IN LIEU OF FORM CMS-2552-96(04/2005)
PREPARED 5/27/2011 9:55
FORM APPROVED
OMB NO. 0938-0050

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).

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER NO: 15-0009	PERIOD FROM 1/ 1/2010 TO 12/31/2010	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS	DATE RECEIVED: / / INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2011 TIME 9:55

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 IMPRISIONMENT 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:
CLARK MEMORIAL HOSPITAL 15-0009
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.

ECR ENCRYPTION INFORMATION
DATE: 5/27/2011 TIME 9:55

Ee2DrZoydtlejS:Hksz.gjJSnzSeT0
1xrU80VuAgu1bdEVhfqiKyxfLejnRP
O4YX0XC4cb0.9Hkh

PI ENCRYPTION INFORMATION
DATE: 5/27/2011 TIME 9:55
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w0akDgXnCESaGVWs4ZzCYpUOL.jCP0
cZlHb0i0tp49WT6DW.5Lz41C3D7M94
CVef5OZUcC0ZpK:R

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE CFO

DATE 5/27/11

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII A	TITLE XVIII B	TITLE XIX
		1	2	3	4
1	HOSPITAL	0	-141,464	-36,552	0
2	SUBPROVIDER	0	82,963	0	0
100	TOTAL	0	-58,501	-36,552	0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
1 STREET: 1220 MISSOURI AVENUE P.O. BOX: 69
1.01 CITY: JEFFERSONVILLE STATE: IN ZIP CODE: 47130- COUNTY: CLARK

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
	0	1	2	2.01	3	4	5	6
02.00	HOSPITAL	CLARK MEMORIAL HOSPITAL	15-0009		7/ 1/1966	N	P	P
03.00	SUBPROVIDER	BEHAVIORIAL MEDICINE UNIT	15-S009		1/ 1/1992	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2010 TO: 12/31/2010
1 2
18 TYPE OF CONTROL 9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER 4

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSICATION 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 31140

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

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

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

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). 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. 2 N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

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

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

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

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

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. Y

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

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

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

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) Y 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. Y

25.08 IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURING 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)?	
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	

		V	XVIII	XIX
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	1	2	3
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N
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?			

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?	N
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

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

41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY?	N	
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.	N	00/00/0000
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		
45.03	WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).		

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N

52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N

53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:

PREMIUMS:	0
PAID LOSSES:	0
AND/OR SELF INSURANCE:	0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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

MULTICAMPUS

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

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

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 3/30/2011

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

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011 | WORKSHEET S-3 PART I

	COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	I/P DAYS / O/P VISITS / TRIPS: TITLE V	TITLE XVIII	NOT LTCH N/A	TOTAL TITLE XIX
		1	2	2.01	3	4	4.01	5
1	ADULTS & PEDIATRICS	135	49,275			18,271		3,783
2	HMO					118		5,234
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	135	49,275			18,271		3,783
6	INTENSIVE CARE UNIT	34	12,410			7,600		815
11	NURSERY							282
12	TOTAL	169	61,685			25,871		4,880
13	RPCH VISITS							
14	SUBPROVIDER	20	7,300			3,108		
15	SKILLED NURSING FACILITY							
25	TOTAL	189						
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							

	COMPONENT	I/P DAYS / TITLE XIX OBSERVATION BEDS ADMITTED	NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS / TOTAL OBSERVATION BEDS ADMITTED	NOT ADMITTED	INTERNS & RES. FTES TOTAL	LESS I&R REPL NON-PHYS ANES
		5.01	5.02	6	6.01	6.02	7	8
1	ADULTS & PEDIATRICS			43,595				
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			43,595				
6	INTENSIVE CARE UNIT			9,461				
11	NURSERY			3,267				
12	TOTAL			56,323			2.50	
13	RPCH VISITS							
14	SUBPROVIDER			4,244				
15	SKILLED NURSING FACILITY							
25	TOTAL						2.50	
26	OBSERVATION BED DAYS			3,686				
26 01	OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS			301				
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

	COMPONENT	I & R FTES NET	FULL TIME EQUIV EMPLOYEES ON PAYROLL	NONPAID WORKERS	DISCHARGES TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	12	13	14	15
1	ADULTS & PEDIATRICS					5,204	1,079	11,248
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	2.50	1,301.53			5,204	1,079	11,248
13	RPCH VISITS							
14	SUBPROVIDER		19.36			277		288
15	SKILLED NURSING FACILITY							
25	TOTAL	2.50	1,320.89					
26	OBSERVATION BED DAYS							
26 01	OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011 | WORKSHEET S-3 | PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	56,592,016		56,592,016	2,747,454.57	20.60	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R	159,676		159,676	5,200.00	30.71	
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	1,538,404	-192,424	1,345,980	277,593.15	4.85	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	216,940		216,940	7,493.84	28.95	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	11,362,655		11,362,655			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	724,690		724,690			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	396,476		396,476	13,796.50	28.74	
22 ADMINISTRATIVE & GENERAL	7,652,806		7,652,806	313,202.18	24.43	
22.01 A & G UNDER CONTRACT	1,795,996		1,795,996	13,210.87	135.95	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,393,782		1,393,782	71,877.06	19.39	
25 LAUNDRY & LINEN SERVICE	122,215		122,215	10,445.50	11.70	
26 HOUSEKEEPING	1,637,655		1,637,655	124,615.34	13.14	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,428,002		1,428,002	112,960.06	12.64	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	307,823		307,823	9,197.61	33.47	
31 CENTRAL SERVICE AND SUPPLY	509,341		509,341	35,733.19	14.25	
32 PHARMACY	2,039,707		2,039,707	55,753.34	36.58	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,494,998		1,494,998	78,731.24	18.99	
34 SOCIAL SERVICE	1,476,842		1,476,842	50,680.73	29.14	
35 OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY					
1 NET SALARIES	58,228,336		58,228,336	2,755,465.44	21.13
2 EXCLUDED AREA SALARIES	1,538,404	-192,424	1,345,980	277,593.15	4.85
3 SUBTOTAL SALARIES	56,689,932	192,424	56,882,356	2,477,872.29	22.96
4 SUBTOTAL OTHER WAGES & RELATED COSTS	216,940		216,940	7,493.84	28.95
5 SUBTOTAL WAGE-RELATED COSTS	11,362,655		11,362,655		19.98
6 TOTAL	68,269,527	192,424	68,461,951	2,485,366.13	27.55
7 NET SALARIES					
8 EXCLUDED AREA SALARIES					
9 SUBTOTAL SALARIES					
10 SUBTOTAL OTHER WAGES & RELATED COSTS					
11 SUBTOTAL WAGE-RELATED COSTS					
12 TOTAL					

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
13 TOTAL OVERHEAD COSTS	20,255,643		20,255,643	890,203.62	22.75	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011 WORKSHEET S-10

DESCRIPTION

	UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
	UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE	28,536,120
17.01	GROSS MEDICAID REVENUES	49,933,925
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	5,768,173
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	163,269
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	84,401,487
	UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	55,702,098
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.299915
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	16,705,895
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	

	DESCRIPTION	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	49,933,925
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	14,975,933
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	31,681,828

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011 | WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		10,876,095	10,876,095	-3,775,538	7,100,557
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				6,514,237	6,514,237
5	0500	EMPLOYEE BENEFITS	396,476	13,266,179	13,662,655	27,744	13,690,399
6.01	0610	NONPATIENT TELEPHONES	311,777	366,057	677,834	-12	677,822
6.02	0630	PURCHASING, RECEIVING AND STORES	353,128	383,358	736,486	56,246	792,732
6.03	0640	ADMITTING	1,095,639	101,612	1,197,251	-144	1,197,107
6.04	0650	CASHIERING/ACCOUNTS RECEIVABLE	727,846	736,774	1,464,620		1,464,620
6.05	0660	OTHER ADMINISTRATIVE AND GENERAL	5,164,416	8,827,674	13,992,090	-149,635	13,842,455
8	0800	OPERATION OF PLANT	1,393,782	5,161,594	6,555,376	43,893	6,599,269
9	0900	LAUNDRY & LINEN SERVICE	122,215	810,691	932,906		932,906
10	1000	HOUSEKEEPING	1,637,655	317,579	1,955,234	-2,694	1,952,540
11	1100	DIETARY	1,428,002	1,633,208	3,061,210	-13,527	3,047,683
12	1200	CAFETERIA					
14	1400	NURSING ADMINISTRATION	307,823	45,025	352,848	-1,576	351,272
15	1500	CENTRAL SERVICES & SUPPLY	509,341	67,817	577,158	77,029	654,187
16	1600	PHARMACY	2,039,707	6,882,297	8,922,004		8,922,004
17	1700	MEDICAL RECORDS & LIBRARY	1,494,998	509,702	2,004,700	-43	2,004,657
18	1800	SOCIAL SERVICE	1,476,842	530,613	2,007,455	-3,597	2,003,858
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD				159,676	159,676
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	10,536,145	1,195,968	11,732,113	-464,474	11,267,639
26	2600	INTENSIVE CARE UNIT	3,817,671	686,202	4,503,873	-423,698	4,080,175
31	3100	SUBPROVIDER	1,108,886	141,738	1,250,624	-223,087	1,027,537
33	3300	NURSERY	759,564	110,045	869,609	-88,769	780,840
34	3400	SKILLED NURSING FACILITY		11,581	11,581	-5,545	6,036
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	4,158,778	13,990,485	18,149,263	-10,958,474	7,190,789
38	3800	RECOVERY ROOM	1,020,031	215,691	1,235,722	-189,281	1,046,441
39	3900	DELIVERY ROOM & LABOR ROOM	1,193,924	307,998	1,501,922	-173,964	1,327,958
41	4100	RADIOLOGY-DIAGNOSTIC	4,344,827	2,743,145	7,087,972	-1,464,258	5,623,714
44	4400	LABORATORY	2,933,844	3,085,297	6,019,141	4,320	6,023,461
47	4700	BLOOD STORING, PROCESSING & TRANS.		1,057,283	1,057,283	-975,665	81,618
48	4800	INTRAVENOUS THERAPY					
48.01	3350	HEMODIALYSIS		358,889	358,889		358,889
48.02	4801	INTRAVENOUS THERAPY	259,163	389,384	648,547		648,547
49	4900	RESPIRATORY THERAPY	1,465,438	847,801	2,313,239	-89,393	2,223,846
50	5000	PHYSICAL THERAPY	707,342	20,342	727,684	-10,417	717,267
53	5300	ELECTROCARDIOLOGY	464,848	44,577	509,425	-15,928	493,497
54	5400	ELECTROENCEPHALOGRAPHY	56,437	64,856	121,293	-1,499	119,794
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				8,391,514	8,391,514
55.30	5530	IMPL. DEV. CHARGED TO PATIENT				7,273,501	7,273,501
56	5600	DRUGS CHARGED TO PATIENTS					
59	3120	CARDIAC CATHETERIZATION LABORATORY	1,124,019	4,339,791	5,463,810		5,463,810
59.01	3550	DIABETES	96,040	12,380	108,420	-359	108,061
59.02	3020	PARTIAL HOSPITALIZATION	132,199	9,856	142,055	-26	142,029
		OUTPAT SERVICE COST CNTRS					
61	6100	EMERGENCY	3,523,695	900,817	4,424,512	-601,532	3,822,980
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE		2,940,513	2,940,513	-2,813,723	126,790
95		SUBTOTALS	56,162,498	83,990,914	140,153,412	101,302	140,254,714
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100	7950	SIRH	265,081	106,015	371,096	-101,082	270,014
100.01	7951	OTHER NONREIMBURSABLE COST CENTERS	164,437	443,251	607,688	-220	607,468
101		TOTAL	56,592,016	84,540,180	141,132,196	-0-	141,132,196

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0009 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/27/2011 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		GENERAL SERVICE COST CNTR		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	-892,936	6,207,621
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	-280,945	6,233,292
5	0500	EMPLOYEE BENEFITS	-62,496	13,627,903
6.01	0610	NONPATIENT TELEPHONES		677,822
6.02	0630	PURCHASING, RECEIVING AND STORES	-16,785	775,947
6.03	0640	ADMITTING		1,197,107
6.04	0650	CASHIERING/ACCOUNTS RECEIVABLE		1,464,620
6.05	0660	OTHER ADMINISTRATIVE AND GENERAL	-4,119,323	9,723,132
8	0800	OPERATION OF PLANT	3,240	6,602,509
9	0900	LAUNDRY & LINEN SERVICE		932,906
10	1000	HOUSEKEEPING	-4,005	1,948,535
11	1100	DIETARY	-1,001,379	2,046,304
12	1200	CAFETERIA		
14	1400	NURSING ADMINISTRATION		351,272
15	1500	CENTRAL SERVICES & SUPPLY	-25,177	629,010
16	1600	PHARMACY	-182,158	8,739,846
17	1700	MEDICAL RECORDS & LIBRARY	-15,405	1,989,252
18	1800	SOCIAL SERVICE		2,003,858
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		159,676
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-3,560	11,264,079
26	2600	INTENSIVE CARE UNIT	-1,700	4,078,475
31	3100	SUBPROVIDER	-76,100	951,437
33	3300	NURSERY		780,840
34	3400	SKILLED NURSING FACILITY	-500	5,536
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-1,687,578	5,503,211
38	3800	RECOVERY ROOM		1,046,441
39	3900	DELIVERY ROOM & LABOR ROOM	-45,000	1,282,958
41	4100	RADIOLOGY-DIAGNOSTIC	4,051	5,627,765
44	4400	LABORATORY	-82,505	5,940,956
47	4700	BLOOD STORING, PROCESSING & TRANS.		81,618
48	4800	INTRAVENOUS THERAPY		
48.01	3350	HEMODIALYSIS		358,889
48.02	4801	INTRAVENOUS THERAPY		648,547
49	4900	RESPIRATORY THERAPY	-6,140	2,217,706
50	5000	PHYSICAL THERAPY	4,018	721,285
53	5300	ELECTROCARDIOLOGY	-7,200	486,297
54	5400	ELECTROENCEPHALOGRAPHY		119,794
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		8,391,514
55.30	5530	IMPL. DEV. CHARGED TO PATIENT		7,273,501
56	5600	DRUGS CHARGED TO PATIENTS		
59	3120	CARDIAC CATHETERIZATION LABORATORY	-12,589	5,451,221
59.01	3550	DIABETES		108,061
59.02	3020	PARTIAL HOSPITALIZATION	-1,277	140,752
		OUTPAT SERVICE COST CNTRS		
61	6100	EMERGENCY	-17,829	3,805,151
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		SPEC PURPOSE COST CENTERS		
88	8800	INTEREST EXPENSE	-126,790	-0-
95		SUBTOTALS	-8,658,068	131,596,646
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
100	7950	SIRH		270,014
100.01	7951	OTHER NONREIMBURSABLE COST CENTERS		607,468
101		TOTAL	-8,658,068	132,474,128

