343	161,582	51,254
025 MEDICAL RECORDS & LIBRARY	899,130	71,479	50,697	191,824	1,213,130	186,624	80,966
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	3,451,861	460,048	326,292	652,061	4,890,262	752,303	521,108
031 INTENSIVE CARE UNIT	1,277,122	130,566	92,604	247,107	1,747,399	268,815	147,895
033 SUBPROVIDER	999,793	149,491	106,028	234,809	1,490,121	229,236	169,332
037 NURSERY	33,875				33,875	5,211	
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	3,610,810	379,445	269,124	387,117	4,646,496	714,803	429,807
041 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC	3,311,437	369,434	262,023	277,050	4,219,944	649,184	418,467
042 01 CAT SCAN	526,953			30,590	557,543	85,771	
042 RADIOLOGY-THERAPEUTIC							
042 01 ULTRA SOUND	328,986			66,892	395,878	60,901	
043 RADIOISOTOPE							
043 01 MAGNETIC RESONANCE IMAGIN	579,765	39,811	28,236	77,233	725,045	111,539	45,095
044 LABORATORY	4,658,136	196,233	139,180	491,291	5,484,840	843,771	222,279
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	200,162				200,162	30,792	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	1,007,668	209,465	148,564	233,692	1,599,389	246,045	237,266
051 OCCUPATIONAL THERAPY	525,888			81,335	607,223	93,413	
051 01 AUDIOLOGY	155,277			23,769	179,046	27,544	
052 SPEECH PATHOLOGY	59,802			14,781	74,583	11,474	
053 ELECTROCARDIOLOGY							
053 01 RADIOLOGY	868,866	21,586	15,310	193,697	1,099,459	169,137	24,451
053 02 RADIOLOGY	443,949	33,557	23,801	27,893	529,200	81,411	38,011
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT	1,767,132				1,767,132	271,850	
056 DRUGS CHARGED TO PATIENTS	1,282,377				1,282,377	197,277	
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 01 OTHER OUTPATIENT SERVICE	361,293	44,595	31,629	55,526	493,043	75,848	50,514
060 02 CLINIC		71,712	50,862		122,574	18,856	81,230
060 03 CLINIC	72				72	11	
060 04 CLINIC	-2,664				-2,664		
060 05 CLINIC	-2,452				-2,452		
060 06 CLINIC							
060 07 CLINIC							
060 08 CLINIC							
060 09 CLINIC							
060 10 CLINIC							
060 11 CLINIC	-3,323				-3,323		
060 12 CLINIC							
060 13 CLINIC	141,190			31,847	173,037	26,619	
060 14 CLINIC	322,320	81,770	57,996	46,204	508,290	78,194	92,623
061 EMERGENCY	2,807,627	429,361	304,527	473,329	4,014,844	617,632	486,348
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	1,446,417	90,544	64,219	321,538	1,922,718	295,785	23,261
085 SPEC PURPOSE COST CENTERS							
095 HEART ACQUISITION							
095 SUBTOTALS	62,382,275	4,052,223	2,874,065	5,824,595	57,419,860	7,293,109	3,360,107
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		14,562	10,328		24,890	3,829	16,494
096 01 EYE INSTITUTE							
098 PHYSICIANS' PRIVATE OFFIC	12,624,792	824,444	584,739	2,531,082	16,565,057	2,548,320	801,702
099 NONPAID WORKERS							
100 THORNTOWN OFFICE BUILDING							
100 01 CAFE/BOUQTQUE	140,364	42,378	30,057	8,611	221,410	34,061	48,003
100 02 OTHER NONREIMBURSABLE COS		536,031	380,183		916,214	140,948	64,127
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	75,147,431	5,469,638	3,879,372	8,364,288	75,147,431	10,020,267	4,290,433

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011  
 I 15-0104 I FROM 1/ 1/2010 I WORKSHEET B  
 I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	PHARMACY	MEDICAL RECOR DS & LIBRARY
	9	10	11	12	14	16	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	362,035						
011 HOUSEKEEPING		822,200					
012 DIETARY		50,979	1,018,548				
014 CAFETERIA		16,997		455,135			
016 NURSING ADMINISTRATION		7,686		8,806	737,805		
017 PHARMACY		15,519		17,612		1,296,310	
025 MEDICAL RECORDS & LIBRARY		33,994		35,688		7	1,550,409
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	19,723	258,243	623,907	120,040	197,275	3,050	381,001
026 INTENSIVE CARE UNIT	4,872	68,579	144,552	9,733	57,169	1,432	79,218
031 SUBPROVIDER	3,668	81,550	232,211	15,295	81,631	150	94,307
033 NURSERY	1,236						
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	54,210	15,223		10,660	110,432	51,008	136,745
039 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC	33,404	68,875		12,977		3,370	365,912
042 01 CAT SCAN	37,864	6,799		1,854		3,264	45,267
042 RADIOLOGY-THERAPEUTIC							
042 01 ULTRA SOUND	9,402	4,434		1,390		36	39,609
043 RADIOISOTOPE							
043 01 MAGNETIC RESONANCE IMAGIN	21,246	6,503		4,635		31,889	24,520
044 LABORATORY	65,856	29,117		38,005		585	37,723
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	1,445						
048 INTRAVENOUS THERAPY	1,926						
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	9,232	10,494		19,003	52,654	1,992	73,560
051 OCCUPATIONAL THERAPY	1,644	5,025		7,879	17,880	37,261	32,064
051 01 AUDIOLOGY	918	3,695		8,343	8,453		
052 SPEECH PATHOLOGY	539	2,217		8,806	4,175		
053 ELECTROCARDIOLOGY							
053 01 RADIOLOGY	14,865	22,318		19,003	49,062	2,881	70,730
053 02 RADIOLOGY	8,139				6,911	2,407	
055 MEDICAL SUPPLIES CHARGED	5,403			9,733			
055 30 IMPL. DEV. CHARGED TO PAT	6,794						
056 DRUGS CHARGED TO PATIENTS	18,194	16,110					
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 OTHER OUTPATIENT SERVICE		39,610		15,758	21,390	182	158,436
060 02 CLINIC		58,233				66,486	
060 03 DERMATOLOGY CLINIC							
060 04 ENT CLINIC						947	
060 05 SURGERY CLINIC							
060 06 RADIOLOGY CLINIC							
060 07 RADIOLOGY CLINIC	167				20	1,192	
060 08 RADIOLOGY CLINIC							
060 09 RADIOLOGY CLINIC							
060 10 RADIOLOGY CLINIC							
060 11 RADIOLOGY CLINIC	1,359					219	
060 12 RADIOLOGY CLINIC							
060 13 RADIOLOGY CLINIC	760				6,461	567	
060 14 RADIOLOGY CLINIC	2,532				12,548	2,234	
061 RADIOLOGY CLINIC	28,585		17,878	29,663	111,744	96,521	
062 RADIOLOGY CLINIC							
065 RADIOLOGY CLINIC	8,052			60,252		22,338	
085 RADIOLOGY CLINIC							
095 RADIOLOGY CLINIC	362,035	822,200	1,018,548	455,135	737,805	330,018	1,539,092
096 RADIOLOGY CLINIC							
096 01 RADIOLOGY CLINIC							
098 RADIOLOGY CLINIC						966,292	11,317
099 RADIOLOGY CLINIC							
100 RADIOLOGY CLINIC							
100 01 RADIOLOGY CLINIC							
100 02 RADIOLOGY CLINIC							
101 RADIOLOGY CLINIC							
102 RADIOLOGY CLINIC							
103 RADIOLOGY CLINIC	362,035	822,200	1,018,548	455,135	737,805	1,296,310	1,550,409

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
025 INPAT ROUTINE SRVC CNTRS			
026 ADULTS & PEDIATRICS	7,766,912		7,766,912
031 INTENSIVE CARE UNIT	2,529,664		2,529,664
033 SUBPROVIDER	2,397,501		2,397,501
033 NURSERY	40,322		40,322
037 ANCILLARY SRVC COST CNTRS			
038 OPERATING ROOM	6,169,384		6,169,384
039 RECOVERY ROOM			
041 DELIVERY ROOM & LABOR ROO			
041 RADIOLOGY-DIAGNOSTIC	5,772,133		5,772,133
042 01 CAT SCAN	738,362		738,362
042 RADIOLOGY-THERAPEUTIC			
042 01 ULTRA SOUND	511,650		511,650
043 RADIOISOTOPE			
043 01 MAGNETIC RESONANCE IMAGIN	970,472		970,472
044 LABORATORY	6,722,176		6,722,176
045 PBP CLINICAL LAB SERVICES			
046 WHOLE BLOOD & PACKED RED			
047 BLOOD STORING, PROCESSING	232,399		232,399
048 INTRAVENOUS THERAPY	1,926		1,926
049 RESPIRATORY THERAPY			
050 PHYSICAL THERAPY	2,249,635		2,249,635
051 OCCUPATIONAL THERAPY	802,389		802,389
051 01 AUDIOLOGY	227,999		227,999
052 SPEECH PATHOLOGY	101,794		101,794
053 ELECTROCARDIOLOGY			
053 01 CARDIOLOGY	1,471,906		1,471,906
053 02 CARDIAC CATHETERIZATION L	666,079		666,079
055 MEDICAL SUPPLIES CHARGED	15,136		15,136
055 30 IMPL. DEV. CHARGED TO PAT	2,045,776		2,045,776
056 DRUGS CHARGED TO PATIENTS	1,513,958		1,513,958
057 RENAL DIALYSIS			
058 ASC (NON-DISTINCT PART)			
060 OUTPAT SERVICE COST CNTRS			
060 CLINIC			
060 01 OTHER OUTPATIENT SERVICE	854,781		854,781
060 02 CLINIC	347,379		347,379
060 03 DERMATOLOGY CLINIC	83		83
060 04 ENT CLINIC	-1,717		-1,717
060 05 SURGERY CLINIC	-2,452		-2,452
060 06 CARDIOLOGY CLINIC			
060 07 UROLOGY CLINIC	1,379		1,379
060 08 PODIATRY CLINIC			
060 09 GASTROENTEROLOGY CLINIC			
060 10 PULMONARY CLINIC			
060 11 NEUROLOGY CLINIC	-1,745		-1,745
060 12 OPHTHAMOLOGY CLINIC			
060 13 ALLERGY CLINIC	207,444		207,444
060 14 WOUND CARE	696,421		696,421
061 EMERGENCY	5,403,215		5,403,215
062 OBSERVATION BEDS (NON-DIS			
062 OTHER REIMBURS COST CNTRS			
065 AMBULANCE SERVICES	2,332,406		2,332,406
085 SPEC PURPOSE COST CENTERS			
095 HEART ACQUISITION			
095 SUBTOTALS	52,784,767		52,784,767
096 NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	45,213		45,213
096 01 EYE INSTITUTE			
098 PHYSICIANS' PRIVATE OFFIC	20,892,688		20,892,688
099 NONPAID WORKERS			
100 THORNTOWN OFFICE BUILDING			
100 01 CAFE/BOUQUIN	303,474		303,474
100 02 OTHER NONREIMBURSABLE COS	1,121,289		1,121,289
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	75,147,431		75,147,431

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011  
 I 15-0104 I FROM 1/ 1/2010 I WORKSHEET B  
 I I TO 12/31/2010 I PART III

