

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 5
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0051	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: 5/31/2011 TIME 10:39

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:
BLOOMINGTON HOSPITAL 15-0051
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. *(See qualification below)*

ECR ENCRYPTION INFORMATION
DATE: 5/31/2011 TIME 10:39

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OFFICER OR ADMINISTRATOR OF PROVIDER(S)
Christ Financial Officer
TITLE
DATE *May 31, 2011*

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	315,882	-23,635	0	
2	SUBPROVIDER	0	-4,875	76	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	311,007	-23,559	0	

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

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

MCRIF32 1.23.0.10 ~ 2552-96 25.0.123.2

The submitted cost report for Bloomington Hospital (Provider Number 15-0051) for the cost reporting period beginning January 1, 2010 and ending December 31, 2010, contains certain costs allocated from the Corporate Home Office of Clarian Health Partners, Inc. It is our understanding that the home office cost reporting methodology was developed by the home office in consultation with the Fiscal Intermediary. The attached Certification Statement is limited to the cost reporting data elements directly incurred by the Hospital within its local operations and excludes any certification regarding costs and other data elements allocated to Bloomington Hospital through the home office cost report.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 601 WEST SECOND STREET P.O. BOX: 1149
 1 CITY: BLOOMINGTON STATE: IN ZIP CODE: 47402- COUNTY: MONROE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	15-0051	2.01	7/ 1/1966	4	5	6
03.00	SUBPROVIDER	REHABILITATION UNIT	15-T051	10/ 1/2002	N	P	P
09.00	HOSPITAL-BASED HHA	BLOOMINGTON HOSP HOME HEALTH SERVICE	15-7011	7/ 1/1996	N	P	N
12.00	HOSP-BASED HOSPICE	BLOOMINGTON HOSPITAL HOSPICE	15-1509	3/13/1991			

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

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 5

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? 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 N 14020
- 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? Y
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
I 15-0051 I FROM 1/ 1/2010 I WORKSHEET S-2
I TO 12/31/2010 I

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 UNWEIGHTED 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
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
 I 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). Y 15H059

40.01 NAME: CLARIAN HEALTH PARTNERS, INC. FI/CONTRACTOR NAME NATIONAL GOVERNMENT SERVICES, INC. FI/CONTRACTOR # 00130
 40.02 STREET: 340 WEST TENTH STREET P.O. BOX:
 40.03 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46202 3082

- 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? Y
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? Y 09/27/2010
- 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? Y
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? N
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD? N
- 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 APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET S-2
 I I TO 12/31/2010 I

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEE 4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		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.		Y			
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).		N	N	0	
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N	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).		N	N	0	

MULTICAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 4/ 5/2011

MISCELLANEOUS DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
I 15-0051 I FROM 1/ 1/2010 I WORKSHEET S-3
I I TO 12/31/2010 I PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS /		O/P VISITS /		TRIPS TOTAL TITLE XIX 5
				TITLE V 3	TITLE XVIII 4	NOT LTCH N/A 4.01	TITLE XIX 5	
1 ADULTS & PEDIATRICS	227	82,855			22,708		8,816	
2 HMO					1,826			
2 01 HMO - (IRF PPS SUBPROVIDER)								
3 ADULTS & PED-SB SNF								
4 ADULTS & PED-SB NF								
5 TOTAL ADULTS AND PEDS	227	82,855			22,708		8,816	
6 INTENSIVE CARE UNIT	16	5,840			2,065		167	
11 NURSERY							2,736	
12 TOTAL	243	88,695			24,773		11,719	
13 RPCH VISITS								
14 SUBPROVIDER	21	7,665			3,523		238	
18 HOME HEALTH AGENCY					10,916		4,741	
21 HOSPICE		23,143			20,505		870	
25 TOTAL	264							
26 OBSERVATION BED DAYS							476	
26 01 OBSERVATION BED DAYS-SUB I								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								
29 LABOR & DELIVERY DAYS								

COMPONENT	I/P DAYS /		O/P VISITS TOTAL ALL PATS 6	/ TRIPS		-- INTERNS & RES. FTES -- LESS I&R REPL NON-PHYS ANES	
	TITLE XIX OBSERVATION ADMITTED 5.01	BEDS NOT ADMITTED 5.02		TOTAL OBSERVATION ADMITTED 6.01	BEDS NOT ADMITTED 6.02	TOTAL 7	8
1 ADULTS & PEDIATRICS			49,266				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			49,266				
6 INTENSIVE CARE UNIT			3,979				
11 NURSERY			5,195				
12 TOTAL			58,440				
13 RPCH VISITS							
14 SUBPROVIDER			5,099				
18 HOME HEALTH AGENCY			24,081				
21 HOSPICE			23,143				
26 TOTAL							
26 OBSERVATION BED DAYS			1,695				
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	--- FULL TIME EQUIV ---		DISCHARGES		TOTAL ALL PATIENTS 15
		EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XVIII 13	
1 ADULTS & PEDIATRICS				5,046	3,335	12,908
2 HMO						
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS						
6 INTENSIVE CARE UNIT						
11 NURSERY						
12 TOTAL		2,165.59		5,046	3,335	12,908
13 RPCH VISITS						
14 SUBPROVIDER		26.87		285	21	415
18 HOME HEALTH AGENCY		74.97				
21 HOSPICE		37.66				
25 TOTAL		2,305.09				
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

PART	DESCRIPTION	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
PART I - WAGE DATA							
	SALARIES						
1	TOTAL SALARY	123,135,678	2,289,322	125,425,000	4,794,597.00	26.16	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A	124,110		124,110	1,179.00	105.27	
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B	1,808,165		1,808,165	26,687.00	67.75	
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	13,522,243	716,715	14,238,958	542,179.00	26.26	PAYROLL RECORDS
	OTHER WAGES & RELATED COSTS						
9	CONTRACT LABOR:	367,214		367,214	7,065.00	51.98	INTERNAL RECORDS
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A	643,068		643,068	7,469.00	86.10	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	8,855,943		8,855,943	157,117.00	56.37	
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
	WAGE RELATED COSTS						
13	WAGE-RELATED COSTS (CORE)	34,468,773		34,468,773			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
	EXCLUDED AREAS	4,492,289		4,492,289			CMS 339
	NON-PHYS ANESTHETIST PART A						CMS 339
	NON-PHYS ANESTHETIST PART B						CMS 339
17	PHYSICIAN PART A	39,156		39,156			CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B	570,463		570,463			CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
	OVERHEAD COSTS - DIRECT SALARIES						
21	EMPLOYEE BENEFITS	1,629,520	65,404	1,694,924	59,907.00	28.29	
22	ADMINISTRATIVE & GENERAL	22,457,014	-1,925,578	20,531,436	737,563.00	27.84	
22.01	A & G UNDER CONTRACT	139,494		139,494	1,318.00	105.84	
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	2,789,317	111,954	2,901,271	120,701.00	24.04	
25	LAUNDRY & LINEN SERVICE	670,957	26,930	697,887	51,180.00	13.64	
26	HOUSEKEEPING	1,634,642	65,609	1,700,251	141,082.00	12.05	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	2,346,415	-827,886	1,518,529	97,472.00	15.58	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA	38,498	923,609	962,107	67,281.00	14.30	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	3,285,338	131,863	3,417,201	121,705.00	28.08	
31	CENTRAL SERVICE AND SUPPLY	887,942	35,639	923,581	56,834.00	16.25	
32	PHARMACY	4,633,376	-4,633,376				
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,373,474	95,264	2,468,738	134,734.00	18.32	
34	SOCIAL SERVICE						
35	OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES	121,467,007	2,289,322	123,756,329	4,769,228.00	25.95	
2	EXCLUDED AREA SALARIES	13,522,243	716,715	14,238,958	542,179.00	26.26	
3	SUBTOTAL SALARIES	107,944,764	1,572,607	109,517,371	4,227,049.00	25.91	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	9,866,225		9,866,225	171,651.00	57.48	
5	SUBTOTAL WAGE-RELATED COSTS	34,507,929		34,507,929		31.51	
6	TOTAL	152,318,918	1,572,607	153,891,525	4,398,700.00	34.99	
7	NET SALARIES						
	EXCLUDED AREA SALARIES						
	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	42,885,987	-5,930,568	36,955,419	1,589,777.00	23.25	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
I 15-0051 I FROM 1/ 1/2010 I WORKSHEET S-4
I HHA NO: I TO 12/31/2010 I
I 15-7011 I
COUNTY: MONROE

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	4,296	12,735	7,520
2 UNDUPLICATED CENSUS COUNT		525.00	70.00	568.00

	TOTAL 5
1 HOME HEALTH AIDE HOURS	24,551
2 UNDUPLICATED CENSUS COUNT	1,163.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	.45		.45
5 OTHER ADMINISTRATIVE PERSONEL	6.11		6.11
6 DIRECTING NURSING SERVICE	17.66		17.66
7 NURSING SUPERVISOR	.19		.19
8 PHYSICAL THERAPY SERVICE	5.46		5.46
9 PHYSICAL THERAPY SUPERVISOR	1.00		1.00
10 OCCUPATIONAL THERAPY SERVICE	1.72		1.72
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.12		.12
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.09		.09
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
HOME HEALTH AIDE	11.80		11.80
HOME HEALTH AIDE SUPERVISOR			
18 NONREIMBURSEABLE	29.62		29.62

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	4
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		14020
20.01		99915
20.02		26900
20.03		45460

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

	FULL EPISODES		LUPA	PEP ONLY
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	EPISODES 3	EPISODES 4
21 SKILLED NURSING VISITS	3,504	1,512	141	94
22 SKILLED NURSING VISIT CHARGES	393,642	169,435	15,853	10,623
23 PHYSICAL THERAPY VISITS	3,179	21	77	51
24 PHYSICAL THERAPY VISIT CHARGES	390,219	2,595	9,504	6,291
25 OCCUPATIONAL THERAPY VISITS	912	19	11	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	112,740	2,364	1,363	3,110
27 SPEECH PATHOLOGY VISITS	79	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	10,523	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	44	4	2	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	7,906	725	362	181
31 HOME HEALTH AIDE VISITS	1,171	30	0	39
32 HOME HEALTH AIDE VISIT CHARGES	59,531	1,535	0	1,996
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	8,889	1,586	231	210
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	974,561	176,654	27,082	22,201
26 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	562	0	90	16
TOTAL NUMBER OF OUTLIER EPISODES	0	28	0	0
TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	9,649	5,576	1,193	0

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET S-4
 I HHA NO: I TO 12/31/2010 I
 I 15-7011 I
 COUNTY: MONROE

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	5,251
22 SKILLED NURSING VISIT CHARGES	0	0	589,553
23 PHYSICAL THERAPY VISITS	0	0	3,328
24 PHYSICAL THERAPY VISIT CHARGES	0	0	408,609
25 OCCUPATIONAL THERAPY VISITS	0	0	967
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	119,577
27 SPEECH PATHOLOGY VISITS	0	0	79
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	10,523
29 MEDICAL SOCIAL SERVICE VISITS	0	0	51
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	9,174
31 HOME HEALTH AIDE VISITS	0	0	1,240
32 HOME HEALTH AIDE VISIT CHARGES	0	0	63,062
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	10,916
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	1,200,498
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	668
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	28
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	16,418

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/30/2011
I	15-0051	I	FROM 1/ 1/2010	I	WORKSHEET S-9
I	HOSPICE NO:	I	TO 12/31/2010	I	
I	15-1509	I		I	

HOSPICE IDENTIFICATION DATA

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1	CONTINUOUS HOME CARE	24	5	10
2	ROUTINE HOME CARE	20,410	864	6,499
3	INPATIENT RESPITE CARE	29		29
4	GENERAL INPATIENT CARE	42	1	
5	TOTAL HOSPICE DAYS	20,505	870	6,538

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1	CONTINUOUS HOME CARE	3
2	ROUTINE HOME CARE	1,761
3	INPATIENT RESPITE CARE	29
4	GENERAL INPATIENT CARE	4
5	TOTAL HOSPICE DAYS	1,768

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	331	23	103
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE	576.00		240.00
8	AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	61.95	37.83	63.48
9	UNDUPLICATED CENSUS COUNT	287	20	86

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	45
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE	399
8	AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	39.29
9	UNDUPLICATED CENSUS COUNT	41

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 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	OTHER METHODS OF WRITE-OFFS (SPEC.)	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	13,095,480
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	2,373,030
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	1,775,513
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	17,244,023
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	9,117,756
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.417114
	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	3,803,144
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	68,893,000

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/30/2011
I	15-0051	I	FROM 1/ 1/2010	I	WORKSHEET S-10
I		I	TO 12/31/2010	I	
I		I		I	

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	28,736,235
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	24,239,790
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	10,110,756
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	32,539,379

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I 15-0051 I

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

I PREPARED 5/30/2011 I WORKSHEET A I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASSIFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
1.01	0101 OLD CAP REL COSTS-1947 BUILDING		11,800	11,800	1,106	12,906
1.02	0102 OLD CAP REL COSTS-1965 BUILDING		49,736	49,736	7,746	57,482
1.03	0103 OLD CAP REL COSTS-1983 BUILDING		182,306	182,306	23,956	206,262
1.04	0104 OLD CAP REL COSTS-MEDICAL ARTS		9,650	9,650		9,650
1.05	0105 OLD CAP REL COSTS-UTILITIES		26,932	26,932	2,782	29,714
1.06	0106 OLD CAP REL COSTS-WEGMILLER		10,897	10,897	2,216	13,113
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		186,985	186,985	196,921	383,906
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
3.01	0301 NEW CAP REL COSTS-1947 BUILDING		22,726	22,726		22,726
3.02	0302 NEW CAP REL COSTS-1965 BUILDING		3,013,891	3,013,891	871,396	3,885,287
3.03	0303 NEW CAP REL COSTS-1983 BUILDING		30,092	30,092		30,092
3.04	0304 NEW CAP REL COSTS-MEDICAL ARTS		41,014	41,014		41,014
3.05	0305 NEW CAP REL COSTS-UTILITIES		5,625	5,625		5,625
3.06	0306 NEW CAP REL COSTS-CANCER		155,641	155,641	8,572	164,213
3.07	0307 NEW CAP REL COSTS-PHNA BUILDING		49,157	49,157		49,157
3.08	0308 NEW CAP REL COSTS-MITCHELL FACILITY					
3.09	0309 NEW CAP REL COSTS-SPENCER BUILDING					
3.10	0310 NEW CAP REL COSTS-PAIN MANAGEMENT		33,300	33,300		33,300
3.11	0311 NEW CAP REL COSTS-WEST PROMPTCARE		45,527	45,527		45,527
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		13,344,829	13,344,829	3,621,542	16,966,371
5	0500 EMPLOYEE BENEFITS	1,629,520	41,663,934	43,293,454	-2,259,724	41,033,730
5.01	0501 CHILD CARE CENTER		801,169	801,169	-8,589	792,580
6	0600 ADMINISTRATIVE & GENERAL	22,457,014	23,984,946	46,441,960	-6,349,599	40,092,361
8	0800 OPERATION OF PLANT	2,789,317	6,988,339	9,777,656	-200,769	9,576,887
9	0900 LAUNDRY & LINEN SERVICE	670,957	565,331	1,236,288	22,084	1,258,372
10	1000 HOUSEKEEPING	1,634,642	329,388	1,964,030	50,913	2,014,943
11	1100 DIETARY	2,346,415	2,003,391	4,349,806	-1,648,668	2,701,138
12	1200 CAFETERIA	38,498	53,243	91,741	1,718,561	1,810,302
14	1400 NURSING ADMINISTRATION	3,285,338	518,680	3,804,018	-42,845	3,761,173
15	1500 CENTRAL SERVICES & SUPPLY	458,388	437,807	896,195	-347,068	549,127
15.01	1501 CENTRAL STERILIZATION	429,554	236,457	666,011	-156,775	509,236
16	1600 PHARMACY	4,633,376	13,133,741	17,767,117	-17,767,117	
17	1700 MEDICAL RECORDS & LIBRARY	2,373,474	387,231	2,760,705	76,747	2,837,452
24	2400 PARAMED ED PRGM					
25	2500 ADULTS & PEDIATRICS	22,134,842	2,026,070	24,160,912	-216,559	23,944,353
26	2600 INTENSIVE CARE UNIT	2,877,710	355,109	3,232,819	-131,541	3,101,278
3100	SUBPROVIDER	1,335,186	533,004	1,868,190	-9,404	1,858,786
3300	NURSERY	1,770,079	179,646	1,949,725	-31,857	1,917,868
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	5,299,235	18,756,034	24,055,269	-16,149,184	7,906,085
37.01	3701 CARDIOVASCULAR SURGERY	672,861	904,486	1,577,347	-663,639	913,708
37.02	3702 PARTIAL HOSPITALIZATION	1,444,029	193,030	1,637,059	-121,170	1,515,889
38	3800 RECOVERY ROOM	910,296	58,406	968,702	4,412	973,114
39	3900 DELIVERY ROOM & LABOR ROOM	2,508,809	591,234	3,100,043	-362,853	2,737,190
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	6,340,082	4,131,054	10,471,136	-1,447,614	9,023,522
41.01	4101 MRI	300,844	204,290	505,134	-5,647	499,487
44	4400 LABORATORY	4,425,780	7,182,852	11,608,632	-334,536	11,274,096
48	4800 INTRAVENOUS THERAPY				54,394	54,394
49	4900 RESPIRATORY THERAPY	1,973,236	490,018	2,463,254	-282,629	2,180,625
50	5000 PHYSICAL THERAPY	7,029,415	1,699,745	8,729,160	-737,511	7,991,649
53	5300 ELECTROCARDIOLOGY	1,530,644	6,311,831	7,842,475	-5,590,963	2,251,512
54	5400 ELECTROENCEPHALOGRAPHY	1,014,975	109,584	1,124,559	8,427	1,132,986
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				24,761,928	24,761,928
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				4,363,041	4,363,041
56	5600 DRUGS CHARGED TO PATIENTS				17,784,872	17,784,872
57	5700 RENAL DIALYSIS		1,107,988	1,107,988	-31,232	1,076,756
59.97	3997 CARDIAC REHABILITATION	743,827	85,629	829,456	11,676	841,132
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	716,947	100,869	817,816	-21,010	796,806
61	6100 EMERGENCY	5,173,331	1,101,429	6,274,760	-427,142	5,847,618
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	2,137,494	611,479	2,748,973	-77,782	2,671,191
71	7100 HOME HEALTH AGENCY	3,896,283	1,056,960	4,953,243	-50,057	4,903,186
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		2,651,533	2,651,533	-857,748	1,793,785
93	9300 HOSPICE	2,058,098	1,224,197	3,282,295	-146,209	3,136,086
95	SUBTOTALS	119,040,496	159,990,242	279,030,738	-2,884,149	276,146,589
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100	7950 FOUNDATION	403,375	175,628	579,003	-24,773	554,230
100.01	7951 RENTAL PROPERTIES				370,701	370,701
100.02	7952 UNUSED SPACE				48,952	48,952
100.03	7953 PHYSICIAN RECRUITING				848,312	848,312
100.04	7954 PROMPTCARE	3,374,136	998,864	4,373,000	-65,804	4,307,196
100.05	7955 MARKETING				1,679,494	1,679,494
100.06	7956 KYPHOPLASTY INVESTIGATION				58,587	58,587
100.07	7957 OLCOTT	169,880	65,186	235,066	-37,252	197,814
100.08	7958 HME STORE	147,791	1,195,386	1,343,177	5,932	1,349,109
101	TOTAL	123,135,678	162,425,306	285,560,984	-0-	285,560,984

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
I 15-0051 I FROM 1/ 1/2010 I WORKSHEET A
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
1.01	0101 OLD CAP REL COSTS-1947 BUILDING	-1,106	11,800
1.02	0102 OLD CAP REL COSTS-1965 BUILDING	-2,634	54,848
1.03	0103 OLD CAP REL COSTS-1983 BUILDING	-27,924	178,338
1.04	0104 OLD CAP REL COSTS-MEDICAL ARTS		9,650
1.05	0105 OLD CAP REL COSTS-UTILITIES	-2,782	26,932
1.06	0106 OLD CAP REL COSTS-WEGMILLER	-2,559	10,554
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	-4,971	378,935
3	0300 NEW CAP REL COSTS-BLDG & FIXT		
3.01	0301 NEW CAP REL COSTS-1947 BUILDING		22,726
3.02	0302 NEW CAP REL COSTS-1965 BUILDING	-955,387	2,929,900
3.03	0303 NEW CAP REL COSTS-1983 BUILDING		30,092
3.04	0304 NEW CAP REL COSTS-MEDICAL ARTS		41,014
3.05	0305 NEW CAP REL COSTS-UTILITIES		5,625
3.06	0306 NEW CAP REL COSTS-CANCER	-8,572	155,641
3.07	0307 NEW CAP REL COSTS-PHNA BUILDING	22,859	72,016
3.08	0308 NEW CAP REL COSTS-MITCHELL FACILITY		
3.09	0309 NEW CAP REL COSTS-SPENCER BUILDING		
3.10	0310 NEW CAP REL COSTS-PAIN MANAGEMENT		33,300
3.11	0311 NEW CAP REL COSTS-WEST PROMPTCARE		45,527
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	3,851,049	20,817,420
5	0500 EMPLOYEE BENEFITS	3,056,576	44,090,306
5.01	0501 CHILD CARE CENTER	-457,262	335,318
6	0600 ADMINISTRATIVE & GENERAL	12,031,408	52,123,769
8	0800 OPERATION OF PLANT	1,771,918	11,348,805
9	0900 LAUNDRY & LINEN SERVICE	-407,073	851,299
10	1000 HOUSEKEEPING	337,134	2,352,077
11	1100 DIETARY	-533,583	2,167,555
12	1200 CAFETERIA	-1,571,439	238,863
14	1400 NURSING ADMINISTRATION	-1,912	3,759,261
15	1500 CENTRAL SERVICES & SUPPLY		549,127
15.01	1501 CENTRAL STERILIZATION		509,236
16	1600 PHARMACY		
17	1700 MEDICAL RECORDS & LIBRARY	-149,136	2,688,316
24	2400 PARAMED ED PRGM		
25	2500 ADULTS & PEDIATRICS	-768,243	23,176,110
26	2600 INTENSIVE CARE UNIT		3,101,278
	3100 SUBPROVIDER		1,858,786
	3300 NURSERY	-4,229	1,913,639
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-131,265	7,774,820
37.01	3701 CARDIOVASCULAR SURGERY		913,708
37.02	3702 PARTIAL HOSPITALIZATION	-971,186	544,703
38	3800 RECOVERY ROOM		973,114
39	3900 DELIVERY ROOM & LABOR ROOM	-19,895	2,717,295
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC	-8,881	9,014,641
41.01	4101 MRI		499,487
44	4400 LABORATORY	-512,979	10,761,117
48	4800 INTRAVENOUS THERAPY		54,394
49	4900 RESPIRATORY THERAPY	-1,415	2,179,210
50	5000 PHYSICAL THERAPY	-226,997	7,764,652
53	5300 ELECTROCARDIOLOGY	-102,108	2,149,404
54	5400 ELECTROENCEPHALOGRAPHY		1,132,986
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		24,761,928
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		4,363,041
56	5600 DRUGS CHARGED TO PATIENTS	-56,661	17,728,211
57	5700 RENAL DIALYSIS		1,076,756
59.97	3997 CARDIAC REHABILITATION		841,132
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-8,239	788,567
61	6100 EMERGENCY		5,847,618
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-105,078	2,566,113
71	7100 HOME HEALTH AGENCY	-954	4,902,232
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-1,793,785	-0-
93	9300 HOSPICE	-120	3,135,966
95	SUBTOTALS	12,232,569	288,379,158
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
100	7950 FOUNDATION		554,230
100.01	7951 RENTAL PROPERTIES		370,701
100.02	7952 UNUSED SPACE		48,952
100.03	7953 PHYSICIAN RECRUITING		848,312
100.04	7954 PROMPTCARE		4,307,196
100.05	7955 MARKETING		1,679,494
100.06	7956 KYPHOPLASTY INVESTIGATION		58,587
100.07	7957 OLCOTT		197,814
100.08	7958 HME STORE		1,349,109
101	TOTAL	12,232,569	297,793,553

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 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		
	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-1947 BUILDING	0101	OLD CAP REL COSTS-BLDG & FIXT
1.02	OLD CAP REL COSTS-1965 BUILDING	0102	OLD CAP REL COSTS-BLDG & FIXT
1.03	OLD CAP REL COSTS-1983 BUILDING	0103	OLD CAP REL COSTS-BLDG & FIXT
1.04	OLD CAP REL COSTS-MEDICAL ARTS	0104	OLD CAP REL COSTS-BLDG & FIXT
1.05	OLD CAP REL COSTS-UTILITIES	0105	OLD CAP REL COSTS-BLDG & FIXT
1.06	OLD CAP REL COSTS-WEGMILLER	0106	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-1947 BUILDING	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-1965 BUILDING	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-1983 BUILDING	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-MEDICAL ARTS	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CAP REL COSTS-UTILITIES	0305	NEW CAP REL COSTS-BLDG & FIXT
3.06	NEW CAP REL COSTS-CANCER	0306	NEW CAP REL COSTS-BLDG & FIXT
3.07	NEW CAP REL COSTS-PHNA BUILDING	0307	NEW CAP REL COSTS-BLDG & FIXT
3.08	NEW CAP REL COSTS-MITCHELL FACILITY	0308	NEW CAP REL COSTS-BLDG & FIXT
3.09	NEW CAP REL COSTS-SPENCER BUILDING	0309	NEW CAP REL COSTS-BLDG & FIXT
3.10	NEW CAP REL COSTS-PAIN MANAGEMENT	0310	NEW CAP REL COSTS-BLDG & FIXT
3.11	NEW CAP REL COSTS-WEST PROMPTCARE	0311	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
5.01	CHILD CARE CENTER	0501	EMPLOYEE BENEFITS
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
15.01	CENTRAL STERILIZATION	1501	CENTRAL SERVICES & SUPPLY
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
24	PARAMED ED PRGM	2400	
25	INPAT ROUTINE SRVC C	2500	
26	ADULTS & PEDIATRICS	2600	
31	INTENSIVE CARE UNIT	3100	
	SUBPROVIDER	3100	
	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	CARDIOVASCULAR SURGERY	3701	OPERATING ROOM
37.02	PARTIAL HOSPITALIZATION	3702	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	MRI	4101	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	FOUNDATION	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	RENTAL PROPERTIES	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	UNUSED SPACE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	PHYSICIAN RECRUITING	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	PROMPTCARE	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	MARKETING	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	KYPHOPLASTY INVESTIGATION	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	OLCOTT	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	HME STORE	7958	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO: 150051	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/30/2011 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE	
			LINE NO 3	SALARY 4 OTHER 5
1 PROPERTY TAX RECLASSIFICATION	A	NEW CAP REL COSTS-MVBLE EQUIP	4	58,555
2		ADMINISTRATIVE & GENERAL	6	654
3				
4				
5				
6				
7				
8				
9 INSURANCE RECLASSIFICATION	B	NEW CAP REL COSTS-MVBLE EQUIP	4	166,665
10 LICENSE FEE RECLASSIFICATION	C	NEW CAP REL COSTS-MVBLE EQUIP	4	1,391,686
11				
12				
13				
14				
15				
16 INTEREST EXPENSE RECLASSIFICATION	D	OLD CAP REL COSTS-1947 BUILDING	1.01	1,106
17		OLD CAP REL COSTS-1965 BUILDING	1.02	7,746
18		OLD CAP REL COSTS-1983 BUILDING	1.03	23,956
19		OLD CAP REL COSTS-UTILITIES	1.05	2,782
20		OLD CAP REL COSTS-WEGMILLER	1.06	2,216
21		OLD CAP REL COSTS-MVBLE EQUIP	2	4,971
22		NEW CAP REL COSTS-1965 BUILDING	3.02	871,396
23		NEW CAP REL COSTS-CANCER	3.06	8,572
24		NEW CAP REL COSTS-MVBLE EQUIP	4	30,175
25 IMPLANTABLE SUPPLY RECLASSIFICATION	E	IMPL. DEV. CHARGED TO PATIENT	55.30	4,363,041
26 RENT RECLASSIFICATION	F	NEW CAP REL COSTS-MVBLE EQUIP	4	2,159,100
27		NURSERY	33	638
28				
29				
30				
31				
32				
33				
34				
35				

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
3					
4					
5					
6					
7					
8					
9					
10 LEASEHOLD PAYMENT RECLASS	G	OLD CAP REL COSTS-MVBLE EQUIP	2		191,950
11 PHARMACY RECLASS	H	DRUGS CHARGED TO PATIENTS	56	4,633,376	13,094,516
12 CHARGEABLE SUPPLY RECLASS	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		29,128,016
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150051	FROM 1/ 1/2010	5/30/2011
	TO 12/31/2010	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 BONUS & PTO ACCRUAL RECLASSIFICATION	R	PROMPTCARE	100.04	135,427	
2		KYPHOPLASTY INVESTIGATION	100.06	1,104	
3		OLCOTT	100.07	6,818	
4		HME STORE	100.08	5,932	
5 MISC INTEREST EXP	S	INTEREST EXPENSE	88		95,172
6 KYPHOPLASTY INVESTIGATION	T	KYPHOPLASTY INVESTIGATION	100.06	27,498	29,985
36 TOTAL RECLASSIFICATIONS				9,734,759	55,573,986

(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: 150051	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/30/2011 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 PROPERTY TAX RECLASSIFICATION	A	OPERATION OF PLANT	8			36,865	13
2		NURSING ADMINISTRATION	14			352	
3		OPERATING ROOM	37			808	
4		MRI	41.01			10,586	
5		LABORATORY	44			648	
6		RESPIRATORY THERAPY	49			451	
7		PHYSICAL THERAPY	50			8,874	
8		ELECTROCARDIOLOGY	53			625	
9 INSURANCE RECLASSIFICATION	B	ADMINISTRATIVE & GENERAL	6			166,665	12
10 LICENSE FEE RECLASSIFICATION	C	ADMINISTRATIVE & GENERAL	6			1,328,005	14
11		PHARMACY	16			39,225	
12		RADIOLOGY-DIAGNOSTIC	41			8,308	
13		LABORATORY	44			7,470	
14		HOME HEALTH AGENCY	71			3,995	
15		PROMPTCARE	100.04			4,683	
16 INTEREST EXPENSE RECLASSIFICATION	D	INTEREST EXPENSE	88			952,920	11
17							11
18							11
19							11
20							11
21							11
22							11
23							11
24							11
25 IMPLANTABLE SUPPLY RECLASSIFICATION	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			4,363,041	
26 RENT RECLASSIFICATION	F	EMPLOYEE BENEFITS	5			32,534	10
27		ADMINISTRATIVE & GENERAL	6			417,669	
28		OPERATION OF PLANT	8			131,089	
29		LAUNDRY & LINEN SERVICE	9			1,207	
30		CENTRAL SERVICES & SUPPLY	15			361,284	
31		ADULTS & PEDIATRICS	25			10,183	
32		SUBPROVIDER	31			150	
33		PARTIAL HOSPITALIZATION	37.02			178,784	
34		LABORATORY	44			21,025	
35		RESPIRATORY THERAPY	49			546	
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RECLASSIFICATIONS

PROVIDER NO: 150051	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/30/2011 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF
			LINE NO	SALARY	OTHER	
1 BONUS & PTO ACCRUAL RECLASSIFICATION	R					
2						
3						
4						
5 MISC INTEREST EXP	S	ADMINISTRATIVE & GENERAL	6		95,172	
6 KYPHOPLASTY INVESTIGATION	T	ADMINISTRATIVE & GENERAL	6	27,498	29,985	
36 TOTAL RECLASSIFICATIONS				7,445,437	57,863,308	

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

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150051	FROM 1/ 1/2010	5/30/2011
	TO 12/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : PROPERTY TAX RECLASSIFICATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	58,555	OPERATION OF PLANT	8	36,865	
2.00	ADMINISTRATIVE & GENERAL	6	654	NURSING ADMINISTRATION	14	352	
3.00			0	OPERATING ROOM	37	808	
4.00			0	MRI	41.01	10,586	
5.00			0	LABORATORY	44	648	
6.00			0	RESPIRATORY THERAPY	49	451	
7.00			0	PHYSICAL THERAPY	50	8,874	
8.00			0	ELECTROCARDIOLOGY	53	625	
TOTAL RECLASSIFICATIONS FOR CODE A			59,209				59,209

RECLASS CODE: B
EXPLANATION : INSURANCE RECLASSIFICATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	166,665	ADMINISTRATIVE & GENERAL	6	166,665	
TOTAL RECLASSIFICATIONS FOR CODE B			166,665				166,665

RECLASS CODE: C
EXPLANATION : LICENSE FEE RECLASSIFICATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,391,686	ADMINISTRATIVE & GENERAL	6	1,328,005	
2.00			0	PHARMACY	16	39,225	
3.00			0	RADIOLOGY-DIAGNOSTIC	41	8,308	
4.00			0	LABORATORY	44	7,470	
5.00			0	HOME HEALTH AGENCY	71	3,995	
6.00			0	PROMPTCARE	100.04	4,683	
TOTAL RECLASSIFICATIONS FOR CODE C			1,391,686				1,391,686

RECLASS CODE: D
EXPLANATION : INTEREST EXPENSE RECLASSIFICATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-1947 BUILDIN	1.01	1,106	INTEREST EXPENSE	88	952,920	
2.00	OLD CAP REL COSTS-1965 BUILDIN	1.02	7,746			0	
3.00	OLD CAP REL COSTS-1983 BUILDIN	1.03	23,956			0	
4.00	OLD CAP REL COSTS-UTILITIES	1.05	2,782			0	
5.00	OLD CAP REL COSTS-WEGMILLER	1.06	2,216			0	
6.00	OLD CAP REL COSTS-MVBLE EQUIP	2	4,971			0	
7.00	NEW CAP REL COSTS-1965 BUILDIN	3.02	871,396			0	
8.00	NEW CAP REL COSTS-CANCER	3.06	8,572			0	
9.00	NEW CAP REL COSTS-MVBLE EQUIP	4	30,175			0	
TOTAL RECLASSIFICATIONS FOR CODE D			952,920				952,920

RECLASS CODE: E
EXPLANATION : IMPLANTABLE SUPPLY RECLASSIFICATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	4,363,041	MEDICAL SUPPLIES CHARGED TO PA	55	4,363,041	
TOTAL RECLASSIFICATIONS FOR CODE E			4,363,041				4,363,041

RECLASS CODE: F
EXPLANATION : RENT RECLASSIFICATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,159,100	EMPLOYEE BENEFITS	5	32,534	
2.00	NURSERY	33	638	ADMINISTRATIVE & GENERAL	6	417,669	
3.00			0	OPERATION OF PLANT	8	131,089	
4.00			0	LAUNDRY & LINEN SERVICE	9	1,207	
5.00			0	CENTRAL SERVICES & SUPPLY	15	361,284	
6.00			0	ADULTS & PEDIATRICS	25	10,183	
7.00			0	SUBPROVIDER	31	150	
8.00			0	PARTIAL HOSPITALIZATION	37.02	178,784	
9.00			0	LABORATORY	44	21,025	
10.00			0	RESPIRATORY THERAPY	49	546	