COST CENTERS USED IN COST REPORT

I PROVIDER NO: 15-0009 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/27/2011 I NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.03	ADMITTING	0640	ADMITTING
6.04	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.05	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
48.01	HEMODIALYSIS	3350	HEMATOLOGY
48.02	INTRAVENOUS THERAPY	4801	INTRAVENOUS THERAPY
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	
59	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
59.01	DIABETES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.02	PARTIAL HOSPITALIZATION	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	SIRH	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OTHER NONREIMBURSABLE COST CENTERS	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE LINE NO	SALARY	OTHER
	1		2	3	4	5
1	INTERN & RESIDENTS RECLASS	A	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		159,676
2	ADMINISTRATION RECLASS	B	ADULTS & PEDIATRICS	25	192,424	7,990
3	INTEREST RECLASS	C	NEW CAP REL COSTS-BLDG & FIXT	3		2,616,345
4			NEW CAP REL COSTS-MVBLE EQUIP	4		47,081
5			OTHER ADMINISTRATIVE AND GENERAL	6.05		150,297
6	DEPRECIATION RECLASS	D	NEW CAP REL COSTS-MVBLE EQUIP	4		6,467,156
7	INSURANCE RECLASS	E	NEW CAP REL COSTS-BLDG & FIXT	3		75,273
8			EMPLOYEE BENEFITS	5		52,155
9	UTILITIES RECLASS	F	OPERATION OF PLANT	8		47,205
10						
11	MEDICAL SUPPLIES RECLASS	G	PURCHASING, RECEIVING AND STORES	6.02		56,246
12			CENTRAL SERVICES & SUPPLY	15		77,029
13			LABORATORY	44		4,320
14			MEDICAL SUPPLIES CHARGED TO PATIENTS	55		15,665,015
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
1	MEDICAL SUPPLIES RECLASS	G				
2						
3						
4						
5	IMPLANTABLE RECLASS	H	IMPL. DEV. CHARGED TO PATIENT	55.30		7,273,501
36	TOTAL RECLASSIFICATIONS				192,424	32,699,289

(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.

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	DECREASE SALARY	DECREASE OTHER	A-7 REF
	1		6	7	8	9	10
1	INTERN & RESIDENTS RECLASS	A	OTHER ADMINISTRATIVE AND GENERAL	6.05		159,676	
2	ADMINISTRATION RECLASS	B	SUBPROVIDER	31	192,424	7,990	
3	INTEREST RECLASS	C	INTEREST EXPENSE	88		2,813,723	11
4							11
5							
6	DEPRECIATION RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3		6,467,156	9
7	INSURANCE RECLASS	E	OTHER ADMINISTRATIVE AND GENERAL	6.05		127,428	12
8							
9	UTILITIES RECLASS	F	RADIOLOGY-DIAGNOSTIC	41		45,850	
10			OPERATING ROOM	37		1,355	
11	MEDICAL SUPPLIES RECLASS	G	EMPLOYEE BENEFITS	5		24,411	
12			NONPATIENT TELEPHONES	6.01		12	
13			ADMITTING	6.03		144	
14			OTHER ADMINISTRATIVE AND GENERAL	6.05		12,828	
15			OPERATION OF PLANT	8		3,312	
16			HOUSEKEEPING	10		2,694	
17			DIETARY	11		13,527	
18			NURSING ADMINISTRATION	14		1,576	
19			MEDICAL RECORDS & LIBRARY	17		43	
20			SOCIAL SERVICE	18		3,597	
21			ADULTS & PEDIATRICS	25		664,888	
22			INTENSIVE CARE UNIT	26		423,698	
23			SUBPROVIDER	31		22,673	
24			NURSERY	33		88,769	
25			SKILLED NURSING FACILITY	34		5,545	
26			OPERATING ROOM	37		10,957,119	
27			RECOVERY ROOM	38		189,281	
28			DELIVERY ROOM & LABOR ROOM	39		173,964	
29			RADIOLOGY-DIAGNOSTIC	41		1,418,408	
30			BLOOD STORING, PROCESSING & TRANS.	47		975,665	
31			RESPIRATORY THERAPY	49		89,393	
32			PHYSICAL THERAPY	50		10,417	
33			ELECTROCARDIOLOGY	53		15,928	
34			ELECTROENCEPHALOGRAPHY	54		1,499	
35			DIABETES	59.01		359	
1	MEDICAL SUPPLIES RECLASS	G	PARTIAL HOSPITALIZATION	59.02		26	
2			EMERGENCY	61		601,532	
3			SIRH	100		101,082	
4			OTHER NONREIMBURSABLE COST CENTERS	100.01		220	
5	IMPLANTABLE RECLASS	H	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		7,273,501	
36	TOTAL RECLASSIFICATIONS				192,424	32,699,289	

(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.

RECLASS CODE: A
EXPLANATION : INTERN & RESIDENTS RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	159,676	OTHER ADMINISTRATIVE AND GENER	6.05	159,676
TOTAL RECLASSIFICATIONS FOR CODE A			159,676			159,676

RECLASS CODE: B
EXPLANATION : ADMINISTRATION RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	200,414	SUBPROVIDER	31	200,414
TOTAL RECLASSIFICATIONS FOR CODE B			200,414			200,414

RECLASS CODE: C
EXPLANATION : INTEREST RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,616,345	INTEREST EXPENSE	88	2,813,723
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	47,081			0
3.00	OTHER ADMINISTRATIVE AND GENER	6.05	150,297			0
TOTAL RECLASSIFICATIONS FOR CODE C			2,813,723			2,813,723

RECLASS CODE: D
EXPLANATION : DEPRECIATION RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	6,467,156	NEW CAP REL COSTS-BLDG & FIXT	3	6,467,156
TOTAL RECLASSIFICATIONS FOR CODE D			6,467,156			6,467,156

RECLASS CODE: E
EXPLANATION : INSURANCE RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	75,273	OTHER ADMINISTRATIVE AND GENER	6.05	127,428
2.00	EMPLOYEE BENEFITS	5	52,155			0
TOTAL RECLASSIFICATIONS FOR CODE E			127,428			127,428

RECLASS CODE: F
EXPLANATION : UTILITIES RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	47,205	RADIOLOGY-DIAGNOSTIC	41	45,850
2.00			0	OPERATING ROOM	37	1,355
TOTAL RECLASSIFICATIONS FOR CODE F			47,205			47,205

RECLASS CODE: G
EXPLANATION : MEDICAL SUPPLIES RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PURCHASING, RECEIVING AND STOR	6.02	56,246	EMPLOYEE BENEFITS	5	24,411
2.00	CENTRAL SERVICES & SUPPLY	15	77,029	NONPATIENT TELEPHONES	6.01	12
3.00	LABORATORY	44	4,320	ADMITTING	6.03	144
4.00	MEDICAL SUPPLIES CHARGED TO PA	55	15,665,015	OTHER ADMINISTRATIVE AND GENER	6.05	12,828
5.00			0	OPERATION OF PLANT	8	3,312
6.00			0	HOUSEKEEPING	10	2,694
7.00			0	DIETARY	11	13,527
8.00			0	NURSING ADMINISTRATION	14	1,576
9.00			0	MEDICAL RECORDS & LIBRARY	17	43
10.00			0	SOCIAL SERVICE	18	3,597
11.00			0	ADULTS & PEDIATRICS	25	664,888
12.00			0	INTENSIVE CARE UNIT	26	423,698
13.00			0	SUBPROVIDER	31	22,673
14.00			0	NURSERY	33	88,769
15.00			0	SKILLED NURSING FACILITY	34	5,545

RECLASS CODE: G
EXPLANATION : MEDICAL SUPPLIES RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
16.00			0	OPERATING ROOM	37	10,957,119
17.00			0	RECOVERY ROOM	38	189,281
18.00			0	DELIVERY ROOM & LABOR ROOM	39	173,964
19.00			0	RADIOLOGY-DIAGNOSTIC	41	1,418,408
20.00			0	BLOOD STORING, PROCESSING & TR	47	975,665
21.00			0	RESPIRATORY THERAPY	49	89,393
22.00			0	PHYSICAL THERAPY	50	10,417
23.00			0	ELECTROCARDIOLOGY	53	15,928
24.00			0	ELECTROENCEPHALOGRAPHY	54	1,499
25.00			0	DIABETES	59.01	359
26.00			0	PARTIAL HOSPITALIZATION	59.02	26
27.00			0	EMERGENCY	61	601,532
28.00			0	SIRH	100	101,082
29.00			0	OTHER NONREIMBURSABLE COST CEN	100.01	220
TOTAL RECLASSIFICATIONS FOR CODE G			15,802,610			15,802,610

RECLASS CODE: H
EXPLANATION : IMPLANTABLE RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	7,273,501	MEDICAL SUPPLIES CHARGED TO PA	55	7,273,501
TOTAL RECLASSIFICATIONS FOR CODE H			7,273,501			7,273,501

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS PURCHASES	ACQUISITIONS DONATION	ACQUISITIONS TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND	6,432,533					6,432,533	
2	LAND IMPROVEMENTS	1,535,726	9,460		9,460		1,545,186	
3	BUILDINGS & FIXTURE	84,874,532	609,673		609,673		85,484,205	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	19,948,690	94,152		94,152		20,042,842	
6	MOVABLE EQUIPMENT	63,587,396	23,290,259		23,290,259		86,877,655	
7	SUBTOTAL	176,378,877	24,003,544		24,003,544		200,382,421	
8	RECONCILING ITEMS							
9	TOTAL	176,378,877	24,003,544		24,003,544		200,382,421	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
		GROSS ASSETS	CAPITLIZED GROSS ASSETS LEASES	FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	113,504,766		113,504,766	.566441				
4	NEW CAP REL COSTS-MV	86,877,655		86,877,655	.433559				
5	TOTAL	200,382,421		200,382,421	1.000000				

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	3,503,168		2,616,345	75,273		12,835	6,207,621
4	NEW CAP REL COSTS-MV	6,186,211		47,081				6,233,292
5	TOTAL	9,689,379		2,663,426	75,273		12,835	12,440,913

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	10,863,260					12,835	10,876,095
4	NEW CAP REL COSTS-MV							
5	TOTAL	10,863,260					12,835	10,876,095

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

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1	INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES	A	-802	NEW CAP REL COSTS-MVBLE E	4	9
10	TELEVISION AND RADIO SERVICE	A	-9,771	NEW CAP REL COSTS-MVBLE E	4	9
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,916,183			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	-167,510			
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-919,168	DIETARY	11	
17	RENTAL OF QTRS TO EMPLYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS					
20	SALE OF MEDICAL RECORDS & ABSTRACTS					
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22	VENDING MACHINES	B	-82,211	DIETARY	11	
23	INCOME FROM IMPOSITION OF INTEREST	B	-126,790	INTEREST EXPENSE	88	
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			**COST CENTER DELETED**	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	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	ADVERTISING - ADMIN & GENERAL	A	-901,689	OTHER ADMINISTRATIVE AND	6.05	
38	ADVERTISING - PSYCH	A	-6,100	SUBPROVIDER	31	
39	ADVERTISING - PARTIAL HOSP	A	-1,277	PARTIAL HOSPITALIZATION	59.02	
40	ADVERTISING - HOUSEKEEPING	A	-4,005	HOUSEKEEPING	10	
41	ADVERTISING - BENEFITS	A	-13,574	EMPLOYEE BENEFITS	5	
42	PHYSICIAN RECRUITMENT & MISC ADMIN	A	-1,295,431	OTHER ADMINISTRATIVE AND	6.05	
43	AMORTIZATION	A	-13,883	NEW CAP REL COSTS-BLDG &	3	9
44	TAXI	A	-2,077	OTHER ADMINISTRATIVE AND	6.05	
45	PENSION VALUATION	A	-854,486	OTHER ADMINISTRATIVE AND	6.05	
46	OTHER MISC REV - ADMIN & GENERAL	B	-860,782	OTHER ADMINISTRATIVE AND	6.05	
47	REBATES	A	-20,981	OPERATING ROOM	37	
48	REBATES	A	-12,589	CARDIAC CATHETERIZATION L	59	
49	REBATES	A	-25,177	CENTRAL SERVICES & SUPPLY	15	
49.01	REBATES	A	-16,785	PURCHASING, RECEIVING AND	6.02	
49.02	REBATES	A	-8,392	OPERATING ROOM	37	
49.03	SELF INSURANCE	A	-48,922	EMPLOYEE BENEFITS	5	
49.04	AHA DUES	A	-6,611	OTHER ADMINISTRATIVE AND	6.05	
49.05	CHARITABLE DONATIONS	A	-193,447	OTHER ADMINISTRATIVE AND	6.05	
49.06	DEPRECIATION	A	-663,499	NEW CAP REL COSTS-BLDG &	3	9
49.07	DEPRECIATION	A	-215,554	NEW CAP REL COSTS-BLDG &	3	9
49.08	UTILITIES	A	-270,372	NEW CAP REL COSTS-MVBLE E	4	9
50	TOTAL (SUM OF LINES 1 THRU 49)		-8,658,068			