	CDST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIVE E & GENERAL 6	OPERATION OF PLANT 8
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS		13,582	9,633	23,215	23,215		
006	ADMINISTRATIVE & GENERAL		434,052	307,854	741,906	3,062	744,968	
008	OPERATION OF PLANT		568,188	402,991	971,179	316	42,527	1,014,022
009	LAUNDRY & LINEN SERVICE					20	3,589	
010	HOUSEKEEPING		65,481	46,443	111,924	220	7,415	17,530
011	DIETARY		146,574	103,959	250,533	171	7,945	39,240
012	CAFETERIA					197	4,343	
014	NURSING ADMINISTRATION					341	7,150	
016	PHARMACY		45,249	32,093	77,342	294	12,013	12,114
017	MEDICAL RECORDS & LIBRARY		71,479	50,697	122,176	532	13,875	19,136
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		460,048	326,292	786,340	1,810	55,930	123,161
026	INTENSIVE CARE UNIT		130,566	92,604	223,170	686	19,985	34,954
031	SUBPROVIDER		149,491	106,028	255,519	652	17,043	40,021
033	NURSERY						387	
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		379,445	269,124	648,569	1,074	53,142	101,583
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO							
041	RADIOLOGY-DIAGNOSTIC		369,434	262,023	631,457	769	48,263	98,903
041	01 CAT SCAN					85	6,377	
042	RADIOLOGY-THERAPEUTIC							
042	01 ULTRA SOUND					186	4,528	
043	RADIOISOTOPE							
043	01 MAGNETIC RESONANCE IMAGIN		39,811	28,236	68,047	214	8,292	10,658
044	LABORATORY		196,233	139,180	335,413	1,363	62,730	52,534
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING						2,289	
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY		209,465	148,564	358,029	649	18,292	56,077
051	OCCUPATIONAL THERAPY					226	6,945	
051	01 AUDIOLOGY					66	2,048	
052	SPEECH PATHOLOGY					41	853	
053	ELECTROCARDIOLOGY							
053	01 CARDIOLOGY		21,586	15,310	36,896	538	12,575	5,779
053	02 CARDIAC CATHETERIZATION L		33,557	23,801	57,358	77	6,052	8,984
055	MEDICAL SUPPLIES CHARGED							
055	30 IMPL. DEV. CHARGED TO PAT						20,211	
056	DRUGS CHARGED TO PATIENTS						14,667	
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060	01 OTHER OUTPATIENT SERVICE		44,595	31,629	76,224	154	5,639	11,939
060	02 CLINIC		71,712	50,862	122,574		1,402	19,198
060	03 DERMATOLOGY CLINIC						1	
060	04 ENT CLINIC							
060	05 SURGERY CLINIC							
060	06 CARDIOLOGY CLINIC							
060	07 UROLOGY CLINIC							
060	08 PODIATRY CLINIC							
060	09 GASTROENTEROLOGY CLINIC							
060	10 PULMONARY CLINIC							
060	11 NEUROLOGY CLINIC							
060	12 OPTHAMOMOLOGY CLINIC							
060	13 ALLERGY CLINIC					88	1,979	
060	14 WOUND CARE		81,770	57,996	139,766	128	5,813	21,891
061	EMERGENCY		429,361	304,527	733,888	1,314	45,918	114,946
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES		90,544	64,219	154,763	892	21,990	5,498
	SPEC PURPOSE COST CENTERS							
085	HEART ACQUISITION							
095	SUBTOTALS		4,052,223	2,874,065	6,926,288	16,165	542,208	794,146
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		14,562	10,328	24,890		285	3,898
096	01 EYE INSTITUTE							
098	PHYSICIANS' PRIVATE OFFIC		824,444	584,739	1,409,183	7,026	189,464	189,477
099	NONPAID WORKERS							
100	THORNTOWN OFFICE BUILDING							
100	01 CAFE/BOUOTIQUE		42,378	30,057	72,435	24	2,532	11,345
100	02 OTHER NONREIMBURSABLE COS		536,031	380,183	916,214		10,479	15,156
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		5,469,638	3,879,372	9,349,010	23,215	744,968	1,014,022

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	PHARMACY	MEDICAL RECOR DS & LIBRARY
		9	10	11	12	14	16	17
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE	3,609						
011	HOUSEKEEPING		137,089					
012	DIETARY		8,500	306,389				
014	CAFETERIA		2,834		7,374			
016	NURSING ADMINISTRATION		1,281		143	8,915		
017	PHARMACY		2,588		285		104,636	
025	MEDICAL RECORDS & LIBRARY		5,668		578		1	161,966
026	INPAT ROUTINE SRVC CNTRS							
031	ADULTS & PEDIATRICS	193	43,058	187,678	1,943	2,385	246	39,800
033	INTENSIVE CARE UNIT	48	11,435	43,482	158	691	116	8,276
037	SUBPROVIDER	36	13,597	69,851	248	986	12	9,852
038	NURSERY	12						
039	ANCILLARY SRVC COST CNTRS							
041	OPERATING ROOM	530	2,538		173	1,334	4,117	14,285
042	RECOVERY ROOM							
043	DELIVERY ROOM & LABOR ROO							
044	RADIOLOGY-DIAGNOSTIC	326	11,484		210		272	38,226
045	CAT SCAN	370	1,134		30		263	4,729
046	RADIOLOGY-THERAPEUTIC							
047	01 ULTRA SOUND	92	739		23		3	4,138
048	RADIOISOTOPE							
049	01 MAGNETIC RESONANCE IMAGIN	208	1,084		75		2,574	2,562
050	LABORATORY	714	4,855		616		47	3,941
051	PBP CLINICAL LAB SERVICES							
052	WHOLE BLOOD & PACKED RED							
053	BLOOD STORING, PROCESSING	14						
054	INTRAVENOUS THERAPY	19						
055	RESPIRATORY THERAPY							
056	PHYSICAL THERAPY	90	1,750		308	636	161	7,685
057	OCCUPATIONAL THERAPY	16	838		128	216	3,008	3,350
058	01 AUDIOLOGY	9	616		135	102		
059	SPEECH PATHOLOGY	5	370		143	50		
060	ELECTROCARDIOLOGY							
061	01 CARDIOLOGY	145	3,721		308	593	233	7,389
062	02 CARDIAC CATHETERIZATION L	80				84	194	
063	MEDICAL SUPPLIES CHARGED	53			158			
064	30 IMPL. DEV. CHARGED TO PAT	66						
065	DRUGS CHARGED TO PATIENTS	178	2,686					
066	RENAL DIALYSIS							
067	ASC (NON-DISTINCT PART)							
068	OUTPAT SERVICE COST CNTRS							
069	CLINIC							
070	01 OTHER OUTPATIENT SERVICE		6,604		255	258	15	16,551
071	02 CLINIC		9,709				5,367	
072	03 DERMATOLOGY CLINIC							
073	04 ENT CLINIC						76	
074	05 SURGERY CLINIC							
075	06 CARDIOLOGY CLINIC							
076	07 UROLOGY CLINIC	2					96	
077	08 PODIATRY CLINIC							
078	09 GASTROENTEROLOGY CLINIC							
079	10 PULMONARY CLINIC							
080	11 NEUROLOGY CLINIC	13					18	
081	12 OPTHAMOMOLOGY CLINIC							
082	13 ALLERGY CLINIC	7				78	46	
083	14 WOUND CARE	25				152	180	
084	EMERGENCY	279		5,378	481	1,350	7,791	
085	OBSERVATION BEDS (NON-DIS							
086	OTHER REIMBURS COST CNTRS							
087	AMBULANCE SERVICES	79			976		1,803	
088	SPEC PURPOSE COST CENTERS							
089	HEART ACQUISITION							
090	SUBTOTALS	3,609	137,089	306,389	7,374	8,915	26,639	160,784
091	NONREIMBURS COST CENTERS							
092	GIFT, FLOWER, COFFEE SHOP							
093	01 EYE INSTITUTE							
094	PHYSICIANS' PRIVATE OFFIC						77,997	1,182
095	NONPAID WORKERS							
096	THORNTOWN OFFICE BUILDING							
097	01 CAFE/BOUQTQUE							
098	02 OTHER NONREIMBURSABLE COS							
099	CROSS FOOT ADJUSTMENTS							
100	NEGATIVE COST CENTER							
101	TOTAL	3,609	137,089	306,389	7,374	8,915	104,636	161,966

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011  
 I 15-0104 I FROM 1/ 1/2010 I WORKSHEET B  
 I TO 12/31/2010 I PART III

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
008 ADMINISTRATIVE & GENERAL			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
016 NURSING ADMINISTRATION			
017 PHARMACY			
025 MEDICAL RECORDS & LIBRARY			
026 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	1,242,544		1,242,544
026 INTENSIVE CARE UNIT	343,001		343,001
031 SUBPROVIDER	407,817		407,817
033 NURSERY	399		399
037 ANCILLARY SRVC COST CNTRS			
038 OPERATING ROOM	827,345		827,345
039 RECOVERY ROOM			
041 DELIVERY ROOM & LABOR ROO			
041 RADIOLOGY-DIAGNOSTIC	829,910		829,910
042 01 CAT SCAN	12,988		12,988
042 RADIOLOGY-THERAPEUTIC			
042 01 ULTRA SOUND	9,709		9,709
043 RADIOISOTOPE			
043 01 MAGNETIC RESONANCE IMAGIN	93,714		93,714
044 LABORATORY	462,213		462,213
045 PBP CLINICAL LAB SERVICES			
046 WHOLE BLOOD & PACKED RED			
047 BLOOD STORING, PROCESSING	2,303		2,303
048 INTRAVENOUS THERAPY	19		19
049 RESPIRATORY THERAPY			
050 PHYSICAL THERAPY	443,677		443,677
051 OCCUPATIONAL THERAPY	14,727		14,727
051 01 AUDIOLOGY	2,976		2,976
052 SPEECH PATHOLOGY	1,462		1,462
053 ELECTROCARDIOLOGY			
053 01 CARDIOLOGY	68,177		68,177
053 02 CARDIAC CATHETERIZATION L	72,829		72,829
055 MEDICAL SUPPLIES CHARGED	211		211
055 30 IMPL. DEV. CHARGED TO PAT	20,277		20,277
056 DRUGS CHARGED TO PATIENTS	17,531		17,531
057 RENAL DIALYSIS			
058 ASC (NON-DISTINCT PART)			
060 OUTPAT SERVICE COST CNTRS			
060 CLINIC			
060 01 OTHER OUTPATIENT SERVICE	117,639		117,639
060 02 CLINIC	158,250		158,250
060 03 DERMATOLOGY CLINIC	1		1
060 04 ENT CLINIC	76		76
060 05 SURGERY CLINIC			
060 06 CARDIOLOGY CLINIC			
060 07 UROLOGY CLINIC	98		98
060 08 PODIATRY CLINIC			
060 09 GASTROENTEROLOGY CLINIC			
060 10 PULMONARY CLINIC			
060 11 NEUROLOGY CLINIC	31		31
060 12 OPHTHAMOLOGY CLINIC			
060 13 ALLERGY CLINIC	2,198		2,198
060 14 WOUND CARE	167,955		167,955
061 EMERGENCY	911,345		911,345
062 OBSERVATION BEDS (NON-DIS			
062 OTHER REIMBURS COST CNTRS			
065 AMBULANCE SERVICES	186,001		186,001
085 SPEC PURPOSE COST CENTERS			
095 HEART ACQUISITION			
095 SUBTOTALS	6,417,423		6,417,423
096 NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	29,073		29,073
096 01 EYE INSTITUTE			
098 PHYSICIANS' PRIVATE OFFIC	1,874,329		1,874,329
099 NONPAID WORKERS			
100 THORNTOWN OFFICE BUILDING			
100 01 CAFE/BOUTIQUE	86,336		86,336
100 02 OTHER NONREIMBURSABLE COS	941,849		941,849
101 CROSS FOOT ADJUSTMENTS			
102 NEGATIVE COST CENTER			
103 TOTAL	9,349,010		9,349,010

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011  
 I 15-0104 I FROM 1/ 1/2010 I WORKSHEET B-1  
 I I TO 12/31/2010 I

	COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
		(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)
		3	4	5	6a.00	6	8
003	GENERAL SERVICE COST						
004	NEW CAP REL COSTS-BLD	234,385					
005	NEW CAP REL COSTS-MVB		234,385				
006	EMPLOYEE BENEFITS	582	582	30,869,044			
008	ADMINISTRATIVE & GENE	18,600	18,600	4,071,347	-10,020,267	65,135,603	
009	OPERATION OF PLANT	24,348	24,348	419,566		3,718,405	162,311
010	LAUNDRY & LINEN SERVI			26,664		313,766	
011	HOUSEKEEPING	2,806	2,806	292,782		648,296	2,806
012	DIETARY	6,281	6,281	227,535		694,674	6,281
014	CAFETERIA			262,536		379,723	
016	NURSING ADMINISTRATIO			452,847		625,143	
017	PHARMACY	1,939	1,939	391,579		1,050,343	1,939
025	MEDICAL RECORDS & LIB	3,063	3,063	707,943		1,213,130	3,063
026	INPAT ROUTINE SRVC CN						
026	ADULTS & PEDIATRICS	19,714	19,714	2,406,483		4,890,262	19,714
031	INTENSIVE CARE UNIT	5,595	5,595	911,969		1,747,399	5,595
033	SUBPROVIDER	6,406	6,406	866,581		1,490,121	6,406
037	NURSERY					33,875	
038	ANCILLARY SRVC COST C						
039	OPERATING ROOM	16,260	16,260	1,428,686		4,646,496	16,260
041	RECOVERY ROOM						
041	DELIVERY ROOM & LABOR						
041	RADIOLOGY-DIAGNOSTIC	15,831	15,831	1,022,476		4,219,944	15,831
042	01 CAT SCAN			112,895		557,543	
042	RADIOLOGY-THERAPEUTIC						
043	01 ULTRA SOUND			246,869		395,878	
044	01 MAGNETIC RESONANCE IM	1,706	1,706	285,035		725,045	1,706
045	LABORATORY	8,409	8,409	1,813,151		5,484,840	8,409
046	PBP CLINICAL LAB SERV						
047	WHOLE BLOOD & PACKED						
048	BLOOD STORING, PROCES					200,162	
049	INTRAVENOUS THERAPY						
050	RESPIRATORY THERAPY	8,976	8,976	862,458		1,599,389	8,976
051	PHYSICAL THERAPY			300,175		607,223	
051	OCCUPATIONAL THERAPY			87,720		179,046	
051	01 AUDIOLOGY			54,552		74,583	
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY						
053	01 CARDIOLOGY	925	925	714,856		1,099,459	925
053	02 CARDIAC CATHETERIZATI	1,438	1,438	102,940		529,200	1,438
055	MEDICAL SUPPLIES CHAR						
055	30 IMPL. DEV. CHARGED TO					1,767,132	
056	DRUGS CHARGED TO PATI					1,282,377	
057	RENAL DIALYSIS						
058	ASC (NON-DISTINCT PAR						
060	OUTPAT SERVICE COST C						
060	CLINIC						
060	01 OTHER OUTPATIENT SERV	1,911	1,911	204,922		493,043	1,911
060	02 CLINIC	3,073	3,073			122,574	3,073
060	03 DERMATOLOGY CLINIC					72	
060	04 ENT CLINIC						
060	05 SURGERY CLINIC				2,664		
060	06 CARDIOLOGY CLINIC				2,452		
060	07 UROLOGY CLINIC						
060	08 PODIATRY CLINIC						
060	09 GASTROENTEROLOGY CLIN						
060	10 PULMONARY CLINIC						
060	11 NEUROLOGY CLINIC				3,323		
060	12 OPHTHAMOLOGY CLINIC						
060	13 ALLERGY CLINIC			117,535		173,037	
060	14 WOUND CARE	3,504	3,504	170,519		508,290	3,504
061	EMERGENCY	18,399	18,399	1,746,860		4,014,844	18,399
062	OBSERVATION BEDS (NON						
065	OTHER REIMBURS COST C						
065	AMBULANCE SERVICES	3,880	3,880	1,186,663		1,922,718	880
065	SPEC PURPOSE COST CEN						
085	HEART ACQUISITION						
095	SUBTOTALS	173,646	173,646	21,496,144	-10,011,828	47,408,032	127,116
096	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE	624	624			24,890	624
096	01 EYE INSTITUTE						
098	PHYSICIANS' PRIVATE O	35,329	35,329	9,341,120		16,565,057	30,329
099	NONPAID WORKERS						
100	THORNTOWN OFFICE BUIL						
100	01 CAFE/BOUTIQUE	1,816	1,816	31,780		221,410	1,816
100	02 OTHER NONREIMBURSABLE	22,970	22,970			916,214	2,426
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED	5,469,638	3,879,372	8,364,288		10,020,267	4,290,433

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011  
 I 15-0104 I FROM 1/ 1/2010 I WORKSHEET B-1  
 I I TO 12/31/2010 I

COST CENTER DESCRIPTION	NEW CAP REL C NEW CAP REL C		EMPLOYEE BENE ( GROSS ) SALARIES )	RECONCIL- IATION	ADMINISTRATIV OPERATION OF E & GENERAL PLANT	
	(SQUARE FEET	(SQUARE ) FEET			( ACCUM. COST	(SQUARE ) FEET
	3	4	5	6a.00	6	8
NONREIMBURS COST CENT (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	23.336126		.270960		.153837	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		16.551281				26.433409
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			23,215		744,968	1,014,022
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000752		.011437	6.247402

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:  
I 15-0104  
I

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

I PREPARED 5/20/2011  
I WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY
	(GROSS CHARGES)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)	(DIRECT )SING HRS	(NR(COSTED )EQUIS.	(TIME )SPENT	
	9	10	11	12	14	16	17	
003 GENERAL SERVICE COST								
004 NEW CAP REL COSTS-BLD								
005 NEW CAP REL COSTS-MVB								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENE								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVI	186,209,420							
011 HOUSEKEEPING		139,073						
012 DIETARY		8,623	29,397					
014 CAFETERIA		2,875		982				
016 NURSING ADMINISTRATIO		1,300		19	339,278			
017 PHARMACY		2,625		38		792,764		
025 MEDICAL RECORDS & LIB		5,750		77		4	41,100	
026 INPAT ROUTINE SRVC CN								
025 ADULTS & PEDIATRICS	10,145,636	43,681	18,007	259	90,717	1,865	10,100	
026 INTENSIVE CARE UNIT	2,506,188	11,600	4,172	21	26,289	876	2,100	
031 SUBPROVIDER	1,886,910	13,794	6,702	33	37,538	92	2,500	
033 NURSERY	636,054							
037 ANCILLARY SRVC COST C								
038 OPERATING ROOM	27,885,698	2,575		23	50,782	31,194	3,625	
039 RECOVERY ROOM								
041 DELIVERY ROOM & LABOR								
041 RADIOLOGY-DIAGNOSTIC	17,183,246	11,650		28		2,061	9,700	
041 01 CAT SCAN	19,477,528	1,150		4		1,996	1,200	
042 RADIOLOGY-THERAPEUTIC								
042 01 ULTRA SOUND	4,836,436	750		3		22	1,050	
043 RADIOISOTOPE								
043 01 MAGNETIC RESONANCE IM	10,929,176	1,100		10		19,502	650	
044 LABORATORY	33,853,799	4,925		82		358	1,000	
045 PBP CLINICAL LAB SERV								
046 WHOLE BLOOD & PACKED								
047 BLOOD STORING, PROCES	743,539							
048 INTRAVENOUS THERAPY	990,809							
049 RESPIRATORY THERAPY								
050 PHYSICAL THERAPY	4,749,156	1,775		41	24,213	1,218	1,950	
051 OCCUPATIONAL THERAPY	845,478	850		17	8,222	22,787	850	
051 01 AUDIOLOGY	472,067	625		18	3,887			
052 SPEECH PATHOLOGY	277,021	375		19	1,920			
053 ELECTROCARDIOLOGY								
053 01 CARDIOLOGY	7,646,412	3,775		41	22,561	1,762	1,875	
053 02 CARDIAC CATHETERIZATI	4,186,852				3,178	1,472		
055 MEDICAL SUPPLIES CHAR	2,779,065			21				
055 30 IMPL. DEV. CHARGED TO	3,494,696							
056 DRUGS CHARGED TO PATI	9,359,024	2,725						
057 RENAL DIALYSIS								
058 ASC (NON-DISTINCT PAR								
060 OUTPAT SERVICE COST C								
060 CLINIC								
060 01 OTHER OUTPATIENT SERV		6,700		34	9,836	111	4,200	
060 02 CLINIC		9,850				40,660		
060 03 DERMATOLOGY CLINIC								
060 04 ENT CLINIC						579		
060 05 SURGERY CLINIC								
060 06 CARDIOLOGY CLINIC								
060 07 UROLOGY CLINIC	85,793				9	729		
060 08 PODIATRY CLINIC								
060 09 GASTROENTEROLOGY CLIN								
060 10 PULMONARY CLINIC	108							
060 11 NEUROLOGY CLINIC	698,973					134		
060 12 OPHTHAMOLOGY CLINIC								
060 13 ALLERGY CLINIC	391,155				2,971	347		
060 14 WOUND CARE	1,302,451				5,770	1,366		
061 EMERGENCY	14,704,068		516	64	51,385	59,028		
062 OBSERVATION BEDS (NON								
065 OTHER REIMBURS COST C								
065 AMBULANCE SERVICES	4,142,082			130		13,661		
085 SPEC PURPOSE COST CEN								
095 HEART ACQUISITION								
095 SUBTOTALS	186,209,420	139,073	29,397	982	339,278	201,824	40,800	
096 NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE								
096 01 EYE INSTITUTE								
098 PHYSICIANS' PRIVATE O						590,940	300	
099 NONPAID WORKERS								
100 THORNTOWN OFFICE BUIL								
100 01 CAFE/BOUTIQUE								
100 02 OTHER NONREIMBURSABLE								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	362,035	822,200	1,018,548	455,135	737,805	1,296,310	1,550,409	

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011  
 I 15-0104 I FROM 1/ 1/2010 I WORKSHEET B-1  
 I I TO 12/31/2010 I

COST CENTER DESCRIPTION	LAUNDRY & LIN HOUSEKEEPING EN SERVICE		DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	PHARMACY	MEDICAL RECOR DS & LIBRARY
	(GROSS CHARGES	(HOURS OF SERVICE	(MEALS ERVED	S(MEALS ERVED	S(DIRECT SING HRS	NR(COSTED EQUIS.	R(TIME SPENT
	9	10	11	12	14	16	17
NONREIMBURS COST CENT (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.001944	5.912003	34.648025	463.477597	2.174633	1.635178	37.722847
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)	3,609	137,089	306,389	7,374	8,915	104,636	161,966
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000019	.985734	10.422458	7.509165	.026276	.131989	3.940779

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	7,766,912		7,766,912		7,766,912
26	INTENSIVE CARE UNIT	2,529,664		2,529,664		2,529,664
31	SUBPROVIDER	2,397,501		2,397,501	31,561	2,429,062
33	NURSERY	40,322		40,322		40,322
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	6,169,384		6,169,384		6,169,384
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
41	RADIOLOGY-DIAGNOSTIC	5,772,133		5,772,133		5,772,133
41	01 CAT SCAN	738,362		738,362		738,362
42	RADIOLOGY-THERAPEUTIC					
42	01 ULTRA SOUND	511,650		511,650		511,650
43	RADIOISOTOPE					
43	01 MAGNETIC RESONANCE IMAGIN	970,472		970,472		970,472
44	LABORATORY	6,722,176		6,722,176		6,722,176
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	232,399		232,399		232,399
48	INTRAVENOUS THERAPY	1,926		1,926		1,926
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	2,249,635		2,249,635		2,249,635
51	OCCUPATIONAL THERAPY	802,389		802,389		802,389
51	01 AUDIOLOGY	227,999		227,999		227,999
52	SPEECH PATHOLOGY	101,794		101,794		101,794
53	ELECTROCARDIOLOGY					
53	01 CARDIOLOGY	1,471,906		1,471,906		1,471,906
53	02 CARDIAC CATHETERIZATION L	666,079		666,079		666,079
55	MEDICAL SUPPLIES CHARGED	15,136		15,136		15,136
55	30 IMPL. DEV. CHARGED TO PAT	2,045,776		2,045,776		2,045,776
56	DRUGS CHARGED TO PATIENTS	1,513,958		1,513,958		1,513,958
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 OTHER OUTPATIENT SERVICE	854,781		854,781		854,781
60	02 CLINIC	347,379		347,379		347,379
60	03 DERMATOLOGY CLINIC	83		83		83
60	04 ENT CLINIC					
60	05 SURGERY CLINIC					
60	06 CARDIOLOGY CLINIC					
60	07 UROLOGY CLINIC	1,379		1,379		1,379
60	08 PODIATRY CLINIC					
60	09 GASTROENTEROLOGY CLINIC					
60	10 PULMONARY CLINIC					
60	11 NEUROLOGY CLINIC					
60	12 OPTHAMOMOLOGY CLINIC					
60	13 ALLERGY CLINIC	207,444		207,444		207,444
60	14 WOUND CARE	696,421		696,421		696,421
61	EMERGENCY	5,403,215		5,403,215		5,403,215
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,716,029		1,716,029		1,716,029
65	AMBULANCE SERVICES	2,332,406		2,332,406		2,332,406
101	SUBTOTAL	54,506,710		54,506,710	31,561	54,538,271
102	LESS OBSERVATION BEDS	1,716,029		1,716,029		1,716,029
103	TOTAL	52,790,681		52,790,681	31,561	52,822,242

## COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011  
 I 15-0104 I FROM 1/ 1/2010 I WORKSHEET C  
 I I TO 12/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	7,785,250		7,785,250			
26	INTENSIVE CARE UNIT	2,506,188		2,506,188			
31	SUBPROVIDER	1,886,910		1,886,910			
33	NURSERY	636,054		636,054			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,614,567	24,271,131	27,885,698	.221238	.221238	.221238
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	1,251,808	15,931,438	17,183,246	.335916	.335916	.335916
41	01 CAT SCAN	2,934,567	16,542,961	19,477,528	.037908	.037908	.037908
42	RADIOLOGY-THERAPEUTIC						
42	01 ULTRA SOUND	542,680	4,293,756	4,836,436	.105791	.105791	.105791
43	RADIOISOTOPE						
43	01 MAGNETIC RESONANCE IMAGIN	720,592	10,208,584	10,929,176	.088796	.088796	.088796
44	LABORATORY	7,182,579	26,671,220	33,853,799	.198565	.198565	.198565
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	450,646	292,893	743,539	.312558	.312558	.312558
48	INTRAVENOUS THERAPY	488,989	501,820	990,809	.001944	.001944	.001944
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	524,338	4,224,818	4,749,156	.473692	.473692	.473692
51	OCCUPATIONAL THERAPY	165,010	680,468	845,478	.949036	.949036	.949036
51	01 AUDIOLOGY		472,067	472,067	.482980	.482980	.482980
52	SPEECH PATHOLOGY	29,814	247,207	277,021	.367460	.367460	.367460
53	ELECTROCARDIOLOGY						
53	01 CARDIOLOGY	3,085,280	4,561,132	7,646,412	.192496	.192496	.192496
53	02 CARDIAC CATHETERIZATION L	2,027,997	2,158,855	4,186,852	.159088	.159088	.159088
55	MEDICAL SUPPLIES CHARGED	1,328,578	1,450,487	2,779,065	.005446	.005446	.005446
55	30 IMPL. DEV. CHARGED TO PAT	3,032,682	462,014	3,494,696	.585395	.585395	.585395
56	DRUGS CHARGED TO PATIENTS	5,597,439	3,761,585	9,359,024	.161765	.161765	.161765
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OTHER OUTPATIENT SERVICE						
60	02 CLINIC						
60	03 DERMATOLOGY CLINIC						
60	04 ENT CLINIC						
60	05 SURGERY CLINIC						
60	06 CARDIOLOGY CLINIC						
60	07 UROLOGY CLINIC		85,793	85,793	.016074	.016074	.016074
60	08 PODIATRY CLINIC						
60	09 GASTROENTEROLOGY CLINIC						
60	10 PULMONARY CLINIC		108	108			
60	11 NEUROLOGY CLINIC	3,529	695,444	698,973			
60	12 OPHTHAMOLOGY CLINIC						
60	13 ALLERGY CLINIC		391,155	391,155	.530337	.530337	.530337
60	14 WOUND CARE	9,586	1,292,865	1,302,451	.534700	.534700	.534700
61	EMERGENCY	1,885,163	12,818,905	14,704,068	.367464	.367464	.367464
62	OBSERVATION BEDS (NON-DIS		2,360,386	2,360,386	.727012	.727012	.727012
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	11,861	4,130,221	4,142,082	.563100	.563100	.563100
101	SUBTOTAL	47,702,107	138,507,313	186,209,420			
102	LESS OBSERVATION BEDS						
103	TOTAL	47,702,107	138,507,313	186,209,420			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	7,766,912		7,766,912		7,766,912
26	INTENSIVE CARE UNIT	2,529,664		2,529,664		2,529,664
31	SUBPROVIDER	2,397,501		2,397,501	31,561	2,429,062
33	NURSERY	40,322		40,322		40,322
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,169,384		6,169,384		6,169,384
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
41	RADIOLOGY-DIAGNOSTIC	5,772,133		5,772,133		5,772,133
41	01 CAT SCAN	738,362		738,362		738,362
42	RADIOLOGY-THERAPEUTIC					
42	01 ULTRA SOUND	511,650		511,650		511,650
43	RADIOISOTOPE					
43	01 MAGNETIC RESONANCE IMAGIN	970,472		970,472		970,472
44	LABORATORY	6,722,176		6,722,176		6,722,176
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	232,399		232,399		232,399
48	INTRAVENOUS THERAPY	1,926		1,926		1,926
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	2,249,635		2,249,635		2,249,635
51	OCCUPATIONAL THERAPY	802,389		802,389		802,389
51	01 AUDIOLOGY	227,999		227,999		227,999
52	SPEECH PATHOLOGY	101,794		101,794		101,794
53	ELECTROCARDIOLOGY					
53	01 CARDIOLOGY	1,471,906		1,471,906		1,471,906
53	02 CARDIAC CATHETERIZATION L	666,079		666,079		666,079
55	MEDICAL SUPPLIES CHARGED	15,136		15,136		15,136
55	30 IMPL. DEV. CHARGED TO PAT	2,045,776		2,045,776		2,045,776
56	DRUGS CHARGED TO PATIENTS	1,513,958		1,513,958		1,513,958
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 OTHER OUTPATIENT SERVICE	854,781		854,781		854,781
60	02 CLINIC	347,379		347,379		347,379
60	03 DERMATOLOGY CLINIC	83		83		83
60	04 ENT CLINIC					
60	05 SURGERY CLINIC					
60	06 CARDIOLOGY CLINIC					
60	07 UROLOGY CLINIC	1,379		1,379		1,379
60	08 PODIATRY CLINIC					
60	09 GASTROENTEROLOGY CLINIC					
60	10 PULMONARY CLINIC					
60	11 NEUROLOGY CLINIC					
60	12 OPHTHAMOLOGY CLINIC					
60	13 ALLERGY CLINIC	207,444		207,444		207,444
60	14 WOUND CARE	696,421		696,421		696,421
61	EMERGENCY	5,403,215		5,403,215		5,403,215
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,716,029		1,716,029		1,716,029
65	AMBULANCE SERVICES	2,332,406		2,332,406		2,332,406
101	SUBTOTAL	54,506,710		54,506,710	31,561	54,538,271
102	LESS OBSERVATION BEDS	1,716,029		1,716,029		1,716,029
103	TOTAL	52,790,681		52,790,681	31,561	52,822,242

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						
26	ADULTS & PEDIATRICS	7,785,250		7,785,250			
31	INTENSIVE CARE UNIT	2,506,188		2,506,188			
33	SUBPROVIDER	1,886,910		1,886,910			
	NURSERY	636,054		636,054			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,614,567	24,271,131	27,885,698	.221238	.221238	.221238
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	1,251,808	15,931,438	17,183,246	.335916	.335916	.335916
41	01 CAT SCAN	2,934,567	16,542,961	19,477,528	.037908	.037908	.037908
42	RADIOLOGY-THERAPEUTIC						
42	01 ULTRA SOUND	542,680	4,293,756	4,836,436	.105791	.105791	.105791
43	RADIOISOTOPE						
43	01 MAGNETIC RESONANCE IMAGIN	720,592	10,208,584	10,929,176	.088796	.088796	.088796
44	LABORATORY	7,182,579	26,671,220	33,853,799	.198565	.198565	.198565
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	450,646	292,893	743,539	.312558	.312558	.312558
48	INTRAVENOUS THERAPY	488,989	501,820	990,809	.001944	.001944	.001944
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	524,338	4,224,818	4,749,156	.473692	.473692	.473692
51	OCCUPATIONAL THERAPY	165,010	680,468	845,478	.949036	.949036	.949036
51	01 AUDIOLOGY		472,067	472,067	.482980	.482980	.482980
52	SPEECH PATHOLOGY	29,814	247,207	277,021	.367460	.367460	.367460
53	ELECTROCARDIOLOGY						
53	01 CARDIOLOGY	3,085,280	4,561,132	7,646,412	.192496	.192496	.192496
53	02 CARDIAC CATHETERIZATION L	2,027,997	2,158,855	4,186,852	.159088	.159088	.159088
55	MEDICAL SUPPLIES CHARGED	1,328,578	1,450,487	2,779,065	.005446	.005446	.005446
55	30 IMPL. DEV. CHARGED TO PAT	3,032,682	462,014	3,494,696	.585395	.585395	.585395
56	DRUGS CHARGED TO PATIENTS	5,597,439	3,761,585	9,359,024	.161765	.161765	.161765
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OTHER OUTPATIENT SERVICE						
60	02 CLINIC						
60	03 DERMATOLOGY CLINIC						
60	04 ENT CLINIC						
60	05 SURGERY CLINIC						
60	06 CARDIOLOGY CLINIC						
60	07 UROLOGY CLINIC		85,793	85,793	.016074	.016074	.016074
60	08 PODIATRY CLINIC						
60	09 GASTROENTEROLOGY CLINIC						
60	10 PULMONARY CLINIC		108	108			
60	11 NEUROLOGY CLINIC	3,529	695,444	698,973			
60	12 OPHTHAMOLOGY CLINIC						
60	13 ALLERGY CLINIC		391,155	391,155	.530337	.530337	.530337
60	14 WOUND CARE	9,586	1,292,865	1,302,451	.534700	.534700	.534700
61	EMERGENCY	1,885,163	12,818,905	14,704,068	.367464	.367464	.367464
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		2,360,386	2,360,386	.727012	.727012	.727012
65	AMBULANCE SERVICES	11,861	4,130,221	4,142,082	.563100	.563100	.563100
101	SUBTOTAL	47,702,107	138,507,313	186,209,420			
102	LESS OBSERVATION BEDS						
103	TOTAL	47,702,107	138,507,313	186,209,420			

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	6,169,384	827,345	5,342,039			6,169,384
39	RECOVERY ROOM						
41	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	5,772,133	829,910	4,942,223			5,772,133
41	01 CAT SCAN	738,362	12,988	725,374			738,362
42	RADIOLOGY-THERAPEUTIC						
42	01 ULTRA SOUND	511,650	9,709	501,941			511,650
43	RADIOISOTOPE						
43	01 MAGNETIC RESONANCE IMAGIN	970,472	93,714	876,758			970,472
44	LABORATORY	6,722,176	462,213	6,259,963			6,722,176
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	232,399	2,303	230,096			232,399
48	INTRAVENOUS THERAPY	1,926	19	1,907			1,926
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	2,249,635	443,677	1,805,958			2,249,635
51	OCCUPATIONAL THERAPY	802,389	14,727	787,662			802,389
51	01 AUDIOLOGY	227,999	2,976	225,023			227,999
52	SPEECH PATHOLOGY	101,794	1,462	100,332			101,794
53	ELECTROCARDIOLOGY						
53	01 CARDIOLOGY	1,471,906	68,177	1,403,729			1,471,906
53	02 CARDIAC CATHETERIZATION L	666,079	72,829	593,250			666,079
55	MEDICAL SUPPLIES CHARGED	15,136	211	14,925			15,136
55	30 IMPL. DEV. CHARGED TO PAT	2,045,776	20,277	2,025,499			2,045,776
56	DRUGS CHARGED TO PATIENTS	1,513,958	17,531	1,496,427			1,513,958
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OTHER OUTPATIENT SERVICE	854,781	117,639	737,142			854,781
60	02 CLINIC	347,379	158,250	189,129			347,379
60	03 DERMATOLOGY CLINIC	83	1	82			83
60	04 ENT CLINIC		76	-76			
60	05 SURGERY CLINIC						
60	06 CARDIOLOGY CLINIC						
60	07 UROLOGY CLINIC	1,379	98	1,281			1,379
60	08 PODIATRY CLINIC						
60	09 GASTROENTEROLOGY CLINIC						
60	10 PULMONARY CLINIC						
60	11 NEUROLOGY CLINIC		31	-31			
60	12 OPHTHAMOLOGY CLINIC						
60	13 ALLERGY CLINIC	207,444	2,198	205,246			207,444
60	14 WOUND CARE	696,421	167,955	528,466			696,421
61	EMERGENCY	5,403,215	911,345	4,491,870			5,403,215
62	OBSERVATION BEDS (NON-DIS	1,716,029	274,529	1,441,500			1,716,029
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	2,332,406	186,001	2,146,405			2,332,406
101	SUBTOTAL	41,772,311	4,698,191	37,074,120			41,772,311
102	LESS OBSERVATION BEDS	1,716,029	274,529	1,441,500			1,716,029
103	TOTAL	40,056,282	4,423,662	35,632,620			40,056,282

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	27,885,698	.221238	.221238
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO			
41	RADIOLOGY-DIAGNOSTIC	17,183,246	.335916	.335916
41	01 CAT SCAN	19,477,528	.037908	.037908
42	RADIOLOGY-THERAPEUTIC			
42	01 ULTRA SOUND	4,836,436	.105791	.105791
43	RADIOISOTOPE			
43	01 MAGNETIC RESONANCE IMAGIN	10,929,176	.088796	.088796
44	LABORATORY	33,853,799	.198565	.198565
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	743,539	.312558	.312558
48	INTRAVENOUS THERAPY	990,809	.001944	.001944
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	4,749,156	.473692	.473692
51	OCCUPATIONAL THERAPY	845,478	.949036	.949036
51	01 AUDIOLOGY	472,067	.482980	.482980
52	SPEECH PATHOLOGY	277,021	.367460	.367460
53	ELECTROCARDIOLOGY			
53	01 CARDIOLOGY	7,646,412	.192496	.192496
53	02 CARDIAC CATHETERIZATION L	4,186,852	.159088	.159088
55	MEDICAL SUPPLIES CHARGED	2,779,065	.005446	.005446
55	30 IMPL. DEV. CHARGED TO PAT	3,494,696	.585395	.585395
56	DRUGS CHARGED TO PATIENTS	9,359,024	.161765	.161765
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 OTHER OUTPATIENT SERVICE			
60	02 CLINIC			
60	03 DERMATOLOGY CLINIC			
60	04 ENT CLINIC			
60	05 SURGERY CLINIC			
60	06 RADIOLOGY CLINIC			
60	07 UROLOGY CLINIC	85,793	.016074	.016074
60	08 PODIATRY CLINIC			
60	09 GASTROENTEROLOGY CLINIC			
60	10 PULMONARY CLINIC	108		
60	11 NEUROLOGY CLINIC	698,973		
60	12 OPHTHAMOLOGY CLINIC			
60	13 ALLERGY CLINIC	391,155	.530337	.530337
60	14 WOUND CARE	1,302,451	.534700	.534700
61	EMERGENCY	14,704,068	.367464	.367464
62	OBSERVATION BEDS (NON-DIS	2,360,386	.727012	.727012
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	4,142,082	.563100	.563100
101	SUBTOTAL	173,395,018		
102	LESS OBSERVATION BEDS	2,360,386		
103	TOTAL	171,034,632		