RECLASSIFICATIONS

PROVIDER NO: 150051	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/30/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: F
EXPLANATION : RENT RECLASSIFICATION

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
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
TOTAL RECLASSIFICATIONS FOR CODE F			2,159,738

DECREASE		AMOUNT	
COST CENTER	LINE	AMOUNT	
PHYSICAL THERAPY	50	525,452	
ELECTROCARDIOLOGY	53	24,002	
CARDIAC REHABILITATION	59.97	7,808	
CLINIC	60	35,280	
AMBULANCE SERVICES	65	27,410	
HOME HEALTH AGENCY	71	36,145	
HOSPICE	93	145,481	
FOUNDATION	100	32,512	
PROMPTCARE	100.04	171,177	
			2,159,738

RECLASS CODE: G
EXPLANATION : LEASEHOLD PAYMENT RECLASS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	191,950
TOTAL RECLASSIFICATIONS FOR CODE G			191,950

DECREASE		AMOUNT	
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	191,950	
			191,950

RECLASS CODE: H
EXPLANATION : PHARMACY RECLASS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	17,727,892
TOTAL RECLASSIFICATIONS FOR CODE H			17,727,892

DECREASE		AMOUNT	
COST CENTER	LINE	AMOUNT	
PHARMACY	16	17,727,892	
			17,727,892

RECLASS CODE: I
EXPLANATION : CHARGEABLE SUPPLY RECLASS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	29,128,016
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
TOTAL RECLASSIFICATIONS FOR CODE I			29,128,016

DECREASE		AMOUNT	
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	2,880	
CHILD CARE CENTER	5.01	8,589	
ADMINISTRATIVE & GENERAL	6	19,061	
OPERATION OF PLANT	8	7,005	
LAUNDRY & LINEN SERVICE	9	3,639	
HOUSEKEEPING	10	14,696	
DIETARY	11	25,830	
NURSING ADMINISTRATION	14	174,356	
CENTRAL SERVICES & SUPPLY	15	4,182	
CENTRAL STERILIZATION	15.01	174,016	
MEDICAL RECORDS & LIBRARY	17	1,596	
ADULTS & PEDIATRICS	25	1,094,799	
INTENSIVE CARE UNIT	26	247,043	
SUBPROVIDER	31	62,844	
NURSERY	33	103,540	
OPERATING ROOM	37	16,361,071	
CARDIOVASCULAR SURGERY	37.01	690,646	
PARTIAL HOSPITALIZATION	37.02	345	
RECOVERY ROOM	38	32,124	
DELIVERY ROOM & LABOR ROOM	39	463,549	
RADIOLOGY-DIAGNOSTIC	41	1,564,148	
MRI	41.01	7,136	
LABORATORY	44	483,030	
RESPIRATORY THERAPY	49	360,831	
PHYSICAL THERAPY	50	449,443	
ELECTROCARDIOLOGY	53	5,627,771	
ELECTROENCEPHALOGRAPHY	54	32,311	
DRUGS CHARGED TO PATIENTS	56	77,642	
RENAL DIALYSIS	57	31,232	
CARDIAC REHABILITATION	59.97	10,371	
CLINIC	60	14,506	
EMERGENCY	61	634,784	
AMBULANCE SERVICES	65	124,146	
HOME HEALTH AGENCY	71	135,537	
HOSPICE	93	83,317	
			29,128,016

RECLASS CODE: K
EXPLANATION : IV RECLASS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	INTRAVENOUS THERAPY	48	54,394

DECREASE		AMOUNT	
COST CENTER	LINE	AMOUNT	
MEDICAL SUPPLIES CHARGED TO PA	55	3,047	

RECLASSIFICATIONS

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RECLASS CODE: K
EXPLANATION : IV RECLASS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE K			54,394

DECREASE			
COST CENTER	LINE	AMOUNT	
DRUGS CHARGED TO PATIENTS	56	51,347	
		54,394	

RECLASS CODE: L
EXPLANATION : PHYSICIAN RECRUITING RECLASS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIAN RECRUITING	100.03	843,158
TOTAL RECLASSIFICATIONS FOR CODE L			843,158

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	843,158	
		843,158	

RECLASS CODE: M
EXPLANATION : CAFETERIA RECLASS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,681,435
TOTAL RECLASSIFICATIONS FOR CODE M			1,681,435

DECREASE			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,681,435	
		1,681,435	

RECLASS CODE: N
EXPLANATION : RENTAL PROPERTY DEPR RECLASS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	RENTAL PROPERTIES	100.01	370,701
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE N			370,701

DECREASE			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-MVBLE EQUIP	4	135,687	
OPERATION OF PLANT	8	235,014	
		370,701	

RECLASS CODE: O
EXPLANATION : UTILITIES RECLASS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	289,200
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
TOTAL RECLASSIFICATIONS FOR CODE O			289,200

DECREASE			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	392	
ADMINISTRATIVE & GENERAL	6	46,085	
MEDICAL RECORDS & LIBRARY	17	16,921	
RADIOLOGY-DIAGNOSTIC	41	129,629	
PHYSICAL THERAPY	50	32,990	
AMBULANCE SERVICES	65	9,061	
HOME HEALTH AGENCY	71	23,586	
FOUNDATION	100	5,165	
PROMPTCARE	100.04	25,371	
		289,200	

RECLASS CODE: P
EXPLANATION : ADVERTISING RECLASS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	MARKETING	100.05	1,679,494
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
TOTAL RECLASSIFICATIONS FOR CODE P			1,679,494

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	1,618,638	
PHYSICAL THERAPY	50	2,891	
AMBULANCE SERVICES	65	2,957	
HOME HEALTH AGENCY	71	7,179	
HOSPICE	93	17	
FOUNDATION	100	3,286	
OLCOTT	100.07	44,070	
PHYSICIAN RECRUITING	100.03	456	
		1,679,494	

RECLASS CODE: Q
EXPLANATION : BCC DEPRECIATION RECLASS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	UNUSED SPACE	100.02	48,952
TOTAL RECLASSIFICATIONS FOR CODE Q			48,952

DECREASE			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-MVBLE EQUIP	4	48,952	
		48,952	

RECLASS CODE: R
EXPLANATION : BONUS & PTO ACCRUAL RECLASSIFICATION

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	65,404

DECREASE			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	2,289,322	

RECLASSIFICATIONS

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RECLASS CODE: R
 EXPLANATION : BONUS & PTO ACCRUAL RECLASSIFICATION

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	OPERATION OF PLANT	111,954	ADMINISTRATIVE & GENERAL	6	1,758,317
3.00	LAUNDRY & LINEN SERVICE	26,930			0
4.00	HOUSEKEEPING	65,609			0
5.00	DIETARY	58,597			0
6.00	CAFETERIA	37,126			0
7.00	NURSING ADMINISTRATION	131,863			0
8.00	CENTRAL SERVICES & SUPPLY	18,398			0
9.00	CENTRAL STERILIZATION	17,241			0
10.00	MEDICAL RECORDS & LIBRARY	95,264			0
11.00	ADULTS & PEDIATRICS	888,423			0
12.00	INTENSIVE CARE UNIT	115,502			0
13.00	SUBPROVIDER	53,590			0
14.00	NURSERY	71,045			0
15.00	OPERATING ROOM	212,695			0
16.00	CARDIOVASCULAR SURGERY	27,007			0
17.00	PARTIAL HOSPITALIZATION	57,959			0
18.00	RECOVERY ROOM	36,536			0
19.00	DELIVERY ROOM & LABOR ROOM	100,696			0
20.00	RADIOLOGY-DIAGNOSTIC	254,471			0
21.00	MRI	12,075			0
22.00	LABORATORY	177,637			0
23.00	RESPIRATORY THERAPY	79,199			0
24.00	PHYSICAL THERAPY	282,139			0
25.00	ELECTROCARDIOLOGY	61,435			0
26.00	ELECTROENCEPHALOGRAPHY	40,738			0
27.00	DRUGS CHARGED TO PATIENTS	185,969			0
28.00	CARDIAC REHABILITATION	29,855			0
29.00	CLINIC	28,776			0
30.00	EMERGENCY	207,642			0
31.00	AMBULANCE SERVICES	85,792			0
32.00	HOME HEALTH AGENCY	156,385			0
33.00	HOSPICE	82,606			0
34.00	FOUNDATION	16,190			0
35.00	PHYSICIAN RECRUITING	5,610			0
36.00	PROMPTCARE	135,427			0
37.00	KYPHOPLASTY INVESTIGATION	1,104			0
38.00	OLCOTT	6,818			0
39.00	HME STORE	5,932			0
TOTAL RECLASSIFICATIONS FOR CODE R		4,047,639			4,047,639

RECLASS CODE: S
 EXPLANATION : MISC INTEREST EXP

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	INTEREST EXPENSE	95,172	ADMINISTRATIVE & GENERAL	6	95,172
TOTAL RECLASSIFICATIONS FOR CODE S		95,172			95,172

RECLASS CODE: T
 EXPLANATION : KYPHOPLASTY INVESTIGATION

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	KYPHOPLASTY INVESTIGATION	57,483	ADMINISTRATIVE & GENERAL	6	57,483
TOTAL RECLASSIFICATIONS FOR CODE T		57,483			57,483

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	1,559,418					1,559,418	
2	LAND IMPROVEMENTS	653,153					653,153	
3	BUILDINGS & FIXTURE	58,638,725					58,638,725	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	1,568,809				810,822	757,987	
7	SUBTOTAL	62,420,105				810,822	61,609,283	
8	RECONCILING ITEMS							
9	TOTAL	62,420,105				810,822	61,609,283	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	11,406,550	1,487,957		1,487,957		12,894,507	
2	LAND IMPROVEMENTS	1,379,802					1,379,802	
3	BUILDINGS & FIXTURE	171,186,029	1,617,360		1,617,360	344,546	172,458,843	
4	BUILDING IMPROVEMEN	2,218,596					2,218,596	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	92,085,122	3,915,412		3,915,412	1,621,644	94,378,890	
7	SUBTOTAL	278,276,099	7,020,729		7,020,729	1,966,190	283,330,638	
8	RECONCILING ITEMS							
9	TOTAL	278,276,099	7,020,729		7,020,729	1,966,190	283,330,638	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITLIZED GROSS ASSETS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			LEASES 2	FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL								
1 01	OLD CAP REL COSTS-19	2,090,723		2,090,723	.006326				
1 02	OLD CAP REL COSTS-19	8,252,295		8,252,295	.024970				
1 03	OLD CAP REL COSTS-19	25,894,347		25,894,347	.078352				
1 04	OLD CAP REL COSTS-ME	936,298		936,298	.002833				
1 05	OLD CAP REL COSTS-UT	1,371,400		1,371,400	.004150				
1 06	OLD CAP REL COSTS-WE	1,517,356		1,517,356	.004591				
2	OLD CAP REL COSTS-MV	19,987,447		19,987,447	.060479				
3	NEW CAP REL COSTS-BL								
3 01	NEW CAP REL COSTS-19	391,041		391,041	.001183				
3 02	NEW CAP REL COSTS-19	85,514,800		85,514,800	.258755				
3 03	NEW CAP REL COSTS-19	614,418		614,418	.001859				
3 04	NEW CAP REL COSTS-ME	1,472,067		1,472,067	.004454				
3 05	NEW CAP REL COSTS-UT	110,105		110,105	.000333				
3 06	NEW CAP REL COSTS-CA	4,100,754		4,100,754	.012408				
3 07	NEW CAP REL COSTS-PH	1,721,889		1,721,889	.005210				
3 08	NEW CAP REL COSTS-MI								
3 09	NEW CAP REL COSTS-SP								
3 10	NEW CAP REL COSTS-PA	723,796		723,796	.002190				
3 11	NEW CAP REL COSTS-WE	1,070,516		1,070,516	.003239				
4	NEW CAP REL COSTS-MV	174,716,743		174,716,743	.528668				
5	TOTAL	330,485,995		330,485,995	1.000000				

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
								15
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-19	11,800						11,800
1 02	OLD CAP REL COSTS-19	54,848						54,848
1 03	OLD CAP REL COSTS-19	178,338						178,338
1 04	OLD CAP REL COSTS-ME	9,650						9,650
1 05	OLD CAP REL COSTS-UT	26,932						26,932
1 06	OLD CAP REL COSTS-WE	10,554						10,554
2	OLD CAP REL COSTS-MV	186,985	191,950					378,935
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-19	22,726						22,726
3 02	NEW CAP REL COSTS-19	2,929,900						2,929,900
3 03	NEW CAP REL COSTS-19	30,092						30,092
3 04	NEW CAP REL COSTS-ME	41,014						41,014
3 05	NEW CAP REL COSTS-UT	5,625						5,625
3 06	NEW CAP REL COSTS-CA	155,641						155,641
3 07	NEW CAP REL COSTS-PH	72,016						72,016
3 08	NEW CAP REL COSTS-MI							
3 09	NEW CAP REL COSTS-SP							
3 10	NEW CAP REL COSTS-PA	33,300						33,300
3 11	NEW CAP REL COSTS-WE	45,527						45,527
4	NEW CAP REL COSTS-MV	17,041,414	2,159,100		166,665	58,555	1,391,686	20,817,420
5	TOTAL	20,856,362	2,351,050		166,665	58,555	1,391,686	24,824,318

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

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
								15
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-19	11,800						11,800
1 02	OLD CAP REL COSTS-19	49,736						49,736
1 03	OLD CAP REL COSTS-19	182,306						182,306
1 04	OLD CAP REL COSTS-ME	9,650						9,650
1 05	OLD CAP REL COSTS-UT	26,932						26,932
1 06	OLD CAP REL COSTS-WE	10,897						10,897
2	OLD CAP REL COSTS-MV	186,985						186,985
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-19	22,726						22,726
3 02	NEW CAP REL COSTS-19	3,013,891						3,013,891
3 03	NEW CAP REL COSTS-19	30,092						30,092
3 04	NEW CAP REL COSTS-ME	41,014						41,014
3 05	NEW CAP REL COSTS-UT	5,625						5,625
3 06	NEW CAP REL COSTS-CA	155,641						155,641
3 07	NEW CAP REL COSTS-PH	49,157						49,157
3 08	NEW CAP REL COSTS-MI							
3 09	NEW CAP REL COSTS-SP							

P IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*	9	10	11	12	13	14	15
3 10 NEW CAP REL COSTS-PA	33,300						33,300
3 11 NEW CAP REL COSTS-WE	45,527						45,527
4 NEW CAP REL COSTS-MV	13,344,829						13,344,829
5 TOTAL	17,220,108						17,220,108

* 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 15-0051
I

I PERIOD:
I FROM 1/ 1/2010
I TO 12/31/2010
I PREPARED 5/30/2011
I WORKSHEET A-8

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 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-838,561	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-6,746,624			
13 SALE OF SCRAP, WASTE, ETC.	B	-6,425	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	28,044,667			
15 LAUNDRY AND LINEN SERVICE	A	-407,073	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-526,734	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	A	-149,136	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	A	-298,863	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST	B	-12,334	ADMINISTRATIVE & GENERAL	6	
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 RENTAL REIMBURSEMENT	B	-16,234	ADMINISTRATIVE & GENERAL	6	
1 OUTSIDE CATERING	B	-14,936	CAFETERIA	12	
2 COFFEE CART REVENUE	B	-121,202	CAFETERIA	12	
37.04 MEALS ON WHEELS	A	-217,247	DIETARY	11	
37.05 FOOD SERVICES - PATIENT MEALS	B	4,158	DIETARY	11	
37.06 FOOD SERVICES - CTR FOR BEH HEALTH	B	-30,717	CAFETERIA	12	
37.07 SENIOR HEALTH	B	-1,620	ADMINISTRATIVE & GENERAL	6	
37.08 SURG TECH TUITION REVENUE	B	-285	OPERATING ROOM	37	
37.09 PRENATAL TRAINING REVENUE	B	-600	NURSING ADMINISTRATION	14	
37.10 PRENATAL TRAINING REVENUE	B	-19,895	DELIVERY ROOM & LABOR ROO	39	
37.11 E&T REVENUE	B	-30,180	ADMINISTRATIVE & GENERAL	6	
37.12 E&T REVENUE	B	-8,239	CLINIC	60	
37.13 E&T REVENUE	B	-2,250	ADULTS & PEDIATRICS	25	
37.14 CHILD CARE REVENUE	B	-457,262	CHILD CARE CENTER	5.01	
37.15 CAR SEAT RENTALS	B	-5,044	ADMINISTRATIVE & GENERAL	6	
37.16 SAFE ROUTES TO SCHOOL	B	-6,198	ADMINISTRATIVE & GENERAL	6	
37.17 BABY PHOTOGRAPH REVENUE	B	-4,229	NURSERY	33	
37.18 AMBULANCE - EVENT SERVICES	B	-105,078	AMBULANCE SERVICES	65	
37.19 SUNDRY	B	-138,625	ADMINISTRATIVE & GENERAL	6	
37.20 REHAB SCHOOL CONTRACTS	B	-32,055	PHYSICAL THERAPY	50	
37.21 PARKING GARAGE REVENUE	B	4,960	OPERATION OF PLANT	8	
37.22 SPECIAL PROJECTS	B	-2,173	ADMINISTRATIVE & GENERAL	6	
37.23 MISC SALES	B	-13,550	ADULTS & PEDIATRICS	25	
37.24 MISC SALES	B	-610	ADMINISTRATIVE & GENERAL	6	
37.27 MISC SALES	B	-19,883	DRUGS CHARGED TO PATIENTS	56	
37.29 MISC SALES	B	-1,427	EMPLOYEE BENEFITS	5	
37.30 MEDICAL STAFF APPLICATION FEES	B	-23,250	ADMINISTRATIVE & GENERAL	6	
37.31 PT ACCTS - COPY	B	-197	ADMINISTRATIVE & GENERAL	6	
37.32 PT ACCTS - COPY HISTOLOGY	B	-129	LABORATORY	44	
37.33 CASH SHORT AND OVER	B	-1,981	ADMINISTRATIVE & GENERAL	6	
37.35 CASH SHORT AND OVER	B	-745	DRUGS CHARGED TO PATIENTS	56	
37.36 CASH SHORT AND OVER	B	2,624	DIETARY	11	
37.37 I.S. SERVICE AGREEMENT	B	-483,939	ADMINISTRATIVE & GENERAL	6	
37.38 OS SERVICE CONTRACTS	B	-1,828	PARTIAL HOSPITALIZATION	37.02	
37.39 OS SERVICE CONTRACTS	B	-14,986	PHYSICAL THERAPY	50	
37.40 OS SERVICE CONTRACTS	B	-44,535	OPERATION OF PLANT	8	
37.41 OS SERVICE CONTRACTS	B	-120	HOSPICE	93	
37.42 OS SERVICE CONTRACTS	B	-550	LABORATORY	44	
37.43 OS SERVICE CONTRACTS	B	-15,007	ADMINISTRATIVE & GENERAL	6	
37.44 OS SERVICE CONTRACTS	B	-1,415	RESPIRATORY THERAPY	49	
45 OS SERVICE CONTRACTS	B	-2,456	RADIOLOGY-DIAGNOSTIC	41	
6 OUTSIDE SALARY REVENUE	B	-954	HOME HEALTH AGENCY	71	
7 OTHER REVENUE - SALARIES	B	-471	ADULTS & PEDIATRICS	25	
37.48					
37.49 OTHER REVENUE - SALARIES	B	-113,997	ADMINISTRATIVE & GENERAL	6	
37.50					
37.51 PHYSICIAN BILLING OFFSET	A	-102,108	ELECTROCARDIOLOGY	53	
37.52					
37.53					

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 15-0051
I

I PERIOD:
I FROM 1/ 1/2010 I
I TO 12/31/2010 I
I PREPARED 5/30/2011
I WORKSHEET A-8

	DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
		BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4		
37.57	SALARY REVENUE - REIMBURSEMENT	B	-130,980	OPERATING ROOM	37		
37.58	SALARY REVENUE - REIMBURSEMENT	B	-68,573	PHYSICAL THERAPY	50		
37.59	SALARY REVENUE - REIMBURSEMENT	B	-825	NURSING ADMINISTRATION	14		
37.60	SALARY REVENUE - REIMBURSEMENT	B	-34,760	ADMINISTRATIVE & GENERAL	6		
37.63	INTEREST EXP - UNNECESSARY BORROWING	A	-1,793,785	INTEREST EXPENSE	88		
37.64							
37.65	GAIN/LOSS ON TRADE-INS	A	2,034	NEW CAP REL COSTS-MVBLE E	4		9
37.66	GUEST MEALS	A	-910,275	CAFETERIA	12		
37.67	PATIENTS TELEPHONES	A	-124,429	ADMINISTRATIVE & GENERAL	6		
37.68	LAB UBI TAX OFFSET	A	-493,998	LABORATORY	44		
37.80	IHHA & AHA LOBBYING COSTS	A	-15,297	ADMINISTRATIVE & GENERAL	6		
37.86	WEGMILLER CAPITALIZED INTEREST	A	-343	OLD CAP REL COSTS-WEGMILL	1.06		9
37.87	1983 CAPITALIZED INTEREST	A	-3,968	OLD CAP REL COSTS-1983 BU	1.03		9
37.88	CAPITALIZED INTEREST - 1965 BUILDING	A	5,112	OLD CAP REL COSTS-1965 BU	1.02		9
37.89	GENERAL CONT. PLUMBING - 1993	A	-83,991	NEW CAP REL COSTS-1965 BU	3.02		9
37.90	HHA USEFUL LIFE	A	22,859	NEW CAP REL COSTS-PHNA BU	3.07		9
37.91	DIETARY REVENUE	B	-24,255	DIETARY	11		
37.92	DONATIONS	A	-3,000	ADMINISTRATIVE & GENERAL	6		
37.93	UNALLOCATED REVENUE OFFSET	A	-168,489	ADMINISTRATIVE & GENERAL	6		
37.95							
38							
39							
40							
41							
42							
43							
44							
45							
45.01	INTEREST INCOME	B	-2,216	OLD CAP REL COSTS-WEGMILL	1.06		11
45.02	INTEREST INCOME	B	-1,106	OLD CAP REL COSTS-1947 BU	1.01		11
45.03	INTEREST INCOME	B	-7,746	OLD CAP REL COSTS-1965 BU	1.02		11
45.04	INTEREST INCOME	B	-23,956	OLD CAP REL COSTS-1983 BU	1.03		11
45.05	INTEREST INCOME	B	-2,782	OLD CAP REL COSTS-UTILITI	1.05		11
45.06	INTEREST INCOME	B	-4,971	OLD CAP REL COSTS-MVBLE E	2		11
45.07	INTEREST INCOME	B	-871,396	NEW CAP REL COSTS-1965 BU	3.02		11
45.08	INTEREST INCOME	B	-8,572	NEW CAP REL COSTS-CANCER	3.06		11
45.09	INTEREST INCOME	B	-30,175	NEW CAP REL COSTS-MVBLE E	4		11
47							
48							
49							
50	TOTAL (SUM OF LINES 1 THRU 49)		12,232,569				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	4	NEW CAP REL COSTS-MVBLE E	MGMT SVC FEE EXPENSES	335,972	-335,972	9
2	5	EMPLOYEE BENEFITS	MGMT SVC FEE EXPENSES	31,794	-31,794	
3	6	ADMINISTRATIVE & GENERAL	MGMT SVC FEE EXPENSES	489,335	-489,335	
4	56	DRUGS CHARGED TO PATIENTS	RELATED PARTY PHARMACY SE	36,033	-36,033	
4.01	4	NEW CAP REL COSTS-MVBLE E	CLARIAN HOME OFFICE EXP A	4,215,162	4,215,162	9
4.02	5	EMPLOYEE BENEFITS	CLARIAN HOME OFFICE EXP A	3,089,797	3,089,797	
4.03	6	ADMINISTRATIVE & GENERAL	CLARIAN HOME OFFICE EXP A	19,451,790	19,451,790	
4.04	8	OPERATION OF PLANT	CLARIAN HOME OFFICE EXP A	1,811,493	1,811,493	
4.05	10	HOUSEKEEPING	CLARIAN HOME OFFICE EXP A	337,134	337,134	
4.06	12	CAFETERIA	CLARIAN HOME OFFICE EXP A	32,425	32,425	
4.07						
4.08						
4.09						
4.10						
4.11						
5		TOTALS		28,937,801	893,134	28,044,667

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
C		0.00	SO. IN. MEDICAL GROUP	100.00	PHYSICIAN GROUP
C		0.00	BH OF ORANGE COUNTY	100.00	HOSPITAL
B	CLARIAN HEALTH PARTNERS,	100.00		0.00	HOSPITAL
		0.00		0.00	
		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 15-0051
I

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

I PREPARED 5/30/2011
I WORKSHEET A-8-2
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	A&G - VARIOUS ON-CALL AGR	1,766,235	1,766,235		171,400			
2 6	A&G - NEUROSURGICAL CLINI	350,000	350,000		204,100			
3 6	A&G - CV SURGERY	827,170	827,170		204,100			
4 6	A&G - HOSPITALIST	600,000	600,000		171,400			
5 6	A&G - PEDS HOSPITALIST	50,000	50,000		152,100			
6 6	A&G - BLOOMINGTON ANESTHE	780,550	780,550		200,300			
7 6	A&G - JOINT REPLACEMENT	30,000	30,000		171,400			
8 6	A&G - RADIATION SERVICES	491,167	491,167		231,100			
9 41	RADIATION ONCOLOGY CENTER	53,500		53,500	231,100	619	68,774	3,439
10 44	PATHOLOGY	308,568		308,568	219,500	4,286	452,297	22,615
11 25	A&P PSYCHIATRIST EMPLOYEE	452,367	399,458	52,909	142,500	503	34,460	1,723
12 37	2 PARTIAL PSYCHIATRIST EMPL	608,761	537,560	71,201	142,500	676	46,313	2,316
13 14	N.A. - HOSPITALIST EMPLOY	487	487		171,400			
14 25	A&P - NEURO HOSPITALIST E	334,065	334,065		171,400			
15 37	2 PARTIAL - LCSW EMPLOYEE	306,742	306,742		142,500			
16 37	2 PARTIAL - N.P. EMPLOYEE	100,168	100,168		142,500			
17 44	REFERENCE LAB EMPLOYEE	18,302	18,302		219,500			
18 50	APC - N.P. EMPLOYEE	110,095	110,095		171,400			
19 50	WOUND CARE EMPLOYEE	1,288	1,288		171,400			
20								
21								
22								
23								
24								
25								
26								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
10	TOTAL	7,189,465	6,703,287	486,178		6,084	601,844	30,093

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 15-0051
I

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

I PREPARED 5/30/2011
I WORKSHEET A-8-2
I GROUP 1

LNKSH T A	COST CENTER/ PHYSICIAN	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
LINE NO.	IDENTIFIER	COL 12	COL 13	COL 14	COL 15	COL 16	COL 17	COL 18
1	6	A&G - VARIOUS ON-CALL AGR						1,766,235
2	6	A&G - NEUROSURGICAL CLINI						350,000
3	6	A&G - CV SURGERY						827,170
4	6	A&G - HOSPITALIST						600,000
5	6	A&G - PEDS HOSPITALIST						50,000
6	6	A&G - BLOOMINGTON ANESTHE						780,550
7	6	A&G - JOINT REPLACEMENT						30,000
8	6	A&G - RADIATION SERVICES						491,167
9	41	RADIATION ONCOLOGY CENTER				68,774		
10	44	PATHOLOGY				452,297		
11	25	A&P PSYCHIATRIST EMPLOYEE				34,460	18,449	417,907
12	37	2 PARTIAL PSYCHIATRIST EMPL				46,313	24,888	562,448
13	14	N.A. - HOSPITALIST EMPLOY						487
14	25	A&P - NEURO HOSPITALIST E						334,065
15	37	2 PARTIAL - LCSW EMPLOYEE						306,742
16	37	2 PARTIAL - N.P. EMPLOYEE						100,168
17	44	REFERENCE LAB EMPLOYEE						18,302
18	50	APC - N.P. EMPLOYEE						110,095
19	50	WOUND CARE EMPLOYEE						1,288
20								
21								
22								
23								
24								
25								
26								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
10		TOTAL				601,844	43,337	6,746,624

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 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			
	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET NOT ENTERED
1	OLD CAP REL COSTS-1947 BUILDING	16	SQUARE	FEET ENTERED
1.02	OLD CAP REL COSTS-1965 BUILDING	17	SQUARE	FEET ENTERED
1.03	OLD CAP REL COSTS-1983 BUILDING	18	SQUARE	FEET ENTERED
1.04	OLD CAP REL COSTS-MEDICAL ARTS	19	SQUARE	FEET ENTERED
1.05	OLD CAP REL COSTS-UTILITIES	20	SQUARE	FEET ENTERED
1.06	OLD CAP REL COSTS-WEGMILLER	21	SQUARE	FEET ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET NOT ENTERED
3.01	NEW CAP REL COSTS-1947 BUILDING	16	SQUARE	FEET ENTERED
3.02	NEW CAP REL COSTS-1965 BUILDING	17	SQUARE	FEET ENTERED
3.03	NEW CAP REL COSTS-1983 BUILDING	18	SQUARE	FEET ENTERED
3.04	NEW CAP REL COSTS-MEDICAL ARTS	19	SQUARE	FEET ENTERED
3.05	NEW CAP REL COSTS-UTILITIES	20	SQUARE	FEET ENTERED
3.06	NEW CAP REL COSTS-CANCER	22	SQUARE	FEET ENTERED
3.07	NEW CAP REL COSTS-PHNA BUILDING	23	SQUARE	FEET ENTERED
3.08	NEW CAP REL COSTS-MITCHELL FACILITY	24	SQUARE	FEET ENTERED
3.09	NEW CAP REL COSTS-SPENCER BUILDING	25	SQUARE	FEET ENTERED
3.10	NEW CAP REL COSTS-PAIN MANAGEMENT	26	SQUARE	FEET ENTERED
3.11	NEW CAP REL COSTS-WEST PROMPTCARE	27	SQUARE	FEET ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES ENTERED
5.01	CHILD CARE CENTER	30	NUMBER OF	CHILDREN ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE ENTERED
11	DIETARY	10	MEALS	SERVED ENTERED
12	CAFETERIA	11	MANHOURS	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS. ENTERED
15.01	CENTRAL STERILIZATION	31	TIME	SPENT ENTERED
16	PHARMACY	15	COSTED	REQUIS. ENTERED
17	MEDICAL RECORDS & LIBRARY	35	TIME	SPENT ENTERED
24	PARAMED ED PRGM	40	TIME	SPENT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C
		OSTS-BLDG & OSTS-1947 BU	OSTS-1947 BU	OSTS-1965 BU	OSTS-1983 BU	OSTS-MEDICAL	OSTS-UTILITI
	0	1	1.01	1.02	1.03	1.04	1.05
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-1947 BU	11,800		11,800				
001 02 OLD CAP REL COSTS-1965 BU	54,848			54,848			
001 03 OLD CAP REL COSTS-1983 BU	178,338				178,338		
001 04 OLD CAP REL COSTS-MEDICAL	9,650					9,650	
001 05 OLD CAP REL COSTS-UTILITI	26,932						26,932
001 06 OLD CAP REL COSTS-WEGMILL	10,554						
002 OLD CAP REL COSTS-MVBLE E	378,935						
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-1947 BU	22,726						
003 02 NEW CAP REL COSTS-1965 BU	2,929,900						
003 03 NEW CAP REL COSTS-1983 BU	30,092						
003 04 NEW CAP REL COSTS-MEDICAL	41,014						
003 05 NEW CAP REL COSTS-UTILITI	5,625						
003 06 NEW CAP REL COSTS-CANCER	155,641						
003 07 NEW CAP REL COSTS-PHNA BU	72,016						
003 08 NEW CAP REL COSTS-MITCHEL							
003 09 NEW CAP REL COSTS-SPENCER							
003 10 NEW CAP REL COSTS-PAIN MA	33,300						
003 11 NEW CAP REL COSTS-WEST PR	45,527						
004 NEW CAP REL COSTS-MVBLE E	20,817,420						
005 EMPLOYEE BENEFITS	44,090,306					416	
005 01 CHILD CARE CENTER	335,318						
006 ADMINISTRATIVE & GENERAL	52,123,769		10,774	6,067	38,647	2,849	12,496
008 OPERATION OF PLANT	11,348,805		167	8,101	39,032		1,517
009 LAUNDRY & LINEN SERVICE	851,299						12,919
010 HOUSEKEEPING	2,352,077		340	296	159		
011 DIETARY	2,167,555			1,147			
012 CAFETERIA	238,863			720	249		
014 NURSING ADMINISTRATION	3,759,261		357	905	1,211	75	
015 CENTRAL SERVICES & SUPPLY	549,127				5,489		
015 01 CENTRAL STERILIZATION	509,236				4,697		
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	2,688,316			77	7,138	235	
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	23,176,110			14,565	9,345		
025 INTENSIVE CARE UNIT	3,101,278				15,518		
025 SUBPROVIDER	1,858,786				1,496		
025 NURSERY	1,913,639				732		
033 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	7,774,820			3,194	26,864		
037 01 CARDIOVASCULAR SURGERY	913,708			617			
037 02 PARTIAL HOSPITALIZATION	544,703						
038 RECOVERY ROOM	973,114				5,233		
039 DELIVERY ROOM & LABOR ROO	2,717,295			4,256			
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	9,014,641			3,557	5,068	716	
041 01 MRI	499,487				2,931		
044 LABORATORY	10,761,117		162	1,851	619	145	
048 INTRAVENOUS THERAPY	54,394						
049 RESPIRATORY THERAPY	2,179,210			137	313	480	
050 PHYSICAL THERAPY	7,764,652				8,898		
053 ELECTROCARDIOLOGY	2,149,404			1,099		90	
054 ELECTROENCEPHALOGRAPHY	1,132,986			393	376		
055 MEDICAL SUPPLIES CHARGED	24,761,928						
055 30 IMPL. DEV. CHARGED TO PAT	4,363,041						
056 DRUGS CHARGED TO PATIENTS	17,728,211			663		195	
057 RENAL DIALYSIS	1,076,756				1,190		
059 97 CARDIAC REHABILITATION	841,132			462			
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	788,567						
061 EMERGENCY	5,847,618			3,257			
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	2,566,113			474	5,361		
071 HOME HEALTH AGENCY	4,902,232						
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	3,135,966					1,733	
095 SUBTOTALS	288,379,158		11,800	54,066	178,338	6,934	26,932
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP				116			
100 FOUNDATION	554,230						
100 01 RENTAL PROPERTIES	370,701			329		1,301	
100 02 UNUSED SPACE	48,952			337		602	
100 03 PHYSICIAN RECRUITING	848,312						
100 04 PROMPTCARE	4,307,196						
100 05 MARKETING	1,679,494						
100 06 KYPHOPLASTY INVESTIGATION	58,587						
100 07 OLCOTT	197,814					813	
100 08 HME STORE	1,349,109						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	297,793,553		11,800	54,848	178,338	9,650	26,932