(1) Description - all chapter references in this columnpertain 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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

I PROVIDER NO: 15-0009 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/27/2011 I WORKSHEET A-8-1

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* ADJUST-MENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1 16	PHARMACY	SIRH	669,922	852,080	-182,158	
2 15	CENTRAL SERVICES & SUPPLY	SIRH	689	689		
3 44	LABORATORY	SIRH	11,271	10,333	938	
4 48	INTRAVENOUS THERAPY	SIRH	101	101		
4.01 41	RADIOLOGY-DIAGNOSTIC	SIRH	64,245	59,994	4,251	
4.02 37	OPERATING ROOM	SIRH	8,536	7,856	680	
4.03 61	EMERGENCY	SIRH	2,969	1,448	1,521	
4.04 54	ELECTROENCEPHALOGRAPHY	SIRH	1,422	1,422		
4.05 53	ELECTROCARDIOLOGY	SIRH	606	606		
4.06 50	PHYSICAL THERAPY	SIRH	4,018		4,018	
4.07 49	RESPIRATORY THERAPY	SIRH	259	259		
4.08 8	OPERATION OF PLANT	SIRH	3,240		3,240	
4.09						
4.10						
5	TOTALS		767,278	934,788	-167,510	

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

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

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

	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
	1	2	3	4	5	6
1	C		0.00	SIRH	33.33	
2			0.00		0.00	
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERELATIONSHIP 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: 15-0009 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/27/2011 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	5 OTHER ADMIN & GENERAL	4,800	4,800					
2	17	MEDICAL RECORDS & LIBRARY	15,405	15,405					
3	25	ADULTS & PEDIATRICS	3,560	3,560					
4	26	INTENSIVE CARE UNIT	1,700	1,700					
5	31	SUBPROVIDER I (PSYCH)	70,000	70,000					
6	34	SKILLED NURSING UNIT	500	500					
7	37	OPERATING ROOM	1,658,885	1,658,885					
8	39	LABOR & DELIVERY	45,000	45,000					
9	41	RADIOLOGY-DIAGNOSTIC	200	200					
10	44	LABORATORY	83,443	83,443					
11	49	RESPIRATORY THERAPY	6,140	6,140					
12	53	ELECTROCARDIOLOGY	7,200	7,200					
13	61	EMERGENCY	19,350	19,350					
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	1,916,183	1,916,183					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-0009 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/27/2011 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUSTMENT 18
1	6	5 OTHER ADMIN & GENERAL							4,800
2	17	MEDICAL RECORDS & LIBRARY							15,405
3	25	ADULTS & PEDIATRICS							3,560
4	26	INTENSIVE CARE UNIT							1,700
5	31	SUBPROVIDER I (PSYCH)							70,000
6	34	SKILLED NURSING UNIT							500
7	37	OPERATING ROOM							1,658,885
8	39	LABOR & DELIVERY							45,000
9	41	RADIOLOGY-DIAGNOSTIC							200
10	44	LABORATORY							83,443
11	49	RESPIRATORY THERAPY							6,140
12	53	ELECTROCARDIOLOGY							7,200
13	61	EMERGENCY							19,350
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL							1,916,183

COST ALLOCATION STATISTICS

I PROVIDER NO: 15-0009 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/27/2011 I NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	3	# OF	PHONES	ENTERED
6.02	PURCHASING, RECEIVING AND STORES	4	SUPPLIES		ENTERED
6.03	ADMITTING	C	GROSS	CHARGES	NOT ENTERED
6.04	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS	CHARGES	NOT ENTERED
6.05	OTHER ADMINISTRATIVE AND GENERAL	-6	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	1	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	FTE'S		ENTERED
14	NURSING ADMINISTRATION	12	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	13	COSTED	REQUIS.	ENTERED
16	PHARMACY	14	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	15	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	-16	ACCUM.	COST	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	17	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	17	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011 | WORKSHEET B PART I

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND	ADMITTING
		0	3	4	5	6.01	6.02	6.03
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &	6,207,621	6,207,621					
004	NEW CAP REL COSTS-MVBLE E	6,233,292		6,233,292				
005	EMPLOYEE BENEFITS	13,627,903			13,627,903			
006 01	NONPATIENT TELEPHONES	677,822			75,609	753,431		
006 02	PURCHASING, RECEIVING AND	775,947	31,638	31,769	85,637	11,091	936,082	
006 03	ADMITTING	1,197,107	233,446	234,411	265,702	10,351	6,680	1,947,697
006 04	CASHIERING/ACCOUNTS RECEI	1,464,620	345,221	346,649	176,509	34,012	46	
006 05	OTHER ADMINISTRATIVE AND	9,723,132	561,054	563,374	1,252,417	217,375	274	
008	OPERATION OF PLANT	6,602,509	934,167	938,030	338,005	20,703	546	
009	LAUNDRY & LINEN SERVICE	932,906			29,638	1,479	3,496	
010	HOUSEKEEPING	1,948,535			397,146		24,212	
011	DIETARY	2,046,304	293,536	294,750	346,303	12,570	14,306	
012	CAFETERIA							
014	NURSING ADMINISTRATION	351,272	50,212	50,419	74,650	3,697	662	
015	CENTRAL SERVICES & SUPPLY	629,010	97,221	97,623	123,520	5,915	4,999	
016	PHARMACY	8,739,846	59,947	60,194	494,647	10,351	27,482	
017	MEDICAL RECORDS & LIBRARY	1,989,252			362,550	34,012	1	
018	SOCIAL SERVICE	2,003,858			358,147	12,570		
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C	159,676						
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	11,264,079	1,219,584	1,224,632	2,601,754	60,629	59,723	119,248
026	INTENSIVE CARE UNIT	4,078,475	118,020	118,508	925,820	19,963	34,636	40,299
031	SUBPROVIDER	951,437	261,690	262,772	222,250	7,394	2,619	11,168
033	NURSERY	780,840			184,201		2,914	5,608
034	SKILLED NURSING FACILITY	5,536	132,190	132,736		11,091	24	
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	5,503,211	448,975	450,831	1,008,541	51,757	71,501	158,625
038	RECOVERY ROOM	1,046,441			247,367		1,831	29,082
039	DELIVERY ROOM & LABOR ROO	1,282,958	244,542	245,553	289,537	10,351	22,231	10,576
041	RADIOLOGY-DIAGNOSTIC	5,627,765	599,449	601,928	1,053,660	36,969	24,918	387,208
044	LABORATORY	5,940,956	29,589	29,711	711,484	26,618	546,198	274,619
047	BLOOD STORING, PROCESSING	81,618					25,403	6,433
048	INTRAVENOUS THERAPY							
048 01	HEMODIALYSIS	358,889						1,957
048 02	INTRAVENOUS THERAPY	648,547			62,849	2,218	6,610	38,833
049	RESPIRATORY THERAPY	2,217,706			355,382		192	55,510
050	PHYSICAL THERAPY	721,285			171,537	5,176	99	14,174
053	ELECTROCARDIOLOGY	486,297	60,715	60,966	112,730	8,873	2,755	49,207
054	ELECTROENCEPHALOGRAPHY	119,794	9,863	9,904	13,686	3,697	724	6,421
055	MEDICAL SUPPLIES CHARGED	8,391,514						254,167
055 30	IMPL. DEV. CHARGED TO PAT	7,273,501						90,562
056	DRUGS CHARGED TO PATIENTS							201,282
059	CARDIAC CATHETERIZATION L	5,451,221	102,473	102,896	272,585	15,527		97,620
059 01	DIABETES	108,061			23,291		287	536
059 02	PARTIAL HOSPITALIZATION	140,752			32,059		33	2,040
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	3,805,151	324,710	326,053	854,528	37,709	49,626	92,522
062	OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	131,596,646	6,158,242	6,183,709	13,523,741	672,098	935,028	1,947,697
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		13,065	13,119		2,958		
100	SIRH	270,014			64,285		625	
100 01	OTHER NONREIMBURSABLE COS	607,468	36,314	36,464	39,877	78,375	429	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	132,474,128	6,207,621	6,233,292	13,627,903	753,431	936,082	1,947,697

	COST CENTER DESCRIPTION	CASHIERING/ACCOUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		6.04	6a.04	6.05	8	9	10	11
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	PURCHASING, RECEIVING AND							
006 03	ADMITTING							
006 04	CASHIERING/ACCOUNTS RECEI	2,367,057						
006 05	OTHER ADMINISTRATIVE AND		12,317,626	12,317,626				
008	OPERATION OF PLANT		8,833,960	905,596	9,739,556			
009	LAUNDRY & LINEN SERVICE		967,519	99,183		1,066,702		
010	HOUSEKEEPING		2,369,893	242,945			2,612,838	
011	DIETARY		3,007,769	308,335	696,940	16,788	161,286	4,191,118
012	CAFETERIA							
014	NURSING ADMINISTRATION		530,912	54,425	119,217			
015	CENTRAL SERVICES & SUPPLY		958,288	98,237	230,831			
016	PHARMACY		9,392,467	962,850	142,330			
017	MEDICAL RECORDS & LIBRARY		2,385,815	244,577				
018	SOCIAL SERVICE		2,374,575	243,425				
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C		159,676	16,369				
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	144,918	16,694,567	1,711,435	2,895,646	465,171	1,032,232	3,446,080
026	INTENSIVE CARE UNIT	48,974	5,384,695	552,001	280,213	92,804	258,058	331,765
031	SUBPROVIDER	13,573	1,732,903	177,645	621,327	46,800	193,544	318,060
033	NURSERY	6,816	980,379	100,502		10,704		
034	SKILLED NURSING FACILITY		281,577	28,865	313,857	68,656	129,029	
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	192,771	7,886,212	808,439	1,065,995	145,790	483,859	
038	RECOVERY ROOM	35,342	1,360,063	139,424		42,774		7,962
039	DELIVERY ROOM & LABOR ROO	12,853	2,118,601	217,184	580,612	38,662	129,029	5,024
041	RADIOLOGY-DIAGNOSTIC	470,652	8,802,549	902,376	1,423,266	24,126		
044	LABORATORY	333,734	7,892,909	809,126	70,253			
047	BLOOD STORING, PROCESSING	7,818	121,272	12,432				
048	INTRAVENOUS THERAPY							
048 01	HEMODIALYSIS	2,378	363,224	37,235				
048 02	INTRAVENOUS THERAPY	47,192	806,249	82,651				
049	RESPIRATORY THERAPY	67,460	2,696,250	276,401				
050	PHYSICAL THERAPY	17,225	929,496	95,285				
053	ELECTROCARDIOLOGY	59,800	841,343	86,249	144,155			
054	ELECTROENCEPHALOGRAPHY	7,803	171,892	17,621	23,418			
055	MEDICAL SUPPLIES CHARGED	308,879	8,954,560	917,959				
055 30	IMPL. DEV. CHARGED TO PAT	110,057	7,474,120	766,194				
056	DRUGS CHARGED TO PATIENTS	244,610	445,892	45,710				
059	CARDIAC CATHETERIZATION L	118,634	6,160,956	631,578	243,300			
059 01	DIABETES	651	132,826	13,616				
059 02	PARTIAL HOSPITALIZATION	2,479	177,363	18,182				23,436
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	112,438	5,602,737	574,353	770,956	114,427	225,801	58,791
062	OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	2,367,057	131,311,135	12,198,405	9,622,316	1,066,702	2,612,838	4,191,118
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		29,142	2,987	31,021			
100	SIRH		334,924	34,334				
100 01	OTHER NONREIMBURSABLE COS		798,927	81,900	86,219			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	2,367,057	132,474,128	12,317,626	9,739,556	1,066,702	2,612,838	4,191,118

	COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	SOCIAL SERVICE
		12	14	15	16	17	17a.00	18
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	PURCHASING, RECEIVING AND							
006 03	ADMITTING							
006 04	CASHIERING/ACCOUNTS RECEI							
006 05	OTHER ADMINISTRATIVE AND							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
014	NURSING ADMINISTRATION		704,554					
015	CENTRAL SERVICES & SUPPLY		19,844	1,307,200				
016	PHARMACY				10,497,647			
017	MEDICAL RECORDS & LIBRARY					2,630,392		
018	SOCIAL SERVICE					62,136	2,680,136	2,680,136
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C						176,045	3,635
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		303,190			708,232	27,256,553	562,840
026	INTENSIVE CARE UNIT		91,816			229,925	7,221,277	149,112
031	SUBPROVIDER		23,545			86,206	3,200,030	66,077
033	NURSERY		13,666			37,801	1,143,052	23,603
034	SKILLED NURSING FACILITY					76,328	898,312	18,549
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		105,349			252,827	10,748,471	221,945
038	RECOVERY ROOM		17,950			60,854	1,629,027	33,638
039	DELIVERY ROOM & LABOR ROO		24,033			83,370	3,196,515	66,005
041	RADIOLOGY-DIAGNOSTIC					239,191	11,391,508	235,223
044	LABORATORY					213,862	8,986,150	185,555
047	BLOOD STORING, PROCESSING						133,704	2,761
048	INTRAVENOUS THERAPY							
048 01	HEMODIALYSIS						400,459	8,269
048 02	INTRAVENOUS THERAPY		4,784			15,765	909,449	18,779
049	RESPIRATORY THERAPY					80,201	3,052,852	63,038
050	PHYSICAL THERAPY					37,883	1,062,664	21,943
053	ELECTROCARDIOLOGY					30,900	1,102,647	22,769
054	ELECTROENCEPHALOGRAPHY					5,961	218,892	4,520
055	MEDICAL SUPPLIES CHARGED			954,256			10,826,775	223,562
055 30	IMPL. DEV. CHARGED TO PAT			352,944			8,593,258	177,442
056	DRUGS CHARGED TO PATIENTS				10,497,647		10,989,249	226,917
059	CARDIAC CATHETERIZATION L		19,387			37,111	7,092,332	146,450
059 01	DIABETES						146,442	3,024
059 02	PARTIAL HOSPITALIZATION					16,953	235,934	4,872
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY		80,990			204,204	7,632,259	157,599
062	OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS		704,554	1,307,200	10,497,647	2,479,710	130,923,992	2,648,127
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP						63,150	1,304
100	SIRH						369,258	7,625
100 01	OTHER NONREIMBURSABLE COS					150,682	1,117,728	23,080
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL		704,554	1,307,200	10,497,647	2,630,392	132,474,128	2,680,136

	COST CENTER DESCRIPTION	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
		22	23	25	26	27
	GENERAL SERVICE COST CNTR					
003	NEW CAP REL COSTS-BLDG &					
004	NEW CAP REL COSTS-MVBLE E					
005	EMPLOYEE BENEFITS					
006 01	NONPATIENT TELEPHONES					
006 02	PURCHASING, RECEIVING AND					
006 03	ADMITTING					
006 04	CASHIERING/ACCOUNTS RECEI					
006 05	OTHER ADMINISTRATIVE AND					
008	OPERATION OF PLANT					
009	LAUNDRY & LINEN SERVICE					
010	HOUSEKEEPING					
011	DIETARY					
012	CAFETERIA					
014	NURSING ADMINISTRATION					
015	CENTRAL SERVICES & SUPPLY					
016	PHARMACY					
017	MEDICAL RECORDS & LIBRARY					
018	SOCIAL SERVICE					
022	I&R SERVICES-SALARY & FRI					
023	I&R SERVICES-OTHER PRGM C		179,680			
	INPAT ROUTINE SRVC CNTRS					
025	ADULTS & PEDIATRICS		179,680	27,999,073	-179,680	27,819,393
026	INTENSIVE CARE UNIT			7,370,389		7,370,389
031	SUBPROVIDER			3,266,107		3,266,107
033	NURSERY			1,166,655		1,166,655
034	SKILLED NURSING FACILITY			916,861		916,861
	ANCILLARY SRVC COST CNTRS					
037	OPERATING ROOM			10,970,416		10,970,416
038	RECOVERY ROOM			1,662,665		1,662,665
039	DELIVERY ROOM & LABOR ROO			3,262,520		3,262,520
041	RADIOLOGY-DIAGNOSTIC			11,626,731		11,626,731
044	LABORATORY			9,171,705		9,171,705
047	BLOOD STORING, PROCESSING			136,465		136,465
048	INTRAVENOUS THERAPY					
048 01	HEMODIALYSIS			408,728		408,728
048 02	INTRAVENOUS THERAPY			928,228		928,228
049	RESPIRATORY THERAPY			3,115,890		3,115,890
050	PHYSICAL THERAPY			1,084,607		1,084,607
053	ELECTROCARDIOLOGY			1,125,416		1,125,416
054	ELECTROENCEPHALOGRAPHY			223,412		223,412
055	MEDICAL SUPPLIES CHARGED			11,050,337		11,050,337
055 30	IMPL. DEV. CHARGED TO PAT			8,770,700		8,770,700
056	DRUGS CHARGED TO PATIENTS			11,216,166		11,216,166
059	CARDIAC CATHETERIZATION L			7,238,782		7,238,782
059 01	DIABETES			149,466		149,466
059 02	PARTIAL HOSPITALIZATION			240,806		240,806
	OUTPAT SERVICE COST CNTRS					
061	EMERGENCY			7,789,858		7,789,858
062	OBSERVATION BEDS (NON-DIS					
	SPEC PURPOSE COST CENTERS					
095	SUBTOTALS		179,680	130,891,983	-179,680	130,712,303
	NONREIMBURS COST CENTERS					
096	GIFT, FLOWER, COFFEE SHOP			64,454		64,454
100	SIRH			376,883		376,883
100 01	OTHER NONREIMBURSABLE COS			1,140,808		1,140,808
101	CROSS FOOT ADJUSTMENT					
102	NEGATIVE COST CENTER					
103	TOTAL		179,680	132,474,128	-179,680	132,294,448

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011 | WORKSHEET B PART III

	COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND
		0	3	4	4a	5	6.01	6.02
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	PURCHASING, RECEIVING AND		31,638	31,769	63,407			63,407
006 03	ADMITTING		233,446	234,411	467,857			452
006 04	CASHIERING/ACCOUNTS RECEI		345,221	346,649	691,870			3
006 05	OTHER ADMINISTRATIVE AND		561,054	563,374	1,124,428			19
008	OPERATION OF PLANT		934,167	938,030	1,872,197			37
009	LAUNDRY & LINEN SERVICE							237
010	HOUSEKEEPING							1,640
011	DIETARY		293,536	294,750	588,286			969
012	CAFETERIA							
014	NURSING ADMINISTRATION		50,212	50,419	100,631			45
015	CENTRAL SERVICES & SUPPLY		97,221	97,623	194,844			339
016	PHARMACY		59,947	60,194	120,141			1,862
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		1,219,584	1,224,632	2,444,216			4,045
026	INTENSIVE CARE UNIT		118,020	118,508	236,528			2,346
031	SUBPROVIDER		261,690	262,772	524,462			177
033	NURSERY							197
034	SKILLED NURSING FACILITY		132,190	132,736	264,926			2
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		448,975	450,831	899,806			4,843
038	RECOVERY ROOM							124
039	DELIVERY ROOM & LABOR ROO		244,542	245,553	490,095			1,506
041	RADIOLOGY-DIAGNOSTIC		599,449	601,928	1,201,377			1,688
044	LABORATORY		29,589	29,711	59,300			36,997
047	BLOOD STORING, PROCESSING							1,721
048	INTRAVENOUS THERAPY							
048 01	HEMODIALYSIS							
048 02	INTRAVENOUS THERAPY							448
049	RESPIRATORY THERAPY							13
050	PHYSICAL THERAPY							7
053	ELECTROCARDIOLOGY		60,715	60,966	121,681			187
054	ELECTROENCEPHALOGRAPHY		9,863	9,904	19,767			49
055	MEDICAL SUPPLIES CHARGED							
055 30	IMPL. DEV. CHARGED TO PAT							
056	DRUGS CHARGED TO PATIENTS							
059	CARDIAC CATHETERIZATION L		102,473	102,896	205,369			
059 01	DIABETES							19
059 02	PARTIAL HOSPITALIZATION							2
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY		324,710	326,053	650,763			3,362
062	OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS		6,158,242	6,183,709	12,341,951			63,336
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		13,065	13,119	26,184			
100	SIRH							42
100 01	OTHER NONREIMBURSABLE COS		36,314	36,464	72,778			29
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		6,207,621	6,233,292	12,440,913			63,407

	COST CENTER DESCRIPTION	ADMITTING 6.03	CASHIERING/ACCOUNTS RECEI 6.04	OTHER ADMINISTRATIVE AND 6.05	OPERATION OF PLANT 8	LAUNDRY & LIN EN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	PURCHASING, RECEIVING AND							
006 03	ADMITTING	468,309						
006 04	CASHIERING/ACCOUNTS RECEI		691,873					
006 05	OTHER ADMINISTRATIVE AND			1,124,447				
008	OPERATION OF PLANT			82,668	1,954,902			
009	LAUNDRY & LINEN SERVICE			9,054		9,291		
010	HOUSEKEEPING			22,177			23,817	
011	DIETARY			28,147	139,888	146	1,470	758,906
012	CAFETERIA							
014	NURSING ADMINISTRATION			4,968	23,929			
015	CENTRAL SERVICES & SUPPLY			8,968	46,332			
016	PHARMACY			87,895	28,568			
017	MEDICAL RECORDS & LIBRARY			22,326				
018	SOCIAL SERVICE			22,221				
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C			1,494				
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	28,685	42,347	156,251	581,208	4,051	9,410	623,997
026	INTENSIVE CARE UNIT	9,694	14,311	50,390	56,244	808	2,352	60,074
031	SUBPROVIDER	2,687	3,966	16,217	124,711	408	1,764	57,593
033	NURSERY	1,349	1,992	9,174		93		
034	SKILLED NURSING FACILITY			2,635	62,997	598	1,176	
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	38,157	56,330	73,799	213,964	1,270	4,411	
038	RECOVERY ROOM	6,996	10,327	12,727		373		1,442
039	DELIVERY ROOM & LABOR ROO	2,544	3,756	19,826	116,539	337	1,176	910
041	RADIOLOGY-DIAGNOSTIC	92,935	137,722	82,374	285,675	210		
044	LABORATORY	66,059	97,521	73,862	14,101			
047	BLOOD STORING, PROCESSING	1,548	2,285	1,135				
048	INTRAVENOUS THERAPY							
048 01	HEMODIALYSIS	471	695	3,399				
048 02	INTRAVENOUS THERAPY	9,341	13,790	7,545				
049	RESPIRATORY THERAPY	13,353	19,712	25,232				
050	PHYSICAL THERAPY	3,410	5,033	8,698				
053	ELECTROCARDIOLOGY	11,837	17,474	7,873	28,934			
054	ELECTROENCEPHALOGRAPHY	1,544	2,280	1,609	4,700			
055	MEDICAL SUPPLIES CHARGED	61,139	90,258	83,797				
055 30	IMPL. DEV. CHARGED TO PAT	21,784	32,160	69,943				
056	DRUGS CHARGED TO PATIENTS	48,418	71,478	4,173				
059	CARDIAC CATHETERIZATION L	23,482	34,666	57,654	48,835			
059 01	DIABETES	129	190	1,243				
059 02	PARTIAL HOSPITALIZATION	491	724	1,660				4,244
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	22,256	32,856	52,430	154,745	997	2,058	10,646
062	OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	468,309	691,873	1,113,564	1,931,370	9,291	23,817	758,906
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP			273	6,226			
100	SIRH			3,134				
100 01	OTHER NONREIMBURSABLE COS			7,476	17,306			
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	468,309	691,873	1,124,447	1,954,902	9,291	23,817	758,906

	COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	PURCHASING, RECEIVING AND							
006 03	ADMITTING							
006 04	CASHIERING/ACCOUNTS RECEI							
006 05	OTHER ADMINISTRATIVE AND							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
014	NURSING ADMINISTRATION		129,573					
015	CENTRAL SERVICES & SUPPLY		3,649	254,132				
016	PHARMACY				238,466			
017	MEDICAL RECORDS & LIBRARY					22,326		
018	SOCIAL SERVICE					527	22,748	
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							31
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		55,760			6,009	4,803	
026	INTENSIVE CARE UNIT		16,886			1,952	1,264	
031	SUBPROVIDER		4,330			732	560	
033	NURSERY		2,513			321	200	
034	SKILLED NURSING FACILITY					648	157	
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		19,374			2,146	1,881	
038	RECOVERY ROOM		3,301			517	285	
039	DELIVERY ROOM & LABOR ROO		4,420			708	559	
041	RADIOLOGY-DIAGNOSTIC					2,030	1,994	
044	LABORATORY					1,815	1,573	
047	BLOOD STORING, PROCESSING							23
048	INTRAVENOUS THERAPY							
048 01	HEMODIALYSIS							70
048 02	INTRAVENOUS THERAPY		880			134	159	
049	RESPIRATORY THERAPY					681	534	
050	PHYSICAL THERAPY					322	186	
053	ELECTROCARDIOLOGY					262	193	
054	ELECTROENCEPHALOGRAPHY					51	38	
055	MEDICAL SUPPLIES CHARGED			185,516			1,895	
055 30	IMPL. DEV. CHARGED TO PAT			68,616			1,504	
056	DRUGS CHARGED TO PATIENTS				238,466		1,923	
059	CARDIAC CATHETERIZATION L		3,565			315	1,241	
059 01	DIABETES						26	
059 02	PARTIAL HOSPITALIZATION					144	41	
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY		14,895			1,733	1,336	
062	OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS		129,573	254,132	238,466	21,047	22,476	
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							11
100	SIRH							65
100 01	OTHER NONREIMBURSABLE COS					1,279		196
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		129,573	254,132	238,466	22,326	22,748	