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	6,169,384	827,345	5,342,039	82,735	309,838	5,776,811
39	RECOVERY ROOM						
41	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	5,772,133	829,910	4,942,223	82,991	286,649	5,402,493
41	01 CAT SCAN	738,362	12,988	725,374	1,299	42,072	694,991
42	RADIOLOGY-THERAPEUTIC						
42	01 ULTRA SOUND	511,650	9,709	501,941	971	29,113	481,566
43	RADIOISOTOPE						
43	01 MAGNETIC RESONANCE IMAGIN	970,472	93,714	876,758	9,371	50,852	910,249
44	LABORATORY	6,722,176	462,213	6,259,963	46,221	363,078	6,312,877
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	232,399	2,303	230,096	230	13,346	218,823
48	INTRAVENOUS THERAPY	1,926	19	1,907	2	111	1,813
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	2,249,635	443,677	1,805,958	44,368	104,746	2,100,521
51	OCCUPATIONAL THERAPY	802,389	14,727	787,662	1,473	45,684	755,232
51	01 AUDIOLOGY	227,999	2,976	225,023	298	13,051	214,650
52	SPEECH PATHOLOGY	101,794	1,462	100,332	146	5,819	95,829
53	ELECTROCARDIOLOGY						
53	01 CARDIOLOGY	1,471,906	68,177	1,403,729	6,818	81,416	1,383,672
53	02 CARDIAC CATHETERIZATION L	666,079	72,829	593,250	7,283	34,409	624,387
55	MEDICAL SUPPLIES CHARGED	15,136	211	14,925	21	866	14,249
55	30 IMPL. DEV. CHARGED TO PAT	2,045,776	20,277	2,025,499	2,028	117,479	1,926,269
56	DRUGS CHARGED TO PATIENTS	1,513,958	17,531	1,496,427	1,753	86,793	1,425,412
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OTHER OUTPATIENT SERVICE	854,781	117,639	737,142	11,764	42,754	800,263
60	02 CLINIC	347,379	158,250	189,129	15,825	10,969	320,585
60	03 DERMATOLOGY CLINIC	83	1	82		5	78
60	04 ENT CLINIC		76	-76	8	-4	-4
60	05 SURGERY CLINIC						
60	06 CARDIOLOGY CLINIC						
60	07 UROLOGY CLINIC	1,379	98	1,281	10	74	1,295
60	08 PODIATRY CLINIC						
60	09 GASTROENTEROLOGY CLINIC						
60	10 PULMONARY CLINIC						
60	11 NEUROLOGY CLINIC		31	-31	3	-2	-1
60	12 OPHTHAMOLOGY CLINIC						
60	13 ALLERGY CLINIC	207,444	2,198	205,246	220	11,904	195,320
60	14 WOUND CARE	696,421	167,955	528,466	16,796	30,651	648,974
61	EMERGENCY	5,403,215	911,345	4,491,870	91,135	260,528	5,051,552
62	OBSERVATION BEDS (NON-DIS	1,716,029	274,529	1,441,500	27,453	83,607	1,604,969
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	2,332,406	186,001	2,146,405	18,600	124,491	2,189,315
101	SUBTOTAL	41,772,311	4,698,191	37,074,120	469,822	2,150,299	39,152,190
102	LESS OBSERVATION BEDS	1,716,029	274,529	1,441,500	27,453	83,607	1,604,969
103	TOTAL	40,056,282	4,423,662	35,632,620	442,369	2,066,692	37,547,221

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	27,885,698	.207160	.218271
39	RECOVERY ROOM			
41	DELIVERY ROOM & LABOR ROO			
41	RADIOLOGY-DIAGNOSTIC	17,183,246	.314405	.331087
41 01	CAT SCAN	19,477,528	.035682	.037842
42	RADIOLOGY-THERAPEUTIC			
42 01	ULTRA SOUND	4,836,436	.099570	.105590
43	RADIOISOTOPE			
43 01	MAGNETIC RESONANCE IMAGIN	10,929,176	.083286	.087939
44	LABORATORY	33,853,799	.186475	.197200
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	743,539	.294299	.312249
48	INTRAVENOUS THERAPY	990,809	.001830	.001942
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	4,749,156	.442294	.464349
51	OCCUPATIONAL THERAPY	845,478	.893260	.947294
51 01	AUDIOLOGY	472,067	.454702	.482349
52	SPEECH PATHOLOGY	277,021	.345927	.366932
53	ELECTROCARDIOLOGY			
53 01	CARDIOLOGY	7,646,412	.180957	.191605
53 02	CARDIAC CATHETERIZATION L	4,186,852	.149130	.157349
55	MEDICAL SUPPLIES CHARGED	2,779,065	.005127	.005439
55 30	IMPL. DEV. CHARGED TO PAT	3,494,696	.551198	.584814
56	DRUGS CHARGED TO PATIENTS	9,359,024	.152303	.161577
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OTHER OUTPATIENT SERVICE			
60 02	CLINIC			
60 03	DERMATOLOGY CLINIC			
60 04	ENT CLINIC			
60 05	SURGERY CLINIC			
60 06	CARDIOLOGY CLINIC			
60 07	UROLOGY CLINIC	85,793	.015094	.015957
60 08	PODIATRY CLINIC			
60 09	GASTROENTEROLOGY CLINIC			
60 10	PULMONARY CLINIC	108		
60 11	NEUROLOGY CLINIC	698,973	-.000001	-.000004
60 12	OPHTHAMOLOGY CLINIC			
60 13	ALLERGY CLINIC	391,155	.499342	.529775
60 14	WOUND CARE	1,302,451	.498271	.521805
61	EMERGENCY	14,704,068	.343548	.361266
62	OBSERVATION BEDS (NON-DIS	2,360,386	.679960	.715381
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	4,142,082	.528554	.558609
101	SUBTOTAL	173,395,018		
102	LESS OBSERVATION BEDS	2,360,386		
103	TOTAL	171,034,632		

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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,242,544		1,242,544
26	INTENSIVE CARE UNIT				343,001		343,001
31	SUBPROVIDER				407,817		407,817
33	NURSERY				399		399
101	TOTAL				1,993,761		1,993,761

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	6,848	2,797			181.45	507,516
26	INTENSIVE CARE UNIT	1,706	812			201.06	163,261
31	SUBPROVIDER	2,049	2,049			199.03	407,812
33	NURSERY	741				.54	
101	TOTAL	11,344	5,658				1,078,589

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		827,345	27,885,698	2,807,720		
39	RECOVERY ROOM						
41	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC		829,910	17,183,246	854,247		
41	01 CAT SCAN		12,988	19,477,528	1,520,009		
42	RADIOLOGY-THERAPEUTIC						
42	01 ULTRA SOUND		9,709	4,836,436	102,668		
43	RADIOISOTOPE						
43	01 MAGNETIC RESONANCE IMAGIN		93,714	10,929,176	314,950		
44	LABORATORY		462,213	33,853,799	3,758,245		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING		2,303	743,539	253,332		
48	INTRAVENOUS THERAPY		19	990,809	387,626		
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY		443,677	4,749,156	291,690		
51	OCCUPATIONAL THERAPY		14,727	845,478	86,735		
51	01 AUDIOLOGY		2,976	472,067			
52	SPEECH PATHOLOGY		1,462	277,021	19,513		
53	ELECTROCARDIOLOGY						
53	01 CARDIOLOGY		68,177	7,646,412	2,128,157		
53	02 CARDIAC CATHETERIZATION L		72,829	4,186,852	1,268,804		
55	MEDICAL SUPPLIES CHARGED		211	2,779,065	496,308		
55	30 IMPL. DEV. CHARGED TO PAT		20,277	3,494,696	1,021,978		
56	DRUGS CHARGED TO PATIENTS		17,531	9,359,024	3,106,465		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OTHER OUTPATIENT SERVICE		117,639				
60	02 CLINIC		158,250				
60	03 DERMATOLOGY CLINIC		1				
60	04 ENT CLINIC						
60	05 SURGERY CLINIC						
60	06 CARDIOLOGY CLINIC						
60	07 UROLOGY CLINIC		98	85,793			
60	08 PODIATRY CLINIC						
60	09 GASTROENTEROLOGY CLINIC						
60	10 PULMONARY CLINIC			108			
60	11 NEUROLOGY CLINIC						
60	12 OPTHAMOLOGY CLINIC						
60	13 ALLERGY CLINIC		2,198	391,155			
60	14 WOUND CARE		167,955	1,302,451	8,593		
61	EMERGENCY		911,345	14,704,068	667,521		
62	OBSERVATION BEDS (NON-DIS		274,529	2,360,386			
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		4,512,083	168,553,963	19,094,561		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011  
 I 15-0104 I FROM 1/ 1/2010 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2010 I PART II  
 I 15-0104 I

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WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.029669	83,302
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
41	RADIOLOGY-DIAGNOSTIC	.048298	41,258
41	01 CAT SCAN	.000667	1,014
42	RADIOLOGY-THERAPEUTIC		
42	01 ULTRA SOUND	.002007	206
43	RADIOISOTOPE		
43	01 MAGNETIC RESONANCE IMAGIN	.008575	2,701
44	LABORATORY	.013653	51,311
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING	.003097	785
48	INTRAVENOUS THERAPY	.000019	7
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY	.093422	27,250
51	OCCUPATIONAL THERAPY	.017419	1,511
51	01 AUDIOLOGY	.006304	
52	SPEECH PATHOLOGY	.005278	103
53	ELECTROCARDIOLOGY		
53	01 CARDIOLOGY	.008916	18,975
53	02 CARDIAC CATHETERIZATION L	.017395	22,071
55	MEDICAL SUPPLIES CHARGED	.000076	38
55	30 IMPL. DEV. CHARGED TO PAT	.005802	5,930
56	DRUGS CHARGED TO PATIENTS	.001873	5,818
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 OTHER OUTPATIENT SERVICE		
60	02 CLINIC		
60	03 DERMATOLOGY CLINIC		
60	04 ENT CLINIC		
60	05 SURGERY CLINIC		
60	06 CARDIOLOGY CLINIC		
60	07 UROLOGY CLINIC	.001142	
60	08 PODIATRY CLINIC		
60	09 GASTROENTEROLOGY CLINIC		
60	10 PULMONARY CLINIC		
60	11 NEUROLOGY CLINIC		
60	12 OPHTHAMOLOGY CLINIC		
60	13 ALLERGY CLINIC	.005619	
60	14 WOUND CARE	.128953	1,108
61	EMERGENCY	.061979	41,372
62	OBSERVATION BEDS (NON-DIS	.116307	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		304,760

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
		1	2	3	4	5	6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					6,848	
26	INTENSIVE CARE UNIT					1,706	
31	SUBPROVIDER					2,049	
33	NURSERY					741	
101	TOTAL					11,344	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	2,797	
26	INTENSIVE CARE UNIT	812	
31	SUBPROVIDER	2,049	
33	NURSERY		
101	TOTAL	5,658	

TITLE XVIII, PART A

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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					
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
41	RADIOLOGY-DIAGNOSTIC					
41	01 CAT SCAN					
42	RADIOLOGY-THERAPEUTIC					
42	01 ULTRA SOUND					
43	RADIOISOTOPE					
43	01 MAGNETIC RESONANCE IMAGIN					
44	LABORATORY					
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
51	01 AUDIOLOGY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
53	01 CARDIOLOGY					
53	02 CARDIAC CATHETERIZATION L					
55	MEDICAL SUPPLIES CHARGED					
55	30 IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 OTHER OUTPATIENT SERVICE					
60	02 CLINIC					
60	03 DERMATOLOGY CLINIC					
60	04 ENT CLINIC					
60	05 SURGERY CLINIC					
60	06 CARDIOLOGY CLINIC					
60	07 UROLOGY CLINIC					
60	08 PODIATRY CLINIC					
60	09 GASTROENTEROLOGY CLINIC					
60	10 PULMONARY CLINIC					
60	11 NEUROLOGY CLINIC					
60	12 OPHTHAMOLOGY CLINIC					
60	13 ALLERGY CLINIC					
60	14 WOUND CARE					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
62	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	TOTAL					