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C				
	OSTS-WEGMILL	OSTS-MVBLE E	OSTS-BLDG &	OSTS-1947 BU	OSTS-1965 BU	OSTS-1983 BU	OSTS-MEDICAL
	1.06	2	3	3.01	3.02	3.03	3.04
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-1947 BU							
001 02 OLD CAP REL COSTS-1965 BU							
001 03 OLD CAP REL COSTS-1983 BU							
001 04 OLD CAP REL COSTS-MEDICAL							
001 05 OLD CAP REL COSTS-UTILITI							
001 06 OLD CAP REL COSTS-WEGMILL	10,554						
002 OLD CAP REL COSTS-MVBLE E		378,935					
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-1947 BU				22,726			
003 02 NEW CAP REL COSTS-1965 BU					2,929,900		
003 03 NEW CAP REL COSTS-1983 BU						30,092	
003 04 NEW CAP REL COSTS-MEDICAL							41,014
003 05 NEW CAP REL COSTS-UTILITI							
003 06 NEW CAP REL COSTS-CANCER							
003 07 NEW CAP REL COSTS-PHNA BU							
003 08 NEW CAP REL COSTS-MITCHEL							
003 09 NEW CAP REL COSTS-SPENCER							
003 10 NEW CAP REL COSTS-PAIN MA							
003 11 NEW CAP REL COSTS-WEST PR							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		5,044					1,770
005 01 CHILD CARE CENTER		5,741					
006 ADMINISTRATIVE & GENERAL	9,360	83,064		20,749	324,095	6,521	12,109
008 OPERATION OF PLANT	184	47,890		321	432,750	6,587	
009 LAUNDRY & LINEN SERVICE		5,609					
010 HOUSEKEEPING		1,406		655	15,795	27	
011 DIETARY		4,569			61,263		
012 CAFETERIA		2,614			38,450		
014 NURSING ADMINISTRATION		7,899		688	48,359	204	320
015 CENTRAL SERVICES & SUPPLY		1,579				926	
015 01 CENTRAL STERILIZATION		1,351				792	
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY		7,171			4,139	1,205	998
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 01 ADULTS & PEDIATRICS		54,138			778,131	1,577	
025 02 INTENSIVE CARE UNIT		4,464				2,618	
025 03 SUBPROVIDER		5,283			79,903		
033 NURSERY		2,585			39,101		
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	1,010	19,279			170,609	4,533	
037 02 CARDIOVASCULAR SURGERY		2,180			32,971		
037 03 PARTIAL HOSPITALIZATION		3,319					
038 RECOVERY ROOM		1,505				883	
039 DELIVERY ROOM & LABOR ROO		15,031			227,325		
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		20,244			189,985	855	3,041
041 01 MRI		843				495	
044 LABORATORY		7,441		313	98,866	104	614
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		1,196			7,313	53	2,038
050 PHYSICAL THERAPY		16,158				1,501	
053 ELECTROCARDIOLOGY		3,989			58,681		384
054 ELECTROENCEPHALOGRAPHY		1,496			20,993	63	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS		2,575			35,402		829
057 RENAL DIALYSIS		342				201	
059 97 CARDIAC REHABILITATION		2,011			24,698		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		2,215					
061 EMERGENCY		11,503			173,973		
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		4,953			25,303	905	
071 HOME HEALTH AGENCY		6,776					
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		2,566					7,367
095 SUBTOTALS	10,554	366,029		22,726	2,888,105	30,092	29,470
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		410			6,196		
100 FOUNDATION		2,801					
100 01 RENTAL PROPERTIES					17,576		5,530
100 02 UNUSED SPACE		1,776			18,023		2,559
100 03 PHYSICIAN RECRUITING							
100 04 PROMPTCARE		5,378					
100 05 MARKETING							
100 06 KYPHOPLASTY INVESTIGATION							
100 07 OLCOTT		977					3,455
100 08 HME STORE		1,564					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	10,554	378,935		22,726	2,929,900	30,092	41,014

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-UTILITI	NEW CAP REL C OSTS-CANCER	NEW CAP REL C OSTS-PHNA BU	NEW CAP REL C OSTS-MITCHEL	NEW CAP REL C OSTS-SPENCER	NEW CAP REL C OSTS-PAIN MA	NEW CAP REL C OSTS-WEST PR
	3.05	3.06	3.07	3.08	3.09	3.10	3.11
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-1947 BU							
001 02 OLD CAP REL COSTS-1965 BU							
001 03 OLD CAP REL COSTS-1983 BU							
001 04 OLD CAP REL COSTS-MEDICAL							
001 05 OLD CAP REL COSTS-UTILITI							
001 06 OLD CAP REL COSTS-WEGMILL							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-1947 BU							
003 02 NEW CAP REL COSTS-1965 BU							
003 03 NEW CAP REL COSTS-1983 BU							
003 04 NEW CAP REL COSTS-MEDICAL							
003 05 NEW CAP REL COSTS-UTILITI	5,625						
003 06 NEW CAP REL COSTS-CANCER		155,641					
003 07 NEW CAP REL COSTS-PHNA BU			72,016				
003 08 NEW CAP REL COSTS-MITCHEL							
003 09 NEW CAP REL COSTS-SPENCER							
003 10 NEW CAP REL COSTS-PAIN MA						33,300	
003 11 NEW CAP REL COSTS-WEST PR							45,527
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 CHILD CARE CENTER							
006 ADMINISTRATIVE & GENERAL	2,610						
008 OPERATION OF PLANT	317	30,734					
009 LAUNDRY & LINEN SERVICE	2,698						
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
015 01 CENTRAL STERILIZATION							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 01 ADULTS & PEDIATRICS							
025 02 INTENSIVE CARE UNIT							
025 03 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM							
037 02 CARDIOVASCULAR SURGERY							
037 03 PARTIAL HOSPITALIZATION							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		124,907					
041 01 MRI							
044 LABORATORY							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY						33,300	
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 97 CARDIAC REHABILITATION							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY			70,116				
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS	5,625	155,641	70,116			33,300	
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP							
100 FOUNDATION							
100 01 RENTAL PROPERTIES							
100 02 UNUSED SPACE			1,900				
100 03 PHYSICIAN RECRUITING							
100 04 PROMPTCARE							45,527
100 05 MARKETING							
100 06 KYPHOPLASTY INVESTIGATION							
100 07 OLCOTT							
100 08 HME STORE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	5,625	155,641	72,016			33,300	45,527

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	CHILD CARE CENTER	CARE CE	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	4	5		5.01	5a.01	6	8	9
GENERAL SERVICE COST CNTR								
001 OLD CAP REL COSTS-BLDG &								
001 01 OLD CAP REL COSTS-1947 BU								
001 02 OLD CAP REL COSTS-1965 BU								
001 03 OLD CAP REL COSTS-1983 BU								
001 04 OLD CAP REL COSTS-MEDICAL								
001 05 OLD CAP REL COSTS-UTILITI								
001 06 OLD CAP REL COSTS-WEGMILL								
002 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
003 01 NEW CAP REL COSTS-1947 BU								
003 02 NEW CAP REL COSTS-1965 BU								
003 03 NEW CAP REL COSTS-1983 BU								
003 04 NEW CAP REL COSTS-MEDICAL								
003 05 NEW CAP REL COSTS-UTILITI								
003 06 NEW CAP REL COSTS-CANCER								
003 07 NEW CAP REL COSTS-PHNA BU								
003 08 NEW CAP REL COSTS-MITCHEL								
003 09 NEW CAP REL COSTS-SPENCER								
003 10 NEW CAP REL COSTS-PAIN MA								
003 11 NEW CAP REL COSTS-WEST PR								
004 NEW CAP REL COSTS-MVBLE E	20,817,420							
005 EMPLOYEE BENEFITS	277,115	44,374,651						
005 01 CHILD CARE CENTER	315,373			656,432				
006 ADMINISTRATIVE & GENERAL	4,563,195	7,363,415		71,711	64,651,431	64,651,431		
008 OPERATION OF PLANT	2,630,934	1,040,515		5,516	15,593,370	4,324,119	19,917,489	
009 LAUNDRY & LINEN SERVICE	308,118	250,291			1,430,934	396,805	474,509	2,302,248
010 HOUSEKEEPING	77,256	609,780			3,057,791	847,941	118,976	
011 DIETARY	251,005	544,607		5,516	3,035,662	841,804	386,554	14,167
012 CAFETERIA	143,605	345,051			769,594	213,412	221,156	11,377
014 NURSING ADMINISTRATION	433,919	1,225,549		16,549	5,495,296	1,523,873	668,245	
015 CENTRAL SERVICES & SUPPLY	86,755	170,995			814,871	225,968	133,605	
015 01 CENTRAL STERILIZATION	74,225	160,239			750,540	208,128	114,308	
016 PHARMACY								
017 MEDICAL RECORDS & LIBRARY	393,966	885,391			3,988,636	1,106,069	606,717	
024 PARAMED ED PRGM								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	2,974,183	8,257,057		165,488	35,430,594	9,825,037	4,580,312	950,133
025 INTENSIVE CARE UNIT	245,253	1,073,489			4,442,620	1,231,961	377,696	127,887
025 SUBPROVIDER	290,242	498,072			2,733,782	758,091	446,979	73,522
033 NURSERY	142,030	660,303		5,516	2,763,906	766,445	218,730	55,344
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	1,059,128	1,976,804		44,130	11,080,371	3,072,642	1,631,082	286,500
037 01 CARDIOVASCULAR SURGERY	119,763	251,001			1,320,240	366,109	184,437	
037 02 PARTIAL HOSPITALIZATION	182,341	538,674		5,516	1,274,553	353,440	280,809	
038 RECOVERY ROOM	82,698	339,573		22,065	1,425,071	395,179	127,356	
039 DELIVERY ROOM & LABOR ROO	825,736	935,875		16,549	4,742,067	1,314,999	1,271,654	96,245
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC	1,112,135	2,365,077		77,227	12,917,453	3,582,074	1,712,715	127,674
041 01 MRI	46,325	112,225			662,306	183,661	71,342	
044 LABORATORY	408,763	1,650,974		11,032	12,942,001	3,588,882	629,505	
048 INTRAVENOUS THERAPY					54,394	15,084		
049 RESPIRATORY THERAPY	65,681	736,087		22,065	3,014,573	835,956	101,150	
050 PHYSICAL THERAPY	887,670	2,622,223		82,744	11,417,146	3,166,032	1,367,033	81,409
053 ELECTROCARDIOLOGY	219,119	570,985		33,097	3,036,848	842,133	337,449	73,086
054 ELECTROENCEPHALOGRAPHY	82,197	378,622		5,516	1,622,642	449,967	126,585	
055 MEDICAL SUPPLIES CHARGED					24,761,928	6,866,606		
055 30 IMPL. DEV. CHARGED TO PAT					4,363,041	1,209,893		
056 DRUGS CHARGED TO PATIENTS	141,481	1,728,415		38,614	19,676,385	5,456,360	217,884	
057 RENAL DIALYSIS	18,807				1,097,296	304,286	28,963	
059 97 CARDIAC REHABILITATION	110,478	277,474			1,256,255	348,366	170,139	
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC	121,672	267,447			1,179,901	327,192	187,378	1,181
061 EMERGENCY	631,940	1,929,837		16,549	8,614,677	2,388,893	973,202	327,252
062 OBSERVATION BEDS (NON-DIS								
062 OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES	272,103	797,362			3,672,574	1,018,423	419,045	66,328
071 HOME HEALTH AGENCY	372,271	1,453,453			6,804,848	1,887,018	573,306	
093 SPEC PURPOSE COST CENTERS								
093 HOSPICE	140,956	767,744		11,032	4,067,364	1,127,900	217,076	2,597
095 SUBTOTALS	20,108,438	42,784,606		656,432	285,962,961	61,370,748	18,975,897	2,294,702
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	22,506				29,228	8,105	34,660	
100 FOUNDATION	153,868	150,474			861,373	238,863	236,960	
100 01 RENTAL PROPERTIES					395,437	109,657		
100 02 UNUSED SPACE	97,567				171,716	47,618		
100 03 PHYSICIAN RECRUITING		52,137			900,449	249,699		
100 04 PROMPTCARE	295,445	1,258,673			5,912,219	1,639,488	454,992	7,546
100 05 MARKETING					1,679,494	465,732		
100 06 KYPHOPLASTY INVESTIGATION		10,258			68,845	19,091		
100 07 OLCOTT	53,676	63,372			320,107	88,767	82,662	
100 08 HME STORE	85,920	55,131			1,491,724	413,663	132,318	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	20,817,420	44,374,651		656,432	297,793,553	64,651,431	19,917,489	2,302,248

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	CENTRAL STERI LIZATION	PHARMACY
	10	11	12	14	15	15.01	16
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-1947 BU							
001 03 OLD CAP REL COSTS-1965 BU							
001 04 OLD CAP REL COSTS-1983 BU							
001 05 OLD CAP REL COSTS-MEDICAL							
001 06 OLD CAP REL COSTS-UTILITI							
002 OLD CAP REL COSTS-WEGMILL							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-1947 BU							
003 03 NEW CAP REL COSTS-1965 BU							
003 04 NEW CAP REL COSTS-1983 BU							
003 05 NEW CAP REL COSTS-MEDICAL							
003 06 NEW CAP REL COSTS-UTILITI							
003 07 NEW CAP REL COSTS-CANCER							
003 08 NEW CAP REL COSTS-PHNA BU							
003 09 NEW CAP REL COSTS-MITCHEL							
003 10 NEW CAP REL COSTS-SPENCER							
003 11 NEW CAP REL COSTS-PAIN MA							
004 NEW CAP REL COSTS-WEST PR							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 CHILD CARE CENTER							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	4,024,708						
011 DIETARY	17,234	4,295,421					
012 CAFETERIA	9,978		1,225,517				
014 NURSING ADMINISTRATION			43,842	7,731,256			
015 CENTRAL SERVICES & SUPPLY	9,978		11,092		1,195,514		
015 01 CENTRAL STERILIZATION	8,768		9,382			1,091,126	
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	6,350		48,535				
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,900,635	3,627,499	316,272	3,570,438		14,113	
025 INTENSIVE CARE UNIT	156,320	292,758	37,629	424,811		1,148	
025 SUBPROVIDER	151,784	375,164	20,131	227,267		1,452	
033 NURSERY	242,795		18,210	205,583		1,486	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	114,594		73,914	834,440		1,055,810	
037 01 CARDIOVASCULAR SURGERY	13,001		7,281	82,202		15,767	
037 02 PARTIAL HOSPITALIZATION			14,625	165,107			
038 RECOVERY ROOM	9,071		11,233	126,818			
039 DELIVERY ROOM & LABOR ROO	403,650		30,385	343,032			
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	141,504		80,890				169
041 01 MRI	5,745		4,424				
044 LABORATORY	10,885		78,053				506
048 INTRAVENOUS THERAPY					2,228		
049 RESPIRATORY THERAPY	9,373		23,375				
050 PHYSICAL THERAPY	73,473		90,507				
053 ELECTROCARDIOLOGY	78,311		20,589				574
054 ELECTROENCEPHALOGRAPHY	11,187		13,679				
055 MEDICAL SUPPLIES CHARGED					1,014,545		
055 30 IMPL. DEV. CHARGED TO PAT					178,741		
056 DRUGS CHARGED TO PATIENTS	115,501		50,020				
057 RENAL DIALYSIS	9,373						
059 97 CARDIAC REHABILITATION	605		9,318				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	3,628		8,485				
061 EMERGENCY	516,732		70,753	798,758			101
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES			40,696				
071 HOME HEALTH AGENCY			56,177	634,201			
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			28,221	318,599			
095 SUBTOTALS	4,020,475	4,295,421	1,217,718	7,731,256	1,195,514	1,091,126	
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	4,233						
100 FOUNDATION			4,643				
100 01 RENTAL PROPERTIES							
100 02 UNUSED SPACE							
100 03 PHYSICIAN RECRUITING			751				
100 04 PROMPTCARE							
100 05 MARKETING							
100 06 KYPHOPLASTY INVESTIGATION			122				
100 07 OLCOTT			2,283				
100 08 HME STORE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	4,024,708	4,295,421	1,225,517	7,731,256	1,195,514	1,091,126	

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY		PARAMED ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	17	24	25		26	27
GENERAL SERVICE COST CNTR						
001 OLD CAP REL COSTS-BLDG &						
001 01 OLD CAP REL COSTS-1947 BU						
001 02 OLD CAP REL COSTS-1965 BU						
001 03 OLD CAP REL COSTS-1983 BU						
001 04 OLD CAP REL COSTS-MEDICAL						
001 05 OLD CAP REL COSTS-UTILITI						
001 06 OLD CAP REL COSTS-WEGMILL						
002 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
003 01 NEW CAP REL COSTS-1947 BU						
003 02 NEW CAP REL COSTS-1965 BU						
003 03 NEW CAP REL COSTS-1983 BU						
003 04 NEW CAP REL COSTS-MEDICAL						
003 05 NEW CAP REL COSTS-UTILITI						
003 06 NEW CAP REL COSTS-CANCER						
003 07 NEW CAP REL COSTS-PHNA BU						
003 08 NEW CAP REL COSTS-MITCHEL						
003 09 NEW CAP REL COSTS-SPENCER						
003 10 NEW CAP REL COSTS-PAIN MA						
003 11 NEW CAP REL COSTS-WEST PR						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
005 01 CHILD CARE CENTER						
006 ADMINISTRATIVE & GENERAL						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
015 01 CENTRAL STERILIZATION						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY	5,756,307					
024 PARAMED ED PRGM						
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	542,005		60,757,038			60,757,038
INTENSIVE CARE UNIT	64,569		7,157,399			7,157,399
SUBPROVIDER	43,205		4,831,377			4,831,377
033 NURSERY	47,296		4,319,795			4,319,795
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	377,965		18,527,318			18,527,318
037 01 CARDIOVASCULAR SURGERY	17,069		2,006,106			2,006,106
037 02 PARTIAL HOSPITALIZATION			2,088,534			2,088,534
038 RECOVERY ROOM	53,719		2,148,447			2,148,447
039 DELIVERY ROOM & LABOR ROO	110,860		8,312,892			8,312,892
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	791,144		19,353,623			19,353,623
041 01 MRI	87,237		1,014,715			1,014,715
044 LABORATORY	545,158		17,794,990			17,794,990
048 INTRAVENOUS THERAPY	3,888		75,594			75,594
049 RESPIRATORY THERAPY	61,216		4,045,643			4,045,643
050 PHYSICAL THERAPY	212,447		16,408,047			16,408,047
053 ELECTROCARDIOLOGY	342,896		4,731,886			4,731,886
054 ELECTROENCEPHALOGRAPHY	67,065		2,291,125			2,291,125
055 MEDICAL SUPPLIES CHARGED	1,165,046		33,808,125			33,808,125
055 30 IMPL. DEV. CHARGED TO PAT	163,354		5,915,029			5,915,029
056 DRUGS CHARGED TO PATIENTS	589,872		26,106,022			26,106,022
057 RENAL DIALYSIS	19,276		1,459,194			1,459,194
059 97 CARDIAC REHABILITATION	13,577		1,798,260			1,798,260
OUTPAT SERVICE COST CNTRS						
060 CLINIC	7,858		1,715,623			1,715,623
061 EMERGENCY	364,269		14,054,637			14,054,637
062 OBSERVATION BEDS (NON-DIS						
OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES	65,316		5,282,382			5,282,382
071 HOME HEALTH AGENCY			9,955,550			9,955,550
SPEC PURPOSE COST CENTERS						
093 HOSPICE			5,761,757			5,761,757
095 SUBTOTALS	5,756,307		281,721,108			281,721,108
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP			76,226			76,226
100 FOUNDATION			1,341,839			1,341,839
100 01 RENTAL PROPERTIES			505,094			505,094
100 02 UNUSED SPACE			219,334			219,334
100 03 PHYSICIAN RECRUITING			1,150,899			1,150,899
100 04 PROMPTCARE			8,014,245			8,014,245
100 05 MARKETING			2,145,226			2,145,226
100 06 KYPHOPLASTY INVESTIGATION			88,058			88,058
100 07 OLCOTT			493,819			493,819
100 08 HME STORE			2,037,705			2,037,705
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	5,756,307		297,793,553			297,793,553

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART II

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-1947 BU	OLD CAP REL C OSTS-1965 BU	OLD CAP REL C OSTS-1983 BU	OLD CAP REL C OSTS-MEDICAL	OLD CAP REL C OSTS-UTILITI
	0	1	1.01	1.02	1.03	1.04	1.05
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-1947 BU							
001 02 OLD CAP REL COSTS-1965 BU							
001 03 OLD CAP REL COSTS-1983 BU							
001 04 OLD CAP REL COSTS-MEDICAL							
001 05 OLD CAP REL COSTS-UTILITI							
001 06 OLD CAP REL COSTS-WEGMILL							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-1947 BU							
003 02 NEW CAP REL COSTS-1965 BU							
003 03 NEW CAP REL COSTS-1983 BU							
003 04 NEW CAP REL COSTS-MEDICAL							
003 05 NEW CAP REL COSTS-UTILITI							
003 06 NEW CAP REL COSTS-CANCER							
003 07 NEW CAP REL COSTS-PHNA BU							
003 08 NEW CAP REL COSTS-MITCHEL							
003 09 NEW CAP REL COSTS-SPENCER							
003 10 NEW CAP REL COSTS-PAIN MA							
003 11 NEW CAP REL COSTS-WEST PR							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS						416	
005 01 CHILD CARE CENTER							
006 ADMINISTRATIVE & GENERAL			10,774	6,067	38,647	2,849	12,496
008 OPERATION OF PLANT			167	8,101	39,032		1,517
009 LAUNDRY & LINEN SERVICE							12,919
010 HOUSEKEEPING			340	296	159		
011 DIETARY				1,147			
012 CAFETERIA				720	249		
014 NURSING ADMINISTRATION			357	905	1,211	75	
015 CENTRAL SERVICES & SUPPLY					5,489		
015 01 CENTRAL STERILIZATION					4,697		
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY				77	7,138	235	
024 PARAMED ED PRGM							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				14,565	9,345		
0 INTENSIVE CARE UNIT					15,518		
0 SUBPROVIDER				1,496			
035 NURSERY				732			
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				3,194	26,864		
037 01 CARDIOVASCULAR SURGERY				617			
037 02 PARTIAL HOSPITALIZATION							
038 RECOVERY ROOM					5,233		
039 DELIVERY ROOM & LABOR ROO				4,256			
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC				3,557	5,068	716	
041 01 MRI					2,931		
044 LABORATORY			162	1,851	619	145	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				137	313	480	
050 PHYSICAL THERAPY					8,898		
053 ELECTROCARDIOLOGY				1,099		90	
054 ELECTROENCEPHALOGRAPHY				393	376		
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS				663		195	
057 RENAL DIALYSIS					1,190		
059 97 CARDIAC REHABILITATION				462			
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY				3,257			
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES				474	5,361		
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
093 HOSPICE						1,733	
095 SUBTOTALS			11,800	54,066	178,338	6,934	26,932
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				116			
100 FOUNDATION							
100 01 RENTAL PROPERTIES				329		1,301	
100 02 UNUSED SPACE				337		602	
100 03 PHYSICIAN RECRUITING							
100 04 PROMPTCARE							
100 05 MARKETING							
100 06 KYPHOPLASTY INVESTIGATION							
100 07 OLCOTT						813	
100 08 HME STORE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL			11,800	54,848	178,338	9,650	26,932

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART II

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-WEGMILL	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-1947 BU	NEW CAP REL C OSTS-1965 BU	NEW CAP REL C OSTS-1983 BU	NEW CAP REL C OSTS-MEDICAL
	1.06	2	3	3.01	3.02	3.03	3.04
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-1947 BU							
001 02 OLD CAP REL COSTS-1965 BU							
001 03 OLD CAP REL COSTS-1983 BU							
001 04 OLD CAP REL COSTS-MEDICAL							
001 05 OLD CAP REL COSTS-UTILITI							
001 06 OLD CAP REL COSTS-WEGMILL							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-1947 BU							
003 02 NEW CAP REL COSTS-1965 BU							
003 03 NEW CAP REL COSTS-1983 BU							
003 04 NEW CAP REL COSTS-MEDICAL							
003 05 NEW CAP REL COSTS-UTILITI							
003 06 NEW CAP REL COSTS-CANCER							
003 07 NEW CAP REL COSTS-PHNA BU							
003 08 NEW CAP REL COSTS-MITCHEL							
003 09 NEW CAP REL COSTS-SPENCER							
003 10 NEW CAP REL COSTS-PAIN MA							
003 11 NEW CAP REL COSTS-WEST PR							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		5,044					
005 01 CHILD CARE CENTER		5,741					
006 ADMINISTRATIVE & GENERAL	9,360	83,064					
008 OPERATION OF PLANT	184	47,890					
009 LAUNDRY & LINEN SERVICE		5,609					
010 HOUSEKEEPING		1,406					
011 DIETARY		4,569					
012 CAFETERIA		2,614					
014 NURSING ADMINISTRATION		7,899					
015 CENTRAL SERVICES & SUPPLY		1,579					
015 01 CENTRAL STERILIZATION		1,351					
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY		7,171					
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS		54,138					
ADULTS & PEDIATRICS		4,464					
INTENSIVE CARE UNIT		5,283					
SUBPROVIDER		2,585					
033 NURSERY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,010	19,279					
037 01 CARDIOVASCULAR SURGERY		2,180					
037 02 PARTIAL HOSPITALIZATION		3,319					
038 RECOVERY ROOM		1,505					
039 DELIVERY ROOM & LABOR ROO		15,031					
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		20,244					
041 01 MRI		843					
044 LABORATORY		7,441					
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		1,196					
050 PHYSICAL THERAPY		16,158					
053 ELECTROCARDIOLOGY		3,989					
054 ELECTROENCEPHALOGRAPHY		1,496					
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS		2,575					
057 RENAL DIALYSIS		342					
059 97 CARDIAC REHABILITATION		2,011					
OUTPAT SERVICE COST CNTRS							
060 CLINIC		2,215					
061 EMERGENCY		11,503					
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		4,953					
071 HOME HEALTH AGENCY		6,776					
SPEC PURPOSE COST CENTERS							
093 HOSPICE		2,566					
095 SUBTOTALS	10,554	366,029					
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		410					
100 FOUNDATION		2,801					
100 01 RENTAL PROPERTIES							
100 02 UNUSED SPACE		1,776					
100 03 PHYSICIAN RECRUITING							
100 04 PROMPTCARE		5,378					
100 05 MARKETING							
100 06 KYPHOPLASTY INVESTIGATION							
100 07 OLCOTT		977					
100 08 HME STORE		1,564					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	10,554	378,935					

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART II

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-UTILITI	NEW CAP REL C OSTS-CANCER	NEW CAP REL C OSTS-PHNA BU	NEW CAP REL C OSTS-MITCHEL	NEW CAP REL C OSTS-SPENCER	NEW CAP REL C OSTS-PAIN MA	NEW CAP REL C OSTS-WEST PR
	3.05	3.06	3.07	3.08	3.09	3.10	3.11
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-1947 BU							
001 03 OLD CAP REL COSTS-1965 BU							
001 04 OLD CAP REL COSTS-1983 BU							
001 05 OLD CAP REL COSTS-MEDICAL							
001 06 OLD CAP REL COSTS-UTILITI							
002 OLD CAP REL COSTS-WEGMILL							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-1947 BU							
003 03 NEW CAP REL COSTS-1965 BU							
003 04 NEW CAP REL COSTS-1983 BU							
003 05 NEW CAP REL COSTS-MEDICAL							
003 06 NEW CAP REL COSTS-UTILITI							
003 07 NEW CAP REL COSTS-CANCER							
003 08 NEW CAP REL COSTS-PHNA BU							
003 09 NEW CAP REL COSTS-MITCHEL							
003 10 NEW CAP REL COSTS-SPENCER							
003 11 NEW CAP REL COSTS-PAIN MA							
004 NEW CAP REL COSTS-WEST PR							
005 NEW CAP REL COSTS-MVBLE E							
005 01 EMPLOYEE BENEFITS							
006 01 CHILD CARE CENTER							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
015 01 CENTRAL SERVICES & SUPPLY							
016 CENTRAL STERILIZATION							
017 PHARMACY							
024 MEDICAL RECORDS & LIBRARY							
025 PARAMED ED PRGM							
033 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS							
037 01 OPERATING ROOM							
037 02 CARDIOVASCULAR SURGERY							
038 PARTIAL HOSPITALIZATION							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
041 01 RADIOLOGY-DIAGNOSTIC							
044 MRI							
048 LABORATORY							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY							
053 PHYSICAL THERAPY							
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
055 30 MEDICAL SUPPLIES CHARGED							
056 IMPL. DEV. CHARGED TO PAT							
057 DRUGS CHARGED TO PATIENTS							
059 97 RENAL DIALYSIS							
060 CARDIAC REHABILITATION							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							
065 EMERGENCY							
071 OBSERVATION BEDS (NON-DIS							
093 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES							
096 HOME HEALTH AGENCY							
100 SPEC PURPOSE COST CENTERS							
100 01 HOSPICE							
100 02 SUBTOTALS							
100 03 NONREIMBURS COST CENTERS							
100 04 GIFT, FLOWER, COFFEE SHOP							
100 05 FOUNDATION							
100 06 RENTAL PROPERTIES							
100 07 UNUSED SPACE							
100 08 PHYSICIAN RECRUITING							
101 04 PROMPTCARE							
101 05 MARKETING							
101 06 KYPHOPLASTY INVESTIGATION							
100 07 OLCOTT							
100 08 HME STORE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL							

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART II

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	CHILD CARE CENTER	CARE CE	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	4	4a	5		5.01	6	8	9
GENERAL SERVICE COST CNTR								
001 OLD CAP REL COSTS-BLDG &								
001 01 OLD CAP REL COSTS-1947 BU								
001 02 OLD CAP REL COSTS-1965 BU								
001 03 OLD CAP REL COSTS-1983 BU								
001 04 OLD CAP REL COSTS-MEDICAL								
001 05 OLD CAP REL COSTS-UTILITI								
001 06 OLD CAP REL COSTS-WEGMILL								
002 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
003 01 NEW CAP REL COSTS-1947 BU								
003 02 NEW CAP REL COSTS-1965 BU								
003 03 NEW CAP REL COSTS-1983 BU								
003 04 NEW CAP REL COSTS-MEDICAL								
003 05 NEW CAP REL COSTS-UTILITI								
003 06 NEW CAP REL COSTS-CANCER								
003 07 NEW CAP REL COSTS-PHNA BU								
003 08 NEW CAP REL COSTS-MITCHEL								
003 09 NEW CAP REL COSTS-SPENCER								
003 10 NEW CAP REL COSTS-PAIN MA								
003 11 NEW CAP REL COSTS-WEST PR								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS		5,460	5,460					
005 01 CHILD CARE CENTER		5,741			5,741			
006 ADMINISTRATIVE & GENERAL		163,257	903		627	164,787		
008 OPERATION OF PLANT		96,891	128		48	11,025	108,092	
009 LAUNDRY & LINEN SERVICE		18,528	31			1,012	2,575	22,146
010 HOUSEKEEPING		2,201	75			2,162	646	
011 DIETARY		5,716	67		48	2,146	2,098	136
012 CAFETERIA		3,583	42			544	1,200	109
014 NURSING ADMINISTRATION		10,447	150		145	3,885	3,627	
015 CENTRAL SERVICES & SUPPLY		7,068	21			576	725	
015 01 CENTRAL STERILIZATION		6,048	20			531	620	
016 PHARMACY								
017 MEDICAL RECORDS & LIBRARY		14,621	109			2,820	3,293	
024 PARAMED ED PRGM								
025 INPAT ROUTINE SRVC CNTRS		78,048	1,028		1,449	25,002	24,858	9,141
025 ADULTS & PEDIATRICS		19,982	132			3,141	2,050	1,230
025 INTENSIVE CARE UNIT		6,779	61			1,933	2,426	707
025 SUBPROVIDER		3,317	81		48	1,954	1,187	532
033 NURSERY								
037 ANCILLARY SRVC COST CNTRS		50,347	243		386	7,834	8,852	2,756
037 OPERATING ROOM		2,797	31			933	1,001	
037 01 CARDIOVASCULAR SURGERY		3,319	66		48	901	1,524	
037 02 PARTIAL HOSPITALIZATION		6,738	42		193	1,008	691	
038 RECOVERY ROOM		19,287	115		145	3,353	6,901	926
039 DELIVERY ROOM & LABOR ROO								
040 ANESTHESIOLOGY		29,585	290		675	9,133	9,295	1,228
041 RADIOLOGY-DIAGNOSTIC		3,774	14			468	387	
041 01 MRI		10,218	203		96	9,150	3,416	
044 LABORATORY						38		
048 INTRAVENOUS THERAPY		2,126	90		193	2,131	549	
049 RESPIRATORY THERAPY		25,056	322		724	8,072	7,419	783
050 PHYSICAL THERAPY		5,178	70		289	2,147	1,831	703
053 ELECTROCARDIOLOGY		2,265	46		48	1,147	687	
054 ELECTROENCEPHALOGRAPHY						17,507		
055 MEDICAL SUPPLIES CHARGED						3,085		
055 30 IMPL. DEV. CHARGED TO PAT		3,433	212		338	13,911	1,182	
056 DRUGS CHARGED TO PATIENTS		1,532				776	157	
057 RENAL DIALYSIS		2,473	34			888	923	
059 97 CARDIAC REHABILITATION								
060 OUTPAT SERVICE COST CNTRS		2,215	33			834	1,017	11
061 CLINIC		14,760	237		145	6,091	5,282	3,148
062 EMERGENCY								
062 OBSERVATION BEDS (NON-DIS								
062 OTHER REIMBURS COST CNTRS		10,788	98			2,597	2,274	638
065 AMBULANCE SERVICES		6,776	178			4,811	3,111	
071 HOME HEALTH AGENCY								
071 SPEC PURPOSE COST CENTERS		4,299	94		96	2,876	1,178	25
093 HOSPICE		654,653	5,266		5,741	156,422	102,982	22,073
095 SUBTOTALS								
NONREIMBURS COST CENTERS		526				21	188	
096 GIFT, FLOWER, COFFEE SHOP		2,801	18			609	1,286	
100 FOUNDATION		1,630				280		
100 01 RENTAL PROPERTIES		2,715				121		
100 02 UNUSED SPACE			6			637		
100 03 PHYSICIAN RECRUITING		5,378	154			4,180	2,469	73
100 04 PROMPTCARE						1,187		
100 05 MARKETING						49		
100 06 KYPHOPLASTY INVESTIGATION		1,790	8			226	449	
100 07 OLCOTT		1,564	7			1,055	718	
100 08 HME STORE								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL		671,057	5,460		5,741	164,787	108,092	22,146