	COST CENTER DESCRIPTION	I&R SERVICES-OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		23	25	26	27
	GENERAL SERVICE COST CNTR				
003	NEW CAP REL COSTS-BLDG &				
004	NEW CAP REL COSTS-MVBLE E				
005	EMPLOYEE BENEFITS				
006 01	NONPATIENT TELEPHONES				
006 02	PURCHASING, RECEIVING AND				
006 03	ADMITTING				
006 04	CASHIERING/ACCOUNTS RECEI				
006 05	OTHER ADMINISTRATIVE AND				
008	OPERATION OF PLANT				
009	LAUNDRY & LINEN SERVICE				
010	HOUSEKEEPING				
011	DIETARY				
012	CAFETERIA				
014	NURSING ADMINISTRATION				
015	CENTRAL SERVICES & SUPPLY				
016	PHARMACY				
017	MEDICAL RECORDS & LIBRARY				
018	SOCIAL SERVICE				
022	I&R SERVICES-SALARY & FRI				
023	I&R SERVICES-OTHER PRGM C	1,525			
	INPAT ROUTINE SRVC CNTRS				
025	ADULTS & PEDIATRICS		3,960,782		3,960,782
026	INTENSIVE CARE UNIT		452,849		452,849
031	SUBPROVIDER		737,607		737,607
033	NURSERY		15,839		15,839
034	SKILLED NURSING FACILITY		333,139		333,139
	ANCILLARY SRVC COST CNTRS				
037	OPERATING ROOM		1,315,981		1,315,981
038	RECOVERY ROOM		36,092		36,092
039	DELIVERY ROOM & LABOR ROO		642,376		642,376
041	RADIOLOGY-DIAGNOSTIC		1,806,005		1,806,005
044	LABORATORY		351,228		351,228
047	BLOOD STORING, PROCESSING		6,712		6,712
048	INTRAVENOUS THERAPY				
048 01	HEMODIALYSIS		4,635		4,635
048 02	INTRAVENOUS THERAPY		32,297		32,297
049	RESPIRATORY THERAPY		59,525		59,525
050	PHYSICAL THERAPY		17,656		17,656
053	ELECTROCARDIOLOGY		188,441		188,441
054	ELECTROENCEPHALOGRAPHY		30,038		30,038
055	MEDICAL SUPPLIES CHARGED		422,605		422,605
055 30	IMPL. DEV. CHARGED TO PAT		194,007		194,007
056	DRUGS CHARGED TO PATIENTS		364,458		364,458
059	CARDIAC CATHETERIZATION L		375,127		375,127
059 01	DIABETES		1,607		1,607
059 02	PARTIAL HOSPITALIZATION		7,306		7,306
	OUTPAT SERVICE COST CNTRS				
061	EMERGENCY		948,077		948,077
062	OBSERVATION BEDS (NON-DIS				
	SPEC PURPOSE COST CENTERS				
095	SUBTOTALS		12,304,389		12,304,389
	NONREIMBURS COST CENTERS				
096	GIFT, FLOWER, COFFEE SHOP		32,694		32,694
100	SIRH		3,241		3,241
100 01	OTHER NONREIMBURSABLE COS		99,064		99,064
101	CROSS FOOT ADJUSTMENTS	1,525	1,525		1,525
102	NEGATIVE COST CENTER				
103	TOTAL	1,525	12,440,913		12,440,913

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	PURCHASING, RECEIVING (SUPPLIES)	ADMITTING AND (GROSS CHARGES)
		3	4	5	6.01	6.02	6.03
	GENERAL SERVICE COST						
003	NEW CAP REL COSTS-BLD	387,701					
004	NEW CAP REL COSTS-MVB		387,701				
005	EMPLOYEE BENEFITS			56,195,540			
006 01	NONPATIENT TELEPHONES			311,777	1,019		
006 02	PURCHASING, RECEIVING	1,976	1,976	353,128	15	2,997,522	
006 03	ADMITTING	14,580	14,580	1,095,639	14	21,391	435,830,641
006 04	CASHIERING/ACCOUNTS R	21,561	21,561	727,846	46	147	
006 05	OTHER ADMINISTRATIVE	35,041	35,041	5,164,416	294	877	
008	OPERATION OF PLANT	58,344	58,344	1,393,782	28	1,749	
009	LAUNDRY & LINEN SERVI			122,215	2	11,195	
010	HOUSEKEEPING			1,637,655		77,532	
011	DIETARY	18,333	18,333	1,428,002	17	45,810	
012	CAFETERIA						
014	NURSING ADMINISTRATIO	3,136	3,136	307,823	5	2,121	
015	CENTRAL SERVICES & SU	6,072	6,072	509,341	8	16,007	
016	PHARMACY	3,744	3,744	2,039,707	14	88,002	
017	MEDICAL RECORDS & LIB			1,494,998	46	3	
018	SOCIAL SERVICE			1,476,842	17		
022	I&R SERVICES-SALARY &						
023	I&R SERVICES-OTHER PR						
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	76,170	76,170	10,728,569	82	191,245	26,683,420
026	INTENSIVE CARE UNIT	7,371	7,371	3,817,671	27	110,913	9,017,442
031	SUBPROVIDER	16,344	16,344	916,462	10	8,385	2,499,104
033	NURSERY			759,564		9,330	1,254,951
034	SKILLED NURSING FACIL	8,256	8,256		15	77	
	ANCILLARY SRVC COST C						
037	OPERATING ROOM	28,041	28,041	4,158,778	70	228,960	35,494,621
038	RECOVERY ROOM			1,020,031		5,862	6,507,458
039	DELIVERY ROOM & LABOR	15,273	15,273	1,193,924	14	71,189	2,366,529
041	RADIOLOGY-DIAGNOSTIC	37,439	37,439	4,344,827	50	79,793	86,649,225
044	LABORATORY	1,848	1,848	2,933,844	36	1,749,034	61,449,849
047	BLOOD STORING, PROCES					81,345	1,439,552
048	INTRAVENOUS THERAPY						
048 01	HEMODIALYSIS						437,905
048 02	INTRAVENOUS THERAPY			259,163	3	21,168	8,689,425
049	RESPIRATORY THERAPY			1,465,438		614	12,421,213
050	PHYSICAL THERAPY			707,342	7	317	3,171,684
053	ELECTROCARDIOLOGY	3,792	3,792	464,848	12	8,822	11,010,830
054	ELECTROENCEPHALOGRAPH	616	616	56,437	5	2,317	1,436,729
055	MEDICAL SUPPLIES CHAR						56,873,381
055 30	IMPL. DEV. CHARGED TO						20,264,505
056	DRUGS CHARGED TO PATI						45,039,651
059	CARDIAC CATHETERIZATI	6,400	6,400	1,124,019	21		21,843,873
059 01	DIABETES			96,040		920	119,832
059 02	PARTIAL HOSPITALIZATI			132,199		107	456,422
	OUTPAT SERVICE COST C						
061	EMERGENCY	20,280	20,280	3,523,695	51	158,914	20,703,040
062	OBSERVATION BEDS (NON						
	SPEC PURPOSE COST CEN						
095	SUBTOTALS	384,617	384,617	55,766,022	909	2,994,146	435,830,641
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE	816	816		4		
100	SIRH			265,081		2,002	
100 01	OTHER NONREIMBURSABLE	2,268	2,268	164,437	106	1,374	
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	6,207,621	6,233,292	13,627,903	753,431	936,082	1,947,697
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	16.011362	16.077575	.242509	739.382728	.312285	.004469
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					63,407	468,309
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)					.021153	.001075

	COST CENTER DESCRIPTION	CASHIERING/ACCOUNTS RECEI		OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		(GROSS CHARGES)	(RECONCILIATION)	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)
		6.04	6a.05	6.05	8	9	10	11
	GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	PURCHASING, RECEIVING							
006 03	ADMITTING							
006 04	CASHIERING/ACCOUNTS R	435,830,641						
006 05	OTHER ADMINISTRATIVE		-12,317,626	120,156,502				
008	OPERATION OF PLANT			8,833,960	256,199			
009	LAUNDRY & LINEN SERVI			967,519		1,479,739		
010	HOUSEKEEPING			2,369,893			648	
011	DIETARY			3,007,769	18,333	23,289	40	251,077
012	CAFETERIA							
014	NURSING ADMINISTRATIO			530,912	3,136			
015	CENTRAL SERVICES & SU			958,288	6,072			
016	PHARMACY			9,392,467	3,744			
017	MEDICAL RECORDS & LIB			2,385,815				
018	SOCIAL SERVICE			2,374,575				
022	I&R SERVICES-SALARY &							
023	I&R SERVICES-OTHER PR			159,676				
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	26,683,420		16,694,567	76,170	645,291	256	206,444
026	INTENSIVE CARE UNIT	9,017,442		5,384,695	7,371	128,738	64	19,875
031	SUBPROVIDER	2,499,104		1,732,903	16,344	64,922	48	19,054
033	NURSERY	1,254,951		980,379		14,848		
034	SKILLED NURSING FACIL			281,577	8,256	95,240	32	
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	35,494,621		7,886,212	28,041	202,241	120	
038	RECOVERY ROOM	6,507,458		1,360,063		59,336		477
039	DELIVERY ROOM & LABOR	2,366,529		2,118,601	15,273	53,632	32	301
041	RADIOLOGY-DIAGNOSTIC	86,649,225		8,802,549	37,439	33,468		
044	LABORATORY	61,449,849		7,892,909	1,848			
047	BLOOD STORING, PROCES	1,439,552		121,272				
048	INTRAVENOUS THERAPY							
048 01	HEMODIALYSIS	437,905		363,224				
048 02	INTRAVENOUS THERAPY	8,689,425		806,249				
049	RESPIRATORY THERAPY	12,421,213		2,696,250				
050	PHYSICAL THERAPY	3,171,684		929,496				
053	ELECTROCARDIOLOGY	11,010,830		841,343	3,792			
054	ELECTROENCEPHALOGRAPH	1,436,729		171,892	616			
055	MEDICAL SUPPLIES CHAR	56,873,381		8,954,560				
055 30	IMPL. DEV. CHARGED TO	20,264,505		7,474,120				
056	DRUGS CHARGED TO PATI	45,039,651		445,892				
059	CARDIAC CATHETERIZATI	21,843,873		6,160,956	6,400			
059 01	DIABETES	119,832		132,826				
059 02	PARTIAL HOSPITALIZATI	456,422		177,363				1,404
	OUTPAT SERVICE COST C							
061	EMERGENCY	20,703,040		5,602,737	20,280	158,734	56	3,522
062	OBSERVATION BEDS (NON							
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	435,830,641	-12,317,626	118,993,509	253,115	1,479,739	648	251,077
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE			29,142	816			
100	SIRH			334,924				
100 01	OTHER NONREIMBURSABLE			798,927	2,268			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	2,367,057		12,317,626	9,739,556	1,066,702	2,612,838	4,191,118
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.005431		.102513	38.015589	.720872	4,032.157407	16.692560
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	691,873		1,124,447	1,954,902	9,291	23,817	758,906
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.001587		.009358	7.630404	.006279	36.754630	3.022603

	COST CENTER DESCRIPTION	CAFETERIA (FTE'S	NURSING ADMINISTRATION (DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.	PHARMACY (COSTED REQUIS.	MEDICAL RECORDS & LIBRARY (TIME SPENT	RECONCIL-IATION	SOCIAL SERVICE (ACCUM. COST)
		12	14	15	16	17	18a.00	18
	GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	PURCHASING, RECEIVING							
006 03	ADMITTING							
006 04	CASHIERING/ACCOUNTS R							
006 05	OTHER ADMINISTRATIVE							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA	2,100,558						
014	NURSING ADMINISTRATIO	9,198	1,268,692					
015	CENTRAL SERVICES & SU	35,733	35,733	100				
016	PHARMACY	55,753			1,000			
017	MEDICAL RECORDS & LIB	78,731				1,516,527		
018	SOCIAL SERVICE	50,681				35,824	-2,680,136	129,793,992
022	I&R SERVICES-SALARY &							
023	I&R SERVICES-OTHER PR							176,045
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	548,080	545,956			408,325		27,256,553
026	INTENSIVE CARE UNIT	165,333	165,333			132,561		7,221,277
031	SUBPROVIDER	40,273	42,397			49,701		3,200,030
033	NURSERY	24,609	24,609			21,794		1,143,052
034	SKILLED NURSING FACIL					44,006		898,312
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	189,702	189,702			145,765		10,748,471
038	RECOVERY ROOM	32,322	32,322			35,085		1,629,027
039	DELIVERY ROOM & LABOR	43,276	43,276			48,066		3,196,515
041	RADIOLOGY-DIAGNOSTIC	166,398				137,903		11,391,508
044	LABORATORY	128,687				123,300		8,986,150
047	BLOOD STORING, PROCES							133,704
048	INTRAVENOUS THERAPY							
048 01	HEMODIALYSIS							400,459
048 02	INTRAVENOUS THERAPY	8,615	8,615			9,089		909,449
049	RESPIRATORY THERAPY	58,437				46,239		3,052,852
050	PHYSICAL THERAPY	19,289				21,841		1,062,664
053	ELECTROCARDIOLOGY	17,063				17,815		1,102,647
054	ELECTROENCEPHALOGRAPH	2,245				3,437		218,892
055	MEDICAL SUPPLIES CHAR			73				10,826,775
055 30	IMPL. DEV. CHARGED TO			27				8,593,258
056	DRUGS CHARGED TO PATI				1,000			10,989,249
059	CARDIAC CATHETERIZATI	34,910	34,910			21,396		7,092,332
059 01	DIABETES	3,372						146,442
059 02	PARTIAL HOSPITALIZATI	6,816				9,774		235,934
	OUTPAT SERVICE COST C							
061	EMERGENCY	145,839	145,839			117,732		7,632,259
062	OBSERVATION BEDS (NON							
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	1,865,362	1,268,692	100	1,000	1,429,653	-2,680,136	128,243,856
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							63,150
100	SIRH	9,683						369,258
100 01	OTHER NONREIMBURSABLE	225,513				86,874		1,117,728
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)		704,554	1,307,200	10,497,647	2,630,392		2,680,136
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		.555339	13,072.000000	10,497.647000	1.734484		.020649
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		129,573	254,132	238,466	22,326		22,748
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		.102131	2,541.320000	238.466000	.014722		.000175

	COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI (ASSIGNED TIME)	I&R SERVICES- OTHER PRGM C (ASSIGNED TIME)
		22	23
	GENERAL SERVICE COST		
003	NEW CAP REL COSTS-BLD		
004	NEW CAP REL COSTS-MVB		
005	EMPLOYEE BENEFITS		
006 01	NONPATIENT TELEPHONES		
006 02	PURCHASING, RECEIVING		
006 03	ADMITTING		
006 04	CASHIERING/ACCOUNTS R		
006 05	OTHER ADMINISTRATIVE		
008	OPERATION OF PLANT		
009	LAUNDRY & LINEN SERVI		
010	HOUSEKEEPING		
011	DIETARY		
012	CAFETERIA		
014	NURSING ADMINISTRATIO		
015	CENTRAL SERVICES & SU		
016	PHARMACY		
017	MEDICAL RECORDS & LIB		
018	SOCIAL SERVICE		
022	I&R SERVICES-SALARY &	100	
023	I&R SERVICES-OTHER PR		100
	INPAT ROUTINE SRVC CN		
025	ADULTS & PEDIATRICS	100	100
026	INTENSIVE CARE UNIT		
031	SUBPROVIDER		
033	NURSERY		
034	SKILLED NURSING FACIL		
	ANCILLARY SRVC COST C		
037	OPERATING ROOM		
038	RECOVERY ROOM		
039	DELIVERY ROOM & LABOR		
041	RADIOLOGY-DIAGNOSTIC		
044	LABORATORY		
047	BLOOD STORING, PROCES		
048	INTRAVENOUS THERAPY		
048 01	HEMODIALYSIS		
048 02	INTRAVENOUS THERAPY		
049	RESPIRATORY THERAPY		
050	PHYSICAL THERAPY		
053	ELECTROCARDIOLOGY		
054	ELECTROENCEPHALOGRAPH		
055	MEDICAL SUPPLIES CHAR		
055 30	IMPL. DEV. CHARGED TO		
056	DRUGS CHARGED TO PATI		
059	CARDIAC CATHETERIZATI		
059 01	DIABETES		
059 02	PARTIAL HOSPITALIZATI		
	OUTPAT SERVICE COST C		
061	EMERGENCY		
062	OBSERVATION BEDS (NON		
	SPEC PURPOSE COST CEN		
095	SUBTOTALS	100	100
	NONREIMBURS COST CENT		
096	GIFT, FLOWER, COFFEE		
100	SIRH		
100 01	OTHER NONREIMBURSABLE		
101	CROSS FOOT ADJUSTMENT		
102	NEGATIVE COST CENTER		
103	COST TO BE ALLOCATED (PER WRKSHT B, PART		179,680
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		1,796.800000
105	COST TO BE ALLOCATED (PER WRKSHT B, PART		
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)		
107	COST TO BE ALLOCATED (PER WRKSHT B, PART		1,525
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		15.250000

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011 | WORKSHEET C PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
		INPAT ROUTINE SRVC CNTRS					
25		ADULTS & PEDIATRICS	27,819,393		27,819,393		27,819,393
26		INTENSIVE CARE UNIT	7,370,389		7,370,389		7,370,389
31		SUBPROVIDER	3,266,107		3,266,107		3,266,107
33		NURSERY	1,166,655		1,166,655		1,166,655
34		SKILLED NURSING FACILITY	916,861		916,861		916,861
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	10,970,416		10,970,416		10,970,416
38		RECOVERY ROOM	1,662,665		1,662,665		1,662,665
39		DELIVERY ROOM & LABOR ROO	3,262,520		3,262,520		3,262,520
41		RADIOLOGY-DIAGNOSTIC	11,626,731		11,626,731		11,626,731
44		LABORATORY	9,171,705		9,171,705		9,171,705
47		BLOOD STORING, PROCESSING	136,465		136,465		136,465
48		INTRAVENOUS THERAPY					
48	01	HEMODIALYSIS	408,728		408,728		408,728
48	02	INTRAVENOUS THERAPY	928,228		928,228		928,228
49		RESPIRATORY THERAPY	3,115,890		3,115,890		3,115,890
50		PHYSICAL THERAPY	1,084,607		1,084,607		1,084,607
53		ELECTROCARDIOLOGY	1,125,416		1,125,416		1,125,416
54		ELECTROENCEPHALOGRAPHY	223,412		223,412		223,412
55		MEDICAL SUPPLIES CHARGED	11,050,337		11,050,337		11,050,337
55	30	IMPL. DEV. CHARGED TO PAT	8,770,700		8,770,700		8,770,700
56		DRUGS CHARGED TO PATIENTS	11,216,166		11,216,166		11,216,166
59		CARDIAC CATHETERIZATION L	7,238,782		7,238,782		7,238,782
59	01	DIABETES	149,466		149,466		149,466
59	02	PARTIAL HOSPITALIZATION	240,806		240,806		240,806
		OUTPAT SERVICE COST CNTRS					
61		EMERGENCY	7,789,858		7,789,858		7,789,858
62		OBSERVATION BEDS (NON-DIS	2,168,769		2,168,769		2,168,769
		OTHER REIMBURS COST CNTRS					
101		SUBTOTAL	132,881,072		132,881,072		132,881,072
102		LESS OBSERVATION BEDS	2,168,769		2,168,769		2,168,769
103		TOTAL	130,712,303		130,712,303		130,712,303

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011 | WORKSHEET C PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	26,007,921		26,007,921			
26		INTENSIVE CARE UNIT	9,017,442		9,017,442			
31		SUBPROVIDER	2,499,104		2,499,104			
33		NURSERY	1,254,951		1,254,951			
34		SKILLED NURSING FACILITY						
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	12,123,924	23,370,697	35,494,621	.309073	.309073	.309073
38		RECOVERY ROOM	2,648,679	3,858,779	6,507,458	.255501	.255501	.255501
39		DELIVERY ROOM & LABOR ROO	2,063,755	302,774	2,366,529	1.378610	1.378610	1.378610
41		RADIOLOGY-DIAGNOSTIC	26,903,235	59,745,990	86,649,225	.134182	.134182	.134182
44		LABORATORY	35,668,656	25,781,193	61,449,849	.149255	.149255	.149255
47		BLOOD STORING, PROCESSING	1,184,373	255,179	1,439,552	.094797	.094797	.094797
48		INTRAVENOUS THERAPY						
48	01	HEMODIALYSIS	434,985	2,920	437,905	.933371	.933371	.933371
48	02	INTRAVENOUS THERAPY	3,385,654	5,303,771	8,689,425	.106823	.106823	.106823
49		RESPIRATORY THERAPY	8,453,562	3,967,651	12,421,213	.250852	.250852	.250852
50		PHYSICAL THERAPY	3,034,354	137,330	3,171,684	.341966	.341966	.341966
53		ELECTROCARDIOLOGY	6,698,890	4,311,940	11,010,830	.102210	.102210	.102210
54		ELECTROENCEPHALOGRAPHY	294,143	1,142,586	1,436,729	.155500	.155500	.155500
55		MEDICAL SUPPLIES CHARGED	36,522,277	20,351,104	56,873,381	.194297	.194297	.194297
55	30	IMPL. DEV. CHARGED TO PAT	15,193,936	5,070,569	20,264,505	.432811	.432811	.432811
56		DRUGS CHARGED TO PATIENTS	31,763,531	13,276,120	45,039,651	.249029	.249029	.249029
59		CARDIAC CATHETERIZATION L	11,506,301	10,337,572	21,843,873	.331387	.331387	.331387
59	01	DIABETES		119,832	119,832	1.247296	1.247296	1.247296
59	02	PARTIAL HOSPITALIZATION	130,967	325,455	456,422	.527595	.527595	.527595
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY	5,589,458	15,113,582	20,703,040	.376266	.376266	.376266
62		OBSERVATION BEDS (NON-DIS	44,880	630,619	675,499	3.210618	3.210618	3.210618
		OTHER REIMBURS COST CNTRS						
101		SUBTOTAL	242,424,978	193,405,663	435,830,641			
102		LESS OBSERVATION BEDS						
103		TOTAL	242,424,978	193,405,663	435,830,641			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0009
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	27,999,073		27,999,073		27,999,073
26	INTENSIVE CARE UNIT	7,370,389		7,370,389		7,370,389
31	SUBPROVIDER	3,266,107		3,266,107		3,266,107
33	NURSERY	1,166,655		1,166,655		1,166,655
34	SKILLED NURSING FACILITY	916,861		916,861		916,861
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	10,970,416		10,970,416		10,970,416
38	RECOVERY ROOM	1,662,665		1,662,665		1,662,665
39	DELIVERY ROOM & LABOR ROO	3,262,520		3,262,520		3,262,520
41	RADIOLOGY-DIAGNOSTIC	11,626,731		11,626,731		11,626,731
44	LABORATORY	9,171,705		9,171,705		9,171,705
47	BLOOD STORING, PROCESSING	136,465		136,465		136,465
48	INTRAVENOUS THERAPY					
48 01	HEMODIALYSIS	408,728		408,728		408,728
48 02	INTRAVENOUS THERAPY	928,228		928,228		928,228
49	RESPIRATORY THERAPY	3,115,890		3,115,890		3,115,890
50	PHYSICAL THERAPY	1,084,607		1,084,607		1,084,607
53	ELECTROCARDIOLOGY	1,125,416		1,125,416		1,125,416
54	ELECTROENCEPHALOGRAPHY	223,412		223,412		223,412
55	MEDICAL SUPPLIES CHARGED	11,050,337		11,050,337		11,050,337
55 30	IMPL. DEV. CHARGED TO PAT	8,770,700		8,770,700		8,770,700
56	DRUGS CHARGED TO PATIENTS	11,216,166		11,216,166		11,216,166
59	CARDIAC CATHETERIZATION L	7,238,782		7,238,782		7,238,782
59 01	DIABETES	149,466		149,466		149,466
59 02	PARTIAL HOSPITALIZATION	240,806		240,806		240,806
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	7,789,858		7,789,858		7,789,858
62	OBSERVATION BEDS (NON-DIS	2,168,769		2,168,769		2,168,769
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	133,060,752		133,060,752		133,060,752
102	LESS OBSERVATION BEDS	2,168,769		2,168,769		2,168,769
103	TOTAL	130,891,983		130,891,983		130,891,983

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0009
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET C
PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	26,007,921		26,007,921			
26		INTENSIVE CARE UNIT	9,017,442		9,017,442			
31		SUBPROVIDER	2,499,104		2,499,104			
33		NURSERY	1,254,951		1,254,951			
34		SKILLED NURSING FACILITY						
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	12,123,924	23,370,697	35,494,621	.309073	.309073	.309073
38		RECOVERY ROOM	2,648,679	3,858,779	6,507,458	.255501	.255501	.255501
39		DELIVERY ROOM & LABOR ROO	2,063,755	302,774	2,366,529	1.378610	1.378610	1.378610
41		RADIOLOGY-DIAGNOSTIC	26,903,235	59,745,990	86,649,225	.134182	.134182	.134182
44		LABORATORY	35,668,656	25,781,193	61,449,849	.149255	.149255	.149255
47		BLOOD STORING, PROCESSING	1,184,373	255,179	1,439,552	.094797	.094797	.094797
48		INTRAVENOUS THERAPY						
48	01	HEMODIALYSIS	434,985	2,920	437,905	.933371	.933371	.933371
48	02	INTRAVENOUS THERAPY	3,385,654	5,303,771	8,689,425	.106823	.106823	.106823
49		RESPIRATORY THERAPY	8,453,562	3,967,651	12,421,213	.250852	.250852	.250852
50		PHYSICAL THERAPY	3,034,354	137,330	3,171,684	.341966	.341966	.341966
53		ELECTROCARDIOLOGY	6,698,890	4,311,940	11,010,830	.102210	.102210	.102210
54		ELECTROENCEPHALOGRAPHY	294,143	1,142,586	1,436,729	.155500	.155500	.155500
55		MEDICAL SUPPLIES CHARGED	36,522,277	20,351,104	56,873,381	.194297	.194297	.194297
55	30	IMPL. DEV. CHARGED TO PAT	15,193,936	5,070,569	20,264,505	.432811	.432811	.432811
56		DRUGS CHARGED TO PATIENTS	31,763,531	13,276,120	45,039,651	.249029	.249029	.249029
59		CARDIAC CATHETERIZATION L	11,506,301	10,337,572	21,843,873	.331387	.331387	.331387
59	01	DIABETES		119,832	119,832	1.247296	1.247296	1.247296
59	02	PARTIAL HOSPITALIZATION	130,967	325,455	456,422	.527595	.527595	.527595
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY	5,589,458	15,113,582	20,703,040	.376266	.376266	.376266
62		OBSERVATION BEDS (NON-DIS	44,880	630,619	675,499	3.210618	3.210618	3.210618
		OTHER REIMBURS COST CNTRS						
101		SUBTOTAL	242,424,978	193,405,663	435,830,641			
102		LESS OBSERVATION BEDS						
103		TOTAL	242,424,978	193,405,663	435,830,641			