TITLE XVIII, PART A

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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			27,885,698			2,807,720	
38	OPERATING ROOM							
39	RECOVERY ROOM							
41	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC			17,183,246			854,247	
41	01 CAT SCAN			19,477,528			1,520,009	
42	RADIOLOGY-THERAPEUTIC							
42	01 ULTRA SOUND			4,836,436			102,668	
43	RADIOISOTOPE							
43	01 MAGNETIC RESONANCE IMAGIN			10,929,176			314,950	
44	LABORATORY			33,853,799			3,758,245	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			743,539			253,332	
48	INTRAVENOUS THERAPY			990,809			387,626	
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY			4,749,156			291,690	
51	OCCUPATIONAL THERAPY			845,478			86,735	
51	01 AUDIOLOGY			472,067				
52	SPEECH PATHOLOGY			277,021			19,513	
53	ELECTROCARDIOLOGY							
53	01 CARDIOLOGY			7,646,412			2,128,157	
53	02 CARDIAC CATHETERIZATION L			4,186,852			1,268,804	
55	MEDICAL SUPPLIES CHARGED			2,779,065			496,308	
55	30 IMPL. DEV. CHARGED TO PAT			3,494,696			1,021,978	
56	DRUGS CHARGED TO PATIENTS			9,359,024			3,106,465	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 OTHER OUTPATIENT SERVICE							
60	02 CLINIC							
60	03 DERMATOLOGY CLINIC							
60	04 ENT CLINIC							
60	05 SURGERY CLINIC							
60	06 CARDIOLOGY CLINIC							
60	07 UROLOGY CLINIC			85,793				
60	08 PODIATRY CLINIC							
60	09 GASTROENTEROLOGY CLINIC							
60	10 PULMONARY CLINIC			108				
60	11 NEUROLOGY CLINIC							
60	12 OPHTHAMOLOGY CLINIC							
60	13 ALLERGY CLINIC			391,155				
60	14 WOUND CARE			1,302,451			8,593	
61	EMERGENCY			14,704,068			667,521	
62	OBSERVATION BEDS (NON-DIS			2,360,386				
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			168,553,963			19,094,561	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS		8	8.01			
37	OPERATING ROOM	5,734,113					
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	5,926,411					
41	01 CAT SCAN	3,656,518					
42	RADIOLOGY-THERAPEUTIC						
42	01 ULTRA SOUND	379,243					
43	RADIOISOTOPE						
43	01 MAGNETIC RESONANCE IMAGIN	3,071,668					
44	LABORATORY	313,666					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	170,258					
48	INTRAVENOUS THERAPY	246,705					
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	5,728					
51	OCCUPATIONAL THERAPY	96					
51	01 AUDIOLOGY						
52	SPEECH PATHOLOGY	64,068					
53	ELECTROCARDIOLOGY						
53	01 CARDIOLOGY	1,645,800					
53	02 CARDIAC CATHETERIZATION L	549,759					
55	MEDICAL SUPPLIES CHARGED	386,565					
55	30 IMPL. DEV. CHARGED TO PAT	462,014					
56	DRUGS CHARGED TO PATIENTS	1,850,656					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OTHER OUTPATIENT SERVICE						
60	02 CLINIC						
60	03 DERMATOLOGY CLINIC						
60	04 ENT CLINIC						
60	05 SURGERY CLINIC						
60	06 CARDIOLOGY CLINIC						
60	07 UROLOGY CLINIC						
60	08 PODIATRY CLINIC						
60	09 GASTROENTEROLOGY CLINIC						
60	10 PULMONARY CLINIC						
60	11 NEUROLOGY CLINIC						
60	12 OPHTHAMOLOGY CLINIC						
60	13 ALLERGY CLINIC						
60	14 WOUND CARE	9,547					
61	EMERGENCY	1,550,616					
62	OBSERVATION BEDS (NON-DIS	675,341					
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	26,698,772					

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	.221238	.221238			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC	.335916	.335916			
41 01 CAT SCAN	.037908	.037908			
42 RADIOLOGY-THERAPEUTIC					
42 01 ULTRA SOUND	.105791	.105791			
43 RADIOISOTOPE					
43 01 MAGNETIC RESONANCE IMAGING (MRI)	.088796	.088796			
44 LABORATORY	.198565	.198565			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.	.312558	.312558			
48 INTRAVENOUS THERAPY	.001944	.001944			
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY	.473692	.473692			
51 OCCUPATIONAL THERAPY	.949036	.949036			
51 01 AUDIOLOGY	.482980	.482980			
52 SPEECH PATHOLOGY	.367460	.367460			
53 ELECTROCARDIOLOGY					
53 01 CARDIOLOGY	.192496	.192496			
53 02 CARDIAC CATHETERIZATION LABORATORY	.159088	.159088			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.005446	.005446			
55 30 IMPL. DEV. CHARGED TO PATIENT	.585395	.585395			
56 DRUGS CHARGED TO PATIENTS	.161765	.161765			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 OTHER OUTPATIENT SERVICE COST CENTER					
60 02 CLINIC					
60 03 DERMATOLOGY CLINIC					
60 04 ENT CLINIC					
60 05 SURGERY CLINIC					
60 06 RADIOLOGY CLINIC					
60 07 UROLOGY CLINIC	.016074	.016074			
60 08 PODIATRY CLINIC					
60 09 GASTROENTEROLOGY CLINIC					
60 10 PULMONARY CLINIC					
60 11 NEUROLOGY CLINIC					
60 12 OPHTHAMOLOGY CLINIC					
60 13 ALLERGY CLINIC	.530337	.530337			
60 14 WOUND CARE	.534700	.534700			
61 EMERGENCY	.367464	.367464			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.727012	.727012			
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES	.563100	.563100			
102 SUBTOTAL					
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

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		5,734,113			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC		5,926,411			
41 01 CAT SCAN		3,656,518			
42 RADIOLOGY-THERAPEUTIC					
42 01 ULTRA SOUND		379,243			
43 RADIOISOTOPE					
43 01 MAGNETIC RESONANCE IMAGING (MRI)		3,071,668			
44 LABORATORY		313,666			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.		170,258			
48 INTRAVENOUS THERAPY		246,705			
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY		5,728			
51 OCCUPATIONAL THERAPY		96			
51 01 AUDIOLOGY					
52 SPEECH PATHOLOGY		64,068			
53 ELECTROCARDIOLOGY					
53 01 CARDIOLOGY		1,645,800			
53 02 CARDIAC CATHETERIZATION LABORATORY		549,759			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		386,565			
55 30 IMPL. DEV. CHARGED TO PATIENT		462,014			
56 DRUGS CHARGED TO PATIENTS		1,850,656			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 OTHER OUTPATIENT SERVICE COST CENTER					
60 02 CLINIC					
60 03 DERMATOLOGY CLINIC					
60 04 ENT CLINIC					
60 05 SURGERY CLINIC					
60 06 CARDIOLOGY CLINIC					
60 07 UROLOGY CLINIC					
60 08 PODIATRY CLINIC					
60 09 GASTROENTEROLOGY CLINIC					
60 10 PULMONARY CLINIC					
60 11 NEUROLOGY CLINIC					
60 12 OPTHAMOLOGY CLINIC					
60 13 ALLERGY CLINIC					
60 14 WOUND CARE		9,547			
61 EMERGENCY		1,550,616			
62 OBSERVATION BEDS (NON-DISTINCT PART)		675,341			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		26,698,772			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		26,698,772			

(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

	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,268,604	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC				1,990,776	
41 01 CAT SCAN				138,611	
42 RADIOLOGY-THERAPEUTIC					
42 01 ULTRA SOUND				40,120	
43 RADIOISOTOPE					
43 01 MAGNETIC RESONANCE IMAGING (MRI)				272,752	
44 LABORATORY				62,283	
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.				53,215	
48 INTRAVENOUS THERAPY				480	
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY				2,713	
51 OCCUPATIONAL THERAPY				91	
51 01 AUDIOLOGY					
52 SPEECH PATHOLOGY				23,542	
53 ELECTROCARDIOLOGY					
53 01 CARDIOLOGY				316,810	
53 02 CARDIAC CATHETERIZATION LABORATORY				87,460	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,105	
55 30 IMPL. DEV. CHARGED TO PATIENT				270,461	
56 DRUGS CHARGED TO PATIENTS				299,371	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 OTHER OUTPATIENT SERVICE COST CENTER					
60 02 CLINIC					
60 03 DERMATOLOGY CLINIC					
60 04 ENT CLINIC					
60 05 SURGERY CLINIC					
60 06 CARDIOLOGY CLINIC					
60 07 UROLOGY CLINIC					
60 08 PODIATRY CLINIC					
60 09 GASTROENTEROLOGY CLINIC					
60 10 PULMONARY CLINIC					
60 11 NEUROLOGY CLINIC					
60 12 OPHTHAMOLOGY CLINIC					
60 13 ALLERGY CLINIC					
60 14 WOUND CARE				5,105	
61 EMERGENCY				569,796	
62 OBSERVATION BEDS (NON-DISTINCT PART)				490,981	
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				5,895,276	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				5,895,276	

(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 Hospital I/P Hospital I/P  
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 CAT SCAN
- 42 RADIOLOGY-THERAPEUTIC
- 42 01 ULTRA SOUND
- 43 RADIOISOTOPE
- 43 01 MAGNETIC RESONANCE IMAGING (MRI)
- 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
- 51 01 AUDIOLOGY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 53 01 CARDIOLOGY
- 53 02 CARDIAC CATHETERIZATION LABORATORY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 30 IMPL. DEV. CHARGED TO PATIENT
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 58 ASC (NON-DISTINCT PART)
- 60 OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 OTHER OUTPATIENT SERVICE COST CENTER
- 60 02 CLINIC
- 60 03 DERMATOLOGY CLINIC
- 60 04 ENT CLINIC
- 60 05 SURGERY CLINIC
- 60 06 CARDIOLOGY CLINIC
- 60 07 UROLOGY CLINIC
- 60 08 PODIATRY CLINIC
- 60 09 GASTROENTEROLOGY CLINIC
- 60 10 PULMONARY CLINIC
- 60 11 NEUROLOGY CLINIC
- 60 12 OPHTHAMOLOGY CLINIC
- 60 13 ALLERGY CLINIC
- 60 14 WOUND CARE
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 65 OTHER REIMBURS COST CNTRS
- 65 AMBULANCE SERVICES
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- 104 PROGRAM ONLY CHARGES
- NET CHARGES

Health Financial Systems      MCRIF32      FOR WITHAM MEMORIAL HOSPITAL      IN LIEU OF FORM CMS-2552-96(08/2000) CONTD

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/20/2011
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST	I	15-0104	I	FROM 1/ 1/2010	I	WORKSHEET D	
	I	COMPONENT NO:	I	TO 12/31/2010	I	PART VI	
	I	15-0104	I		I		

TITLE XVIII, PART B      HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.161765
2	PROGRAM VACCINE CHARGES		5,980
3	PROGRAM COSTS		967

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		827,345	27,885,698	18,737		
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC		829,910	17,183,246	45,360		
41	01 CAT SCAN		12,988	19,477,528	32,895		
42	RADIOLOGY-THERAPEUTIC						
42	01 ULTRA SOUND		9,709	4,836,436	5,916		
43	RADIOISOTOPE						
43	01 MAGNETIC RESONANCE IMAGIN		93,714	10,929,176	10,841		
44	LABORATORY		462,213	33,853,799	500,050		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING		2,303	743,539	1,344		
48	INTRAVENOUS THERAPY		19	990,809	2,158		
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY		443,677	4,749,156	67,964		
51	OCCUPATIONAL THERAPY		14,727	845,478	38,080		
51	01 AUDIOLOGY		2,976	472,067			
52	SPEECH PATHOLOGY		1,462	277,021	2,205		
53	ELECTROCARDIOLOGY						
53	01 CARDIOLOGY		68,177	7,646,412	65,729		
53	02 CARDIAC CATHETERIZATION L		72,829	4,186,852	1,905		
55	MEDICAL SUPPLIES CHARGED		211	2,779,065	15,760		
55	30 IMPL. DEV. CHARGED TO PAT		20,277	3,494,696			
56	DRUGS CHARGED TO PATIENTS		17,531	9,359,024	396,205		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 OTHER OUTPATIENT SERVICE		117,639				
60	02 CLINIC		158,250				
60	03 DERMATOLOGY CLINIC		1				
60	04 ENT CLINIC						
60	05 SURGERY CLINIC						
60	06 CARDIOLOGY CLINIC						
60	07 UROLOGY CLINIC		98	85,793			
60	08 PODIATRY CLINIC						
60	09 GASTROENTEROLOGY CLINIC						
60	10 PULMONARY CLINIC			108			
60	11 NEUROLOGY CLINIC						
60	12 OPTHAMOLOGY CLINIC						
60	13 ALLERGY CLINIC		2,198	391,155			
60	14 WOUND CARE		167,955	1,302,451	144		
61	EMERGENCY		911,345	14,704,068	2,115		
62	OBSERVATION BEDS (NON-DIS		274,529	2,360,386			
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		4,512,083	168,553,963	1,207,408		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011  
 I 15-0104 I FROM 1/ 1/2010 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2010 I PART II  
 I 15-S104 I I