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART II

	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	CENTRAL STERI LIZATION	STERI LIZATION	PHARMACY
	10	11	12	14	15	15.01	16	
GENERAL SERVICE COST CNTR								
001 OLD CAP REL COSTS-BLDG &								
001 01 OLD CAP REL COSTS-1947 BU								
001 02 OLD CAP REL COSTS-1965 BU								
001 03 OLD CAP REL COSTS-1983 BU								
001 04 OLD CAP REL COSTS-MEDICAL								
001 05 OLD CAP REL COSTS-UTILITI								
001 06 OLD CAP REL COSTS-WEGMILL								
002 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
003 01 NEW CAP REL COSTS-1947 BU								
003 02 NEW CAP REL COSTS-1965 BU								
003 03 NEW CAP REL COSTS-1983 BU								
003 04 NEW CAP REL COSTS-MEDICAL								
003 05 NEW CAP REL COSTS-UTILITI								
003 06 NEW CAP REL COSTS-CANCER								
003 07 NEW CAP REL COSTS-PHNA BU								
003 08 NEW CAP REL COSTS-MITCHEL								
003 09 NEW CAP REL COSTS-SPENCER								
003 10 NEW CAP REL COSTS-PAIN MA								
003 11 NEW CAP REL COSTS-WEST PR								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
005 01 CHILD CARE CENTER								
006 ADMINISTRATIVE & GENERAL								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING	5,084							
011 DIETARY	22	10,233						
012 CAFETERIA	13		5,491					
014 NURSING ADMINISTRATION			196	18,450				
015 CENTRAL SERVICES & SUPPLY	13		50		8,453			
015 01 CENTRAL STERILIZATION	11		42			7,272		
016 PHARMACY								
017 MEDICAL RECORDS & LIBRARY	8		217					
024 PARAMED ED PRGM								
INPAT ROUTINE SRVC CNTRS								
ADULTS & PEDIATRICS	2,399	8,642	1,417	8,521			94	
INTENSIVE CARE UNIT	197	697	169	1,014			8	
SUBPROVIDER	192	894	90	542			10	
033 NURSERY	307		82	491			10	
ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	145		331	1,991			7,036	
037 01 CARDIOVASCULAR SURGERY	16		33	196			105	
037 02 PARTIAL HOSPITALIZATION			66	394				
038 RECOVERY ROOM	11		50	303				
039 DELIVERY ROOM & LABOR ROO	510		136	819				
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC	179		362				1	
041 01 MRI	7		20					
044 LABORATORY	14		350				3	
048 INTRAVENOUS THERAPY					16			
049 RESPIRATORY THERAPY	12		105					
050 PHYSICAL THERAPY	93		406					
053 ELECTROCARDIOLOGY	99		92				4	
054 ELECTROENCEPHALOGRAPHY	14		61					
055 MEDICAL SUPPLIES CHARGED					7,172			
055 30 IMPL. DEV. CHARGED TO PAT					1,265			
056 DRUGS CHARGED TO PATIENTS	146		224					
057 RENAL DIALYSIS	12							
059 97 CARDIAC REHABILITATION	1		42					
OUTPAT SERVICE COST CNTRS								
060 CLINIC	5		38					
061 EMERGENCY	653		317	1,906			1	
062 OBSERVATION BEDS (NON-DIS								
OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES			182					
071 HOME HEALTH AGENCY			252	1,513				
SPEC PURPOSE COST CENTERS								
093 HOSPICE			126	760				
095 SUBTOTALS	5,079	10,233	5,456	18,450	8,453		7,272	
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	5							
100 FOUNDATION			21					
100 01 RENTAL PROPERTIES								
100 02 UNUSED SPACE								
100 03 PHYSICIAN RECRUITING			3					
100 04 PROMPTCARE								
100 05 MARKETING								
100 06 KYPHOPLASTY INVESTIGATION			1					
100 07 OLCOTT			10					
100 08 HME STORE								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	5,084	10,233	5,491	18,450	8,453		7,272	

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 I I TO 12/31/2010 I PART II

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	25	26	27
001 GENERAL SERVICE COST CNTR				
001 01 OLD CAP REL COSTS-BLDG &				
001 02 OLD CAP REL COSTS-1947 BU				
001 03 OLD CAP REL COSTS-1965 BU				
001 04 OLD CAP REL COSTS-1983 BU				
001 05 OLD CAP REL COSTS-MEDICAL				
001 06 OLD CAP REL COSTS-UTILITI				
002 OLD CAP REL COSTS-WEGMILL				
003 OLD CAP REL COSTS-MVBLE E				
003 01 NEW CAP REL COSTS-BLDG &				
003 02 NEW CAP REL COSTS-1947 BU				
003 03 NEW CAP REL COSTS-1965 BU				
003 04 NEW CAP REL COSTS-1983 BU				
003 05 NEW CAP REL COSTS-MEDICAL				
003 06 NEW CAP REL COSTS-UTILITI				
003 07 NEW CAP REL COSTS-CANCER				
003 08 NEW CAP REL COSTS-PHNA BU				
003 09 NEW CAP REL COSTS-MITCHEL				
003 10 NEW CAP REL COSTS-SPENCER				
003 11 NEW CAP REL COSTS-PAIN MA				
004 NEW CAP REL COSTS-WEST PR				
004 NEW CAP REL COSTS-MVBLE E				
005 EMPLOYEE BENEFITS				
005 01 CHILD CARE CENTER				
006 ADMINISTRATIVE & GENERAL				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
015 01 CENTRAL STERILIZATION				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY	21,068			
024 PARAMED ED PRGM				
075 INPAT ROUTINE SRVC CNTRS				
ADULTS & PEDIATRICS	1,979	162,578		162,578
INTENSIVE CARE UNIT	236	28,856		28,856
SUBPROVIDER	158	13,792		13,792
033 NURSERY	173	8,182		8,182
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	1,380	81,301		81,301
037 01 CARDIOVASCULAR SURGERY	62	5,174		5,174
037 02 PARTIAL HOSPITALIZATION		6,318		6,318
038 RECOVERY ROOM	196	9,232		9,232
039 DELIVERY ROOM & LABOR ROO	405	32,597		32,597
040 ANESTHESIOLOGY				
041 RADIOLOGY-DIAGNOSTIC	2,889	53,637		53,637
041 01 MRI	319	4,989		4,989
044 LABORATORY	1,991	25,441		25,441
048 INTRAVENOUS THERAPY	14	68		68
049 RESPIRATORY THERAPY	224	5,430		5,430
050 PHYSICAL THERAPY	776	43,651		43,651
053 ELECTROCARDIOLOGY	1,252	11,665		11,665
054 ELECTROENCEPHALOGRAPHY	245	4,513		4,513
055 MEDICAL SUPPLIES CHARGED	4,300	28,979		28,979
055 30 IMPL. DEV. CHARGED TO PAT	597	4,947		4,947
056 DRUGS CHARGED TO PATIENTS	2,154	21,600		21,600
057 RENAL DIALYSIS	70	2,547		2,547
059 97 CARDIAC REHABILITATION	50	4,411		4,411
OUTPAT SERVICE COST CNTRS				
060 CLINIC	29	4,182		4,182
061 EMERGENCY	1,330	33,870		33,870
062 OBSERVATION BEDS (NON-DIS				
OTHER REIMBURS COST CNTRS				
065 AMBULANCE SERVICES	239	16,816		16,816
071 HOME HEALTH AGENCY		16,641		16,641
SPEC PURPOSE COST CENTERS				
093 HOSPICE		9,454		9,454
095 SUBTOTALS	21,068	640,871		640,871
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		740		740
100 FOUNDATION		4,735		4,735
100 01 RENTAL PROPERTIES		1,910		1,910
100 02 UNUSED SPACE		2,836		2,836
100 03 PHYSICIAN RECRUITING		646		646
100 04 PROMPTCARE		12,254		12,254
100 05 MARKETING		1,187		1,187
100 06 KYPHOPLASTY INVESTIGATION		51		51
100 07 OLCOTT		2,483		2,483
100 08 HME STORE		3,344		3,344
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL	21,068	671,057		671,057

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-1947 BU	OLD CAP REL C OSTS-1965 BU	OLD CAP REL C OSTS-1983 BU	OLD CAP REL C OSTS-MEDICAL	OLD CAP REL C OSTS-UTILITI
	0	1	1.01	1.02	1.03	1.04	1.05
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-1947 BU							
001 02 OLD CAP REL COSTS-1965 BU							
001 03 OLD CAP REL COSTS-1983 BU							
001 04 OLD CAP REL COSTS-MEDICAL							
001 05 OLD CAP REL COSTS-UTILITI							
001 06 OLD CAP REL COSTS-WEGMILL							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-1947 BU							
003 02 NEW CAP REL COSTS-1965 BU							
003 03 NEW CAP REL COSTS-1983 BU							
003 04 NEW CAP REL COSTS-MEDICAL							
003 05 NEW CAP REL COSTS-UTILITI							
003 06 NEW CAP REL COSTS-CANCER							
003 07 NEW CAP REL COSTS-PHNA BU							
003 08 NEW CAP REL COSTS-MITCHEL							
003 09 NEW CAP REL COSTS-SPENCER							
003 10 NEW CAP REL COSTS-PAIN MA							
003 11 NEW CAP REL COSTS-WEST PR							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 CHILD CARE CENTER							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
015 01 CENTRAL STERILIZATION							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 01 ADULTS & PEDIATRICS							
025 02 INTENSIVE CARE UNIT							
025 03 SUBPROVIDER							
033 NURSERY							
033 01 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							
037 01 CARDIOVASCULAR SURGERY							
037 02 PARTIAL HOSPITALIZATION							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
041 01 MRI							
044 LABORATORY							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 97 CARDIAC REHABILITATION							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS							
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
100 FOUNDATION							
100 01 RENTAL PROPERTIES							
100 02 UNUSED SPACE							
100 03 PHYSICIAN RECRUITING							
100 04 PROMPTCARE							
100 05 MARKETING							
100 06 KYPHOPLASTY INVESTIGATION							
100 07 OLCOTT							
100 08 HME STORE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
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 I I TO 12/31/2010 I PART III

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-WEGMILL 1.06	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-1947 BU 3.01	NEW CAP REL C OSTS-1965 BU 3.02	NEW CAP REL C OSTS-1983 BU 3.03	NEW CAP REL C OSTS-MEDICAL 3.04
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-1947 BU							
001 02 OLD CAP REL COSTS-1965 BU							
001 03 OLD CAP REL COSTS-1983 BU							
001 04 OLD CAP REL COSTS-MEDICAL							
001 05 OLD CAP REL COSTS-UTILITI							
001 06 OLD CAP REL COSTS-WEGMILL							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-1947 BU							
003 02 NEW CAP REL COSTS-1965 BU							
003 03 NEW CAP REL COSTS-1983 BU							
003 04 NEW CAP REL COSTS-MEDICAL							
003 05 NEW CAP REL COSTS-UTILITI							
003 06 NEW CAP REL COSTS-CANCER							
003 07 NEW CAP REL COSTS-PHNA BU							
003 08 NEW CAP REL COSTS-MITCHEL							
003 09 NEW CAP REL COSTS-SPENCER							
003 10 NEW CAP REL COSTS-PAIN MA							
003 11 NEW CAP REL COSTS-WEST PR							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							1,770
005 01 CHILD CARE CENTER							
006 ADMINISTRATIVE & GENERAL				20,749	324,095	6,521	12,109
008 OPERATION OF PLANT				321	432,750	6,587	
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING				655	15,795	27	
011 DIETARY					61,263		
012 CAFETERIA					38,450	42	
014 NURSING ADMINISTRATION				688	48,359	204	320
015 CENTRAL SERVICES & SUPPLY						926	
015 01 CENTRAL STERILIZATION						792	
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY					4,139	1,205	998
024 PARAMED ED PRGM							
025 ADULTS & PEDIATRICS					778,131	1,577	
0 INTENSIVE CARE UNIT						2,618	
C SUBPROVIDER					79,903		
033 NURSERY					39,101		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					170,609	4,533	
037 01 CARDIOVASCULAR SURGERY					32,971		
037 02 PARTIAL HOSPITALIZATION							
038 RECOVERY ROOM						883	
039 DELIVERY ROOM & LABOR ROO					227,325		
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC					189,985	855	3,041
041 01 MRI						495	
044 LABORATORY				313	98,866	104	614
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY					7,313	53	2,038
050 PHYSICAL THERAPY						1,501	
053 ELECTROCARDIOLOGY					58,681		384
054 ELECTROENCEPHALOGRAPHY					20,993	63	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS					35,402		829
057 RENAL DIALYSIS						201	
059 97 CARDIAC REHABILITATION					24,698		
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY					173,973		
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					25,303	905	
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
093 HOSPICE							7,367
095 SUBTOTALS				22,726	2,888,105	30,092	29,470
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					6,196		
100 FOUNDATION							
100 01 RENTAL PROPERTIES					17,576		5,530
100 02 UNUSED SPACE					18,023		2,559
100 03 PHYSICIAN RECRUITING							
100 04 PROMPTCARE							
05 MARKETING							
1 06 KYPHOPLASTY INVESTIGATION							
100 07 OLCOTT							3,455
100 08 HME STORE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				22,726	2,929,900	30,092	41,014

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART III

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-UTILITI	NEW CAP REL C OSTS-CANCER	NEW CAP REL C OSTS-PHNA BU	NEW CAP REL C OSTS-MITCHEL	NEW CAP REL C OSTS-SPENCER	NEW CAP REL C OSTS-PAIN MA	NEW CAP REL C OSTS-WEST PR
	3.05	3.06	3.07	3.08	3.09	3.10	3.11
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-1947 BU							
001 03 OLD CAP REL COSTS-1965 BU							
001 04 OLD CAP REL COSTS-1983 BU							
001 05 OLD CAP REL COSTS-MEDICAL							
001 06 OLD CAP REL COSTS-UTILITI							
002 06 OLD CAP REL COSTS-WEGMILL							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-1947 BU							
003 02 NEW CAP REL COSTS-1965 BU							
003 03 NEW CAP REL COSTS-1983 BU							
003 04 NEW CAP REL COSTS-MEDICAL							
003 05 NEW CAP REL COSTS-UTILITI							
003 06 NEW CAP REL COSTS-CANCER							
003 07 NEW CAP REL COSTS-PHNA BU							
003 08 NEW CAP REL COSTS-MITCHEL							
003 09 NEW CAP REL COSTS-SPENCER							
003 10 NEW CAP REL COSTS-PAIN MA							
003 11 NEW CAP REL COSTS-WEST PR							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 CHILD CARE CENTER							
006 ADMINISTRATIVE & GENERAL	2,610						
008 OPERATION OF PLANT	317	30,734					
009 LAUNDRY & LINEN SERVICE	2,698						
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
015 01 CENTRAL STERILIZATION							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
024 PARAMED ED PRGM							
075 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS							
INTENSIVE CARE UNIT							
SUBPROVIDER							
033 NURSERY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							
037 01 CARDIOVASCULAR SURGERY							
037 02 PARTIAL HOSPITALIZATION							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		124,907					
041 01 MRI							
044 LABORATORY							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY						33,300	
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 97 CARDIAC REHABILITATION							
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY			70,116				
SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS	5,625	155,641	70,116			33,300	
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
FOUNDATION							
100 01 RENTAL PROPERTIES							
100 02 UNUSED SPACE			1,900				
100 03 PHYSICIAN RECRUITING							
100 04 PROMPTCARE							45,527
100 05 MARKETING							
100 06 KYPHOPLASTY INVESTIGATION							
100 07 OLCOTT							
100 08 HME STORE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	5,625	155,641	72,016			33,300	45,527

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	CHILD CARE CENTER	CE	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	4	4a	5			6	8	9
GENERAL SERVICE COST CNTR								
001 OLD CAP REL COSTS-BLDG &								
001 01 OLD CAP REL COSTS-1947 BU								
001 02 OLD CAP REL COSTS-1965 BU								
001 03 OLD CAP REL COSTS-1983 BU								
001 04 OLD CAP REL COSTS-MEDICAL								
001 05 OLD CAP REL COSTS-UTILITI								
001 06 OLD CAP REL COSTS-WEGMILL								
002 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
003 01 NEW CAP REL COSTS-1947 BU								
003 02 NEW CAP REL COSTS-1965 BU								
003 03 NEW CAP REL COSTS-1983 BU								
003 04 NEW CAP REL COSTS-MEDICAL								
003 05 NEW CAP REL COSTS-UTILITI								
003 06 NEW CAP REL COSTS-CANCER								
003 07 NEW CAP REL COSTS-PHNA BU								
003 08 NEW CAP REL COSTS-MITCHEL								
003 09 NEW CAP REL COSTS-SPENCER								
003 10 NEW CAP REL COSTS-PAIN MA								
003 11 NEW CAP REL COSTS-WEST PR								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS	277,115	278,885	278,885					
005 01 CHILD CARE CENTER	315,373	315,373		315,373				
006 ADMINISTRATIVE & GENERAL	4,563,195	4,929,279	46,278	34,453		5,010,010		
008 OPERATION OF PLANT	2,630,934	3,101,643	6,539	2,650		335,086	3,445,918	
009 LAUNDRY & LINEN SERVICE	308,118	310,816	1,573			30,749	82,095	425,233
010 HOUSEKEEPING	77,256	93,733	3,832			65,709	20,584	
011 DIETARY	251,005	312,268	3,423	2,650		65,233	66,878	2,617
012 CAFETERIA	143,605	182,097	2,169			16,538	38,262	2,101
014 NURSING ADMINISTRATION	433,919	483,490	7,702	7,951		118,088	115,613	
015 CENTRAL SERVICES & SUPPLY	86,755	87,681	1,075			17,511	23,115	
015 01 CENTRAL STERILIZATION	74,225	75,017	1,007			16,128	19,776	
016 PHARMACY								
017 MEDICAL RECORDS & LIBRARY	393,966	400,308	5,565			85,712	104,968	
024 PARAMED ED PRGM								
025 INPAT ROUTINE SRVC CNTRS								
ADULTS & PEDIATRICS	2,974,183	3,753,891	51,891	79,505		761,386	792,439	175,491
INTENSIVE CARE UNIT	245,253	247,871	6,747			95,467	65,345	23,621
SUBPROVIDER	290,242	370,145	3,130			58,746	77,332	13,580
035 NURSERY	142,030	181,131	4,150	2,650		59,394	37,842	10,222
ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	1,059,128	1,234,270	12,424	21,202		238,106	282,193	52,918
037 01 CARDIOVASCULAR SURGERY	119,763	152,734	1,578			28,371	31,909	
037 02 PARTIAL HOSPITALIZATION	182,341	182,341	3,385	2,650		27,389	48,583	
038 RECOVERY ROOM	82,698	83,581	2,134	10,601		30,623	22,034	
039 DELIVERY ROOM & LABOR ROO	825,736	1,053,061	5,882	7,951		101,902	220,008	17,777
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC	1,112,135	1,430,923	14,864	37,103		277,583	296,316	23,582
041 01 MRI	46,325	46,820	705			14,232	12,343	
044 LABORATORY	408,763	508,660	10,376	5,300		278,111	108,910	
048 INTRAVENOUS THERAPY						1,169		
049 RESPIRATORY THERAPY	65,681	75,085	4,626	10,601		64,780	17,500	
050 PHYSICAL THERAPY	887,670	922,471	16,480	39,753		245,343	236,510	15,037
053 ELECTROCARDIOLOGY	219,119	278,184	3,589	15,901		65,259	58,382	13,499
054 ELECTROENCEPHALOGRAPHY	82,197	103,253	2,380	2,650		34,869	21,900	
055 MEDICAL SUPPLIES CHARGED						532,109		
055 30 IMPL. DEV. CHARGED TO PAT						93,757		
056 DRUGS CHARGED TO PATIENTS	141,481	177,712	10,863	18,551		422,826	37,696	
057 RENAL DIALYSIS	18,807	19,008				23,580	5,011	
059 97 CARDIAC REHABILITATION	110,478	135,176	1,744			26,996	29,436	
060 OUTPAT SERVICE COST CNTRS								
CLINIC	121,672	121,672	1,681			25,355	32,418	218
061 EMERGENCY	631,940	805,913	12,129	7,951		185,121	168,373	60,445
062 OBSERVATION BEDS (NON-DIS								
OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES	272,103	298,311	5,011			78,920	72,499	12,251
071 HOME HEALTH AGENCY	372,271	442,387	9,135			146,229	99,188	
093 SPEC PURPOSE COST CENTERS								
HOSPICE	140,956	148,323	4,825	5,300		87,404	37,556	480
095 SUBTOTALS	20,108,438	23,343,513	268,892	315,373		4,755,781	3,283,014	423,839
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	22,506	28,702				628	5,997	
100 FOUNDATION	153,868	153,868	946			18,510	40,996	
100 01 RENTAL PROPERTIES		23,106				8,498		
100 02 UNUSED SPACE	97,567	120,049				3,690		
100 03 PHYSICIAN RECRUITING			328			19,350		
100 04 PROMPTCARE	295,445	340,972	7,911			127,048	78,718	1,394
100 05 MARKETING						36,091		
06 KYPHOPLASTY INVESTIGATION			64			1,479		
100 07 OLCOTT	53,676	57,131	398			6,879	14,301	
100 08 HME STORE	85,920	85,920	346			32,056	22,892	
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	20,817,420	24,153,261	278,885	315,373		5,010,010	3,445,918	425,233

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET 8
 I I TO 12/31/2010 I PART III

	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	CENTRAL STERI LIZATION	PHARMACY
	10	11	12	14	15	15.01	16
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-1947 BU							
001 02 OLD CAP REL COSTS-1965 BU							
001 03 OLD CAP REL COSTS-1983 BU							
001 04 OLD CAP REL COSTS-MEDICAL							
001 05 OLD CAP REL COSTS-UTILITI							
001 06 OLD CAP REL COSTS-WEGMILL							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-1947 BU							
003 02 NEW CAP REL COSTS-1965 BU							
003 03 NEW CAP REL COSTS-1983 BU							
003 04 NEW CAP REL COSTS-MEDICAL							
003 05 NEW CAP REL COSTS-UTILITI							
003 06 NEW CAP REL COSTS-CANCER							
003 07 NEW CAP REL COSTS-PHNA BU							
003 08 NEW CAP REL COSTS-MITCHEL							
003 09 NEW CAP REL COSTS-SPENCER							
003 10 NEW CAP REL COSTS-PAIN MA							
003 11 NEW CAP REL COSTS-WEST PR							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 CHILD CARE CENTER							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	183,858						
011 DIETARY	787	453,856					
012 CAFETERIA	456		241,623				
014 NURSING ADMINISTRATION			8,644	741,488			
015 CENTRAL SERVICES & SUPPLY	456		2,187		132,025		
015 01 CENTRAL STERILIZATION	401		1,850			114,179	
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	290		9,569				
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
0 ADULTS & PEDIATRICS	86,827	383,283	62,356	342,433		1,477	
0 INTENSIVE CARE UNIT	7,141	30,933	7,419	40,743		120	
0 SUBPROVIDER	6,934	39,640	3,969	21,797		152	
033 NURSERY	11,091		3,590	19,717		155	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	5,235		14,573	80,029		110,483	
037 01 CARDIOVASCULAR SURGERY	594		1,436	7,884		1,650	
037 02 PARTIAL HOSPITALIZATION			2,883	15,835			
038 RECOVERY ROOM	414		2,215	12,163			
039 DELIVERY ROOM & LABOR ROO	18,440		5,991	32,899			
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	6,464		15,948			18	
041 01 MRI	262		872				
044 LABORATORY	497		15,389			53	
048 INTRAVENOUS THERAPY					246		
049 RESPIRATORY THERAPY	428		4,609				
050 PHYSICAL THERAPY	3,356		17,844				
053 ELECTROCARDIOLOGY	3,577		4,059			60	
054 ELECTROENCEPHALOGRAPHY	511		2,697				
055 MEDICAL SUPPLIES CHARGED					112,041		
055 30 IMPL. DEV. CHARGED TO PAT					19,738		
056 DRUGS CHARGED TO PATIENTS	5,276		9,862				
057 RENAL DIALYSIS	428						
059 97 CARDIAC REHABILITATION	28		1,837				
OUTPAT SERVICE COST CNTRS							
060 CLINIC	166		1,673				
061 EMERGENCY	23,606		13,950	76,607		11	
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES			8,024				
071 HOME HEALTH AGENCY			11,076	60,825			
SPEC PURPOSE COST CENTERS							
093 HOSPICE			5,564	30,556			
095 SUBTOTALS	183,665	453,856	240,086	741,488	132,025	114,179	
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	193						
100 FOUNDATION			915				
100 01 RENTAL PROPERTIES							
100 02 UNUSED SPACE							
100 03 PHYSICIAN RECRUITING			148				
100 04 PROMPTCARE							
100 05 MARKETING							
100 06 KYPHOPLASTY INVESTIGATION			24				
100 07 OLCOTT			450				
100 08 HME STORE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	183,858	453,856	241,623	741,488	132,025	114,179	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	24	25	26	27
001 GENERAL SERVICE COST CNTR					
001 01 OLD CAP REL COSTS-BLDG &					
001 02 OLD CAP REL COSTS-1947 BU					
001 03 OLD CAP REL COSTS-1965 BU					
001 04 OLD CAP REL COSTS-1983 BU					
001 05 OLD CAP REL COSTS-MEDICAL					
001 06 OLD CAP REL COSTS-UTILITI					
002 OLD CAP REL COSTS-WEGMILL					
002 OLD CAP REL COSTS-MVBLE E					
003 NEW CAP REL COSTS-BLDG &					
003 01 NEW CAP REL COSTS-1947 BU					
003 02 NEW CAP REL COSTS-1965 BU					
003 03 NEW CAP REL COSTS-1983 BU					
003 04 NEW CAP REL COSTS-MEDICAL					
003 05 NEW CAP REL COSTS-UTILITI					
003 06 NEW CAP REL COSTS-CANCER					
003 07 NEW CAP REL COSTS-PHNA BU					
003 08 NEW CAP REL COSTS-MITCHEL					
003 09 NEW CAP REL COSTS-SPENCER					
003 10 NEW CAP REL COSTS-PAIN MA					
003 11 NEW CAP REL COSTS-WEST PR					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
005 01 CHILD CARE CENTER					
006 ADMINISTRATIVE & GENERAL					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
015 01 CENTRAL STERILIZATION					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY	606,412				
024 PARAMED ED PRGM					
025 ADULTS & PEDIATRICS	57,104		6,548,083		6,548,083
INTENSIVE CARE UNIT	6,803		532,210		532,210
SUBPROVIDER	4,552		599,977		599,977
033 NURSERY	4,983		334,925		334,925
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	39,821		2,091,254		2,091,254
037 01 CARDIOVASCULAR SURGERY	1,798		227,954		227,954
037 02 PARTIAL HOSPITALIZATION			283,066		283,066
038 RECOVERY ROOM	5,660		169,425		169,425
039 DELIVERY ROOM & LABOR ROO	11,680		1,475,591		1,475,591
040 ANESTHESIOLOGY					
041 RADIOLOGY-DIAGNOSTIC	83,352		2,186,153		2,186,153
041 01 MRI	9,191		84,425		84,425
044 LABORATORY	57,436		984,732		984,732
048 INTRAVENOUS THERAPY	410		1,825		1,825
049 RESPIRATORY THERAPY	6,450		184,079		184,079
050 PHYSICAL THERAPY	22,383		1,519,177		1,519,177
053 ELECTROCARDIOLOGY	36,126		478,636		478,636
054 ELECTROENCEPHALOGRAPHY	7,066		175,326		175,326
055 MEDICAL SUPPLIES CHARGED	122,692		766,842		766,842
055 30 IMPL. DEV. CHARGED TO PAT	17,210		130,705		130,705
056 DRUGS CHARGED TO PATIENTS	62,147		744,933		744,933
057 RENAL DIALYSIS	2,031		50,058		50,058
059 97 CARDIAC REHABILITATION	1,430		196,647		196,647
OUTPAT SERVICE COST CNTRS					
060 CLINIC	828		184,011		184,011
061 EMERGENCY	38,378		1,392,484		1,392,484
062 OBSERVATION BEDS (NON-DIS					
OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES	6,881		481,897		481,897
071 HOME HEALTH AGENCY			768,840		768,840
SPEC PURPOSE COST CENTERS					
093 HOSPICE			320,008		320,008
095 SUBTOTALS	606,412		22,913,263		22,913,263
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			35,520		35,520
100 FOUNDATION			215,235		215,235
100 01 RENTAL PROPERTIES			31,604		31,604
100 02 UNUSED SPACE			123,739		123,739
100 03 PHYSICIAN RECRUITING			19,826		19,826
100 04 PROMPTCARE			556,043		556,043
100 05 MARKETING			36,091		36,091
100 06 KYPHOPLASTY INVESTIGATION			1,567		1,567
100 07 OLCOTT			79,159		79,159
100 08 HME STORE			141,214		141,214
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	606,412		24,153,261		24,153,261

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET B-1
 I I TO 12/31/2010 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C
	OSTS-BLDG & (SQUARE FEET)	OSTS-1947 BU (SQUARE FEET)	OSTS-1965 BU (SQUARE FEET)	OSTS-1983 BU (SQUARE FEET)	OSTS-MEDICAL (SQUARE FEET)	OSTS-UTILITII (SQUARE FEET)
	1	1.01	1.02	1.03	1.04	1.05
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
001 01 OLD CAP REL COSTS-194		21,795				
001 02 OLD CAP REL COSTS-196			445,920			
001 03 OLD CAP REL COSTS-198				118,094		
001 04 OLD CAP REL COSTS-MED					26,700	
001 05 OLD CAP REL COSTS-UTI						26,914
001 06 OLD CAP REL COSTS-WEG						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD						
003 01 NEW CAP REL COSTS-194						
003 02 NEW CAP REL COSTS-196						
003 03 NEW CAP REL COSTS-198						
003 04 NEW CAP REL COSTS-MED						
003 05 NEW CAP REL COSTS-UTI						
003 06 NEW CAP REL COSTS-CAN						
003 07 NEW CAP REL COSTS-PHN						
003 08 NEW CAP REL COSTS-MIT						
003 09 NEW CAP REL COSTS-SPE						
003 10 NEW CAP REL COSTS-PAI						
003 11 NEW CAP REL COSTS-WES						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS					1,152	
005 01 CHILD CARE CENTER						
006 ADMINISTRATIVE & GENE		19,899	49,326	25,592	7,882	12,488
008 OPERATION OF PLANT		308	65,863	25,847		1,516
009 LAUNDRY & LINEN SERVI						12,910
010 HOUSEKEEPING		628	2,404	105		
011 DIETARY			9,324			
012 CAFETERIA			5,852	165		
014 NURSING ADMINISTRATIO		660	7,360	802	208	
015 CENTRAL SERVICES & SU				3,635		
015 01 CENTRAL STERILIZATION				3,110		
016 PHARMACY						
016 01 MEDICAL RECORDS & LIB			630	4,727	650	
016 02 PARAMED ED PRGM						
025 INPAT ROUTINE SRVC CN			118,429	6,188		
026 ADULTS & PEDIATRICS				10,276		
031 INTENSIVE CARE UNIT			12,161			
033 SUBPROVIDER			5,951			
033 NURSERY						
037 ANCILLARY SRVC COST C						
037 01 OPERATING ROOM			25,966	17,789		
037 02 CARDIOVASCULAR SURGER			5,018			
037 03 PARTIAL HOSPITALIZATI						
038 RECOVERY ROOM				3,465		
039 DELIVERY ROOM & LABOR			34,598			
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC			28,915	3,356	1,980	
041 01 MRI				1,941		
044 LABORATORY		300	15,047	410	400	
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY			1,113	207	1,327	
050 PHYSICAL THERAPY				5,892		
053 ELECTROCARDIOLOGY			8,931		250	
054 ELECTROENCEPHALOGRAPH			3,195	249		
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI			5,388		540	
057 RENAL DIALYSIS				788		
059 97 CARDIAC REHABILITATIO			3,759			
060 OUTPAT SERVICE COST C						
060 CLINIC						
061 EMERGENCY			26,478			
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES			3,851	3,550		
071 HOME HEALTH AGENCY						
093 SPEC PURPOSE COST CEN						
093 HOSPICE						
095 SUBTOTALS		21,795	439,559	118,094	4,796	26,914
095 NONREIMBURS COST CENT					19,185	
096 GIFT, FLOWER, COFFEE			943			
100 FOUNDATION						
100 01 RENTAL PROPERTIES			2,675		3,600	
100 02 UNUSED SPACE			2,743		1,666	
100 03 PHYSICIAN RECRUITING						
100 04 PROMPTCARE						
100 05 MARKETING						
100 06 KYPHOPLASTY INVESTIGA						
100 07 OLCOTT					2,249	
100 08 HME STORE						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET B-1
 I I TO 12/31/2010 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C
	OSTS-BLDG &	OSTS-1947 BU	OSTS-1965 BU	OSTS-1983 BU	OSTS-MEDICAL	OSTS-UTILITI
	(SQUARE FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE) FEET	(SQUARE) FEET	(SQUARE) FEET)
NONREIMBURS COST CENT	1	1.01	1.02	1.03	1.04	1.05
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		11,800	54,848	178,338	9,650	26,932
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.541409	.123000	1.510136	.361423	1.000669
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET B-1
 I I TO 12/31/2010 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C			
	OSTS-WEGMILL	OSTS-MVBLE E	OSTS-BLDG &	OSTS-1947 BU	OSTS-1965 BU	OSTS-1983 BU	OSTS-MEDICAL
	(SQUARE FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE) FEET	(SQUARE) FEET)
	1.06	2	3	3.01	3.02	3.03	3.04
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-194							
001 02 OLD CAP REL COSTS-196							
001 03 OLD CAP REL COSTS-198							
001 04 OLD CAP REL COSTS-MED							
001 05 OLD CAP REL COSTS-UTI							
001 06 OLD CAP REL COSTS-WEG	6,497						
002 OLD CAP REL COSTS-MVB		872,241					
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-194				21,795			
003 02 NEW CAP REL COSTS-196					445,920		
003 03 NEW CAP REL COSTS-198						118,094	
003 04 NEW CAP REL COSTS-MED							26,700
003 05 NEW CAP REL COSTS-UTI							
003 06 NEW CAP REL COSTS-CAN							
003 07 NEW CAP REL COSTS-PHN							
003 08 NEW CAP REL COSTS-MIT							
003 09 NEW CAP REL COSTS-SPE							
003 10 NEW CAP REL COSTS-PAI							
003 11 NEW CAP REL COSTS-WES							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS		11,611					1,152
005 01 CHILD CARE CENTER		13,214					
006 ADMINISTRATIVE & GENE	5,762	191,196		19,899	49,326	25,592	7,882
008 OPERATION OF PLANT	113	110,235		308	65,863	25,847	
009 LAUNDRY & LINEN SERVI		12,910					
010 HOUSEKEEPING		3,237		628	2,404	105	
011 DIETARY		10,517			9,324		
012 CAFETERIA		6,017			5,852	165	
014 NURSING ADMINISTRATIO		18,181		660	7,360	802	208
015 CENTRAL SERVICES & SU		3,635				3,635	
015 01 CENTRAL STERILIZATION		3,110				3,110	
016 PHARMACY							
016 01 MEDICAL RECORDS & LIB		16,507			630	4,727	650
016 02 PARAMED ED PRGM							
016 03 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		124,617			118,429	6,188	
026 INTENSIVE CARE UNIT		10,276				10,276	
031 SUBPROVIDER		12,161			12,161		
033 NURSERY		5,951			5,951		
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	622	44,377			25,966	17,789	
037 02 CARDIOVASCULAR SURGER		5,018			5,018		
037 03 PARTIAL HOSPITALIZATI		7,640					
038 RECOVERY ROOM		3,465				3,465	
039 DELIVERY ROOM & LABOR		34,598			34,598		
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		46,598			28,915	3,356	1,980
041 01 MRI		1,941				1,941	
044 LABORATORY		17,127		300	15,047	410	400
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		2,752			1,113	207	1,327
050 PHYSICAL THERAPY		37,193				5,892	
053 ELECTROCARDIOLOGY		9,181			8,931		250
054 ELECTROENCEPHALOGRAPH		3,444			3,195	249	
055 MEDICAL SUPPLIES CHAR							
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATI		5,928			5,388		540
057 RENAL DIALYSIS		788				788	
059 97 CARDIAC REHABILITATIO		4,629			3,759		
060 OUTPAT SERVICE COST C							
060 CLINIC		5,098					
061 EMERGENCY		26,478			26,478		
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES		11,401			3,851	3,550	
071 HOME HEALTH AGENCY		15,598					
071 01 SPEC PURPOSE COST CEN							
093 HOSPICE		5,906					4,796
095 SUBTOTALS	6,497	842,535		21,795	439,559	118,094	19,185
096 NONREIMBURS COST CENT							
100 GIFT, FLOWER, COFFEE		943			943		
100 FOUNDATION		6,447					
100 01 RENTAL PROPERTIES					2,675		3,600
100 02 UNUSED SPACE		4,088			2,743		1,666
100 03 PHYSICIAN RECRUITING							
100 04 PROMPTCARE		12,379					
100 05 MARKETING							
100 06 KYPHOPLASTY INVESTIGA							
100 07 OLCOTT		2,249					2,249
100 08 HME STORE		3,600					