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III,COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	10,970,416	1,315,981	9,654,435			10,970,416
38		RECOVERY ROOM	1,662,665	36,092	1,626,573			1,662,665
39		DELIVERY ROOM & LABOR ROO	3,262,520	642,376	2,620,144			3,262,520
41		RADIOLOGY-DIAGNOSTIC	11,626,731	1,806,005	9,820,726			11,626,731
44		LABORATORY	9,171,705	351,228	8,820,477			9,171,705
47		BLOOD STORING, PROCESSING	136,465	6,712	129,753			136,465
48		INTRAVENOUS THERAPY						
48	01	HEMODIALYSIS	408,728	4,635	404,093			408,728
48	02	INTRAVENOUS THERAPY	928,228	32,297	895,931			928,228
49		RESPIRATORY THERAPY	3,115,890	59,525	3,056,365			3,115,890
50		PHYSICAL THERAPY	1,084,607	17,656	1,066,951			1,084,607
53		ELECTROCARDIOLOGY	1,125,416	188,441	936,975			1,125,416
54		ELECTROENCEPHALOGRAPHY	223,412	30,038	193,374			223,412
55		MEDICAL SUPPLIES CHARGED	11,050,337	422,605	10,627,732			11,050,337
55	30	IMPL. DEV. CHARGED TO PAT	8,770,700	194,007	8,576,693			8,770,700
56		DRUGS CHARGED TO PATIENTS	11,216,166	364,458	10,851,708			11,216,166
59		CARDIAC CATHETERIZATION L	7,238,782	375,127	6,863,655			7,238,782
59	01	DIABETES	149,466	1,607	147,859			149,466
59	02	PARTIAL HOSPITALIZATION	240,806	7,306	233,500			240,806
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY	7,789,858	948,077	6,841,781			7,789,858
62		OBSERVATION BEDS (NON-DIS	2,168,769	308,778	1,859,991			2,168,769
		OTHER REIMBURS COST CNTRS						
101		SUBTOTAL	92,341,667	7,112,951	85,228,716			92,341,667
102		LESS OBSERVATION BEDS	2,168,769	308,778	1,859,991			2,168,769
103		TOTAL	90,172,898	6,804,173	83,368,725			90,172,898

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

PROVIDER NO: 15-0009

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

PREPARED 5/27/2011

WORKSHEET C PART II

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	35,494,621	.309073	.309073
38		RECOVERY ROOM	6,507,458	.255501	.255501
39		DELIVERY ROOM & LABOR ROO	2,366,529	1.378610	1.378610
41		RADIOLOGY-DIAGNOSTIC	86,649,225	.134182	.134182
44		LABORATORY	61,449,849	.149255	.149255
47		BLOOD STORING, PROCESSING	1,439,552	.094797	.094797
48		INTRAVENOUS THERAPY			
48	01	HEMODIALYSIS	437,905	.933371	.933371
48	02	INTRAVENOUS THERAPY	8,689,425	.106823	.106823
49		RESPIRATORY THERAPY	12,421,213	.250852	.250852
50		PHYSICAL THERAPY	3,171,684	.341966	.341966
53		ELECTROCARDIOLOGY	11,010,830	.102210	.102210
54		ELECTROENCEPHALOGRAPHY	1,436,729	.155500	.155500
55		MEDICAL SUPPLIES CHARGED	56,873,381	.194297	.194297
55	30	IMPL. DEV. CHARGED TO PAT	20,264,505	.432811	.432811
56		DRUGS CHARGED TO PATIENTS	45,039,651	.249029	.249029
59		CARDIAC CATHETERIZATION L	21,843,873	.331387	.331387
59	01	DIABETES	119,832	1.247296	1.247296
59	02	PARTIAL HOSPITALIZATION	456,422	.527595	.527595
		OUTPAT SERVICE COST CNTRS			
61		EMERGENCY	20,703,040	.376266	.376266
62		OBSERVATION BEDS (NON-DIS	675,499	3.210618	3.210618
		OTHER REIMBURS COST CNTRS			
101		SUBTOTAL	397,051,223		
102		LESS OBSERVATION BEDS	675,499		
103		TOTAL	396,375,724		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27	CAPITAL COST WKST B PT II & III,COL. 27	OPERATING COST NET OF CAPITAL COST	CAPITAL REDUCTION	OPERATING COST REDUCTION AMOUNT	COST NET OF CAP AND OPER COST REDUCTION
		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	10,970,416	1,315,981	9,654,435	131,598	559,957	10,278,861
38	RECOVERY ROOM	1,662,665	36,092	1,626,573	3,609	94,341	1,564,715
39	DELIVERY ROOM & LABOR ROO	3,262,520	642,376	2,620,144	64,238	151,968	3,046,314
41	RADIOLOGY-DIAGNOSTIC	11,626,731	1,806,005	9,820,726	180,601	569,602	10,876,528
44	LABORATORY	9,171,705	351,228	8,820,477	35,123	511,588	8,624,994
47	BLOOD STORING, PROCESSING	136,465	6,712	129,753	671	7,526	128,268
48	INTRAVENOUS THERAPY						
48 01	HEMODIALYSIS	408,728	4,635	404,093	464	23,437	384,827
48 02	INTRAVENOUS THERAPY	928,228	32,297	895,931	3,230	51,964	873,034
49	RESPIRATORY THERAPY	3,115,890	59,525	3,056,365	5,953	177,269	2,932,668
50	PHYSICAL THERAPY	1,084,607	17,656	1,066,951	1,766	61,883	1,020,958
53	ELECTROCARDIOLOGY	1,125,416	188,441	936,975	18,844	54,345	1,052,227
54	ELECTROENCEPHALOGRAPHY	223,412	30,038	193,374	3,004	11,216	209,192
55	MEDICAL SUPPLIES CHARGED	11,050,337	422,605	10,627,732	42,261	616,408	10,391,668
55 30	IMPL. DEV. CHARGED TO PAT	8,770,700	194,007	8,576,693	19,401	497,448	8,253,851
56	DRUGS CHARGED TO PATIENTS	11,216,166	364,458	10,851,708	36,446	629,399	10,550,321
59	CARDIAC CATHETERIZATION L	7,238,782	375,127	6,863,655	37,513	398,092	6,803,177
59 01	DIABETES	149,466	1,607	147,859	161	8,576	140,729
59 02	PARTIAL HOSPITALIZATION	240,806	7,306	233,500	731	13,543	226,532
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	7,789,858	948,077	6,841,781	94,808	396,823	7,298,227
62	OBSERVATION BEDS (NON-DIS	2,168,769	308,778	1,859,991	30,878	107,879	2,030,012
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	92,341,667	7,112,951	85,228,716	711,300	4,943,264	86,687,103
102	LESS OBSERVATION BEDS	2,168,769	308,778	1,859,991	30,878	107,879	2,030,012
103	TOTAL	90,172,898	6,804,173	83,368,725	680,422	4,835,385	84,657,091

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0009
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET C
PART II

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	35,494,621	.289589	.305365
38		RECOVERY ROOM	6,507,458	.240449	.254947
39		DELIVERY ROOM & LABOR ROO	2,366,529	1.287250	1.351465
41		RADIOLOGY-DIAGNOSTIC	86,649,225	.125524	.132097
44		LABORATORY	61,449,849	.140358	.148684
47		BLOOD STORING, PROCESSING	1,439,552	.089103	.094331
48		INTRAVENOUS THERAPY			
48	01	HEMODIALYSIS	437,905	.878791	.932312
48	02	INTRAVENOUS THERAPY	8,689,425	.100471	.106451
49		RESPIRATORY THERAPY	12,421,213	.236102	.250373
50		PHYSICAL THERAPY	3,171,684	.321898	.341409
53		ELECTROCARDIOLOGY	11,010,830	.095563	.100499
54		ELECTROENCEPHALOGRAPHY	1,436,729	.145603	.153410
55		MEDICAL SUPPLIES CHARGED	56,873,381	.182716	.193554
55	30	IMPL. DEV. CHARGED TO PAT	20,264,505	.407306	.431854
56		DRUGS CHARGED TO PATIENTS	45,039,651	.234245	.248220
59		CARDIAC CATHETERIZATION L	21,843,873	.311446	.329670
59	01	DIABETES	119,832	1.174386	1.245953
59	02	PARTIAL HOSPITALIZATION	456,422	.496321	.525993
		OUTPAT SERVICE COST CNTRS			
61		EMERGENCY	20,703,040	.352520	.371687
62		OBSERVATION BEDS (NON-DIS	675,499	3.005204	3.164906
		OTHER REIMBURS COST CNTRS			
101		SUBTOTAL	397,051,223		
102		LESS OBSERVATION BEDS	675,499		
103		TOTAL	396,375,724		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				3,960,782		3,960,782
26	INTENSIVE CARE UNIT				452,849		452,849
31	SUBPROVIDER				737,607		737,607
33	NURSERY				15,839		15,839
101	TOTAL				5,167,077		5,167,077

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

PROVIDER NO: 15-0009

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

PREPARED 5/27/2011

WORKSHEET D PART I

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	47,281	18,271			83.77	1,530,562
26	INTENSIVE CARE UNIT	9,461	7,600			47.86	363,736
31	SUBPROVIDER	4,244	3,108			173.80	540,170
33	NURSERY	3,267				4.85	
101	TOTAL	64,253	28,979				2,434,468

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0009
COMPONENT NO: 15-0009
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET D PART II

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		1,315,981	35,494,621	6,756,772		
38	RECOVERY ROOM		36,092	6,507,458	1,210,575		
39	DELIVERY ROOM & LABOR ROO		642,376	2,366,529	3,719		
41	RADIOLOGY-DIAGNOSTIC		1,806,005	86,649,225	13,039,955		
44	LABORATORY		351,228	61,449,849	17,789,773		
47	BLOOD STORING, PROCESSING		6,712	1,439,552	676,470		
48	INTRAVENOUS THERAPY						
48 01	HEMODIALYSIS		4,635	437,905	322,207		
48 02	INTRAVENOUS THERAPY		32,297	8,689,425	1,357,056		
49	RESPIRATORY THERAPY		59,525	12,421,213	5,502,267		
50	PHYSICAL THERAPY		17,656	3,171,684	1,772,121		
53	ELECTROCARDIOLOGY		188,441	11,010,830	3,007,123		
54	ELECTROENCEPHALOGRAPHY		30,038	1,436,729	168,518		
55	MEDICAL SUPPLIES CHARGED		422,605	56,873,381	16,503,098		
55 30	IMPL. DEV. CHARGED TO PAT		194,007	20,264,505	8,092,150		
56	DRUGS CHARGED TO PATIENTS		364,458	45,039,651	17,274,676		
59	CARDIAC CATHETERIZATION L		375,127	21,843,873	4,314,513		
59 01	DIABETES		1,607	119,832			
59 02	PARTIAL HOSPITALIZATION		7,306	456,422	1,194		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		948,077	20,703,040	2,468,505		
62	OBSERVATION BEDS (NON-DIS		308,778	675,499	34,022		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		7,112,951	397,051,223	100,294,714		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0009
COMPONENT NO: 15-0009
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET D PART II

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
			7	8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.037076	250,514
38		RECOVERY ROOM	.005546	6,714
39		DELIVERY ROOM & LABOR ROO	.271442	1,009
41		RADIOLOGY-DIAGNOSTIC	.020843	271,792
44		LABORATORY	.005716	101,686
47		BLOOD STORING, PROCESSING	.004663	3,154
48		INTRAVENOUS THERAPY		
48	01	HEMODIALYSIS	.010584	3,410
48	02	INTRAVENOUS THERAPY	.003717	5,044
49		RESPIRATORY THERAPY	.004792	26,367
50		PHYSICAL THERAPY	.005567	9,865
53		ELECTROCARDIOLOGY	.017114	51,464
54		ELECTROENCEPHALOGRAPHY	.020907	3,523
55		MEDICAL SUPPLIES CHARGED	.007431	122,635
55	30	IMPL. DEV. CHARGED TO PAT	.009574	77,474
56		DRUGS CHARGED TO PATIENTS	.008092	139,787
59		CARDIAC CATHETERIZATION L	.017173	74,093
59	01	DIABETES	.013410	
59	02	PARTIAL HOSPITALIZATION	.016007	19
		OUTPAT SERVICE COST CNTRS		
61		EMERGENCY	.045794	113,043
62		OBSERVATION BEDS (NON-DIS	.457111	15,552
		OTHER REIMBURS COST CNTRS		
101		TOTAL		1,277,145

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

PROVIDER NO: 15-0009
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET D PART III
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					47,281	
26	INTENSIVE CARE UNIT					9,461	
31	SUBPROVIDER					4,244	
33	NURSERY					3,267	
34	SKILLED NURSING FACILITY						
101	TOTAL					64,253	