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.029669	556
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
41	RADIOLOGY-DIAGNOSTIC	.048298	2,191
41	01 CAT SCAN	.000667	22
42	RADIOLOGY-THERAPEUTIC		
42	01 ULTRA SOUND	.002007	12
43	RADIOISOTOPE		
43	01 MAGNETIC RESONANCE IMAGIN	.008575	93
44	LABORATORY	.013653	6,827
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING	.003097	4
48	INTRAVENOUS THERAPY	.000019	
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY	.093422	6,349
51	OCCUPATIONAL THERAPY	.017419	663
51	01 AUDIOLOGY	.006304	
52	SPEECH PATHOLOGY	.005278	12
53	ELECTROCARDIOLOGY		
53	01 CARDIOLOGY	.008916	586
53	02 CARDIAC CATHETERIZATION L	.017395	33
55	MEDICAL SUPPLIES CHARGED	.000076	1
55	30 IMPL. DEV. CHARGED TO PAT	.005802	
56	DRUGS CHARGED TO PATIENTS	.001873	742
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 OTHER OUTPATIENT SERVICE		
60	02 CLINIC		
60	03 DERMATOLOGY CLINIC		
60	04 ENT CLINIC		
60	05 SURGERY CLINIC		
60	06 CARDIOLOGY CLINIC		
60	07 UROLOGY CLINIC	.001142	
60	08 PODIATRY CLINIC		
60	09 GASTROENTEROLOGY CLINIC		
60	10 PULMONARY CLINIC		
60	11 NEUROLOGY CLINIC		
60	12 OPTHAMOLOGY CLINIC		
60	13 ALLERGY CLINIC	.005619	
60	14 WOUND CARE	.128953	19
61	EMERGENCY	.061979	131
62	OBSERVATION BEDS (NON-DIS	.116307	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		18,241

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
		1.01				
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM					
39	RECOVERY ROOM					
41	DELIVERY ROOM & LABOR ROO					
41	RADIOLOGY-DIAGNOSTIC					
41	01 CAT SCAN					
42	RADIOLOGY-THERAPEUTIC					
42	01 ULTRA SOUND					
43	RADIOISOTOPE					
43	01 MAGNETIC RESONANCE IMAGIN					
44	LABORATORY					
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
51	01 AUDIOLOGY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
53	01 CARDIOLOGY					
53	02 CARDIAC CATHETERIZATION L					
55	MEDICAL SUPPLIES CHARGED					
55	30 IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 OTHER OUTPATIENT SERVICE					
60	02 CLINIC					
60	03 DERMATOLOGY CLINIC					
60	04 ENT CLINIC					
60	05 SURGERY CLINIC					
60	06 CARDIOLOGY CLINIC					
60	07 UROLOGY CLINIC					
60	08 PODIATRY CLINIC					
60	09 GASTROENTEROLOGY CLINIC					
60	10 PULMONARY CLINIC					
60	11 NEUROLOGY CLINIC					
60	12 OPTHAMOLOGY CLINIC					
60	13 ALLERGY CLINIC					
60	14 WOUND CARE					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	TOTAL					

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			27,885,698			18,737	
39	RECOVERY ROOM							
41	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC			17,183,246			45,360	
41	01 CAT SCAN			19,477,528			32,895	
42	RADIOLOGY-THERAPEUTIC							
42	01 ULTRA SOUND			4,836,436			5,916	
43	RADIOISOTOPE							
43	01 MAGNETIC RESONANCE IMAGIN			10,929,176			10,841	
44	LABORATORY			33,853,799			500,050	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			743,539			1,344	
48	INTRAVENOUS THERAPY			990,809			2,158	
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY			4,749,156			67,964	
51	OCCUPATIONAL THERAPY			845,478			38,080	
51	01 AUDIOLOGY			472,067				
52	SPEECH PATHOLOGY			277,021			2,205	
53	ELECTROCARDIOLOGY							
53	01 CARDIOLOGY			7,646,412			65,729	
53	02 CARDIAC CATHETERIZATION L			4,186,852			1,905	
55	MEDICAL SUPPLIES CHARGED			2,779,065			15,760	
55	30 IMPL. DEV. CHARGED TO PAT			3,494,696				
56	DRUGS CHARGED TO PATIENTS			9,359,024			396,205	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 OTHER OUTPATIENT SERVICE							
60	02 CLINIC							
60	03 DERMATOLOGY CLINIC							
60	04 ENT CLINIC							
60	05 SURGERY CLINIC							
60	06 CARDIOLOGY CLINIC							
60	07 UROLOGY CLINIC			85,793				
60	08 PODIATRY CLINIC							
60	09 GASTROENTEROLOGY CLINIC							
60	10 PULMONARY CLINIC			108				
60	11 NEUROLOGY CLINIC							
60	12 OPHTHAMOLOGY CLINIC							
60	13 ALLERGY CLINIC			391,155				
60	14 WOUND CARE			1,302,451			144	
61	EMERGENCY			14,704,068			2,115	
62	OBSERVATION BEDS (NON-DIS			2,360,386				
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			168,553,963			1,207,408	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9		
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CAT SCAN						
42	RADIOLOGY-THERAPEUTIC						
42	01 ULTRA SOUND						
43	RADIOISOTOPE						
43	01 MAGNETIC RESONANCE IMAGIN						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
51	01 AUDIOLOGY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIOLOGY						
53	02 CARDIAC CATHETERIZATION L						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OTHER OUTPATIENT SERVICE						
60	02 CLINIC						
60	03 DERMATOLOGY CLINIC						
60	04 ENT CLINIC						
60	05 SURGERY CLINIC						
60	06 CARDIOLOGY CLINIC						
60	07 UROLOGY CLINIC						
60	08 PODIATRY CLINIC						
60	09 GASTROENTEROLOGY CLINIC						
60	10 PULMONARY CLINIC						
60	11 NEUROLOGY CLINIC						
60	12 OPHTHAMOLOGY CLINIC						
60	13 ALLERGY CLINIC						
60	14 WOUND CARE						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,848
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,848
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,848
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,797
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	7,766,912
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	7,766,912

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10,927,492
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10,927,492
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.710768
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,595.72
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	7,766,912

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					1,134.19
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					3,172,329
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					3,172,329

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	2,529,664	1,706	1,482.80	812	1,204,034
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	670,777
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	304,760
52	TOTAL PROGRAM EXCLUDABLE COST	975,537
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	7,424,129

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,513
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,134.19
85	OBSERVATION BED COST	1,716,029

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	7,766,912		1,716,029	
87	NEW CAPITAL-RELATED COST	1,242,544	.159979	1,716,029	274,529
88	NON PHYSICIAN ANESTHETIST	7,766,912		1,716,029	
89	MEDICAL EDUCATION	7,766,912		1,716,029	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,049
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,049
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,049
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,049
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,429,062
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	2,429,062

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,886,910
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,886,910
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.287323
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	920.89
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	2,429,062

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1,185.49
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,429,069
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,429,069

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				
					269,065
					2,698,134

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	407,812
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	18,241
52	TOTAL PROGRAM EXCLUDABLE COST	426,053
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	2,272,081

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,185.49
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	2,429,062			
87	NEW CAPITAL-RELATED COST	407,817	.167891		
88	NON PHYSICIAN ANESTHETIST	2,429,062			
89	MEDICAL EDUCATION	2,429,062			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,848
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,848
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,848
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	524
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	741
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	7,766,912
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	7,766,912

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10,927,492
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10,927,492
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.710768
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,595.72
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	7,766,912

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,134.19  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 594,316  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 594,316

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	40,322	741	54.42		
43 INTENSIVE CARE UNIT	2,529,664	1,706	1,482.80		
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 244,868
49 TOTAL PROGRAM INPATIENT COSTS					839,184

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,513
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,134.19
85	OBSERVATION BED COST	1,716,029

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,992,385	
26	INTENSIVE CARE UNIT		1,299,991	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.221238	2,807,720	621,174
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.335916	854,247	286,955
41 01	CAT SCAN	.037908	1,520,009	57,621
42	RADIOLOGY-THERAPEUTIC			
42 01	ULTRA SOUND	.105791	102,668	10,861
43	RADIOISOTOPE			
43 01	MAGNETIC RESONANCE IMAGING (MRI)	.088796	314,950	27,966
44	LABORATORY	.198565	3,758,245	746,256
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.312558	253,332	79,181
48	INTRAVENOUS THERAPY	.001944	387,626	754
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	.473692	291,690	138,171
51	OCCUPATIONAL THERAPY	.949036	86,735	82,315
51 01	AUDIOLOGY	.482980		
52	SPEECH PATHOLOGY	.367460	19,513	7,170
53	ELECTROCARDIOLOGY			
53 01	CARDIOLOGY	.192496	2,128,157	409,662
53 02	CARDIAC CATHETERIZATION LABORATORY	.159088	1,268,804	201,851
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.005446	496,308	2,703
55 30	IMPL. DEV. CHARGED TO PATIENT	.585395	1,021,978	598,261
56	DRUGS CHARGED TO PATIENTS	.161765	3,106,465	502,517
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OTHER OUTPATIENT SERVICE COST CENTER			
60 02	CLINIC			
60 03	DERMATOLOGY CLINIC			
60 04	ENT CLINIC			
60 05	SURGERY CLINIC			
60 06	CARDIOLOGY CLINIC			
60 07	UROLOGY CLINIC	.016074		
60 08	PODIATRY CLINIC			
60 09	GASTROENTEROLOGY CLINIC			
60 10	PULMONARY CLINIC			
60 11	NEUROLOGY CLINIC			
60 12	OPHTHAMOLOGY CLINIC			
60 13	ALLERGY CLINIC	.530337		
60 14	WOUND CARE	.534700	8,593	4,595
61	EMERGENCY	.367464	667,521	245,290
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.727012		
65	AMBULANCE SERVICES			
101	TOTAL		19,094,561	4,023,303
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		19,094,561	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,675,213	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.221238	18,737	4,145
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.335916	45,360	15,237
41	01 CAT SCAN	.037908	32,895	1,247
42	RADIOLOGY-THERAPEUTIC			
42	01 ULTRA SOUND	.105791	5,916	626
43	RADIOISOTOPE			
43	01 MAGNETIC RESONANCE IMAGING (MRI)	.088796	10,841	963
44	LABORATORY	.198565	500,050	99,292
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.312558	1,344	420
48	INTRAVENOUS THERAPY	.001944	2,158	4
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	.473692	67,964	32,194
51	OCCUPATIONAL THERAPY	.949036	38,080	36,139
51	01 AUDIOLOGY	.482980		
52	SPEECH PATHOLOGY	.367460	2,205	810
53	ELECTROCARDIOLOGY			
53	01 CARDIOLOGY	.192496	65,729	12,653
53	02 CARDIAC CATHETERIZATION LABORATORY	.159088	1,905	303
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.005446	15,760	86
55	30 IMPL. DEV. CHARGED TO PATIENT	.585395		
56	DRUGS CHARGED TO PATIENTS	.161765	396,205	64,092
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 OTHER OUTPATIENT SERVICE COST CENTER			
60	02 CLINIC			
60	03 DERMATOLOGY CLINIC			
60	04 ENT CLINIC			
60	05 SURGERY CLINIC			
60	06 CARDIOLOGY CLINIC			
60	07 UROLOGY CLINIC	.016074		
60	08 PODIATRY CLINIC			
60	09 GASTROENTEROLOGY CLINIC			
60	10 PULMONARY CLINIC			
60	11 NEUROLOGY CLINIC			
60	12 OPHTHAMOLOGY CLINIC			
60	13 ALLERGY CLINIC	.530337		
60	14 WOUND CARE	.534700	144	77
61	EMERGENCY	.367464	2,115	777
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.727012		
65	AMBULANCE SERVICES			
101	TOTAL		1,207,408	269,065
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,207,408	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0104  
 I PERIOD: FROM 1/ 1/2010 TO 12/31/2010  
 I COMPONENT NO: 15-0104  
 I PREPARED 5/20/2011  
 I WORKSHEET D-4