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET B-1
 I I TO 12/31/2010 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C			
	OSTS-WEGMILL	OSTS-MVBLE E	OSTS-BLDG &	OSTS-1947 BU	OSTS-1965 BU	OSTS-1983 BU	OSTS-MEDICAL
	(SQUARE FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE) FEET	(SQUARE) FEET)
NONREIMBURS COST CENT	1.06	2	3	3.01	3.02	3.03	3.04
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	10,554	378,935		22,726	2,929,900	30,092	41,014
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.434438		1.042716		.254814	
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	1.624442				6.570461		1.536105
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED							
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER							
(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET B-1
 I I TO 12/31/2010 I

	COST CENTER DESCRIPTION	NEW CAP REL C						
		OSTS-UTILITI	OSTS-CANCER	OSTS-PHNA BU	OSTS-MITCHEL	OSTS-SPENCER	OSTS-PAIN MA	OSTS-WEST PR
		(SQUARE FEET						
		3.05	3.06	3.07	3.08	3.09	3.10	3.11
101	NONREIMBURS COST CENT							
	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	5,625	155,641	72,016			33,300	45,527
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		10.116412				11.100000	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	.208999		4.751023				5.313609
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET B-1
 I I TO 12/31/2010 I

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	CHILD CARE CENTER	CE	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	(SQUARE FEET)	(GROSS SALARIES)	(NUMBER OF CHILDREN)	C RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
	4	5	5.01	6a.00	6	8	9
GENERAL SERVICE COST							
001 01 OLD CAP REL COSTS-BLD							
001 02 OLD CAP REL COSTS-194							
001 03 OLD CAP REL COSTS-196							
001 04 OLD CAP REL COSTS-198							
001 05 OLD CAP REL COSTS-MED							
001 06 OLD CAP REL COSTS-UTI							
001 06 OLD CAP REL COSTS-WEG							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-194							
003 02 NEW CAP REL COSTS-196							
003 03 NEW CAP REL COSTS-198							
003 04 NEW CAP REL COSTS-MED							
003 05 NEW CAP REL COSTS-UTI							
003 06 NEW CAP REL COSTS-CAN							
003 07 NEW CAP REL COSTS-PHN							
003 08 NEW CAP REL COSTS-MIT							
003 09 NEW CAP REL COSTS-SPE							
003 10 NEW CAP REL COSTS-PAI							
003 11 NEW CAP REL COSTS-WES							
004 NEW CAP REL COSTS-MVB	872,241						
005 EMPLOYEE BENEFITS	11,611	123,730,075					
005 01 CHILD CARE CENTER	13,214		119				
006 ADMINISTRATIVE & GENE	191,196	20,531,436	13	-64,651,431	233,142,122		
008 OPERATION OF PLANT	110,235	2,901,272	1		15,593,370	541,897	
009 LAUNDRY & LINEN SERVI	12,910	697,887			1,430,934	12,910	2,309,410
010 HOUSEKEEPING	3,237	1,700,251			3,057,791	3,237	
011 DIETARY	10,517	1,518,529	1		3,035,662	10,517	14,211
012 CAFETERIA	6,017	962,107			769,594	6,017	11,412
014 NURSING ADMINISTRATIO	18,181	3,417,202	3		5,495,296	18,181	
015 CENTRAL SERVICES & SU	3,635	476,786			814,871	3,635	
015 01 CENTRAL STERILIZATION	3,110	446,795			750,540	3,110	
016 PHARMACY							
016 C MEDICAL RECORDS & LIB	16,507	2,468,738			3,988,636	16,507	
016 C PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	124,617	23,023,265	30		35,430,594	124,617	953,091
026 INTENSIVE CARE UNIT	10,276	2,993,213			4,442,620	10,276	128,285
031 SUBPROVIDER	12,161	1,388,776			2,733,782	12,161	73,751
033 NURSERY	5,951	1,841,124	1		2,763,906	5,951	55,516
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	44,377	5,511,930	8		11,080,371	44,377	287,391
037 01 CARDIOVASCULAR SURGER	5,018	699,868			1,320,240	5,018	
037 02 PARTIAL HOSPITALIZATI	7,640	1,501,988	1		1,274,553	7,640	
038 RECOVERY ROOM	3,465	946,833	4		1,425,071	3,465	
039 DELIVERY ROOM & LABOR	34,598	2,609,504	3		4,742,067	34,598	96,544
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	46,598	6,594,552	14		12,917,453	46,598	128,071
041 01 MRI	1,941	312,918			662,306	1,941	
044 LABORATORY	17,127	4,603,417	2		12,942,001	17,127	
048 INTRAVENOUS THERAPY					54,394		
049 RESPIRATORY THERAPY	2,752	2,052,435	4		3,014,573	2,752	
050 PHYSICAL THERAPY	37,193	7,311,553	15		11,417,146	37,193	81,662
053 ELECTROCARDIOLOGY	9,181	1,592,079	6		3,036,848	9,181	73,313
054 ELECTROENCEPHALOGRAPH	3,444	1,055,712	1		1,622,642	3,444	
055 MEDICAL SUPPLIES CHAR					24,761,928		
055 30 IMPL. DEV. CHARGED TO					4,363,041		
056 DRUGS CHARGED TO PATI	5,928	4,819,345	7		19,676,385	5,928	
057 RENAL DIALYSIS	788				1,097,296	788	
059 97 CARDIAC REHABILITATIO	4,629	773,682			1,256,255	4,629	
060 OUTPAT SERVICE COST C							
060 CLINIC	5,098	745,723			1,179,901	5,098	1,185
061 EMERGENCY	26,478	5,380,972	3		8,614,677	26,478	328,270
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	11,401	2,223,286			3,672,574	11,401	66,534
071 HOME HEALTH AGENCY	15,598	4,052,668			6,804,848	15,598	
093 SPEC PURPOSE COST CEN							
093 HOSPICE	5,906	2,140,703	2		4,067,364	5,906	2,605
095 SUBTOTALS	842,535	119,296,549	119	-64,651,431	221,311,530	516,279	2,301,841
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	943				29,228	943	
100 FOUNDATION	6,447	419,566			861,373	6,447	
7 01 RENTAL PROPERTIES					395,437		
1 02 UNUSED SPACE	4,088				171,716		
100 03 PHYSICIAN RECRUITING		145,373			900,449		
100 04 PROMPTCARE	12,379	3,509,563			5,912,219	12,379	7,569
100 05 MARKETING					1,679,494		
100 06 KYPHOPLASTY INVESTIGA		28,602			68,845		
100 07 OLCOTT	2,249	176,699			320,107	2,249	
100 08 HME STORE	3,600	153,723			1,491,724	3,600	

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET B-1
 I I TO 12/31/2010 I

	COST CENTER DESCRIPTION	NEW CAP	REL C	EMPLOYEE	BENE	CHILD CARE	CE	ADMINISTRATIV	OPERATION OF	LAUNDRY & LIN
		OSTS-MVBLE	E	FITS		ENTER		E & GENERAL	PLANT	EN SERVICE
		(SQUARE FEET		(GROSS)ALARIES	S(NUMBER OF)HILDREN	C RECONCIL-) IATION		(ACCUM. COST	(SQUARE) FEET	(POUNDS OF) LAUNDRY
		4		5	5.01	6a.00		6	8	9
101	NONREIMBURS COST CENT									
102	CROSS FOOT ADJUSTMENT									
103	NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)	20,817,420		44,374,651	656,432			64,651,431	19,917,489	2,302,248
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)			.358641					36.755120	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	23.866592		5,460	5,516.235294	5,741		.277305	108,092	.996899
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)			.000044	48.243697			164,787	.199470	
107	COST TO BE ALLOCATED (WRKSHT B, PART III)			278,885	315,373			.000707	3,445,918	.009589
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)			.002254	2,650.193277			5,010,010	6.358991	425,233
								.021489		.184131

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET B-1
 I I TO 12/31/2010 I

	COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI	CENTRAL STERI	PHARMACY	R)
		(HOURS OF SERVICE)	(MEALS)ERVED	S(MANHOURS)	(DIRECT)SING HRS	NR(COSTED)EQUIS.	R(TIME)PENT	S(COSTED)EQUIS.	
	NONREIMBURS COST CENT	10	11	12	14	15	15.01	16	
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	4,024,708	4,295,421	1,225,517	7,731,256	1,195,514	1,091,126		
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		17.775235		4.066770		33.763221		
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	302.359552 5,084	10,233	5,491	18,450	8,453	7,272		
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)		.042346		.009705		.225021		
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	.381940 183,858	453,856	241,623	741,488	132,025	114,179		
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		1.878139		.390035		3.533094		
		13.812486		.071023		.004524			

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET B-1
 I I TO 12/31/2010 I

COST CENTER DESCRIPTION		MEDICAL RECOR DS & LIBRARY	PARAMED ED PR GM
		(TIME SPENT	(TIME)PENT S)
	GENERAL SERVICE COST	17	24
001	OLD CAP REL COSTS-BLD		
001 01	OLD CAP REL COSTS-194		
001 02	OLD CAP REL COSTS-196		
001 03	OLD CAP REL COSTS-198		
001 04	OLD CAP REL COSTS-MED		
001 05	OLD CAP REL COSTS-UTI		
001 06	OLD CAP REL COSTS-WEG		
002	OLD CAP REL COSTS-MVB		
003	NEW CAP REL COSTS-BLD		
003 01	NEW CAP REL COSTS-194		
003 02	NEW CAP REL COSTS-196		
003 03	NEW CAP REL COSTS-198		
003 04	NEW CAP REL COSTS-MED		
003 05	NEW CAP REL COSTS-UTI		
003 06	NEW CAP REL COSTS-CAN		
003 07	NEW CAP REL COSTS-PHN		
003 08	NEW CAP REL COSTS-MIT		
003 09	NEW CAP REL COSTS-SPE		
003 10	NEW CAP REL COSTS-PAI		
003 11	NEW CAP REL COSTS-WES		
004	NEW CAP REL COSTS-MVB		
005	EMPLOYEE BENEFITS		
005 01	CHILD CARE CENTER		
006	ADMINISTRATIVE & GENE		
008	OPERATION OF PLANT		
009	LAUNDRY & LINEN SERVI		
010	HOUSEKEEPING		
011	DIETARY		
012	CAFETERIA		
014	NURSING ADMINISTRATIO		
015	CENTRAL SERVICES & SU		
015 01	CENTRAL STERILIZATION		
016	PHARMACY		
016	MEDICAL RECORDS & LIB	637,028,582	
016	PARAMED ED PRGM		100
025	INPAT ROUTINE SRVC CN		
025	ADULTS & PEDIATRICS	59,982,800	
026	INTENSIVE CARE UNIT	7,145,750	
031	SUBPROVIDER	4,781,405	
033	NURSERY	5,234,171	
037	ANCILLARY SRVC COST C		
037	OPERATING ROOM	41,828,823	100
037 01	CARDIOVASCULAR SURGER	1,888,963	
037 02	PARTIAL HOSPITALIZATI		
038	RECOVERY ROOM	5,944,986	
039	DELIVERY ROOM & LABOR	12,268,651	
040	ANESTHESIOLOGY		
041	RADIOLOGY-DIAGNOSTIC	87,554,710	
041 01	MRI	9,654,352	
044	LABORATORY	60,331,765	
048	INTRAVENOUS THERAPY	430,320	
049	RESPIRATORY THERAPY	6,774,688	
050	PHYSICAL THERAPY	23,511,156	
053	ELECTROCARDIOLOGY	37,947,763	
054	ELECTROENCEPHALOGRAPH	7,422,000	
055	MEDICAL SUPPLIES CHAR	128,921,013	
055 30	IMPL. DEV. CHARGED TO	18,078,174	
056	DRUGS CHARGED TO PATI	65,280,195	
057	RENAL DIALYSIS	2,133,224	
059 97	CARDIAC REHABILITATIO	1,502,524	
060	OUTPUT SERVICE COST C		
060	CLINIC	869,616	
061	EMERGENCY	40,313,079	
062	OBSERVATION BEDS (NON		
062	OTHER REIMBURS COST C		
065	AMBULANCE SERVICES	7,228,454	
071	HOME HEALTH AGENCY		
093	SPEC PURPOSE COST CEN		
093	HOSPICE		
095	SUBTOTALS	637,028,582	100
096	NONREIMBURS COST CENT		
100	GIFT, FLOWER, COFFEE		
100	FOUNDATION		
100 01	RENTAL PROPERTIES		
100 02	UNUSED SPACE		
100 03	PHYSICIAN RECRUITING		
100 04	PROMPTCARE		
100 05	MARKETING		
100 06	KYPHOPLASTY INVESTIGA		
100 07	OLCOTT		
100 08	HME STORE		

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET B-1
 I I TO 12/31/2010 I

	COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY		
		PARAMED	ED	PR
		(TIME SPENT	(TIME)PENT	S)
	NONREIMBURS COST CENT	17	24	
101	CROSS FOOT ADJUSTMENT			
102	NEGATIVE COST CENTER			
103	COST TO BE ALLOCATED (PER WRKSHT B, PART	5,756,307		
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.009036		
105	COST TO BE ALLOCATED (PER WRKSHT B, PART	21,068		
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000033		
107	COST TO BE ALLOCATED (PER WRKSHT B, PART	606,412		
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000952		

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET C
 I I TO 12/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	60,757,038		60,757,038	18,449	60,775,487
26	INTENSIVE CARE UNIT	7,157,399		7,157,399		7,157,399
31	SUBPROVIDER	4,831,377		4,831,377		4,831,377
33	NURSERY	4,319,795		4,319,795		4,319,795
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	18,527,318		18,527,318		18,527,318
37	01 CARDIOVASCULAR SURGERY	2,006,106		2,006,106		2,006,106
37	02 PARTIAL HOSPITALIZATION	2,088,534		2,088,534	24,888	2,113,422
38	RECOVERY ROOM	2,148,447		2,148,447		2,148,447
39	DELIVERY ROOM & LABOR ROO	8,312,892		8,312,892		8,312,892
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	19,353,623		19,353,623		19,353,623
41	01 MRI	1,014,715		1,014,715		1,014,715
44	LABORATORY	17,794,990		17,794,990		17,794,990
48	INTRAVENOUS THERAPY	75,594		75,594		75,594
49	RESPIRATORY THERAPY	4,045,643		4,045,643		4,045,643
50	PHYSICAL THERAPY	16,408,047		16,408,047		16,408,047
53	ELECTROCARDIOLOGY	4,731,886		4,731,886		4,731,886
54	ELECTROENCEPHALOGRAPHY	2,291,125		2,291,125		2,291,125
55	MEDICAL SUPPLIES CHARGED	33,808,125		33,808,125		33,808,125
55	30 IMPL. DEV. CHARGED TO PAT	5,915,029		5,915,029		5,915,029
56	DRUGS CHARGED TO PATIENTS	26,106,022		26,106,022		26,106,022
57	RENAL DIALYSIS	1,459,194		1,459,194		1,459,194
59	97 CARDIAC REHABILITATION	1,798,260		1,798,260		1,798,260
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,715,623		1,715,623		1,715,623
61	EMERGENCY	14,054,637		14,054,637		14,054,637
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,021,440		2,021,440		2,021,440
65	AMBULANCE SERVICES	5,282,382		5,282,382		5,282,382
101	SUBTOTAL	268,025,241		268,025,241	43,337	268,068,578
102	LESS OBSERVATION BEDS	2,021,440		2,021,440		2,021,440
103	TOTAL	266,003,801		266,003,801	43,337	266,047,138

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINF 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	58,332,822		58,332,822			
26	INTENSIVE CARE UNIT	7,145,750		7,145,750			
31	SUBPROVIDER	4,781,405		4,781,405			
33	NURSERY	5,234,171		5,234,171			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	17,907,003	23,921,820	41,828,823	.442932	.442932	.442932
37 01	CARDIOVASCULAR SURGERY	1,888,963		1,888,963	1.062014	1.062014	1.062014
37 02	PARTIAL HOSPITALIZATION		695,781	695,781	3.001712	3.001712	3.037482
38	RECOVERY ROOM	2,257,716	3,687,270	5,944,986	.361388	.361388	.361388
39	DELIVERY ROOM & LABOR ROO	11,149,917	1,118,734	12,268,651	.677572	.677572	.677572
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	18,087,705	69,467,005	87,554,710	.221046	.221046	.221046
41 01	MRI	2,876,181	6,778,171	9,654,352	.105104	.105104	.105104
44	LABORATORY	24,189,080	36,142,685	60,331,765	.294952	.294952	.294952
48	INTRAVENOUS THERAPY	318,923	111,397	430,320	.175669	.175669	.175669
49	RESPIRATORY THERAPY	6,136,441	638,247	6,774,688	.597170	.597170	.597170
50	PHYSICAL THERAPY	6,878,306	16,632,850	23,511,156	.697883	.697883	.697883
53	ELECTROCARDIOLOGY	19,955,929	17,991,834	37,947,763	.124695	.124695	.124695
54	ELECTROENCEPHALOGRAPHY	1,877,826	5,544,174	7,422,000	.308694	.308694	.308694
55	MEDICAL SUPPLIES CHARGED	85,469,632	43,451,381	128,921,013	.262239	.262239	.262239
55 30	IMPL. DEV. CHARGED TO PAT	9,538,694	8,539,480	18,078,174	.327192	.327192	.327192
56	DRUGS CHARGED TO PATIENTS	38,259,841	27,020,354	65,280,195	.399907	.399907	.399907
57	RENAL DIALYSIS	2,133,224		2,133,224	.684032	.684032	.684032
59 97	CARDIAC REHABILITATION	381,005	1,121,519	1,502,524	1.196826	1.196826	1.196826
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	69,244	800,372	869,616	1.972851	1.972851	1.972851
61	EMERGENCY	8,583,557	31,729,522	40,313,079	.348637	.348637	.348637
62	OBSERVATION BEDS (NON-DIS		1,649,978	1,649,978	1.225131	1.225131	1.225131
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		7,228,454	7,228,454	.730776	.730776	.730776
101	SUBTOTAL	333,453,335	304,271,028	637,724,363			
102	LESS OBSERVATION BEDS						
103	TOTAL	333,453,335	304,271,028	637,724,363			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	60,757,038		60,757,038	18,449	60,775,487
26	INTENSIVE CARE UNIT	7,157,399		7,157,399		7,157,399
31	SUBPROVIDER	4,831,377		4,831,377		4,831,377
33	NURSERY	4,319,795		4,319,795		4,319,795
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	18,527,318		18,527,318		18,527,318
37	01 CARDIOVASCULAR SURGERY	2,006,106		2,006,106		2,006,106
37	02 PARTIAL HOSPITALIZATION	2,088,534		2,088,534	24,888	2,113,422
38	RECOVERY ROOM	2,148,447		2,148,447		2,148,447
39	DELIVERY ROOM & LABOR ROO	8,312,892		8,312,892		8,312,892
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	19,353,623		19,353,623		19,353,623
41	01 MRI	1,014,715		1,014,715		1,014,715
44	LABORATORY	17,794,990		17,794,990		17,794,990
48	INTRAVENOUS THERAPY	75,594		75,594		75,594
49	RESPIRATORY THERAPY	4,045,643		4,045,643		4,045,643
50	PHYSICAL THERAPY	16,408,047		16,408,047		16,408,047
53	ELECTROCARDIOLOGY	4,731,886		4,731,886		4,731,886
54	ELECTROENCEPHALOGRAPHY	2,291,125		2,291,125		2,291,125
55	MEDICAL SUPPLIES CHARGED	33,808,125		33,808,125		33,808,125
55	30 IMPL. DEV. CHARGED TO PAT	5,915,029		5,915,029		5,915,029
56	DRUGS CHARGED TO PATIENTS	26,106,022		26,106,022		26,106,022
57	RENAL DIALYSIS	1,459,194		1,459,194		1,459,194
59	97 CARDIAC REHABILITATION	1,798,260		1,798,260		1,798,260
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,715,623		1,715,623		1,715,623
61	EMERGENCY	14,054,637		14,054,637		14,054,637
62	OBSERVATION BEDS (NON-DIS	2,021,440		2,021,440		2,021,440
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	5,282,382		5,282,382		5,282,382
101	SUBTOTAL	268,025,241		268,025,241	43,337	268,068,578
102	LESS OBSERVATION BEDS	2,021,440		2,021,440		2,021,440
103	TOTAL	266,003,801		266,003,801	43,337	266,047,138

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
I 15-0051 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	58,332,822		58,332,822			
26	INTENSIVE CARE UNIT	7,145,750		7,145,750			
31	SUBPROVIDER	4,781,405		4,781,405			
33	NURSERY	5,234,171		5,234,171			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	17,907,003	23,921,820	41,828,823	.442932	.442932	.442932
37	01 CARDIOVASCULAR SURGERY	1,888,963		1,888,963	1.062014	1.062014	1.062014
37	02 PARTIAL HOSPITALIZATION		695,781	695,781	3.001712	3.001712	3.037482
38	RECOVERY ROOM	2,257,716	3,687,270	5,944,986	.361388	.361388	.361388
39	DELIVERY ROOM & LABOR ROO	11,149,917	1,118,734	12,268,651	.677572	.677572	.677572
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	18,087,705	69,467,005	87,554,710	.221046	.221046	.221046
41	01 MRI	2,876,181	6,778,171	9,654,352	.105104	.105104	.105104
44	LABORATORY	24,189,080	36,142,685	60,331,765	.294952	.294952	.294952
48	INTRAVENOUS THERAPY	318,923	111,397	430,320	.175669	.175669	.175669
49	RESPIRATORY THERAPY	6,136,441	638,247	6,774,688	.597170	.597170	.597170
50	PHYSICAL THERAPY	6,878,306	16,632,850	23,511,156	.697883	.697883	.697883
53	ELECTROCARDIOLOGY	19,955,929	17,991,834	37,947,763	.124695	.124695	.124695
54	ELECTROENCEPHALOGRAPHY	1,877,826	5,544,174	7,422,000	.308694	.308694	.308694
55	MEDICAL SUPPLIES CHARGED	85,469,632	43,451,381	128,921,013	.262239	.262239	.262239
55	30 IMPL. DEV. CHARGED TO PAT	9,538,694	8,539,480	18,078,174	.327192	.327192	.327192
56	DRUGS CHARGED TO PATIENTS	38,259,841	27,020,354	65,280,195	.399907	.399907	.399907
57	RENAL DIALYSIS	2,133,224		2,133,224	.684032	.684032	.684032
59	97 CARDIAC REHABILITATION	381,005	1,121,519	1,502,524	1.196826	1.196826	1.196826
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	69,244	800,372	869,616	1.972851	1.972851	1.972851
61	EMERGENCY	8,583,557	31,729,522	40,313,079	.348637	.348637	.348637
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		1,649,978	1,649,978	1.225131	1.225131	1.225131
65	AMBULANCE SERVICES		7,228,454	7,228,454	.730776	.730776	.730776
101	SUBTOTAL	333,453,335	304,271,028	637,724,363			
102	LESS OBSERVATION BEDS						
103	TOTAL	333,453,335	304,271,028	637,724,363			

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET C
 I I TO 12/31/2010 I PART II

WKST A LJ	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	18,527,318	2,172,555	16,354,763			18,527,318
37 01	CARDIOVASCULAR SURGERY	2,006,106	233,128	1,772,978			2,006,106
37 02	PARTIAL HOSPITALIZATION	2,088,534	289,384	1,799,150			2,088,534
38	RECOVERY ROOM	2,148,447	178,657	1,969,790			2,148,447
39	DELIVERY ROOM & LABOR ROO	8,312,892	1,508,188	6,804,704			8,312,892
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	19,353,623	2,239,790	17,113,833			19,353,623
41 01	MRI	1,014,715	89,414	925,301			1,014,715
44	LABORATORY	17,794,990	1,010,173	16,784,817			17,794,990
48	INTRAVENOUS THERAPY	75,594	1,893	73,701			75,594
49	RESPIRATORY THERAPY	4,045,643	189,509	3,856,134			4,045,643
50	PHYSICAL THERAPY	16,408,047	1,562,828	14,845,219			16,408,047
53	ELECTROCARDIOLOGY	4,731,886	490,301	4,241,585			4,731,886
54	ELECTROENCEPHALOGRAPHY	2,291,125	179,839	2,111,286			2,291,125
55	MEDICAL SUPPLIES CHARGED	33,808,125	795,821	33,012,304			33,808,125
55 30	IMPL. DEV. CHARGED TO PAT	5,915,029	135,652	5,779,377			5,915,029
56	DRUGS CHARGED TO PATIENTS	26,106,022	766,533	25,339,489			26,106,022
57	RENAL DIALYSIS	1,459,194	52,605	1,406,589			1,459,194
59 97	CARDIAC REHABILITATION	1,798,260	201,058	1,597,202			1,798,260
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,715,623	188,193	1,527,430			1,715,623
61	EMERGENCY	14,054,637	1,426,354	12,628,283			14,054,637
62	OBSERVATION BEDS (NON-DIS	2,021,440	223,201	1,798,239			2,021,440
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	5,282,382	498,713	4,783,669			5,282,382
101	SUBTOTAL	190,959,632	14,433,789	176,525,843			190,959,632
102	LESS OBSERVATION BEDS	2,021,440	223,201	1,798,239			2,021,440
103	TOTAL	188,938,192	14,210,588	174,727,604			188,938,192

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET C
 I I TO 12/31/2010 I PART II

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
LI		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	41,828,823	.442932	.442932
37 01	CARDIOVASCULAR SURGERY	1,888,963	1.062014	1.062014
37 02	PARTIAL HOSPITALIZATION	695,781	3.001712	3.001712
38	RECOVERY ROOM	5,944,986	.361388	.361388
39	DELIVERY ROOM & LABOR ROO	12,268,651	.677572	.677572
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	87,554,710	.221046	.221046
41 01	MRI	9,654,352	.105104	.105104
44	LABORATORY	60,331,765	.294952	.294952
48	INTRAVENOUS THERAPY	430,320	.175669	.175669
49	RESPIRATORY THERAPY	6,774,688	.597170	.597170
50	PHYSICAL THERAPY	23,511,156	.697883	.697883
53	ELECTROCARDIOLOGY	37,947,763	.124695	.124695
54	ELECTROENCEPHALOGRAPHY	7,422,000	.308694	.308694
55	MEDICAL SUPPLIES CHARGED	128,921,013	.262239	.262239
55 30	IMPL. DEV. CHARGED TO PAT	18,078,174	.327192	.327192
56	DRUGS CHARGED TO PATIENTS	65,280,195	.399907	.399907
57	RENAL DIALYSIS	2,133,224	.684032	.684032
59 97	CARDIAC REHABILITATION	1,502,524	1.196826	1.196826
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	869,616	1.972851	1.972851
61	EMERGENCY	40,313,079	.348637	.348637
62	OBSERVATION BEDS (NON-DIS	1,649,978	1.225131	1.225131
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	7,228,454	.730776	.730776
101	SUBTOTAL	562,230,215		
102	LESS OBSERVATION BEDS	1,649,978		
103	TOTAL	560,580,237		

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

**NOT A CMS WORKSHEET ** (09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET C
 I I TO 12/31/2010 I PART II

WKST A LI	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	18,527,318	2,172,555	16,354,763	217,256	948,576	17,361,486
37 01	CARDIOVASCULAR SURGERY	2,006,106	233,128	1,772,978	23,313	102,833	1,879,960
37 02	PARTIAL HOSPITALIZATION	2,088,534	289,384	1,799,150	28,938	104,351	1,955,245
38	RECOVERY ROOM	2,148,447	178,657	1,969,790	17,866	114,248	2,016,333
39	DELIVERY ROOM & LABOR ROO	8,312,892	1,508,188	6,804,704	150,819	394,673	7,767,400
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	19,353,623	2,239,790	17,113,833	223,979	992,602	18,137,042
41 01	MRI	1,014,715	89,414	925,301	8,941	53,667	952,107
44	LABORATORY	17,794,990	1,010,173	16,784,817	101,017	973,519	16,720,454
48	INTRAVENOUS THERAPY	75,594	1,893	73,701	189	4,275	71,130
49	RESPIRATORY THERAPY	4,045,643	189,509	3,856,134	18,951	223,656	3,803,036
50	PHYSICAL THERAPY	16,408,047	1,562,828	14,845,219	156,283	861,023	15,390,741
53	ELECTROCARDIOLOGY	4,731,886	490,301	4,241,585	49,030	246,012	4,436,844
54	ELECTROENCEPHALOGRAPHY	2,291,125	179,839	2,111,286	17,984	122,455	2,150,686
55	MEDICAL SUPPLIES CHARGED	33,808,125	795,821	33,012,304	79,582	1,914,714	31,813,829
55 30	IMPL. DEV. CHARGED TO PAT	5,915,029	135,652	5,779,377	13,565	335,204	5,566,260
56	DRUGS CHARGED TO PATIENTS	26,106,022	766,533	25,339,489	76,653	1,469,690	24,559,679
57	RENAL DIALYSIS	1,459,194	52,605	1,406,589	5,261	81,582	1,372,351
59 97	CARDIAC REHABILITATION	1,798,260	201,058	1,597,202	20,106	92,638	1,685,516
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,715,623	188,193	1,527,430	18,819	88,591	1,608,213
61	EMERGENCY	14,054,637	1,426,354	12,628,283	142,635	732,440	13,179,562
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,021,440	223,201	1,798,239	22,320	104,298	1,894,822
65	AMBULANCE SERVICES	5,282,382	498,713	4,783,669	49,871	277,453	4,955,058
101	SUBTOTAL	190,959,632	14,433,789	176,525,843	1,443,378	10,238,500	179,277,754
102	LESS OBSERVATION BEDS	2,021,440	223,201	1,798,239	22,320	104,298	1,894,822
103	TOTAL	188,938,192	14,210,588	174,727,604	1,421,058	10,134,202	177,382,932

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

**NOT A CMS WORKSHEET ** (09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET C
 I TO 12/31/2010 I PART II

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LT	NO.	7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	41,828,823	.415060	.437738
37 01	CARDIOVASCULAR SURGERY	1,888,963	.995234	1.049673
37 02	PARTIAL HOSPITALIZATION	695,781	2.810144	2.960121
38	RECOVERY ROOM	5,944,986	.339165	.358383
39	DELIVERY ROOM & LABOR ROO	12,268,651	.633110	.665279
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	87,554,710	.207151	.218488
41 01	MRI	9,654,352	.098619	.104178
44	LABORATORY	60,331,765	.277142	.293278
48	INTRAVENOUS THERAPY	430,320	.165296	.175230
49	RESPIRATORY THERAPY	6,774,688	.561360	.594373
50	PHYSICAL THERAPY	23,511,156	.654614	.691236
53	ELECTROCARDIOLOGY	37,947,763	.116920	.123403
54	ELECTROENCEPHALOGRAPHY	7,422,000	.289772	.306271
55	MEDICAL SUPPLIES CHARGED	128,921,013	.246770	.261622
55 30	IMPL. DEV. CHARGED TO PAT	18,078,174	.307899	.326441
56	DRUGS CHARGED TO PATIENTS	65,280,195	.376219	.398733
57	RENAL DIALYSIS	2,133,224	.643323	.681566
59 97	CARDIAC REHABILITATION	1,502,524	1.121790	1.183445
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	869,616	1.849337	1.951211
61	EMERGENCY	40,313,079	.326930	.345099
62	OBSERVATION BEDS (NON-DIS	1,649,978	1.148392	1.211604
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	7,228,454	.685493	.723877
101	SUBTOTAL	562,230,215		
102	LESS OBSERVATION BEDS	1,649,978		
103	TOTAL	560,580,237		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 12/31/2010 I PART I
 PPS

TITLE XVIII, PART A

WK LI	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	162,578		162,578	6,548,083		6,548,083
26	INTENSIVE CARE UNIT	28,856		28,856	532,210		532,210
31	SUBPROVIDER	13,792		13,792	599,977		599,977
33	NURSERY	8,182		8,182	334,925		334,925
101	TOTAL	213,408		213,408	8,015,195		8,015,195

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 12/31/2010 I PART I

TITLE XVIII, PART A

PPS

WKST A LT 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	50,961	22,708	3.19	72,439	128.49	2,917,751
26	INTENSIVE CARE UNIT	3,979	2,065	7.25	14,971	133.75	276,194
31	SUBPROVIDER	5,099	3,523	2.70	9,512	117.67	414,551
33	NURSERY	5,195		1.57		64.47	
101	TOTAL	65,234	28,296		96,922		3,608,496

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-0051 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A		HOSPITAL			PPS		
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL COST/CHRG RATIO	COSTS
LI		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	81,301	2,091,254	41,828,823	8,083,019	.001944	15,713
37 01	CARDIOVASCULAR SURGERY	5,174	227,954	1,888,963	839,883	.002739	2,300
37 02	PARTIAL HOSPITALIZATION	6,318	283,066	695,781		.009080	
38	RECOVERY ROOM	9,232	169,425	5,944,986	1,039,466	.001553	1,614
39	DELIVERY ROOM & LABOR ROO	32,597	1,475,591	12,268,651	25,459	.002657	68
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	53,637	2,186,153	87,554,710	10,783,784	.000613	6,610
41 01	MRI	4,989	84,425	9,654,352	1,385,175	.000517	716
44	LABORATORY	25,441	984,732	60,331,765	11,740,395	.000422	4,954
48	INTRAVENOUS THERAPY	68	1,825	430,320	98,062	.000158	15
49	RESPIRATORY THERAPY	5,430	184,079	6,774,688	3,509,079	.000802	2,814
50	PHYSICAL THERAPY	43,651	1,519,177	23,511,156	1,988,730	.001857	3,693
53	ELECTROCARDIOLOGY	11,665	478,636	37,947,763	10,857,783	.000307	3,333
54	ELECTROENCEPHALOGRAPHY	4,513	175,326	7,422,000	1,140,462	.000608	693
55	MEDICAL SUPPLIES CHARGED	28,979	766,842	128,921,013	40,027,744	.000225	9,006
55 30	IMPL. DEV. CHARGED TO PAT	4,947	130,705	18,078,174	5,483,145	.000274	1,502
56	DRUGS CHARGED TO PATIENTS	21,600	744,933	65,280,195	18,314,994	.000331	6,062
57	RENAL DIALYSIS	2,547	50,058	2,133,224	1,110,764	.001194	1,326
59 97	CARDIAC REHABILITATION	4,411	196,647	1,502,524	222,613	.002936	654
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	4,182	184,011	869,616	37,538	.004809	181
61	EMERGENCY	33,870	1,392,484	40,313,079	4,243,829	.000840	3,565
62	OBSERVATION BEDS (NON-DIS	5,407	217,794	1,649,978		.003277	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	389,959	13,545,117	555,001,761	120,931,924		64,819

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-0051 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LJ		CST/CHRG	RATIO COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.049996	404,119
37 01	CARDIOVASCULAR SURGERY	.120677	101,355
37 02	PARTIAL HOSPITALIZATION	.406832	
38	RECOVERY ROOM	.028499	29,624
39	DELIVERY ROOM & LABOR ROO	.120273	3,062
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.024969	269,260
41 01	MRI	.008745	12,113
44	LABORATORY	.016322	191,627
48	INTRAVENOUS THERAPY	.004241	416
49	RESPIRATORY THERAPY	.027172	95,349
50	PHYSICAL THERAPY	.064615	128,502
53	ELECTROCARDIOLOGY	.012613	136,949
54	ELECTROENCEPHALOGRAPHY	.023622	26,940
55	MEDICAL SUPPLIES CHARGED	.005948	238,085
55 30	IMPL. DEV. CHARGED TO PAT	.007230	39,643
56	DRUGS CHARGED TO PATIENTS	.011411	208,992
57	RENAL DIALYSIS	.023466	26,065
59 97	CARDIAC REHABILITATION	.130878	29,135
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.211600	7,943
61	EMERGENCY	.034542	146,590
62	OBSERVATION BEDS (NON-DIS	.131998	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		2,095,769

PPS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 12/31/2010 I PART III
 PPS

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

WKST A LT NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					50,961	
26	INTENSIVE CARE UNIT					3,979	
31	SUBPROVIDER					5,099	
33	NURSERY					5,195	
101	TOTAL					65,234	

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 12/31/2010 I PART III

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

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LI		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	22,708	
26	INTENSIVE CARE UNIT	2,065	
31	SUBPROVIDER	3,523	
33	NURSERY		
101	TOTAL	28,296	

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART IV
 I 15-0051 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
LI 0.		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37	01 CARDIOVASCULAR SURGERY						
37	02 PARTIAL HOSPITALIZATION						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 MRI						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART IV
 I 15-0051 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LI 0.	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 CHARGE 6	PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			41,828,823			8,083,019	
37 01	CARDIOVASCULAR SURGERY			1,888,963			839,883	
37 02	PARTIAL HOSPITALIZATION			695,781				
38	RECOVERY ROOM			5,944,986			1,039,466	
39	DELIVERY ROOM & LABOR ROO			12,268,651			25,459	
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			87,554,710			10,783,784	
41 01	MRI			9,654,352			1,385,175	
44	LABORATORY			60,331,765			11,740,395	
48	INTRAVENOUS THERAPY			430,320			98,062	
49	RESPIRATORY THERAPY			6,774,688			3,509,079	
50	PHYSICAL THERAPY			23,511,156			1,988,730	
53	ELECTROCARDIOLOGY			37,947,763			10,857,783	
54	ELECTROENCEPHALOGRAPHY			7,422,000			1,140,462	
55	MEDICAL SUPPLIES CHARGED			128,921,013			40,027,744	
55 30	IMPL. DEV. CHARGED TO PAT			18,078,174			5,483,145	
56	DRUGS CHARGED TO PATIENTS			65,280,195			18,314,994	
57	RENAL DIALYSIS			2,133,224			1,110,764	
59 97	CARDIAC REHABILITATION			1,502,524			222,613	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			869,616			37,538	
61	EMERGENCY			40,313,079			4,243,829	
62	OBSERVATION BEDS (NON-DIS			1,649,978				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			555,001,761			120,931,924	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
L NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,872,689					
37 01	CARDIOVASCULAR SURGERY						
37 02	PARTIAL HOSPITALIZATION	282,303					
38	RECOVERY ROOM	236,279					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	24,714,729					
41 01	MRI	1,567,836					
44	LABORATORY	2,119,288					
48	INTRAVENOUS THERAPY	23,830					
49	RESPIRATORY THERAPY	160,979					
50	PHYSICAL THERAPY	2,690,681					
53	ELECTROCARDIOLOGY	6,568,412					
54	ELECTROENCEPHALOGRAPHY	1,475,495					
55	MEDICAL SUPPLIES CHARGED	11,497,772					
55 30	IMPL. DEV. CHARGED TO PAT	4,689,342					
56	DRUGS CHARGED TO PATIENTS	9,043,863					
57	RENAL DIALYSIS						
59 97	CARDIAC REHABILITATION	451,768					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	367,105					
61	EMERGENCY	5,929,731					
62	OBSERVATION BEDS (NON-DIS	740,162					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	78,432,264					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART V
 I 15-0051 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.442932	.442932			
37 01 CARDIOVASCULAR SURGERY	1.062014	1.062014			
37 02 PARTIAL HOSPITALIZATION	3.001712	3.001712			
38 RECOVERY ROOM	.361388	.361388			
39 DELIVERY ROOM & LABOR ROOM	.677572	.677572			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.221046	.221046			
41 01 MRI	.105104	.105104			
44 LABORATORY	.294952	.294952			
48 INTRAVENOUS THERAPY	.175669	.175669			
49 RESPIRATORY THERAPY	.597170	.597170			
50 PHYSICAL THERAPY	.697883	.697883			
53 ELECTROCARDIOLOGY	.124695	.124695			
54 ELECTROENCEPHALOGRAPHY	.308694	.308694			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.262239	.262239			
55 30 IMPL. DEV. CHARGED TO PATIENT	.327192	.327192			
56 DRUGS CHARGED TO PATIENTS	.399907	.399907			
57 RENAL DIALYSIS	.684032	.684032			
59 97 CARDIAC REHABILITATION	1.196826	1.196826			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.972851	1.972851			
61 EMERGENCY	.348637	.348637			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.225131	1.225131			
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.730776	.730776			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART V
 I 15-0051 I I

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		5,872,689			
37 01 CARDIOVASCULAR SURGERY					
37 02 PARTIAL HOSPITALIZATION		282,303			
38 RECOVERY ROOM		236,279			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		24,714,729			
41 01 MRI		1,567,836			
44 LABORATORY		2,119,288			
48 INTRAVENOUS THERAPY		23,830			
49 RESPIRATORY THERAPY		160,979			
50 PHYSICAL THERAPY		2,690,681			
53 ELECTROCARDIOLOGY		6,568,412			
54 ELECTROENCEPHALOGRAPHY		1,475,495			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		11,497,772			
55 30 IMPL. DEV. CHARGED TO PATIENT		4,689,342			
56 DRUGS CHARGED TO PATIENTS		9,043,863			
57 RENAL DIALYSIS					
59 97 CARDIAC REHABILITATION		451,768			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		367,105			
61 EMERGENCY		5,929,731			
62 OBSERVATION BEDS (NON-DISTINCT PART)		740,162			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		78,432,264			
102 CRNA CHARGES					
103 LESS P8P CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		78,432,264			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/30/2011
I	15-0051	I	FROM 1/ 1/2010	I	WORKSHEET D	
I	COMPONENT NO:	I	TO 12/31/2010	I	PART V	
I	15-0051	I		I		

TITLE XVIII, PART B

HOSPITAL

		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FY8 to 12/31	Non-PPS Services
Cost Center Description		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				2,601,202	
37	01 CARDIOVASCULAR SURGERY					
37	02 PARTIAL HOSPITALIZATION				847,392	
38	RECOVERY ROOM				85,388	
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC				5,463,092	
41	01 MRI				164,786	
44	LABORATORY				625,088	
48	INTRAVENOUS THERAPY				4,186	
49	RESPIRATORY THERAPY				96,132	
50	PHYSICAL THERAPY				1,877,781	
53	ELECTROCARDIOLOGY				819,048	
54	ELECTROENCEPHALOGRAPHY				455,476	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				3,015,164	
55	30 IMPL. DEV. CHARGED TO PATIENT				1,534,315	
56	DRUGS CHARGED TO PATIENTS				3,616,704	
57	RENAL DIALYSIS					
59	97 CARDIAC REHABILITATION				540,688	
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC				724,243	
61	EMERGENCY				2,067,324	
62	OBSERVATION BEDS (NON-DISTINCT PART)				906,795	
62	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL				25,444,804	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
103	PROGRAM ONLY CHARGES					
104	NET CHARGES				25,444,804	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART V
 I 15-0051 I I

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			
37 01 CARDIOVASCULAR SURGERY			
37 02 PARTIAL HOSPITALIZATION			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 MRI			
44 LABORATORY			
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30 IMPL. DEV. CHARGED TO PATIENT			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
59 97 CARDIAC REHABILITATION			
60 OUTPAT SERVICE COST CNTRS			
60 CLINIC			
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-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/30/2011
I	15-0051	I	FROM 1/ 1/2010	I	WORKSHEET D
I	COMPONENT NO:	I	TO 12/31/2010	I	PART VI
I	15-0051	I		I	

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.399907
3	PROGRAM COSTS	91,952
		36,772

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0051
 I PERIOD: FROM 1/ 1/2010 TO 12/31/2010
 I COMPONENT NO: 15-T051
 I PREPARED 5/30/2011
 I WORKSHEET D
 I PART II
 I PPS

TITLE XVIII, PART A

SUBPROVIDER 1

WKST A L7 O.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	81,301	2,091,254	41,828,823	30,585	.001944	59
37 01	CARDIOVASCULAR SURGERY	5,174	227,954	1,888,963		.002739	
37 02	PARTIAL HOSPITALIZATION	6,318	283,066	695,781		.009080	
38	RECOVERY ROOM	9,232	169,425	5,944,986	11,480	.001553	18
39	DELIVERY ROOM & LABOR ROO	32,597	1,475,591	12,268,651		.002657	
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	53,637	2,186,153	87,554,710	227,681	.000613	140
41 01	MRI	4,989	84,425	9,654,352	45,459	.000517	24
44	LABORATORY	25,441	984,732	60,331,765	544,486	.000422	230
48	INTRAVENOUS THERAPY	68	1,825	430,320	877	.000158	
49	RESPIRATORY THERAPY	5,430	184,079	6,774,688	111,591	.000802	89
50	PHYSICAL THERAPY	43,651	1,519,177	23,511,156	2,510,063	.001857	4,661
53	ELECTROCARDIOLOGY	11,665	478,636	37,947,763	50,876	.000307	16
54	ELECTROENCEPHALOGRAPHY	4,513	175,326	7,422,000	60,543	.000608	37
55	MEDICAL SUPPLIES CHARGED	28,979	766,842	128,921,013	329,288	.000225	74
55 30	IMPL. DEV. CHARGED TO PAT	4,947	130,705	18,078,174	342	.000274	
56	DRUGS CHARGED TO PATIENTS	21,600	744,933	65,280,195	910,753	.000331	301
57	RENAL DIALYSIS	2,547	50,058	2,133,224	40,349	.001194	48
59 97	CARDIAC REHABILITATION	4,411	196,647	1,502,524	16,074	.002936	47
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	4,182	184,011	869,616		.004809	
61	EMERGENCY	33,870	1,392,484	40,313,079	8,202	.000840	7
62	OBSERVATION BEDS (NON-DIS	5,407	217,794	1,649,978		.003277	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	389,959	13,545,117	555,001,761	4,898,649		5,751

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-T051 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
L NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.049996	1,529
37 01	CARDIOVASCULAR SURGERY	.120677	
37 02	PARTIAL HOSPITALIZATION	.406832	
38	RECOVERY ROOM	.028499	327
39	DELIVERY ROOM & LABOR ROO	.120273	
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.024969	5,685
41 01	MRI	.008745	398
44	LABORATORY	.016322	8,887
48	INTRAVENOUS THERAPY	.004241	4
49	RESPIRATORY THERAPY	.027172	3,032
50	PHYSICAL THERAPY	.064615	162,188
53	ELECTROCARDIOLOGY	.012613	642
54	ELECTROENCEPHALOGRAPHY	.023622	1,430
55	MEDICAL SUPPLIES CHARGED	.005948	1,959
55 30	IMPL. DEV. CHARGED TO PAT	.007230	2
56	DRUGS CHARGED TO PATIENTS	.011411	10,393
57	RENAL DIALYSIS	.023466	947
59 97	CARDIAC REHABILITATION	.130878	2,104
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.211600	
61	EMERGENCY	.034542	283
62	OBSERVATION BEDS (NON-DIS	.131998	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		199,810

PPS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART IV
 I 15-T051 I I

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LT NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2		2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM							
37 01	CARDIOVASCULAR SURGERY							
37 02	PARTIAL HOSPITALIZATION							
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC							
41 01	MRI							
44	LABORATORY							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED							
55 30	IMPL. DEV. CHARGED TO PAT							
56	DRUGS CHARGED TO PATIENTS							
57	RENAL DIALYSIS							
59 97	CARDIAC REHABILITATION							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
62	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL							

TITLE XVIII, PART A

SUBPROVIDER 1

WKST A LT	NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
		ANCILLARY SRVC COST CNTRS							
37		OPERATING ROOM			41,828,823			30,585	
37	01	CARDIOVASCULAR SURGERY			1,888,963				
37	02	PARTIAL HOSPITALIZATION			695,781				
38		RECOVERY ROOM			5,944,986			11,480	
39		DELIVERY ROOM & LABOR ROO			12,268,651				
40		ANESTHESIOLOGY							
41		RADIOLOGY-DIAGNOSTIC			87,554,710			227,681	
41	01	MRI			9,654,352			45,459	
44		LABORATORY			60,331,765			544,486	
48		INTRAVENOUS THERAPY			430,320			877	
49		RESPIRATORY THERAPY			6,774,688			111,591	
50		PHYSICAL THERAPY			23,511,156			2,510,063	
53		ELECTROCARDIOLOGY			37,947,763			50,876	
54		ELECTROENCEPHALOGRAPHY			7,422,000			60,543	
55		MEDICAL SUPPLIES CHARGED			128,921,013			329,288	
55	30	IMPL. DEV. CHARGED TO PAT			18,078,174			342	
56		DRUGS CHARGED TO PATIENTS			65,280,195			910,753	
57		RENAL DIALYSIS			2,133,224			40,349	
59	97	CARDIAC REHABILITATION			1,502,524			16,074	
		OUTPAT SERVICE COST CNTRS							
60		CLINIC			869,616				
61		EMERGENCY			40,313,079			8,202	
62		OBSERVATION BEDS (NON-DIS			1,649,978				
		OTHER REIMBURS COST CNTRS							
65		AMBULANCE SERVICES							
101		TOTAL			555,001,761			4,898,649	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A L NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
37 01	CARDIOVASCULAR SURGERY						
37 02	PARTIAL HOSPITALIZATION						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		608				
41 01	MRI						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59 97	CARDIAC REHABILITATION						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		608				

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART V
 I 15-T051 I I

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.442932	.442932			
37 01 CARDIOVASCULAR SURGERY	1.062014	1.062014			
37 02 PARTIAL HOSPITALIZATION	3.001712	3.001712			
38 RECOVERY ROOM	.361388	.361388			
39 DELIVERY ROOM & LABOR ROOM	.677572	.677572			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.221046	.221046			
41 01 MRI	.105104	.105104			
44 LABORATORY	.294952	.294952			
48 INTRAVENOUS THERAPY	.175669	.175669			
49 RESPIRATORY THERAPY	.597170	.597170			
50 PHYSICAL THERAPY	.697883	.697883			
53 ELECTROCARDIOLOGY	.124695	.124695			
54 ELECTROENCEPHALOGRAPHY	.308694	.308694			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.262239	.262239			
55 30 IMPL. DEV. CHARGED TO PATIENT	.327192	.327192			
56 DRUGS CHARGED TO PATIENTS	.399907	.399907			
57 RENAL DIALYSIS	.684032	.684032			
59 97 CARDIAC REHABILITATION	1.196826	1.196826			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.972851	1.972851			
61 EMERGENCY	.348637	.348637			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.225131	1.225131			
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.730776	.730776			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
(A) ANCILLARY SRVC COST CNTRS	5	5.01	5.02	5.03	6
37 OPERATING ROOM					
37 01 CARDIOVASCULAR SURGERY					
37 02 PARTIAL HOSPITALIZATION					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		608			
41 01 MRI					
44 LABORATORY					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
59 97 CARDIAC REHABILITATION					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		608			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		608			

(A) WORKSHEET A LINE NUMBERS

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

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART V
 I 15-T051 I I

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
37 01 CARDIOVASCULAR SURGERY					
37 02 PARTIAL HOSPITALIZATION					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				134	
41 01 MRI					
44 LABORATORY					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
59 97 CARDIAC REHABILITATION					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				134	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				134	

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART V
 I 15-T051 I

TITLE XVIII, PART B

SUBPROVIDER 1

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
- 37 01 CARDIOVASCULAR SURGERY
- 37 02 PARTIAL HOSPITALIZATION
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 MRI
- 44 LABORATORY
- 48 INTRAVENOUS THERAPY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 30 IMPL. DEV. CHARGED TO PATIENT
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 59 97 CARDIAC REHABILITATION
- 60 OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 62 OTHER REIMBURS COST CNTRS
- 65 AMBULANCE SERVICES
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/30/2011
I	15-0051	I	FROM 1/ 1/2010	I	WORKSHEET D	
I	COMPONENT NO:	I	TO 12/31/2010	I	PART VI	
I	15-T051	I		I		

TITLE XVIII, PART B

SUBPROVIDER 1

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.399907
2	PROGRAM VACCINE CHARGES		2,369
3	PROGRAM COSTS		947

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 12/31/2010 I PART I

TITLE XIX

PPS

WK LI	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS	162,578		162,578	6,548,083		6,548,083
26	ADULTS & PEDIATRICS	28,856		28,856	532,210		532,210
31	INTENSIVE CARE UNIT	13,792		13,792	599,977		599,977
33	SUBPROVIDER	8,182		8,182	334,925		334,925
101	NURSERY						
	TOTAL	213,408		213,408	8,015,195		8,015,195

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 12/31/2010 I PART I

TITLE XIX

PPS

WKST A LT 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	50,961	8,816	3.19	28,123	128.49	1,132,768
26	INTENSIVE CARE UNIT	3,979	167	7.25	1,211	133.75	22,336
31	SUBPROVIDER	5,099	238	2.70	643	117.67	28,005
33	NURSERY	5,195	2,736	1.57	4,296	64.47	176,390
101	TOTAL	65,234	11,957		34,273		1,359,499

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-0051 I I

TITLE XIX

HOSPITAL

PPS

WKST A L NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	81,301	2,091,254	41,828,823	1,161,156	.001944	2,257
37 01	CARDIOVASCULAR SURGERY	5,174	227,954	1,888,963	129,442	.002739	355
37 02	PARTIAL HOSPITALIZATION	6,318	283,066	695,781		.009080	
38	RECOVERY ROOM	9,232	169,425	5,944,986	156,314	.001553	243
39	DELIVERY ROOM & LABOR ROO	32,597	1,475,591	12,268,651	4,294,701	.002657	11,411
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	53,637	2,186,153	87,554,710	1,803,697	.000613	1,106
41 01	MRI	4,989	84,425	9,654,352	326,249	.000517	169
44	LABORATORY	25,441	984,732	60,331,765	2,935,562	.000422	1,239
48	INTRAVENOUS THERAPY	68	1,825	430,320	53,472	.000158	8
49	RESPIRATORY THERAPY	5,430	184,079	6,774,688	601,749	.000802	483
50	PHYSICAL THERAPY	43,651	1,519,177	23,511,156	206,065	.001857	383
53	ELECTROCARDIOLOGY	11,665	478,636	37,947,763	955,014	.000307	293
54	ELECTROENCEPHALOGRAPHY	4,513	175,326	7,422,000	158,286	.000608	96
55	MEDICAL SUPPLIES CHARGED	28,979	766,842	128,921,013	5,261,586	.000225	1,184
55 30	IMPL. DEV. CHARGED TO PAT	4,947	130,705	18,078,174	216,679	.000274	59
56	DRUGS CHARGED TO PATIENTS	21,600	744,933	65,280,195	4,843,023	.000331	1,603
57	RENAL DIALYSIS	2,547	50,058	2,133,224	143,485	.001194	171
59 97	CARDIAC REHABILITATION	4,411	196,647	1,502,524	24,375	.002936	72
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	4,182	184,011	869,616	6,172	.004809	30
61	EMERGENCY	33,870	1,392,484	40,313,079	874,798	.000840	735
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	5,407	217,794	1,649,978		.003277	
65	AMBULANCE SERVICES						
101	TOTAL	389,959	13,545,117	555,001,761	24,151,825		21,897

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-0051 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XIX		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LI		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.049996	58,053
37 01	CARDIOVASCULAR SURGERY	.120677	15,621
37 02	PARTIAL HOSPITALIZATION	.406832	
38	RECOVERY ROOM	.028499	4,455
39	DELIVERY ROOM & LABOR ROO	.120273	516,537
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.024969	45,037
41 01	MRI	.008745	2,853
44	LABORATORY	.016322	47,914
48	INTRAVENOUS THERAPY	.004241	227
49	RESPIRATORY THERAPY	.027172	16,351
50	PHYSICAL THERAPY	.064615	13,315
53	ELECTROCARDIOLOGY	.012613	12,046
54	ELECTROENCEPHALOGRAPHY	.023622	3,739
55	MEDICAL SUPPLIES CHARGED	.005948	31,296
55 30	IMPL. DEV. CHARGED TO PAT	.007230	1,567
56	DRUGS CHARGED TO PATIENTS	.011411	55,264
57	RENAL DIALYSIS	.023466	3,367
59 97	CARDIAC REHABILITATION	.130878	3,190
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.211600	1,306
61	EMERGENCY	.034542	30,217
62	OBSERVATION BEDS (NON-DIS	.131998	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		862,355

PPS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 12/31/2010 I PART III

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

PPS

WKST A L NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					50,961	
26	INTENSIVE CARE UNIT					3,979	
31	SUBPROVIDER					5,099	
33	NURSERY					5,195	
101	TOTAL					65,234	

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 12/31/2010 I PART III

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LJ NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	8,816	
26	INTENSIVE CARE UNIT	167	
31	SUBPROVIDER	238	
33	NURSERY	2,736	
101	TOTAL	11,957	

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART IV
 I 15-0051 I I

TITLE XIX

HOSPITAL

PPS

WKST A L NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2		2.01	2.02	2.03
37	OPERATING ROOM							
37 01	CARDIOVASCULAR SURGERY							
37 02	PARTIAL HOSPITALIZATION							
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC							
41 01	MRI							
44	LABORATORY							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED							
55 30	IMPL. DEV. CHARGED TO PAT							
56	DRUGS CHARGED TO PATIENTS							
57	RENAL DIALYSIS							
59 97	CARDIAC REHABILITATION							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
62	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL							

TITLE XIX

HOSPITAL

PPS

WKST A LT	O.	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 CHARGE 6	PROG PASS THRU COST 7
		ANCILLARY SRVC COST CNTRS							
37		OPERATING ROOM			41,828,823			1,161,156	
37	01	CARDIOVASCULAR SURGERY			1,888,963			129,442	
37	02	PARTIAL HOSPITALIZATION			695,781				
38		RECOVERY ROOM			5,944,986			156,314	
39		DELIVERY ROOM & LABOR ROO			12,268,651			4,294,701	
40		ANESTHESIOLOGY							
41		RADIOLOGY-DIAGNOSTIC			87,554,710			1,803,697	
41	01	MRI			9,654,352			326,249	
44		LABORATORY			60,331,765			2,935,562	
48		INTRAVENOUS THERAPY			430,320			53,472	
49		RESPIRATORY THERAPY			6,774,688			601,749	
50		PHYSICAL THERAPY			23,511,156			206,065	
53		ELECTROCARDIOLOGY			37,947,763			955,014	
54		ELECTROENCEPHALOGRAPHY			7,422,000			158,286	
55		MEDICAL SUPPLIES CHARGED			128,921,013			5,261,586	
55	30	IMPL. DEV. CHARGED TO PAT			18,078,174			216,679	
56		DRUGS CHARGED TO PATIENTS			65,280,195			4,843,023	
57		RENAL DIALYSIS			2,133,224			143,485	
59	97	CARDIAC REHABILITATION			1,502,524			24,375	
		OUTPAT SERVICE COST CNTRS							
60		CLINIC			869,616			6,172	
61		EMERGENCY			40,313,079			874,798	
62		OBSERVATION BEDS (NON-DIS			1,649,978				
		OTHER REIMBURS COST CNTRS							
65		AMBULANCE SERVICES							
101		TOTAL			555,001,761			24,151,825	

TITLE XIX

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	OUTPUT PROG	OUTPUT PROG	OUTPUT PROG	OUTPUT PROG	COL 8.01	COL 8.02
LT		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,342,297					
37 01	CARDIOVASCULAR SURGERY						
37 02	PARTIAL HOSPITALIZATION	165,514					
38	RECOVERY ROOM	404,534					
39	DELIVERY ROOM & LABOR ROO	731,027					
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	6,460,902					
41 01	MRI	792,868					
44	LABORATORY	4,943,851					
48	INTRAVENOUS THERAPY	16,539					
49	RESPIRATORY THERAPY	89,173					
50	PHYSICAL THERAPY	1,964,234					
53	ELECTROCARDIOLOGY	1,054,763					
54	ELECTROENCEPHALOGRAPHY	568,135					
55	MEDICAL SUPPLIES CHARGED	3,204,901					
55 30	IMPL. DEV. CHARGED TO PAT	695,217					
56	DRUGS CHARGED TO PATIENTS	2,457,165					
57	RENAL DIALYSIS						
59 97	CARDIAC REHABILITATION	36,602					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	43,682					
61	EMERGENCY	5,694,165					
62	OBSERVATION BEDS (NON-DIS	710,911					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,126,254					
101	TOTAL	33,502,734					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART V
 I 15-0051 I I

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.415060				2,342,297
37 01 CARDIOVASCULAR SURGERY	.995234				
37 02 PARTIAL HOSPITALIZATION	2.810144				165,514
38 RECOVERY ROOM	.339165				404,534
39 DELIVERY ROOM & LABOR ROOM	.633110				731,027
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.207151				6,460,902
41 01 MRI	.098619				792,868
44 LABORATORY	.277142				4,943,851
48 INTRAVENOUS THERAPY	.165296				16,539
49 RESPIRATORY THERAPY	.561360				89,173
50 PHYSICAL THERAPY	.654614				1,964,234
53 ELECTROCARDIOLOGY	.116920				1,054,763
54 ELECTROENCEPHALOGRAPHY	.289772				568,135
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.246770				3,204,901
55 30 IMPL. DEV. CHARGED TO PATIENT	.307899				695,217
56 DRUGS CHARGED TO PATIENTS	.376219				2,457,165
57 RENAL DIALYSIS	.643323				
59 97 CARDIAC REHABILITATION	1.121790				36,602
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.849337				43,682
61 EMERGENCY	.326930				5,694,165
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.148392				710,911
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.685493				1,126,254
101 SUBTOTAL					33,502,734
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					33,502,734

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART V
 I 15-0051 I I

TITLE XIX - O/P

HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
(A) 37 ANCILLARY SRVC COST CNTRS	5.01	5.02	5.03	6	7
37 01 OPERATING ROOM					
37 02 CARDIOVASCULAR SURGERY					
38 02 PARTIAL HOSPITALIZATION					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 MRI					
44 LABORATORY					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
59 97 CARDIAC REHABILITATION					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES					
102 SUBTOTAL					
103 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
104 PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART V
 I 15-0051 I I

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		972,194			
37 01 CARDIOVASCULAR SURGERY					
37 02 PARTIAL HOSPITALIZATION		465,118			
38 RECOVERY ROOM		137,204			
39 DELIVERY ROOM & LABOR ROOM		462,821			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		1,338,382			
41 01 MRI		78,192			
44 LABORATORY		1,370,149			
48 INTRAVENOUS THERAPY		2,734			
49 RESPIRATORY THERAPY		50,058			
50 PHYSICAL THERAPY		1,285,815			
53 ELECTROCARDIOLOGY		123,323			
54 ELECTROENCEPHALOGRAPHY		164,630			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		790,873			
55 30 IMPL. DEV. CHARGED TO PATIENT		214,057			
56 DRUGS CHARGED TO PATIENTS		924,432			
57 RENAL DIALYSIS					
59 97 CARDIAC REHABILITATION		41,060			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		80,783			
61 EMERGENCY		1,861,593			
62 OBSERVATION BEDS (NON-DISTINCT PART)		816,405			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES		772,039			
101 SUBTOTAL		11,951,862			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		11,951,862			

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-T051 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LJ NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	81,301	2,091,254	41,828,823	1,523	.001944	3
37 01	CARDIOVASCULAR SURGERY	5,174	227,954	1,888,963		.002739	
37 02	PARTIAL HOSPITALIZATION	6,318	283,066	695,781		.009080	
38	RECOVERY ROOM	9,232	169,425	5,944,986		.001553	
39	DELIVERY ROOM & LABOR ROO	32,597	1,475,591	12,268,651		.002657	
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	53,637	2,186,153	87,554,710	1,986	.000613	1
41 01	MRI	4,989	84,425	9,654,352	8,398	.000517	4
44	LABORATORY	25,441	984,732	60,331,765	14,242	.000422	6
48	INTRAVENOUS THERAPY	68	1,825	430,320	121	.000158	
49	RESPIRATORY THERAPY	5,430	184,079	6,774,688	2,972	.000802	2
50	PHYSICAL THERAPY	43,651	1,519,177	23,511,156	136,856	.001857	254
53	ELECTROCARDIOLOGY	11,665	478,636	37,947,763	551	.000307	
54	ELECTROENCEPHALOGRAPHY	4,513	175,326	7,422,000	1,324	.000608	1
55	MEDICAL SUPPLIES CHARGED	28,979	766,842	128,921,013	11,919	.000225	3
55 30	IMPL. DEV. CHARGED TO PAT	4,947	130,705	18,078,174	491	.000274	
56	DRUGS CHARGED TO PATIENTS	21,600	744,933	65,280,195	25,772	.000331	9
57	RENAL DIALYSIS	2,547	50,058	2,133,224		.001194	
59 97	CARDIAC REHABILITATION	4,411	196,647	1,502,524	14	.002936	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	4,182	184,011	869,616		.004809	
61	EMERGENCY	33,870	1,392,484	40,313,079	75	.000840	
62	OBSERVATION BEDS (NON-DIS	5,407	217,794	1,649,978		.003277	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	389,959	13,545,117	555,001,761	206,244		283

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-T051 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XIX SUBPROVIDER 1

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
L: O.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.049996	76
37 01	CARDIOVASCULAR SURGERY	.120677	
37 02	PARTIAL HOSPITALIZATION	.406832	
38	RECOVERY ROOM	.028499	
39	DELIVERY ROOM & LABOR ROO	.120273	
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.024969	50
41 01	MRI	.008745	73
44	LABORATORY	.016322	232
48	INTRAVENOUS THERAPY	.004241	1
49	RESPIRATORY THERAPY	.027172	81
50	PHYSICAL THERAPY	.064615	8,843
53	ELECTROCARDIOLOGY	.012613	7
54	ELECTROENCEPHALOGRAPHY	.023622	31
55	MEDICAL SUPPLIES CHARGED	.005948	71
55 30	IMPL. DEV. CHARGED TO PAT	.007230	4
56	DRUGS CHARGED TO PATIENTS	.011411	294
57	RENAL DIALYSIS	.023466	
59 97	CARDIAC REHABILITATION	.130878	2
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.211600	
61	EMERGENCY	.034542	3
62	OBSERVATION BEDS (NON-DIS	.131998	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		9,768

PPS

TITLE XIX		SUBPROVIDER 1		MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN		SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
LI 0.		ANESTHETIST	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	CARDIOVASCULAR SURGERY						
37 02	PARTIAL HOSPITALIZATION						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	MRI						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59 97	CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LT NO.	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
		3	3.01	4	5	5.01	6	7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			41,828,823			1,523	
37 01	CARDIOVASCULAR SURGERY			1,888,963				
37 02	PARTIAL HOSPITALIZATION			695,781				
38	RECOVERY ROOM			5,944,986				
39	DELIVERY ROOM & LABOR ROO			12,268,651				
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			87,554,710			1,986	
41 01	MRI			9,654,352			8,398	
44	LABORATORY			60,331,765			14,242	
48	INTRAVENOUS THERAPY			430,320			121	
49	RESPIRATORY THERAPY			6,774,688			2,972	
50	PHYSICAL THERAPY			23,511,156			136,856	
53	ELECTROCARDIOLOGY			37,947,763			551	
54	ELECTROENCEPHALOGRAPHY			7,422,000			1,324	
55	MEDICAL SUPPLIES CHARGED			128,921,013			11,919	
55 30	IMPL. DEV. CHARGED TO PAT			18,078,174			491	
56	DRUGS CHARGED TO PATIENTS			65,280,195			25,772	
57	RENAL DIALYSIS			2,133,224				
59 97	CARDIAC REHABILITATION			1,502,524			14	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			869,616				
61	EMERGENCY			40,313,079			75	
62	OBSERVATION BEDS (NON-DIS			1,649,978				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			555,001,761			206,244	

TITLE XIX

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
LI	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
37 01	CARDIOVASCULAR SURGERY						
37 02	PARTIAL HOSPITALIZATION						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	MRI						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59 97	CARDIAC REHABILITATION						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/30/2011
I	15-0051	I	FROM 1/ 1/2010	I	WORKSHEET D-1	
I	COMPONENT NO:	I	TO 12/31/2010	I	PART I	
I	15-0051	I		I		

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)	50,961
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	50,961
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	34,912
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	16,049
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)	22,708
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	60,775,487
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	60,775,487

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	51,715,058
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	35,578,510
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16,136,548
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.175199
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,019.09
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,005.46
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	13.63
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	16.02
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	559,290
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	60,216,197

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART II
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TITLE XVIII PART A

HOSPITAL

PPS

II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,192.59
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					27,081,334
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					27,081,334

	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	7,157,399	3,979	1,798.79	2,065	3,714,501
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					3,281,355
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					2,160,588
52	TOTAL PROGRAM EXCLUDABLE COST					5,441,943
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					63,612,761

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 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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART III
 I 15-0051 I I

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
- 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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 1,695
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 1,192.59
- 85 OBSERVATION BED COST 2,021,440