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL RATIO COST TO CHARGES 1	OTHER INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,329,011	
26	INTENSIVE CARE UNIT		109,941	
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.221238	146,809	32,480
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.335916	49,192	16,524
41 01	CAT SCAN	.037908	121,872	4,620
42	RADIOLOGY-THERAPEUTIC			
42 01	ULTRA SOUND	.105791	30,459	3,222
43	RADIOISOTOPE			
43 01	MAGNETIC RESONANCE IMAGING (MRI)	.088796	35,750	3,174
44	LABORATORY	.198565	365,682	72,612
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.312558		
48	INTRAVENOUS THERAPY	.001944	49,607	96
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	.473692	10,221	4,842
51	OCCUPATIONAL THERAPY	.949036	2,904	2,756
51 01	AUDIOLOGY	.482980		
52	SPEECH PATHOLOGY	.367460	684	251
53	ELECTROCARDIOLOGY			
53 01	CARDIOLOGY	.192496	104,353	20,088
53 02	CARDIAC CATHETERIZATION LABORATORY	.159088	56,860	9,046
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.005446	115,913	631
55 30	IMPL. DEV. CHARGED TO PATIENT	.585395		
56	DRUGS CHARGED TO PATIENTS	.161765	270,981	43,835
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS CLINIC			
60 01	OTHER OUTPATIENT SERVICE COST CENTER			
60 02	CLINIC			
60 03	DERMATOLOGY CLINIC			
60 04	ENT CLINIC			
60 05	SURGERY CLINIC			
60 06	CARDIOLOGY CLINIC			
60 07	UROLOGY CLINIC	.016074		
60 08	PODIATRY CLINIC			
60 09	GASTROENTEROLOGY CLINIC			
60 10	PULMONARY CLINIC			
60 11	NEUROLOGY CLINIC			
60 12	OPHTHAMOLOGY CLINIC			
60 13	ALLERGY CLINIC	.530337		
60 14	WOUND CARE	.534700	163	87
61	EMERGENCY	.367464	83,283	30,604
62	OBSERVATION BEDS (NON-DISTINCT PART)	.727012		
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
101	TOTAL		1,444,733	244,868
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,444,733	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: 15-0104  
 I PERIOD: FROM 1/ 1/2010 TO 12/31/2010  
 I COMPONENT NO: 15-0104  
 I PREPARED 5/20/2011  
 I WORKSHEET E  
 I PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	6,045,766	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	145,308	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		63.85
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		3.32
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		20.68
4.02 SUM OF LINES 4 AND 4.01		24.00
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		9.02
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		545,328
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011  
 I 15-0104 I FROM 1/ 1/2010 I WORKSHEET E  
 I COMPONENT NO: I TO 12/31/2010 I PART A  
 I 15-0104 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)	
5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)	
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	
5.06	TOTAL ADDITIONAL PAYMENT	
6	SUBTOTAL (SEE INSTRUCTIONS)	6,736,402
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	
7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)	
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	6,736,402
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	529,035
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	
12	NET ORGAN ACQUISITION COST	
13	COST OF TEACHING PHYSICIANS	
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	
16	TOTAL	7,265,437
17	PRIMARY PAYER PAYMENTS	
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	7,265,437
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	746,708
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	15,675
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	195,925
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	137,148
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	167,899
22	SUBTOTAL	6,640,202
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
24	OTHER ADJUSTMENTS (SPECIFY)	
24.94	LOW VOLUME ADJUSTMENT PAYMENT-1	203,620
24.95	LOW VOLUME ADJUSTMENT PAYMENT-2	
24.96	LOW VOLUME ADJUSTMENT PAYMENT-3	
24.97		
24.98	CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES	
24.99	OUTLIER RECONCILIATION ADJUSTMENT	
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
26	AMOUNT DUE PROVIDER	6,843,822
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	6,860,291
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	-16,469
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	
----- FI ONLY -----		
50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01	
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01	
52	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)	
53	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)	
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011  
 I 15-0104 I FROM 1/ 1/2010 I WORKSHEET E  
 I COMPONENT NO: I TO 12/31/2010 I PART B  
 I 15-0104 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	967
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	5,895,276
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	4,731,290
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	967
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	5,980
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	5,980
	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)	5,980
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	5,013
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	967
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	4,731,290
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	864
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,194,832
19	SUBTOTAL (SEE INSTRUCTIONS)	3,536,561
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	3,536,561
24	PRIMARY PAYER PAYMENTS	375
25	SUBTOTAL	3,536,186
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	123,311
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	86,318
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	113,919
28	SUBTOTAL	3,622,504
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	3,622,504
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,631,700
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-9,196
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
	TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO:	I PERIOD:	I PREPARED	5/20/2011
I 15-0104	I FROM 1/ 1/2010	I WORKSHEET	E-1
I COMPONENT NO:	I TO 12/31/2010	I	
I 15-0104	I	I	

TITLE XVIII HOSPITAL

DESCRIPTION

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

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER					
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		6,752,813		3,536,407	
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		NONE		NONE	
	ADJUSTMENTS TO PROVIDER .01	12/31/2010	107,478	12/31/2010	86,040
	ADJUSTMENTS TO PROVIDER .02			8/12/2010	9,253
	ADJUSTMENTS TO PROVIDER .03				
	ADJUSTMENTS TO PROVIDER .04				
	ADJUSTMENTS TO PROVIDER .05				
	ADJUSTMENTS TO PROVIDER .49				
	ADJUSTMENTS TO PROGRAM .50				
	ADJUSTMENTS TO PROGRAM .51				
	ADJUSTMENTS TO PROGRAM .52				
	ADJUSTMENTS TO PROGRAM .53				
	ADJUSTMENTS TO PROGRAM .54				
	ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL			107,478		95,293
4 TOTAL INTERIM PAYMENTS			6,860,291		3,631,700
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	TENTATIVE TO PROVIDER .01				
	TENTATIVE TO PROVIDER .02				
	TENTATIVE TO PROVIDER .03				
	TENTATIVE TO PROGRAM .50				
	TENTATIVE TO PROGRAM .51				
	TENTATIVE TO PROGRAM .52				
	TENTATIVE TO PROGRAM .99				
SUBTOTAL			NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01				
	SETTLEMENT TO PROGRAM .02		16,469		9,196
7 TOTAL MEDICARE PROGRAM LIABILITY			6,843,822		3,622,504

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

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

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/20/2011
I	15-0104	I	FROM 1/ 1/2010	I	WORKSHEET	E-1
I	COMPONENT NO:	I	TO 12/31/2010	I		
I	15-S104	I		I		

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,670,169		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER		.49		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			1,670,169	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT			NONE	NONE
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROVIDER	.01		
BASED ON COST REPORT (1)	SETTLEMENT TO PROGRAM	.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			1,670,169	

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011  
 I 15-0104 I FROM 1/ 1/2010 I WORKSHEET E-3  
 I COMPONENT NO: I TO 12/31/2010 I PART I  
 I 15-S104 I I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	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)	1,755,590
1.09	NET IPF PPS OUTLIER PAYMENTS	66,865
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)	5.613699
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)	1,822,455
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)	1,822,455
	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 (SEE INSTRUCTIONS)	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,822,455
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,822,455
7	DEDUCTIBLES	146,236
8	SUBTOTAL	1,676,219
9	COINSURANCE	6,050
10	SUBTOTAL	1,670,169
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	1,670,169
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:	I	PERIOD:	I	PREPARED	5/20/2011
I	15-0104	I	FROM 1/ 1/2010	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART I	
I	15-S104	I		I		

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,670,169
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,670,169
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	839,184			
9	INPATIENT PRIMARY PAYER PAYMENTS			
10	OUTPATIENT PRIMARY PAYER PAYMENTS			
11	SUBTOTAL			
12	839,184			
13	COMPUTATION OF LESSER OF COST OR CHARGES			
14	REASONABLE CHARGES			
15	ROUTINE SERVICE CHARGES			
16	ANCILLARY SERVICE CHARGES			
17	INTERNS AND RESIDENTS SERVICE CHARGES			
18	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
19	TEACHING PHYSICIANS			
20	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
21	TOTAL REASONABLE CHARGES			
22	2,883,686			
23	CUSTOMARY CHARGES			
24	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
25	PAYMENT FOR SERVICES ON A CHARGE BASIS			
26	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
27	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
28	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
29	RATIO OF LINE 17 TO LINE 18			
30	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
31	2,883,686			
32	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
33	2,044,502			
34	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
35	839,184			
36	PROSPECTIVE PAYMENT AMOUNT			
37	OTHER THAN OUTLIER PAYMENTS			
38	OUTLIER PAYMENTS			
39	PROGRAM CAPITAL PAYMENTS			
40	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
41	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
42	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
43	SUBTOTAL			
44	839,184			
45	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
46	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
47	XVIII ENTER AMOUNT FROM LINE 30			
48	839,184			
49	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
50	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
51	EXCESS OF REASONABLE COST			
52	SUBTOTAL			
53	839,184			
54	COINSURANCE			
55	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
56	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
57	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
58	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
59	ADJUSTED REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
60	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
61	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
62	UTILIZATION REVIEW			
63	SUBTOTAL (SEE INSTRUCTIONS)			
64	839,184			
65	INPATIENT ROUTINE SERVICE COST			
66	MEDICARE INPATIENT ROUTINE CHARGES			
67	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
68	PAYMENT FOR SERVICES ON A CHARGE BASIS			
69	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
70	FOR PAYMENT OF PART A SERVICES			
71	RATIO OF LINE 43 TO 44			
72	TOTAL CUSTOMARY CHARGES			
73	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
74	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
75	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
76	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
77	OTHER ADJUSTMENTS (SPECIFY)			
78	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
79	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
80	SUBTOTAL			
81	839,184			
82	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
83	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
84	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
85	839,184			
86	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
87	INTERIM PAYMENTS			
88	583,950			
89	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/20/2011
I	15-0104	I	FROM 1/ 1/2010	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART III	
I	-	I		I		

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

TITLE XIX

HOSPITAL

OTHER  
TITLE V OR  
TITLE XIX

TITLE XVIII  
SNF PPS

58 BALANCE DUE PROVIDER/PROGRAM  
 59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
 IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

1  
255,234

2

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	14,061,221			
2	TEMPORARY INVESTMENTS	14,678,019			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	11,194,448			
5	OTHER RECEIVABLES	518,884			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	1,273,210			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	2,605,000			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	44,330,782			
FIXED ASSETS					
12	LAND	7,018,074			
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	108,328,679			
14.01	LESS ACCUMULATED DEPRECIATION	-31,620,615			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	83,726,138			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	13,098,299			
26	TOTAL OTHER ASSETS	13,098,299			
27	TOTAL ASSETS	141,155,219			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,411,756			
29 SALARIES, WAGES & FEES PAYABLE	3,619,542			
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	9,298,339			
36 TOTAL CURRENT LIABILITIES	14,329,637			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	76,760,805			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	76,760,805			
43 TOTAL LIABILITIES	91,090,442			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	50,064,777			
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	50,064,777			
52 TOTAL LIABILITIES AND FUND BALANCES	141,155,219			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING		49,326,525		
	OF PERIOD				
2	NET INCOME (LOSS)		738,252		
3	TOTAL		50,064,777		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		50,064,777		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF		50,064,777		
	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				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF				
	PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	7,892,801		7,892,801
2 00 SUBPROVIDER	1,849,837		1,849,837
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	9,742,638		9,742,638
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,457,113		2,457,113
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,457,113		2,457,113
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	12,199,751		12,199,751
17 00 ANCILLARY SERVICES	35,102,608	122,151,878	157,254,486
18 00 OUTPATIENT SERVICES	10,954	15,342,319	15,353,273
20 00 AMBULANCE SERVICES	11,861	4,130,221	4,142,082
24 00			
25 00 TOTAL PATIENT REVENUES	47,325,174	141,624,418	188,949,592

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	80,520,385
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	80,520,385

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: 15-0104 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/20/2011 I WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	188,949,592
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	134,658,854
3	NET PATIENT REVENUES	54,290,738
4	LESS: TOTAL OPERATING EXPENSES	80,520,385
5	NET INCOME FROM SERVICE TO PATIENTS	-26,229,647
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	PHYSICIAN PRIVATE OFFICE	21,569,311
24.01	INVESTMENT INCOME	561,047
24.02	OTHER & NONOPERATING REVENUE	5,362,939
25	TOTAL OTHER INCOME	27,493,297
26	TOTAL	1,263,650
	OTHER EXPENSES	
27	LOSS ON INVESTMENT	525,398
28		
29		
30	TOTAL OTHER EXPENSES	525,398
31	NET INCOME (OR LOSS) FOR THE PERIOD	738,252

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	494,673
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3	.01 CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	34,362
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	19.29
	IN THE COST REPORTING PERIOD	
4	.01 NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4	.02 INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4	.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5	.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5	.02 SUM OF 5 AND 5.01	.00
5	.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5	.04 DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	529,035
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)	