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	1	2	3	4	5
	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
86 OLD CAPITAL-RELATED COST	162,578	60,775,487	.002675	2,021,440	5,407
87 NEW CAPITAL-RELATED COST	6,548,083	60,775,487	.107742	2,021,440	217,794
88 NON PHYSICIAN ANESTHETIST MEDICAL EDUCATION		60,775,487		2,021,440	
89.01 MEDICAL EDUCATION - ALLIED HEA		60,775,487		2,021,440	
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/30/2011
I	15-0051	I	FROM 1/ 1/2010	I	WORKSHEET	0-1
I	COMPONENT NO:	I	TO 12/31/2010	I	PART	I
I	15-T051	I		I		

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)	5,099
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,099
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,545
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,554
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,523
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	
	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	4,831,377
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	4,831,377

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,613,850
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,415,250
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,198,600
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.047147
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	916.02
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	900.00
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	16.02
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	16.78
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	25,925
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,805,452

COMPUTATION OF INPATIENT OPERATING COST

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TITLE XVIII PART A

SUBPROVIDER I

PPS

II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 947.51
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,338,078
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,338,078

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					2,577,333
49 TOTAL PROGRAM INPATIENT COSTS					5,915,411

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 424,063
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 205,561
 52 TOTAL PROGRAM EXCLUDABLE COST 629,624
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS 5,285,787

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
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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	947.51
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	1	2	3	4	5
	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
86	OLD CAPITAL-RELATED COST	13,792	4,831,377	.002855	
87	NEW CAPITAL-RELATED COST	599,977	4,831,377	.124183	
88	NON PHYSICIAN ANESTHETIST MEDICAL EDUCATION		4,831,377		
01	MEDICAL EDUCATION - ALLIED HEA		4,831,377		
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/30/2011
I	15-0051	I	FROM 1/ 1/2010	I	WORKSHEET	D-1
I	COMPONENT NO:	I	TO 12/31/2010	I	PART	I
I	15-0051	I		I		

TITLE XIX - I/P

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	50,961
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	50,961
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	34,912
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	16,049
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)	8,816
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)	5,195
16	NURSERY DAYS (TITLE V OR XIX ONLY)	2,736

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	60,775,487
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	60,775,487

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	51,715,058
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	35,578,510
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16,136,548
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.175199
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,019.09
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,005.46
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	13.63
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	16.02
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	559,290
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	60,216,197

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
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TITLE XIX - I/P

HOSPITAL

PPS

I - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,192.59
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					10,513,873
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					10,513,873

		TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	4,319,795	5,195	831.53	2,736	2,275,066
43	INTENSIVE CARE UNIT	7,157,399	3,979	1,798.79	167	300,398
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

48	PROGRAM INPATIENT ANCILLARY SERVICE COST					9,429,508
49	TOTAL PROGRAM INPATIENT COSTS					22,518,845

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					1,365,124
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					884,252
52	TOTAL PROGRAM EXCLUDABLE COST					2,249,376
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					20,269,469

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES	
55	TARGET AMOUNT PER DISCHARGE	
56	TARGET AMOUNT	
	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART III
 I 15-0051 I I

TITLE XIX - I/P

HOSPITAL

PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 1,695
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 1,192.59
- 85 OBSERVATION BED COST 2,021,440

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	1	2	3	4	5
	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
86 OLD CAPITAL-RELATED COST	162,578	60,775,487	.002675	2,021,440	5,407
87 NEW CAPITAL-RELATED COST	6,548,083	60,775,487	.107742	2,021,440	217,794
88 NON PHYSICIAN ANESTHETIST MEDICAL EDUCATION		60,775,487		2,021,440	
01 MEDICAL EDUCATION - ALLIED HEA		60,775,487		2,021,440	
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/30/2011
I	15-0051	I	FROM 1/ 1/2010	I	WORKSHEET	D-1
I	COMPONENT NO:	I	TO 12/31/2010	I	PART	I
I	15-T051	I		I		

TITLE XIX - I/P

SUBPROVIDER I

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PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,099
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,099
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,545
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,554
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)	238
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	
	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	4,831,377
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	4,831,377

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,613,850
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,415,250
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,198,600
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.047147
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	916.02
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	900.00
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	16.02
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	16.78
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	25,925
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,805,452

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/30/2011
I	15-0051	I	FROM 1/ 1/2010	I	WORKSHEET D-1	
I	COMPONENT NO:	I	TO 12/31/2010	I	PART II	
I	15-T051	I		I		

TITLE XIX - I/P

SUBPROVIDER I

PPS

II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	947.51
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	225,507
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	225,507

	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				117,617
49	TOTAL PROGRAM INPATIENT COSTS				343,124

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	28,648
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	10,051
52	TOTAL PROGRAM EXCLUDABLE COST	38,699
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	304,425

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART III
 I 15-T051 I I

TITLE XIX - I/P

SUBPROVIDER I

PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 947.51
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	1	2	3	4	5
	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
86 OLD CAPITAL-RELATED COST	13,792	4,831,377	.002855		
87 NEW CAPITAL-RELATED COST	599,977	4,831,377	.124183		
88 NON PHYSICIAN ANESTHETIST MEDICAL EDUCATION	13,792	4,831,377	.002855		
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2010 I
 I 15-0051 I

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LT	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		26,221,136	
26	INTENSIVE CARE UNIT		3,702,545	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.442932	8,083,019	3,580,228
37 01	CARDIOVASCULAR SURGERY	1.062014	839,883	891,968
37 02	PARTIAL HOSPITALIZATION	3.037482		
38	RECOVERY ROOM	.361388	1,039,466	375,651
39	DELIVERY ROOM & LABOR ROOM	.677572	25,459	17,250
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.221046	10,783,784	2,383,712
41 01	MRI	.105104	1,385,175	145,587
44	LABORATORY	.294952	11,740,395	3,462,853
48	INTRAVENOUS THERAPY	.175669	98,062	17,226
49	RESPIRATORY THERAPY	.597170	3,509,079	2,095,517
50	PHYSICAL THERAPY	.697883	1,988,730	1,387,901
53	ELECTROCARDIOLOGY	.124695	10,857,783	1,353,911
54	ELECTROENCEPHALOGRAPHY	.308694	1,140,462	352,054
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.262239	40,027,744	10,496,836
55 30	IMPL. DEV. CHARGED TO PATIENT	.327192	5,483,145	1,794,041
56	DRUGS CHARGED TO PATIENTS	.399907	18,314,994	7,324,294
57	RENAL DIALYSIS	.684032	1,110,764	759,798
59 97	CARDIAC REHABILITATION	1.196826	222,613	266,429
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.972851	37,538	74,057
61	EMERGENCY	.348637	4,243,829	1,479,556
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.225131		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		120,931,924	38,258,869
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		120,931,924	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2010 I
 I 15-T051 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A L NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		3,189,265	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.442932	30,585	13,547
37 01	CARDIOVASCULAR SURGERY	1.062014		
37 02	PARTIAL HOSPITALIZATION	3.037482		
38	RECOVERY ROOM	.361388	11,480	4,149
39	DELIVERY ROOM & LABOR ROOM	.677572		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.221046	227,681	50,328
41 01	MRI	.105104	45,459	4,778
44	LABORATORY	.294952	544,486	160,597
48	INTRAVENOUS THERAPY	.175669	877	154
49	RESPIRATORY THERAPY	.597170	111,591	66,639
50	PHYSICAL THERAPY	.697883	2,510,063	1,751,730
53	ELECTROCARDIOLOGY	.124695	50,876	6,344
54	ELECTROENCEPHALOGRAPHY	.308694	60,543	18,689
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.262239	329,288	86,352
55 30	IMPL. DEV. CHARGED TO PATIENT	.327192	342	112
56	DRUGS CHARGED TO PATIENTS	.399907	910,753	364,216
57	RENAL DIALYSIS	.684032	40,349	27,600
59 97	CARDIAC REHABILITATION	1.196826	16,074	19,238
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.972851		
61	EMERGENCY	.348637	8,202	2,860
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.225131		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		4,898,649	2,577,333
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,898,649	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2010 I
 I 15-0051 I

TITLE XIX

HOSPITAL

PPS

WKST_A LJ	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		7,668,573	
26	INTENSIVE CARE UNIT		790,428	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.442932	1,161,156	514,313
37 01	CARDIOVASCULAR SURGERY	1.062014	129,442	137,469
37 02	PARTIAL HOSPITALIZATION	3.037482		
38	RECOVERY ROOM	.361388	156,314	56,490
39	DELIVERY ROOM & LABOR ROOM	.677572	4,294,701	2,909,969
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.221046	1,803,697	398,700
41 01	MRI	.105104	326,249	34,290
44	LABORATORY	.294952	2,935,562	865,850
48	INTRAVENOUS THERAPY	.175669	53,472	9,393
49	RESPIRATORY THERAPY	.597170	601,749	359,346
50	PHYSICAL THERAPY	.697883	206,065	143,809
53	ELECTROCARDIOLOGY	.124695	955,014	119,085
54	ELECTROENCEPHALOGRAPHY	.308694	158,286	48,862
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.262239	5,261,586	1,379,793
55 30	IMPL. DEV. CHARGED TO PATIENT	.327192	216,679	70,896
56	DRUGS CHARGED TO PATIENTS	.399907	4,843,023	1,936,759
57	RENAL DIALYSIS	.684032	143,485	98,148
59 97	CARDIAC REHABILITATION	1.196826	24,375	29,173
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.972851	6,172	12,176
61	EMERGENCY	.348637	874,798	304,987
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.225131		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		24,151,825	9,429,508
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		24,151,825	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2010 I
 I 15-T051 I

TITLE XIX

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
L7	0.	1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		196,193	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.442932	1,523	675
37 01	CARDIOVASCULAR SURGERY	1.062014		
37 02	PARTIAL HOSPITALIZATION	3.037482		
38	RECOVERY ROOM	.361388		
39	DELIVERY ROOM & LABOR ROOM	.677572		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.221046	1,986	439
41 01	MRI	.105104	8,398	883
44	LABORATORY	.294952	14,242	4,201
48	INTRAVENOUS THERAPY	.175669	121	21
49	RESPIRATORY THERAPY	.597170	2,972	1,775
50	PHYSICAL THERAPY	.697883	136,856	95,509
53	ELECTROCARDIOLOGY	.124695	551	69
54	ELECTROENCEPHALOGRAPHY	.308694	1,324	409
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.262239	11,919	3,126
55 30	IMPL. DEV. CHARGED TO PATIENT	.327192	491	161
56	DRUGS CHARGED TO PATIENTS	.399907	25,772	10,306
57	RENAL DIALYSIS	.684032		
59 97	CARDIAC REHABILITATION	1.196826	14	17
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.972851		
61	EMERGENCY	.348637	75	26
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.225131		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		206,244	117,617
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		206,244	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2010 I PART A
 I 15-0051 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

DRG AMOUNT
 1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1 30,219,565
 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1 10,073,188
 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) 1,850,228
 3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD 238.36

INDIRECT MEDICAL EDUCATION ADJUSTMENT
 3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST 5-3, 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
 3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).

SUM OF LINES PLUS E-3, PT
 3.21 - 3.23 VI, LINE 23

DISPROPORTIONATE SHARE ADJUSTMENT
 4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS) 4.91
 4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET 5-3, PART I 20.05
 4.02 SUM OF LINES 4 AND 4.01 24.96
 4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC) 9.81
 4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS) 3,952,719

ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES
 5 TOTAL MEDICARE DISCHARGES ON WKST 5-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)
 5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2010 I PART A
 I 15-0051 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)	
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	
5.06	TOTAL ADDITIONAL PAYMENT	
6	SUBTOTAL (SEE INSTRUCTIONS)	46,095,700
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)	46,095,700
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,648,846
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	49,744,546
17	PRIMARY PAYER PAYMENTS	3,382
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	49,741,164
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,067,251
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	88,550
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,025,552
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	717,886
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	735,282
22	SUBTOTAL	46,303,249
	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
24	OTHER ADJUSTMENTS (SPECIFY)	
24.94	LOW VOLUME ADJUSTMENT PAYMENT-1	
24.95	LOW VOLUME ADJUSTMENT PAYMENT-2	
24.96	LOW VOLUME ADJUSTMENT PAYMENT-3	
24.97		
24.98	CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES	
24.99	OUTLIER RECONCILIATION ADJUSTMENT	
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
26	AMOUNT DUE PROVIDER	46,303,249
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	45,987,367
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	315,882
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	481,921

----- 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 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2010 I PART B
 I 15-0051 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) 36,772
 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 25,444,804
 2001 (SEE INSTRUCTIONS).
 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. 18,499,109
 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO. .878
 1.04 LINE 1.01 TIMES LINE 1.03. 22,340,538
 1.05 LINE 1.02 DIVIDED BY LINE 1.04. 82.81
 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) 36,772

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES
 6 ANCILLARY SERVICE CHARGES 91,952
 7 INTERNS AND RESIDENTS SERVICE CHARGES
 8 ORGAN ACQUISITION CHARGES
 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
 10 TOTAL REASONABLE CHARGES 91,952

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) 91,952
 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST 55,180
 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC) 36,772
 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) 18,499,109

COMPUTATION OF REIMBURSEMENT SETTLEMENT

DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS) 56
 01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON 3,993,423
 LINE 17.01 (SEE INSTRUCTIONS)
 19 SUBTOTAL (SEE INSTRUCTIONS) 14,542,402
 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 14,542,402
 24 PRIMARY PAYER PAYMENTS 1,828
 25 SUBTOTAL 14,540,574

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26 COMPOSITE RATE ESRD
 27 BAD DEBTS (SEE INSTRUCTIONS) 848,612
 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 594,028
 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 635,885
 28 SUBTOTAL 15,134,602
 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 15,134,602
 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
 34 INTERIM PAYMENTS 15,158,237
 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
 35 BALANCE DUE PROVIDER/PROGRAM -23,635
 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)

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2010 I PART B
 I 15-T051 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	947
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	134
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	467
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)	947
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	2,369
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	2,369
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)	2,369
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1,422
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	947
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	467
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,414
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	1,414
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	1,414
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	1,414
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	1,414
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,338
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	76
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 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2010 I
 I 15-0051 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		45,740,168		15,089,125
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	8/12/2010	247,199	8/12/2010	69,112
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		247,199		69,112
4 TOTAL INTERIM PAYMENTS		45,987,367		15,158,237
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
DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		315,882		23,635
7 TOTAL MEDICARE PROGRAM LIABILITY		46,303,249		15,134,602

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 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2010 I
 I 15-T051 I I

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,229,544		1,338
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	8/12/2010	18,855		
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		18,855		NONE
4 TOTAL INTERIM PAYMENTS		4,248,399		1,338
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		4,875		76
7 TOTAL MEDICARE PROGRAM LIABILITY		4,243,524		1,414

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: 15-0051
 I PERIOD: FROM 1/1/2010 TO 12/31/2010
 I COMPONENT NO: 15-T051
 I PREPARED 5/30/2011
 I WORKSHEET E-3
 I PART 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	3,964,291
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0275
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	133,038
1.05	OUTLIER PAYMENTS	216,049
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	4,313,378
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16))\}$ RAISED TO THE POWER OF $.5150 - 1$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	13.969863
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)	4,313,378
5	PRIMARY PAYER PAYMENTS	8,900
6	SUBTOTAL	4,304,478
7	DEDUCTIBLES	57,104
8	SUBTOTAL	4,247,374
9	COINSURANCE	3,850
10	SUBTOTAL	4,243,524
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	4,243,524
	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/30/2011
I	15-0051	I	FROM 1/ 1/2010	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART	I
I	15-T051	I		I		

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

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,243,524
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,248,399
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-4,875
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 INSTRUCTIONS).
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
 I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 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	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
	OUTLIER PAYMENTS			
	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
	XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

	IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)		
I	PROVIDER NO:	I PERIOD:	I PREPARED 5/30/2011
I	15-0051	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

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2010 I PART III
 I 15-T051 I I

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

TITLE XIX	SUBPROVIDER 1	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		
2	MEDICAL AND OTHER SERVICES		
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL		
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL		
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES	206,244	
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES	206,244	
CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	206,244	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	206,244	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES		
PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS		
OUTLIER PAYMENTS			
PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL		
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL		
36	COINSURANCE		
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)		
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL		
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM		
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

	IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)		
I	PROVIDER NO:	I PERIOD:	I PREPARED 5/30/2011
I	15-0051	I FROM 1/ 1/2010	I WORKSHEET E-3
I	COMPONENT NO:	I TO 12/31/2010	I PART III
I	15-T051	I	I

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

TITLE XIX

SUBPROVIDER 1

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
ASSETS				
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	41,379,000			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	39,117,000			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	4,942,000			
8 PREPAID EXPENSES	10,588,000			
9 OTHER CURRENT ASSETS	4,311,000			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	100,337,000			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	345,163,000			
14.01 LESS ACCUMULATED DEPRECIATION	-223,653,000			
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	2,026,000			
21 TOTAL FIXED ASSETS	123,536,000			
OTHER ASSETS				
22 INVESTMENTS	97,473,000			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	10,403,000			
26 TOTAL OTHER ASSETS	107,876,000			
TOTAL ASSETS	331,749,000			

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I
 I I TO 12/31/2010 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	9,295,000			
29 SALARIES, WAGES & FEES PAYABLE	24,213,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	7,584,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	3,831,000			
36 TOTAL CURRENT LIABILITIES	44,923,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	47,709,000			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	12,100,000			
42 TOTAL LONG-TERM LIABILITIES	59,809,000			
43 TOTAL LIABILITIES	104,732,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	227,017,000			
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	227,017,000			
52 TOTAL LIABILITIES AND FUND BALANCES	331,749,000			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		198,309,350		
2 NET INCOME (LOSS)		29,949,541		
3 TOTAL		228,258,891		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 CHANGE IN PENSION OBLIGAT	1,204,000			
6 SHARE OF CHANGE-FOUNDATIO	402,000			
7				
8				
9				
10 TOTAL ADDITIONS		1,606,000		
11 SUBTOTAL		229,864,891		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 NET ASSETS TRANSFERRED TO	377,000			
14 CAPITAL CONTRIBUTION TO S	2,469,000			
15 ROUNDING VARIANCE	1,891			
16				
17				
18 TOTAL DEDUCTIONS		2,847,891		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		227,017,000		

	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 CHANGE IN PENSION OBLIGAT				
6 SHARE OF CHANGE-FOUNDATIO				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 NET ASSETS TRANSFERRED TO				
14 CAPITAL CONTRIBUTION TO S				
15 ROUNDING VARIANCE				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET G-2
 I I TO 12/31/2010 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	63,566,993		63,566,993
2 00 SUBPROVIDER	4,781,405		4,781,405
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	68,348,398		68,348,398
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	7,145,750		7,145,750
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	7,145,750		7,145,750
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	75,494,148		75,494,148
17 00 ANCILLARY SERVICES	257,959,187	295,392,597	553,351,784
18 00 OUTPATIENT SERVICES		1,649,978	1,649,978
19 00 HOME HEALTH AGENCY		5,372,248	5,372,248
20 00 AMBULANCE SERVICES		7,228,454	7,228,454
23 00 HOSPICE		3,716,489	3,716,489
24 00 PROMPTCARE CHARGES		5,468,284	5,468,284
24 01 A&P AND PARTIAL PHYSICIAN CHARGES		4,689,901	4,689,901
24 02 HME STORE CHARGES		2,140,062	2,140,062
24 03 DIETARY REVENUE - OFFSET ON A-8		24,255	24,255
24 04 UNALLOCATED REVENUE -OFFSET ON A-8		168,489	168,489
25 00 TOTAL PATIENT REVENUES	333,453,335	325,850,757	659,304,092

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		285,560,984	
ADD (SPECIFY)			
27 00 BAD DEBT EXPENSE	23,587,274		
28 00 NON-OPERATING EXPENSES		20	
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		23,587,294	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		309,148,278	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET G-3
 I I TO 12/31/2010 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	659,304,092
2	LESS: ALLOWANCES AND DISCOUNTS ON	341,871,902
3	NET PATIENT REVENUES	317,432,190
4	LESS: TOTAL OPERATING EXPENSES	309,148,278
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	8,283,912
6	CONTRIBUTIONS, DONATIONS, BEQUES	849,212
7	INCOME FROM INVESTMENTS	13,753,304
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	838,561
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	310,471
14	REVENUE FROM MEALS SOLD TO EMPLO	1,449,821
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	808,778
23	GOVERNMENTAL APPROPRIATIONS	1,775,512
24	KIDS CLUB PROGRAM REVENUE	457,262
24.01	ALL OTHER REVENUE	1,422,708
24.02		
25	TOTAL OTHER INCOME	21,665,629
26	TOTAL	29,949,541
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	29,949,541

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	261,706		177,191		859,894	1,298,791
HHA REIMBURSABLE SERVICES						
6	1,077,039					1,077,039
7	509,424					509,424
8	135,529					135,529
9	9,694					9,694
10	4,667					4,667
11	356,731					356,731
12						
13	481					481
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23	1,541,012		19,875			1,560,887
23.50						
24	3,896,283		197,066		859,894	4,953,243

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-197,322	1,101,469	-954	1,100,515
HHA REIMBURSABLE SERVICES				
6	43,229	1,120,268		1,120,268
7	20,447	529,871		529,871
8	5,440	140,969		140,969
9	389	10,083		10,083
10	1,571	6,238		6,238
11	14,318	371,049		371,049
12				
13	19	500		500
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23	61,852	1,622,739		1,622,739
23.50				
24	-50,057	4,903,186	-954	4,902,232

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5	1,100,515					1,100,515	1,100,515
HHA REIMBURSABLE SERVICES							
6	1,120,268					1,120,268	324,293
7	529,871					529,871	153,386
8	140,969					140,969	40,807
9	10,083					10,083	2,919
10	6,238					6,238	1,806
11	371,049					371,049	107,411
12							
13	500					500	145
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23	1,622,739					1,622,739	469,748
23.50							
24	4,902,232					4,902,232	

TOTAL

6

GENERAL SERVICE COST CENTERS							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6	1,444,561						
7	683,257						
8	181,776						
9	13,002						
10	8,044						
11	478,460						
12							
13	645						
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23	2,092,487						
23.50							
24	4,902,232						

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N (5A)	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4		5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-1,100,515	3,801,717
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					1,120,268
7	PHYSICAL THERAPY					529,871
8	OCCUPATIONAL THERAPY					140,969
9	SPEECH PATHOLOGY					10,083
10	MEDICAL SOCIAL SERVICES					6,238
11	HOME HEALTH AIDE					371,049
12	SUPPLIES					
13	DRUGS					500
13.20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					1,622,739
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-1,100,515	3,801,717
25	COST TO BE ALLOCATED					1,100,515
26	UNIT COST MULTIPLIER					.289478

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-1947 B 1.01	OLD CAP REL COSTS-1965 B 1.02	OLD CAP REL COSTS-1983 B 1.03	OLD CAP REL COSTS-MEDICA 1.04
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE	1,444,561					
3 PHYSICAL THERAPY	683,257					
4 OCCUPATIONAL THERAPY	181,776					
5 SPEECH PATHOLOGY	13,002					
6 MEDICAL SOCIAL SERVICES	8,044					
7 HOME HEALTH AIDE	478,460					
8 SUPPLIES						
9 DRUGS	645					
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER	2,092,487					
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	4,902,232					
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	OLD CAP REL COSTS-UTILIT 1.05	OLD CAP REL COSTS-WEGMIL 1.06	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-1947 B 3.01	NEW CAP REL COSTS-1965 B 3.02
1 ADMIN & GENERAL			3,157			
2 SKILLED NURSING CARE			526			
3 PHYSICAL THERAPY			26			
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			96			
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER			2,971			
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			6,776			
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-1983 B 3.03	NEW CAP REL COSTS-MEDICA 3.04	NEW CAP REL COSTS-UTILIT 3.05	NEW CAP REL COSTS-CANCER 3.06	NEW CAP REL COSTS-PHNA B 3.07	NEW CAP REL COSTS-MITCHE 3.08
1 ADMIN & GENERAL					34,535	
2 SKILLED NURSING CARE					5,749	
3 PHYSICAL THERAPY					285	
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE					1,045	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER					28,502	
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)					70,116	
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	NEW CAP REL COSTS-SPENCE 3.09	NEW CAP REL COSTS-PAIN M 3.10	NEW CAP REL COSTS-WEST P 3.11	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	CHILD CARE C ENTER 5.01
1 ADMIN & GENERAL				173,485	84,764	
2 SKILLED NURSING CARE				28,879	401,774	
3 PHYSICAL THERAPY				1,432	190,033	
4 OCCUPATIONAL THERAPY					50,557	
5 SPEECH PATHOLOGY					3,616	
6 MEDICAL SOCIAL SERVICES					14,602	
7 HOME HEALTH AIDE				5,251	133,073	
8 SUPPLIES						
9 DRUGS					179	
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER				163,224	574,855	
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)				372,271	1,453,453	
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	5A.01	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
1 ADMIN & GENERAL	295,941	82,066	267,173			
2 SKILLED NURSING CARE	1,881,489	521,746	44,474			
3 PHYSICAL THERAPY	875,033	242,651	2,205			
4 OCCUPATIONAL THERAPY	232,333	64,427				
5 SPEECH PATHOLOGY	16,618	4,608				
6 MEDICAL SOCIAL SERVICES	22,646	6,280				
7 HOME HEALTH AIDE	617,925	171,354	8,086			
8 SUPPLIES						
9 DRUGS	824	228				
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER	2,862,039	793,658	251,368			
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	6,804,848	1,887,018	573,306			
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	CAFETERIA 12	NURSING ADMI NISTRATION 14	CENTRAL SERV ICES & SUPPL 15	CENTRAL STER ILIZATION 15.01	PHARMACY 16	MEDICAL RECO RDS & LIBRAR 17
1 ADMIN & GENERAL	4,934	55,707				
2 SKILLED NURSING CARE	13,494	152,337				
3 PHYSICAL THERAPY	4,886	55,162				
4 OCCUPATIONAL THERAPY	1,305	14,738				
5 SPEECH PATHOLOGY	94	1,057				
6 MEDICAL SOCIAL SERVICES	69	781				
7 HOME HEALTH AIDE	8,921	100,710				
8 SUPPLIES						
9 DRUGS	3	37				
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER	22,471	253,672				
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	56,177	634,201				
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	PARAMED RGM	ED P 24	SUBTOTAL 25	POST DOWN	STEP ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL			705,821			705,821		
2 SKILLED NURSING CARE			2,613,540			2,613,540	199,431	2,812,971
3 PHYSICAL THERAPY			1,179,937			1,179,937	90,037	1,269,974
4 OCCUPATIONAL THERAPY			312,803			312,803	23,869	336,672
5 SPEECH PATHOLOGY			22,377			22,377	1,708	24,085
6 MEDICAL SOCIAL SERVICES			29,776			29,776	2,272	32,048
7 HOME HEALTH AIDE			906,996			906,996	69,210	976,206
8 SUPPLIES								
9 DRUGS			1,092			1,092	83	1,175
9.20 COST ADMINISTERING DRUGS								
10 DME								
11 HOME DIALYSIS AIDE SVCS								
12 RESPIRATORY THERAPY								
13 PRIVATE DUTY NURSING								
14 CLINIC								
15 HEALTH PROM ACTIVITIES								
16 DAY CARE PROGRAM								
17 HOME DEL MEALS PROGRAM								
18 HOMEMAKER SERVICE								
19 ALL OTHER			4,183,208			4,183,208	319,211	4,502,419
19.50 TELEMEDICINE								
20 TOTAL (SUM OF 1-19) (2)			9,955,550			9,955,550	705,821	9,955,550
21 UNIT COST MULTIPLIER							0.076307	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

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

Health Financial Systems MCRIF32
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

FOR BLOOMINGTON HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2010 I PART II
 I 15-7011 I I

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & COSTS-1947 B (SQUARE FEET)	OLD CAP REL COSTS-1965 B (SQUARE FEET)	OLD CAP REL COSTS-1983 B (SQUARE FEET)	OLD CAP REL COSTS-MEDICA (SQUARE FEET)	OLD CAP REL COSTS-UTILIT (SQUARE FEET)	
	1	1.01	1.02	1.03	1.04	1.05
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA COST CENTER	OLD CAP REL COSTS-WEGMIL (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (SQUARE FEET)	NEW CAP REL COSTS-BLDG & COSTS-1947 B (SQUARE FEET)	NEW CAP REL COSTS-1965 B (SQUARE FEET)	NEW CAP REL COSTS-1983 B (SQUARE FEET)	
	1.06	2	3	3.01	3.02	3.03
1 ADMIN & GENERAL		7,269				
2 SKILLED NURSING CARE		1,210				
3 PHYSICAL THERAPY		60				
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE		220				
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER		6,839				
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		15,598				
21 COST TO BE ALLOCATED		6,776				
22 UNIT COST MULTIPLIER		0.434415				

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-MEDICA (SQUARE FEET) 3.04	NEW CAP REL COSTS-UTILIT (SQUARE FEET) 3.05	NEW CAP REL COSTS-CANCER (SQUARE FEET) 3.06	NEW CAP REL COSTS-PHNA B (SQUARE FEET) 3.07	NEW CAP REL COSTS-MITCHE (SQUARE FEET) 3.08	NEW CAP REL COSTS-SPENCE (SQUARE FEET) 3.09
1 ADMIN & GENERAL				7,269		
2 SKILLED NURSING CARE				1,210		
3 PHYSICAL THERAPY				60		
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE					220	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER				5,999		
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)				14,758		
21 COST TO BE ALLOCATED				70,116		
22 UNIT COST MULTIPLIER				4.751050		

HHA COST CENTER	NEW CAP REL COSTS-PAIN M (SQUARE FEET) 3.10	NEW CAP REL COSTS-WEST P (SQUARE FEET) 3.11	NEW CAP REL COSTS-MVBLE (SQUARE FEET) 4	EMPLOYEE BEN EFITS (GROSS) ALARIES 5	CHILD CARE C ENTER (NUMBER OF) HILDREN 5.01	RECONCILIATI ON C 6A
1 ADMIN & GENERAL			7,269	236,349		
2 SKILLED NURSING CARE			1,210	1,120,268		
3 PHYSICAL THERAPY			60	529,871		
4 OCCUPATIONAL THERAPY				140,969		
5 SPEECH PATHOLOGY				10,083		
6 MEDICAL SOCIAL SERVICES				40,716		
7 HOME HEALTH AIDE			220	371,049		
8 SUPPLIES						
9 DRUGS				500		
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER			6,839	1,602,863		
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			15,598	4,052,668		
21 COST TO BE ALLOCATED			372,271	1,453,453		
22 UNIT COST MULTIPLIER			23.866585	0.358641		

HHA 1

HHA COST CENTER	ADMINISTRATIVE & GENERAL (ACCUM. COST 6)	OPERATION OF PLANT (SQUARE FEET 8)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY 9)	HOUSEKEEPING (HOURS OF SERVICE 10)	DIETARY (MEALS SERVED 11)	CAFETERIA (MANHOURS 12)
1 ADMIN & GENERAL	295,941	7,269				13,698
2 SKILLED NURSING CARE	1,881,489	1,210				37,459
3 PHYSICAL THERAPY	875,033	60				13,564
4 OCCUPATIONAL THERAPY	232,333					3,624
5 SPEECH PATHOLOGY	16,618					260
6 MEDICAL SOCIAL SERVICES	22,646					192
7 HOME HEALTH AIDE	617,925	220				24,764
8 SUPPLIES						
9 DRUGS	824					9
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER	2,862,039	6,839				62,377
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	6,804,848	15,598				155,947
21 COST TO BE ALLOCATED	1,887,018	573,306				56,177
22 UNIT COST MULTIPLIER	0.277305	36.755097				0.360231

HHA COST CENTER	NURSING ADMINISTRATION (DIRECT SING HRS 14)	CENTRAL SERVICES & SUPPLICES (COSTED) EQUIS. 15)	CENTRAL STERILIZATION (TIME) PENT 15.01)	PHARMACY (COSTED) EQUIS. 16)	MEDICAL RECORDS & LIBRARY (TIME) SPENT 17)	PARAMEDIC PROGRAM (TIME) PENT 24)
1 ADMIN & GENERAL	13,698					
2 SKILLED NURSING CARE	37,459					
3 PHYSICAL THERAPY	13,564					
4 OCCUPATIONAL THERAPY	3,624					
5 SPEECH PATHOLOGY	260					
6 MEDICAL SOCIAL SERVICES	192					
7 HOME HEALTH AIDE	24,764					
8 SUPPLIES						
9 DRUGS	9					
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER	62,377					
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	155,947					
21 COST TO BE ALLOCATED	634,201					
22 UNIT COST MULTIPLIER	4.066773					

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET H-6
 I HHA NO: I TO 12/31/2010 I PARTS I II & III
 I 15-7011 I HHA 1

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
PATIENT SERVICES		1	2	3	4	5	6
1 SKILLED NURSING	2	2,812,971		2,812,971	10,229	275.00	2,712
2 PHYSICAL THERAPY	3	1,269,974		1,269,974	5,060	250.98	1,865
3 OCCUPATIONAL THERAPY	4	336,672		336,672	1,491	225.80	593
4 SPEECH PATHOLOGY	5	24,085		24,085	118	204.11	51
5 MEDICAL SOCIAL SERVICES	6	32,048		32,048	96	333.83	20
6 HOME HEALTH AIDE SERVICE	7	976,206		976,206	7,087	137.75	475
7 TOTAL		5,451,956		5,451,956	24,081		5,716

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	PART A 9	PART B 10	11
1 SKILLED NURSING	2,539		745,800	698,225	1,444,025
2 PHYSICAL THERAPY	1,463		468,078	367,184	835,262
3 OCCUPATIONAL THERAPY	374		133,899	84,449	218,348
4 SPEECH PATHOLOGY	28		10,410	5,715	16,125
5 MEDICAL SOCIAL SERVICES	31		6,677	10,349	17,026
6 HOME HEALTH AIDE SERVICES	765		65,431	105,379	170,810
7 TOTAL	5,200		1,430,295	1,271,301	2,701,596

LIMITATION COST COMPUTATION					PROGRAM COST LIMITS	PROGRAM VISITS
PATIENT SERVICES	1	2	3	4	5	PART A 6
SKILLED NURSING						
8.01 SKILLED NURSING						
8.02 SKILLED NURSING						
8.03 SKILLED NURSING						
9 PHYSICAL THERAPY						
9.01 PHYSICAL THERAPY						
9.02 PHYSICAL THERAPY						
9.03 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
10.01 OCCUPATIONAL THERAPY						
10.02 OCCUPATIONAL THERAPY						
10.03 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						
11.01 SPEECH PATHOLOGY						
11.02 SPEECH PATHOLOGY						
11.03 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
12.01 MEDICAL SOCIAL SERVICES						
12.02 MEDICAL SOCIAL SERVICES						
12.03 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICE						
13.01 HOME HEALTH AIDE SERVICE						
13.02 HOME HEALTH AIDE SERVICE						
13.03 HOME HEALTH AIDE SERVICE						
14 TOTAL						

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	PART A 9	PART B 10	11
8 SKILLED NURSING					
8.01 SKILLED NURSING					
8.02 SKILLED NURSING					
8.03 SKILLED NURSING					
9 PHYSICAL THERAPY					
9.01 PHYSICAL THERAPY					
9.02 PHYSICAL THERAPY					
9.03 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
10.01 OCCUPATIONAL THERAPY					
10.02 OCCUPATIONAL THERAPY					
10.03 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET H-6
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 I 15-7011 I I HHA 1

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

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----			TOTAL PROGRAM COST
	-----PART B-----		-----PART B-----			
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11	12
11.01 SPEECH PATHOLOGY						
11.02 SPEECH PATHOLOGY						
11.03 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
12.01 MEDICAL SOCIAL SERVICES						
12.02 MEDICAL SOCIAL SERVICES						
12.03 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICE						
13.01 HOME HEALTH AIDE SERVICE						
13.02 HOME HEALTH AIDE SERVICE						
13.03 HOME HEALTH AIDE SERVICE						
14 TOTAL						

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET H-6
 I HHA NO: I TO 12/31/2010 I PARTS I II & III
 I 15-7011 I I HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00		9,498	9,498	36,219	.262238	8,660
16 COST OF DRUGS	9.00	1,175		1,175			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		COST OF SERVICES	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	PART A 9	10
15 COST OF MEDICAL SUPPLIES	7,758		2,271	2,034
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.01 PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.02 PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.03 PROGRAM UN DUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM FI)		
17.01 PER BENE COST LIMITATION (FRM FI)		
17.02 PER BENE COST LIMITATION (FRM FI)		
17.03 PER BENE COST LIMITATION (FRM FI)		
PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.697883			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.262239	36,219	9,498	COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.327192			
5 DRUGS CHARGED TO PATIENTS	56	.399907			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	
	1	2	3	4	5	6	7
1 PHYSICAL THERAPY		250.98	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY		225.80					
3 SPEECH PATHOLOGY		204.11					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET H-7
 I HHA NO: I TO 12/31/2010 I PARTS I & II
 I 15-7011 I I

TITLE XVIII HHA 1

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

PART B NOT SUBJECT TO DED & COINS 2
 PART B SUBJECT TO DED & COINS 3

1

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A SERVICES 1
 PART B SERVICES 2

10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	937,972	750,646
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	23,875	47,279
03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	20,283	10,318
04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	9,195	3,061
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	14,208	28,616
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	1,005,533	839,920
13	EXCESS REASONABLE COST		
14	SUBTOTAL	1,005,533	839,920
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	1,005,533	839,920
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,005,533	839,920
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	1,005,533	839,920
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	1,005,533	839,920
25	INTERIM PAYMENTS	1,005,533	839,920
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

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

I PROVIDER NO: 15-0051
 I HHA NO: 15-7011

I PERIOD: FROM 1/ 1/2010 TO 12/31/2010
 I PREPARED 5/30/2011
 I WORKSHEET H-8

TITLE XVIII HHA 1

DESCRIPTION	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,005,533		839,920
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,005,533		839,920
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)				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		1,005,533		839,920

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.

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: 15-0051
I HOSPICE NO: 15-1509
I PERIOD: FROM 1/ 1/2010 TO 12/31/2010
I PREPARED 5/30/2011
I WORKSHEET K

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	217,342		94,242	684,487
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	1,223,289			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	6,547			
12 OCCUPATIONAL THERAPY	350			
13 SPEECH/LANGUAGE PATHOLOGY	430			
14 MEDICAL SOCIAL SERVICES	435,338			
15 SPIRITUAL COUNSELING	68,613			
16 DIETARY COUNSELING	422			
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	105,767			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
OUTPATIENT SERVICES (INCL. E/R DEPT.)				
RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	2,058,098		94,242	684,487

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
I 15-0051 I FROM 1/ 1/2010 I WORKSHEET K
I HOSPICE NO: I TO 12/31/2010 I
I 15-1509 I I

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	445,468	1,441,539	-220,091	1,221,448
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE		1,223,289	49,099	1,272,388
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY		6,547	263	6,810
16 OCCUPATIONAL THERAPY		350	14	364
17 SPEECH/LANGUAGE PATHOLOGY		430	17	447
18 MEDICAL SOCIAL SERVICES		435,338	17,473	452,811
19 SPIRITUAL COUNSELING		68,613	2,754	71,367
20 DIETARY COUNSELING		422	17	439
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER		105,767	4,245	110,012
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	445,468	3,282,295	-146,209	3,136,086

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
I 15-0051 I FROM 1/ 1/2010 I WORKSHEET K
I HOSPICE NO: I TO 12/31/2010 I
I 15-1509 I

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
1 GENERAL SERVICE COST CENTERS		
2 CAPITAL RELATED COSTS-BLDG AND FIXT.		
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4 PLANT OPERATION AND MAINTENANCE		
5 TRANSPORTATION - STAFF		
6 VOLUNTEER SERVICE COORDINATION		
7 ADMINISTRATIVE AND GENERAL	-120	1,221,328
8 INPATIENT CARE SERVICE		
9 INPATIENT - GENERAL CARE		
10 INPATIENT - RESPITE CARE		
11 VISITING SERVICES		
12 PHYSICIAN SERVICES		
13 NURSING CARE		1,272,388
14.20 NURSING CARE-CONTINUOUS HOME CARE		
15 PHYSICAL THERAPY		6,810
16 OCCUPATIONAL THERAPY		364
17 SPEECH/LANGUAGE PATHOLOGY		447
18 MEDICAL SOCIAL SERVICES		452,811
19 SPIRITUAL COUNSELING		71,367
20 DIETARY COUNSELING		439
21 COUNSELING - OTHER		
22 HOME HEALTH AIDE AND HOMEMAKER		110,012
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
24 OTHER HOSPICE SERVICE COSTS		
25 OTHER		
26 DRUGS BIOLOGICAL AND INFUSION THERAPY		
27.30 ANALGESICS		
28.31 SEDATIVES / HYPNOTICS		
29.32 OTHER - SPECIFY		
30 DURABLE MEDICAL EQUIPMENT/OXYGEN		
31 PATIENT TRANSPORTATION		
32 IMAGING SERVICES		
33 LABS AND DIAGNOSTICS		
34 MEDICAL SUPPLIES		
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36 RADIATION THERAPY		
37 CHEMOTHERAPY		
38 OTHER		
39 BEREAVEMENT PROGRAM COSTS		
40 VOLUNTEER PROGRAM COSTS		
41 FUNDRAISING		
42 OTHER PROGRAM COSTS		
43 TOTAL (SUM OF LINES 1 THRU 33)	-120	3,135,966

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
I 15-0051 I FROM 1/ 1/2010 I WORKSHEET K-1
I HOSPICE NO: I TO 12/31/2010 I
I 15-1509 I I

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL		109,942		
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				153,522
13 NURSING CARE				
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES		68,613		
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)		178,555		153,522

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET K-1
 I HOSPICE NO: I TO 12/31/2010 I
 I 15-1509 I I

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				107,400
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	1,069,767			
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY		6,547		
16 OCCUPATIONAL THERAPY		350		
17 SPEECH/LANGUAGE PATHOLOGY		430		
18 MEDICAL SOCIAL SERVICES				435,338
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				422
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			105,767	
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	1,069,767	7,327	105,767	543,160

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
I 15-0051 I FROM 1/ 1/2010 I WORKSHEET K-1
I HOSPICE NO: I TO 12/31/2010 I
I 15-1509 I I

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.
3	PLANT OPERATION AND MAINTENANCE
4	TRANSPORTATION - STAFF
5	VOLUNTEER SERVICE COORDINATION
6	ADMINISTRATIVE AND GENERAL
	INPATIENT CARE SERVICE
7	INPATIENT - GENERAL CARE
8	INPATIENT - RESPITE CARE
	VISITING SERVICES
9	PHYSICIAN SERVICES
10	NURSING CARE
10.20	NURSING CARE-CONTINUOUS HOME CARE
11	PHYSICAL THERAPY
12	OCCUPATIONAL THERAPY
13	SPEECH/LANGUAGE PATHOLOGY
14	MEDICAL SOCIAL SERVICES
15	SPIRITUAL COUNSELING
16	DIETARY COUNSELING
17	COUNSELING - OTHER
18	HOME HEALTH AIDE AND HOMEMAKER
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE
	OTHER HOSPICE SERVICE COSTS
19	OTHER
20	DRUGS BIOLOGICAL AND INFUSION THERAPY
20.30	ANALGESICS
20.31	SEDATIVES / HYPNOTICS
20.32	OTHER - SPECIFY
21	DURABLE MEDICAL EQUIPMENT/OXYGEN
22	PATIENT TRANSPORTATION
23	IMAGING SERVICES
24	LABS AND DIAGNOSTICS
25	MEDICAL SUPPLIES
	OUTPATIENT SERVICES (INCL. E/R DEPT.)
	RADIATION THERAPY
28	CHEMOTHERAPY
29	OTHER
30	BEREAVEMENT PROGRAM COSTS
31	VOLUNTEER PROGRAM COSTS
32	FUNDRAISING
33	OTHER PROGRAM COSTS
34	TOTAL (SUM OF LINES 1 THRU 33)

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 1

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
I 15-0051 I FROM 1/ 1/2010 I WORKSHEET K-2
I HOSPICE NO: I TO 12/31/2010 I
I 15-1509 I I

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

- 1 GENERAL SERVICE COST CENTERS
- 2 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 3 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 4 PLANT OPERATION AND MAINTENANCE
- 5 TRANSPORTATION - STAFF
- 6 VOLUNTEER SERVICE COORDINATION
- 7 ADMINISTRATIVE AND GENERAL
- 8 INPATIENT CARE SERVICE
- 9 INPATIENT - GENERAL CARE
- 10 INPATIENT - RESPITE CARE
- 11 VISITING SERVICES
- 12 PHYSICIAN SERVICES
- 13 NURSING CARE
- 14.20 NURSING CARE-CONTINUOUS HOME CARE
- 15 PHYSICAL THERAPY
- 16 OCCUPATIONAL THERAPY
- 17 SPEECH/LANGUAGE PATHOLOGY
- 18 MEDICAL SOCIAL SERVICES
- 19 SPIRITUAL COUNSELING
- 20 DIETARY COUNSELING
- 21 COUNSELING - OTHER
- 22 HOME HEALTH AIDE AND HOMEMAKER
- 23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE
- 24 OTHER HOSPICE SERVICE COSTS
- 25 OTHER
- 26 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 27.30 ANALGESICS
- 28.31 SEDATIVES / HYPNOTICS
- 29.32 OTHER - SPECIFY
- 30 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 31 PATIENT TRANSPORTATION
- 32 IMAGING SERVICES
- 33 LABS AND DIAGNOSTICS
- 34 MEDICAL SUPPLIES
- 35 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 36 RADIATION THERAPY
- 37 CHEMOTHERAPY
- 38 OTHER
- 39 BEREAVEMENT PROGRAM COSTS
- 40 VOLUNTEER PROGRAM COSTS
- 41 FUNDRAISING
- 42 OTHER PROGRAM COSTS
- 43 TOTAL (SUM OF LINES 1 THRU 33)

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
I 15-0051 I FROM 1/ 1/2010 I WORKSHEET K-2
I HOSPICE NO: I TO 12/31/2010 I
I 15-1509 I I

HOSPICE 1

	TOTAL		
	NURSES	THERAPISTS	AIDES
	5	6	7
			ALL OTHER
			8

- 1 GENERAL SERVICE COST CENTERS
- 2 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 3 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 4 PLANT OPERATION AND MAINTENANCE
- 5 TRANSPORTATION - STAFF
- 6 VOLUNTEER SERVICE COORDINATION
- 7 ADMINISTRATIVE AND GENERAL
- 8 INPATIENT CARE SERVICE
- 9 INPATIENT - GENERAL CARE
- 10 INPATIENT - RESPITE CARE
- 11 VISITING SERVICES
- 12 PHYSICIAN SERVICES
- 13 NURSING CARE
- 14.20 NURSING CARE-CONTINUOUS HOME CARE
- 15 PHYSICAL THERAPY
- 16 OCCUPATIONAL THERAPY
- 17 SPEECH/LANGUAGE PATHOLOGY
- 18 MEDICAL SOCIAL SERVICES
- 19 SPIRITUAL COUNSELING
- 20 DIETARY COUNSELING
- 21 COUNSELING - OTHER
- 22 HOME HEALTH AIDE AND HOMEMAKER
- 23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE
- 24 OTHER HOSPICE SERVICE COSTS
- 25 OTHER
- 26 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 27.30 ANALGESICS
- 28.31 SEDATIVES / HYPNOTICS
- 29.32 OTHER - SPECIFY
- 30 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 31 PATIENT TRANSPORTATION
- 32 IMAGING SERVICES
- 33 LABS AND DIAGNOSTICS
- 34 MEDICAL SUPPLIES
- 35 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 36 RADIATION THERAPY
- 37 CHEMOTHERAPY
- 38 OTHER
- 39 BEREAVEMENT PROGRAM COSTS
- 40 VOLUNTEER PROGRAM COSTS
- 41 FUNDRAISING
- 42 OTHER PROGRAM COSTS
- 43 TOTAL (SUM OF LINES 1 THRU 33)

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/30/2011
I	15-0051	I	FROM 1/ 1/2010	I	WORKSHEET K-2
I	HOSPICE NO:	I	TO 12/31/2010	I	
I	15-1509	I		I	

HOSPICE 1

TOTAL (1)
9

- 1 GENERAL SERVICE COST CENTERS
- 2 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 3 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 4 PLANT OPERATION AND MAINTENANCE
- 5 TRANSPORTATION - STAFF
- 6 VOLUNTEER SERVICE COORDINATION
- 7 ADMINISTRATIVE AND GENERAL
- 8 INPATIENT CARE SERVICE
- 9 INPATIENT - GENERAL CARE
- 10 INPATIENT - RESPITE CARE
- 11 VISITING SERVICES
- 12 PHYSICIAN SERVICES
- 13 NURSING CARE
- 14.20 NURSING CARE-CONTINUOUS HOME CARE
- 15 PHYSICAL THERAPY
- 16 OCCUPATIONAL THERAPY
- 17 SPEECH/LANGUAGE PATHOLOGY
- 18 MEDICAL SOCIAL SERVICES
- 19 SPIRITUAL COUNSELING
- 20 DIETARY COUNSELING
- 21 COUNSELING - OTHER
- 22 HOME HEALTH AIDE AND HOMEMAKER
- 23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE
- 24 OTHER HOSPICE SERVICE COSTS
- 25 OTHER
- 26 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 27.30 ANALGESICS
- 28.31 SEDATIVES / HYPNOTICS
- 29.32 OTHER - SPECIFY
- 30 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 31 PATIENT TRANSPORTATION
- 32 IMAGING SERVICES
- 33 LABS AND DIAGNOSTICS
- 34 MEDICAL SUPPLIES
- 35 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 36 RADIATION THERAPY
- 37 CHEMOTHERAPY
- 38 OTHER
- 39 BEREAVEMENT PROGRAM COSTS
- 40 VOLUNTEER PROGRAM COSTS
- 41 FUNDRAISING
- 42 OTHER PROGRAM COSTS
- 43 TOTAL (SUM OF LINES 1 THRU 33)

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 2

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
I 15-0051 I FROM 1/ 1/2010 I WORKSHEET K-3
I HOSPICE NO: I TO 12/31/2010 I
I 15-1509 I I

HOSPICE 1

ADMINISTRATOR 1 DIRECTOR 2 SOCIAL SERVICES 3 SUPERVISORS 4

- 1 GENERAL SERVICE COST CENTERS
- 2 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 3 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 4 PLANT OPERATION AND MAINTENANCE
- 5 TRANSPORTATION - STAFF
- 6 VOLUNTEER SERVICE COORDINATION
- 7 ADMINISTRATIVE AND GENERAL
- 8 INPATIENT CARE SERVICE
- 9 INPATIENT - GENERAL CARE
- 10 INPATIENT - RESPITE CARE
- 11 VISITING SERVICES
- 12 PHYSICIAN SERVICES
- 13 NURSING CARE
- 14.20 NURSING CARE-CONTINUOUS HOME CARE
- 15 PHYSICAL THERAPY
- 16 OCCUPATIONAL THERAPY
- 17 SPEECH/LANGUAGE PATHOLOGY
- 18 MEDICAL SOCIAL SERVICES
- 19 SPIRITUAL COUNSELING
- 20 DIETARY COUNSELING
- 21 COUNSELING - OTHER
- 22 HOME HEALTH AIDE AND HOMEMAKER
- 23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE
- 24 OTHER HOSPICE SERVICE COSTS
- 25 OTHER
- 26 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 27.30 ANALGESICS
- 28.31 SEDATIVES / HYPNOTICS
- 29.32 OTHER - SPECIFY
- 30 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 31 PATIENT TRANSPORTATION
- 32 IMAGING SERVICES
- 33 LABS AND DIAGNOSTICS
- 34 MEDICAL SUPPLIES
- 35 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 36 RADIATION THERAPY
- 37 CHEMOTHERAPY
- 38 OTHER
- 39 BEREAVEMENT PROGRAM COSTS
- 40 VOLUNTEER PROGRAM COSTS
- 41 FUNDRAISING
- 42 OTHER PROGRAM COSTS
- 43 TOTAL (SUM OF LINES 1 THRU 33)

COMPENSATION ANALYSIS
 SALARIES AND WAGES

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				684,487
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)				684,487

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/30/2011
I	15-0051	I	FROM 1/ 1/2010	I	WORKSHEET	K-3
I	HOSPICE NO:	I	TO 12/31/2010	I		
I	15-1509	I		I		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	684,487
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPITE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	
14	10.20 NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	20.30 ANALGESICS	
28	20.31 SEDATIVES / HYPNOTICS	
29	20.32 OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	684,487

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 4

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET K-4
 I HOSPICE NO: I TO 12/31/2010 I PART I
 I 15-1509 I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	1,221,328			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	1,272,388			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	6,810			
12 OCCUPATIONAL THERAPY	364			
13 SPEECH/LANGUAGE PATHOLOGY	447			
14 MEDICAL SOCIAL SERVICES	452,811			
15 SPIRITUAL COUNSELING	71,367			
16 DIETARY COUNSELING	439			
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	110,012			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
MEDICAL SUPPLIES				
OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	3,135,966			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET K-4
 I HOSPICE NO: I TO 12/31/2010 I PART I
 I 15-1509 I I I

HOSPICE 1

	TRANSPORTATION 4	VOLUNTEER SERVICES COORDINATOR 5	SUBTOTAL (COL. 0-5) 5A	ADMINITRATIVE & GENERAL 6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION			1,221,328	1,221,328
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			1,272,388	811,643
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY			6,810	4,344
16 OCCUPATIONAL THERAPY			364	232
17 SPEECH/LANGUAGE PATHOLOGY			447	285
18 MEDICAL SOCIAL SERVICES			452,811	288,844
19 SPIRITUAL COUNSELING			71,367	45,524
20 DIETARY COUNSELING			439	280
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			110,012	70,176
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			1,914,638	1,221,328

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/30/2011
I	15-0051	I	FROM 1/ 1/2010	I	WORKSHEET	K-4
I	HOSPICE NO:	I	TO 12/31/2010	I	PART	I
I	15-1509	I		I		

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	2,084,031
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	11,154
12	OCCUPATIONAL THERAPY	596
13	SPEECH/LANGUAGE PATHOLOGY	732
14	MEDICAL SOCIAL SERVICES	741,655
15	SPIRITUAL COUNSELING	116,891
16	DIETARY COUNSELING	719
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	180,188
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
	MEDICAL SUPPLIES	
	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	3,135,966

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET K-4
 I HOSPICE NO: I TO 12/31/2010 I PART II
 I 15-1509 I I

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
MEDICAL SUPPLIES				
OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30				
31				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 COST TO BE ALLOCATED (PER WKST K-4, PART I)				
35 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET K-4
 I HOSPICE NO: I TO 12/31/2010 I PART II
 I 15-1509 I I

HOSPICE 1

VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
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1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
6	ADMINISTRATIVE AND GENERAL	-1,221,328	1,914,638
7	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		
8	INPATIENT - RESPITE CARE		
	VISITING SERVICES		
9	PHYSICIAN SERVICES		
10	NURSING CARE		1,272,388
10.20	NURSING CARE-CONTINUOUS HOME CARE		
11	PHYSICAL THERAPY		6,810
12	OCCUPATIONAL THERAPY		364
13	SPEECH/LANGUAGE PATHOLOGY		447
14	MEDICAL SOCIAL SERVICES		452,811
15	SPIRITUAL COUNSELING		71,367
16	DIETARY COUNSELING		439
17	COUNSELING - OTHER		
18	HOME HEALTH AIDE AND HOMEMAKER		110,012
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE		
	OTHER HOSPICE SERVICE COSTS		
19	OTHER		
20	DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30	ANALGESICS		
20.31	SEDATIVES / HYPNOTICS		
20.32	OTHER - SPECIFY		
21	DURABLE MEDICAL EQUIPMENT/OXYGEN		
22	PATIENT TRANSPORTATION		
23	IMAGING SERVICES		
24	LABS AND DIAGNOSTICS		
	MEDICAL SUPPLIES		
	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27	RADIATION THERAPY		
28	CHEMOTHERAPY		
29	OTHER		
30			
31			
32	FUNDRAISING		
33	OTHER PROGRAM COSTS		
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)		1,221,328
35	UNIT COST MULTIPLIER	.000000	.637890

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: 15-0051
 I PERIOD: FROM 1/1/2010 TO 12/31/2010
 I HOSPICE NO: 15-1509
 I PREPARED 5/30/2011
 I WORKSHEET K-5
 I PART I

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-1947 BUILDING	OLD CAP REL COSTS-1965 BUILDING
		0	1	1.01	1.02
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	2,084,031			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11	11,154			
7.00 OCCUPATIONAL THERAPY	12	596			
8.00 SPEECH/LANGUAGE PATHOLOGY	13	732			
9.00 MEDICAL SOCIAL SERVICES	14	741,655			
10.00 SPIRITUAL COUNSELING	15	116,891			
11.00 DIETARY COUNSELING	16	719			
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	180,188			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		3,135,966			
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	OLD CAP REL COSTS-1983 BUILDING	OLD CAP REL COSTS-MEDICAL ARTS	OLD CAP REL COSTS-UTILITIES	OLD CAP REL COSTS-WEGMILLER
	1.03	1.04	1.05	1.06

1.00 ADMINISTRATIVE AND GENERAL		1,733		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,733		
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET K-5
 I HOSPICE NO: I TO 12/31/2010 I PART I
 I 15-1509 I I

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-1947 BUILDING	NEW CAP REL COSTS-1965 BUILDING
	2	3	3.01	3.02
1.00 ADMINISTRATIVE AND GENERAL	2,566			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	2,566			
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	NEW CAP REL COSTS-1983 BUILDING	NEW CAP REL COSTS-MEDICAL ARTS	NEW CAP REL COSTS-UTILITIES	NEW CAP REL COSTS-CANCER
	3.03	3.04	3.05	3.06
1.00 ADMINISTRATIVE AND GENERAL		7,367		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		7,367		
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: 15-0051
 I PERIOD: FROM 1/ 1/2010 TO 12/31/2010
 I HOSPICE NO: 15-1509
 I PREPARED 5/30/2011
 I WORKSHEET K-5
 I PART I

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-PHNA BUILDING	NEW CAP REL COSTS-MITCHELL FACILITY	NEW CAP REL COSTS-SPENCER BUILDING	NEW CAP REL COSTS-PAIN MANAGEMENT
	3.07	3.08	3.09	3.10
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	NEW CAP REL COSTS-WEST PROMPTCARE	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	CHILD CARE CENTER
	3.11	4	5	5.01
1.00 ADMINISTRATIVE AND GENERAL		140,956	81,076	11,032
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			456,330	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY			2,442	
7.00 OCCUPATIONAL THERAPY			131	
8.00 SPEECH/LANGUAGE PATHOLOGY			160	
9.00 MEDICAL SOCIAL SERVICES			162,397	
10.00 SPIRITUAL COUNSELING			25,595	
11.00 DIETARY COUNSELING			158	
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			39,455	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		140,956	767,744	11,032
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: 15-0051
 I HOSPICE NO: 15-1509
 I PERIOD: FROM 1/1/2010 TO 12/31/2010
 I PREPARED 5/30/2011
 I WORKSHEET K-5
 I PART I

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	5A.01	6	8	9
1.00 ADMINISTRATIVE AND GENERAL	244,730	67,865	217,076	2,597
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	2,540,361	704,455		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	13,596	3,770		
7.00 OCCUPATIONAL THERAPY	727	202		
8.00 SPEECH/LANGUAGE PATHOLOGY	892	247		
9.00 MEDICAL SOCIAL SERVICES	904,052	250,698		
10.00 SPIRITUAL COUNSELING	142,486	39,512		
11.00 DIETARY COUNSELING	877	243		
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	219,643	60,908		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
00 TOTAL (SUM OF LINE 1 THRU 28) (2)	4,067,364	1,127,900	217,076	2,597
00 UNIT COST MULTIPLIER				

HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION

HOSPICE COST CENTER	10	11	12	14
1.00 ADMINISTRATIVE AND GENERAL			3,812	43,031
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			14,845	167,595
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY			62	695
7.00 OCCUPATIONAL THERAPY			3	37
8.00 SPEECH/LANGUAGE PATHOLOGY			4	45
9.00 MEDICAL SOCIAL SERVICES			5,515	62,262
10.00 SPIRITUAL COUNSELING			905	10,216
11.00 DIETARY COUNSELING			5	61
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			3,070	34,657
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
00 VOLUNTEER PROGRAM COSTS				
00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			28,221	318,599
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	CENTRAL STERILIZATION	PHARMACY	MEDICAL RECORDS & LIBRARY
	15	15.01	16	17
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	PARAMED ED PRGM	SUBTOTAL	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL
	24	25	26	27
1.00 ADMINISTRATIVE AND GENERAL		579,111		579,111
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		3,427,256		3,427,256
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		18,123		18,123
7.00 OCCUPATIONAL THERAPY		969		969
8.00 SPEECH/LANGUAGE PATHOLOGY		1,188		1,188
9.00 MEDICAL SOCIAL SERVICES		1,222,527		1,222,527
10.00 SPIRITUAL COUNSELING		193,119		193,119
11.00 DIETARY COUNSELING		1,186		1,186
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		318,278		318,278
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		5,761,757		5,761,757
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
I 15-0051 I FROM 1/ 1/2010 I WORKSHEET K-5
I HOSPICE NO: I TO 12/31/2010 I PART I
I 15-1509 I I

HOSPICE 1

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G 28	TOTAL HOSPICE COSTS 29
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE		
3.00 INPATIENT - RESPITE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE	382,964	3,810,220
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY	2,025	20,148
7.00 OCCUPATIONAL THERAPY	108	1,077
8.00 SPEECH/LANGUAGE PATHOLOGY	133	1,321
9.00 MEDICAL SOCIAL SERVICES	136,605	1,359,132
10.00 SPIRITUAL COUNSELING	21,579	214,698
11.00 DIETARY COUNSELING	133	1,319
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOMEMAKER	35,564	353,842
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		
14.00		
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32 OTHER		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		
17.00 PATIENT TRANSPORTATION		
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY		
23.00 CHEMOTHERAPY		
24.00		
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		
27.00 FUNDRAISING		
28.00 OTHER PROGRAM COSTS		
00 TOTAL (SUM OF LINE 1 THRU 28) (2)		5,761,757
00 UNIT COST MULTIPLIER	.111740	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.
(2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
I 15-0051 I FROM 1/ 1/2010 I WORKSHEET K-5
I HOSPICE NO: I TO 12/31/2010 I PART II
I 15-1509 I I

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	OLD CAP REL COSTS-1947 BUILDING (SQUARE FEET)	OLD CAP REL COSTS-1965 BUILDING (SQUARE FEET)	OLD CAP REL COSTS-1983 BUILDING (SQUARE FEET)
	1	1.01	1.02	1.03
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	OLD CAP REL COSTS-MEDICAL ARTS (SQUARE FEET)	OLD CAP REL COSTS-UTILITIES (SQUARE FEET)	OLD CAP REL COSTS-WEGMILLER (SQUARE FEET)	OLD CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)
	1.04	1.05	1.06	2
1.00 ADMINISTRATIVE AND GENERAL	4,796			5,906
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
I 15-0051 I FROM 1/ 1/2010 I WORKSHEET K-5
I HOSPICE NO: I TO 12/31/2010 I PART II
I 15-1509 I I

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-MEDICAL ARTS	OLD CAP REL COSTS-UTILITIES	OLD CAP REL COSTS-WEGMILLER	OLD CAP REL COSTS-MVBLE EQUIP
	1.04	1.05	1.06	2
29.00 TOTAL (SUM OF LINE 1 THRU 28)	4,796			5,906
30.00 TOTAL COST TO BE ALLOCATED	1,733			2,566
31.00 UNIT COST MULTIPLIER	.361343	.000000	.000000	.434473

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQARE FEET)	NEW CAP REL COSTS-1947 BUILDING (SQARE FEET)	NEW CAP REL COSTS-1965 BUILDING (SQARE FEET)	NEW CAP REL COSTS-1983 BUILDING (SQARE FEET)
	3	3.01	3.02	3.03

1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
I 15-0051 I FROM 1/ 1/2010 I WORKSHEET K-5
I HOSPICE NO: I TO 12/31/2010 I PART II
I 15-1509 I I

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-MEDICAL ARTS (SQUARE FEET)	NEW CAP REL COSTS-UTILITIES (SQUARE FEET)	NEW CAP REL COSTS-CANCER (SQUARE FEET)	NEW CAP REL COSTS-PHNA BUILDING (SQUARE FEET)
	3.04	3.05	3.06	3.07
1.00 ADMINISTRATIVE AND GENERAL	4,796			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	4,796			
30.00 TOTAL COST TO BE ALLOCATED	7,367			
31.00 UNIT COST MULTIPLIER	1.536072	.000000	.000000	.000000

HOSPICE COST CENTER	NEW CAP REL COSTS-MITCHELL FACILITY (SQUARE FEET)	NEW CAP REL COSTS-SPENCER BUILDING (SQUARE FEET)	NEW CAP REL COSTS-PAIN MANAGEMENT (SQUARE FEET)	NEW CAP REL COSTS-WEST PROMPTCARE (SQUARE FEET)
	3.08	3.09	3.10	3.11
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET K-5
 I HOSPICE NO: I TO 12/31/2010 I PART II
 I 15-1509 I I

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-MITCHELL FACILITY	NEW CAP REL COSTS-SPENCER BUILDING	NEW CAP REL COSTS-PAIN MANAGEMENT	NEW CAP REL COSTS-WEST PROMPTCARE
	3.08	3.09	3.10	3.11
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED	.000000	.000000	.000000	.000000
31.00 UNIT COST MULTIPLIER				
HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	CHILD CARE CENTER (NUMBER OF CHILDREN)	RECONCILIATION
	4	5	5.01	6A
1.00 ADMINISTRATIVE AND GENERAL	5,906	226,064	2	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		1,272,388		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		6,810		
7.00 OCCUPATIONAL THERAPY		364		
8.00 SPEECH/LANGUAGE PATHOLOGY		447		
9.00 MEDICAL SOCIAL SERVICES		452,811		
10.00 SPIRITUAL COUNSELING		71,367		
11.00 DIETARY COUNSELING		440		
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER		110,012		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	5,906	2,140,703	2	
30.00 TOTAL COST TO BE ALLOCATED	140,956	767,744	11,032	
31.00 UNIT COST MULTIPLIER	23.866576	.358641	5516.000000	

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

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I 15-0051 I FROM 1/ 1/2010 I WORKSHEET K-5
I HOSPICE NO: I TO 12/31/2010 I PART II
I 15-1509 I I

HOSPICE 1

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(ACCUMULATED COST) 6	(SQUARE FEET) 8	(POUNDS OF LAUNDRY) 9	(HOURS OF SERVICE) 10
1.00 ADMINISTRATIVE AND GENERAL	244,730	5,906	2,605	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	2,540,361			
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	13,596			
7.00 OCCUPATIONAL THERAPY	727			
8.00 SPEECH/LANGUAGE PATHOLOGY	892			
9.00 MEDICAL SOCIAL SERVICES	904,052			
10.00 SPIRITUAL COUNSELING	142,486			
11.00 DIETARY COUNSELING	877			
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	219,643			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	4,067,364	5,906	2,605	
30.00 TOTAL COST TO BE ALLOCATED	1,127,900	217,076	2,597	
31.00 UNIT COST MULTIPLIER	.277305	36.755164	.996929	.000000

HOSPICE COST CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(MEALS SERVED) 11	(MANHOURS) 12	(DIRECT NRSNG HRS) 14	(COSTED REQUIS.) 15
1.00 ADMINISTRATIVE AND GENERAL		10,581	10,581	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		41,211	41,211	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		171	171	
7.00 OCCUPATIONAL THERAPY		9	9	
8.00 SPEECH/LANGUAGE PATHOLOGY		11	11	
9.00 MEDICAL SOCIAL SERVICES		15,310	15,310	
10.00 SPIRITUAL COUNSELING		2,512	2,512	
11.00 DIETARY COUNSELING		15	15	
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		8,522	8,522	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
I 15-0051 I FROM 1/ 1/2010 I WORKSHEET K-5
I HOSPICE NO: I TO 12/31/2010 I PART II
I 15-1509 I I

HOSPICE 1

HOSPICE COST CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	11	12	14	15
29.00 TOTAL (SUM OF LINE 1 THRU 28)		78,342	78,342	
30.00 TOTAL COST TO BE ALLOCATED		28,221	318,599	
31.00 UNIT COST MULTIPLIER	.000000	.360228	4.066771	.000000

HOSPICE COST CENTER	CENTRAL STERILIZATION (TIME SPENT)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	PARAMED ED PRGM (TIME SPENT)
	15.01	16	17	24

1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET K-5
 I HOSPICE NO: I TO 12/31/2010 I PART III
 I 15-1509 I I

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.697883	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	.399907	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.294952	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.262239	
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.327192	
8	EMERGENCY	61	.348637	
9	RADIOLOGY-DIAGNOSTIC	41	.221046	
9.01	MRI	41.01	.105104	
10	OTHER ANCILLARY	59		
10.97	CARDIAC REHABILITATION	59.97	1.196826	
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET K-6
 I HOSPICE NO: I TO 12/31/2010 I
 I 15-1509 I I

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				5,761,757
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				23,143
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				248.96
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	20,505			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	5,104,925			
6 UNDUPLICATED MEDICAID DAYS		870		
7 AGGREGATE MEDICAID COST		216,595		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	6,538			
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	1,627,700			
10 UNDUPLICATED NF DAYS		15		
11 AGGREGATE NF COST		3,734		
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			1,768	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			440,161	

NOTE: THE DATA FOR THE SNF AND NF LINES 8 THROUGH 11 ARE INCLUDED IN THE MEDICARE AND MEDICAID LINES 4 THROUGH 7.

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-0051 I FROM 1/ 1/2010 I WORKSHEET L
 I COMPONENT NO: I TO 12/31/2010 I PARTS I-IV
 I 15-0051 I
 FULLY PROSPECTIVE METHOD

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	3,297,025
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	181,035
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	145.88
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	4.91
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	20.05
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	24.96
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.18
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	170,786
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,648,846

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	
	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)	