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

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011 | WORKSHEET D PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	18,271	
26	INTENSIVE CARE UNIT	7,600	
31	SUBPROVIDER	3,108	
33	NURSERY		
34	SKILLED NURSING FACILITY		
101	TOTAL	28,979	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0009
COMPONENT NO: 15-0009
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET D
PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
48 01	HEMODIALYSIS						
48 02	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						
59	CARDIAC CATHETERIZATION L						
59 01	DIABETES						
59 02	PARTIAL HOSPITALIZATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0009
COMPONENT NO: 15-0009
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET D
PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
		ANCILLARY SRVC COST CNTRS							
37		OPERATING ROOM			35,494,621			6,756,772	
38		RECOVERY ROOM			6,507,458			1,210,575	
39		DELIVERY ROOM & LABOR ROO			2,366,529			3,719	
41		RADIOLOGY-DIAGNOSTIC			86,649,225			13,039,955	
44		LABORATORY			61,449,849			17,789,773	
47		BLOOD STORING, PROCESSING			1,439,552			676,470	
48		INTRAVENOUS THERAPY							
48	01	HEMODIALYSIS			437,905			322,207	
48	02	INTRAVENOUS THERAPY			8,689,425			1,357,056	
49		RESPIRATORY THERAPY			12,421,213			5,502,267	
50		PHYSICAL THERAPY			3,171,684			1,772,121	
53		ELECTROCARDIOLOGY			11,010,830			3,007,123	
54		ELECTROENCEPHALOGRAPHY			1,436,729			168,518	
55		MEDICAL SUPPLIES CHARGED			56,873,381			16,503,098	
55	30	IMPL. DEV. CHARGED TO PAT			20,264,505			8,092,150	
56		DRUGS CHARGED TO PATIENTS			45,039,651			17,274,676	
59		CARDIAC CATHETERIZATION L			21,843,873			4,314,513	
59	01	DIABETES			119,832				
59	02	PARTIAL HOSPITALIZATION			456,422			1,194	
		OUTPAT SERVICE COST CNTRS							
61		EMERGENCY			20,703,040			2,468,505	
62		OBSERVATION BEDS (NON-DIS			675,499			34,022	
		OTHER REIMBURS COST CNTRS							
101		TOTAL			397,051,223			100,294,714	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0009
COMPONENT NO: 15-0009
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET D
PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	5,853,528					
38		RECOVERY ROOM	731,367					
39		DELIVERY ROOM & LABOR ROO	2,990					
41		RADIOLOGY-DIAGNOSTIC	14,569,713					
44		LABORATORY	481,907					
47		BLOOD STORING, PROCESSING	202,828					
48		INTRAVENOUS THERAPY						
48	01	HEMODIALYSIS						
48	02	INTRAVENOUS THERAPY	1,037,506					
49		RESPIRATORY THERAPY	603,860					
50		PHYSICAL THERAPY	108,021					
53		ELECTROCARDIOLOGY	1,263,749					
54		ELECTROENCEPHALOGRAPHY	992,463					
55		MEDICAL SUPPLIES CHARGED	4,706,584					
55	30	IMPL. DEV. CHARGED TO PAT	2,086,426					
56		DRUGS CHARGED TO PATIENTS	4,406,242					
59		CARDIAC CATHETERIZATION L	2,670,476					
59	01	DIABETES	60,344					
59	02	PARTIAL HOSPITALIZATION	272,389					
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY	2,374,635					
62		OBSERVATION BEDS (NON-DIS	140,375					
		OTHER REIMBURS COST CNTRS						
101		TOTAL	42,565,403					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011
COMPONENT NO: 15-0009 | WORKSHEET D PART V

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 Radialogy	Other Outpatient Diagnostic
			1	1.02	2	3	4
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.309073	.309073			
38		RECOVERY ROOM	.255501	.255501			
39		DELIVERY ROOM & LABOR ROOM	1.378610	1.378610			
41		RADIOLOGY-DIAGNOSTIC	.134182	.134182			
44		LABORATORY	.149255	.149255			
47		BLOOD STORING, PROCESSING & TRANS.	.094797	.094797			
48		INTRAVENOUS THERAPY					
48	01	HEMODIALYSIS	.933371	.933371			
48	02	INTRAVENOUS THERAPY	.106823	.106823			
49		RESPIRATORY THERAPY	.250852	.250852			
50		PHYSICAL THERAPY	.341966	.341966			
53		ELECTROCARDIOLOGY	.102210	.102210			
54		ELECTROENCEPHALOGRAPHY	.155500	.155500			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.194297	.194297			
55	30	IMPL. DEV. CHARGED TO PATIENT	.432811	.432811			
56		DRUGS CHARGED TO PATIENTS	.249029	.249029			
59		CARDIAC CATHETERIZATION LABORATORY	.331387	.331387			
59	01	DIABETES	1.247296	1.247296			
59	02	PARTIAL HOSPITALIZATION	.527595	.527595			
		OUTPAT SERVICE COST CNTRS					
61		EMERGENCY	.376266	.376266			
62		OBSERVATION BEDS (NON-DISTINCT PART)	3.210618	3.210618			
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 COSTS

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011
COMPONENT NO: 15-0009 | WORKSHEET D PART V

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		5,853,528			
38		RECOVERY ROOM		731,367			
39		DELIVERY ROOM & LABOR ROOM		2,990			
41		RADIOLOGY-DIAGNOSTIC		14,569,713			
44		LABORATORY		481,907			
47		BLOOD STORING, PROCESSING & TRANS.		202,828			
48		INTRAVENOUS THERAPY					
48	01	HEMODIALYSIS					
48	02	INTRAVENOUS THERAPY		1,037,506			
49		RESPIRATORY THERAPY		603,860			
50		PHYSICAL THERAPY		108,021			
53		ELECTROCARDIOLOGY		1,263,749			
54		ELECTROENCEPHALOGRAPHY		992,463			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS		4,706,584	2,149		
55	30	IMPL. DEV. CHARGED TO PATIENT		2,086,426			
56		DRUGS CHARGED TO PATIENTS		4,406,242			
59		CARDIAC CATHETERIZATION LABORATORY		2,670,476			
59	01	DIABETES		60,344			
59	02	PARTIAL HOSPITALIZATION		272,389			
		OUTPAT SERVICE COST CNTRS					
61		EMERGENCY		2,374,635			
62		OBSERVATION BEDS (NON-DISTINCT PART)		140,375			
101		SUBTOTAL		42,565,403	2,149		
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104		NET CHARGES		42,565,403	2,149		

(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

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011
COMPONENT NO: 15-0009 | WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

	Cost Center Description	Outpatient Radiology 7	Other Outpatient Diagnostic 8	All Other 9	PPS Services FYB to 12/31 9.01	Non-PPS Services 9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				1,809,167	
38	RECOVERY ROOM				186,865	
39	DELIVERY ROOM & LABOR ROOM				4,122	
41	RADIOLOGY-DIAGNOSTIC				1,954,993	
44	LABORATORY				71,927	
47	BLOOD STORING, PROCESSING & TRANS.				19,227	
48	INTRAVENOUS THERAPY					
48 01	HEMODIALYSIS					
48 02	INTRAVENOUS THERAPY				110,830	
49	RESPIRATORY THERAPY				151,479	
50	PHYSICAL THERAPY				36,940	
53	ELECTROCARDIOLOGY				129,168	
54	ELECTROENCEPHALOGRAPHY				154,328	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				914,475	418
55 30	IMPL. DEV. CHARGED TO PATIENT				903,028	
56	DRUGS CHARGED TO PATIENTS				1,097,282	
59	CARDIAC CATHETERIZATION LABORATORY				884,961	
59 01	DIABETES				75,267	
59 02	PARTIAL HOSPITALIZATION				143,711	
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY				893,494	
62	OBSERVATION BEDS (NON-DISTINCT PART)				450,691	
101	SUBTOTAL				9,991,955	418
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES				9,991,955	418

(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: 15-0009 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/27/2011 I WORKSHEET D I PART V I COMPONENT NO: 15-0009 I

TITLE XVIII, PART B HOSPITAL

	Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC			
44	LABORATORY			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
48 01	HEMODIALYSIS			
48 02	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			
59	CARDIAC CATHETERIZATION LABORATORY			
59 01	DIABETES			
59 02	PARTIAL HOSPITALIZATION			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
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

PROVIDER NO: 15-0009	PERIOD: FROM 1/ 1/2010	PREPARED 5/27/2011
COMPONENT NO: 15-0009	TO 12/31/2010	WORKSHEET D PART VI

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

		1
1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	.249029
2	PROGRAM VACCINE CHARGES	22,257
3	PROGRAM COSTS	5,543

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0009
COMPONENT NO: 15-S009
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET D PART II

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		1,315,981	35,494,621	5,146		
38	RECOVERY ROOM		36,092	6,507,458			
39	DELIVERY ROOM & LABOR ROO		642,376	2,366,529			
41	RADIOLOGY-DIAGNOSTIC		1,806,005	86,649,225	139,903		
44	LABORATORY		351,228	61,449,849	488,416		
47	BLOOD STORING, PROCESSING		6,712	1,439,552	1,656		
48	INTRAVENOUS THERAPY						
48 01	HEMODIALYSIS		4,635	437,905	4,180		
48 02	INTRAVENOUS THERAPY		32,297	8,689,425	3,903		
49	RESPIRATORY THERAPY		59,525	12,421,213	46,229		
50	PHYSICAL THERAPY		17,656	3,171,684	52,123		
53	ELECTROCARDIOLOGY		188,441	11,010,830	34,973		
54	ELECTROENCEPHALOGRAPHY		30,038	1,436,729	3,109		
55	MEDICAL SUPPLIES CHARGED		422,605	56,873,381	246,219		
55 30	IMPL. DEV. CHARGED TO PAT		194,007	20,264,505			
56	DRUGS CHARGED TO PATIENTS		364,458	45,039,651	696,160		
59	CARDIAC CATHETERIZATION L		375,127	21,843,873	7,048		
59 01	DIABETES		1,607	119,832			
59 02	PARTIAL HOSPITALIZATION		7,306	456,422			
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		948,077	20,703,040	36,945		
62	OBSERVATION BEDS (NON-DIS		308,778	675,499			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		7,112,951	397,051,223	1,766,010		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0009
COMPONENT NO: 15-S009
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET D PART II

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.037076	191
38	RECOVERY ROOM	.005546	
39	DELIVERY ROOM & LABOR ROO	.271442	
41	RADIOLOGY-DIAGNOSTIC	.020843	2,916
44	LABORATORY	.005716	2,792
47	BLOOD STORING, PROCESSING	.004663	8
48	INTRAVENOUS THERAPY		
48 01	HEMODIALYSIS	.010584	44
48 02	INTRAVENOUS THERAPY	.003717	15
49	RESPIRATORY THERAPY	.004792	222
50	PHYSICAL THERAPY	.005567	290
53	ELECTROCARDIOLOGY	.017114	599
54	ELECTROENCEPHALOGRAPHY	.020907	65
55	MEDICAL SUPPLIES CHARGED	.007431	1,830
55 30	IMPL. DEV. CHARGED TO PAT	.009574	
56	DRUGS CHARGED TO PATIENTS	.008092	5,633
59	CARDIAC CATHETERIZATION L	.017173	121
59 01	DIABETES	.013410	
59 02	PARTIAL HOSPITALIZATION	.016007	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.045794	1,692
62	OBSERVATION BEDS (NON-DIS	.457111	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		16,418

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0009	PERIOD: FROM 1/ 1/2010	PREPARED 5/27/2011
COMPONENT NO: 15-S009	TO 12/31/2010	WORKSHEET D PART IV

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
48 01	HEMODIALYSIS						
48 02	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						
59	CARDIAC CATHETERIZATION L						
59 01	DIABETES						
59 02	PARTIAL HOSPITALIZATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0009
COMPONENT NO: 15-S009
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET D
PART IV

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			35,494,621			5,146	
38	RECOVERY ROOM			6,507,458				
39	DELIVERY ROOM & LABOR ROO			2,366,529				
41	RADIOLOGY-DIAGNOSTIC			86,649,225			139,903	
44	LABORATORY			61,449,849			488,416	
47	BLOOD STORING, PROCESSING			1,439,552			1,656	
48	INTRAVENOUS THERAPY							
48 01	HEMODIALYSIS			437,905			4,180	
48 02	INTRAVENOUS THERAPY			8,689,425			3,903	
49	RESPIRATORY THERAPY			12,421,213			46,229	
50	PHYSICAL THERAPY			3,171,684			52,123	
53	ELECTROCARDIOLOGY			11,010,830			34,973	
54	ELECTROENCEPHALOGRAPHY			1,436,729			3,109	
55	MEDICAL SUPPLIES CHARGED			56,873,381			246,219	
55 30	IMPL. DEV. CHARGED TO PAT			20,264,505				
56	DRUGS CHARGED TO PATIENTS			45,039,651			696,160	
59	CARDIAC CATHETERIZATION L			21,843,873			7,048	
59 01	DIABETES			119,832				
59 02	PARTIAL HOSPITALIZATION			456,422				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			20,703,040			36,945	
62	OBSERVATION BEDS (NON-DIS			675,499				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			397,051,223			1,766,010	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0009
COMPONENT NO: 15-S009
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET D PART IV

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	420					
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
48 01	HEMODIALYSIS						
48 02	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	133					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC CATHETERIZATION L						
59 01	DIABETES						
59 02	PARTIAL HOSPITALIZATION	5,174					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	5,727					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011
COMPONENT NO: 15-S009 | WORKSHEET D PART V

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 Radialogy	Other Outpatient Diagnostic
			1	1.02	2	3	4
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.309073	.309073			
38		RECOVERY ROOM	.255501	.255501			
39		DELIVERY ROOM & LABOR ROOM	1.378610	1.378610			
41		RADIOLOGY-DIAGNOSTIC	.134182	.134182			
44		LABORATORY	.149255	.149255			
47		BLOOD STORING, PROCESSING & TRANS.	.094797	.094797			
48		INTRAVENOUS THERAPY					
48	01	HEMODIALYSIS	.933371	.933371			
48	02	INTRAVENOUS THERAPY	.106823	.106823			
49		RESPIRATORY THERAPY	.250852	.250852			
50		PHYSICAL THERAPY	.341966	.341966			
53		ELECTROCARDIOLOGY	.102210	.102210			
54		ELECTROENCEPHALOGRAPHY	.155500	.155500			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.194297	.194297			
55	30	IMPL. DEV. CHARGED TO PATIENT	.432811	.432811			
56		DRUGS CHARGED TO PATIENTS	.249029	.249029			
59		CARDIAC CATHETERIZATION LABORATORY	.331387	.331387			
59	01	DIABETES	1.247296	1.247296			
59	02	PARTIAL HOSPITALIZATION	.527595	.527595			
		OUTPAT SERVICE COST CNTRS					
61		EMERGENCY	.376266	.376266			
62		OBSERVATION BEDS (NON-DISTINCT PART)	3.210618	3.210618			
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 COSTS

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011
COMPONENT NO: 15-S009 | WORKSHEET D PART V

TITLE XVIII, PART B SUBPROVIDER 1

		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					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
41	RADIOLOGY-DIAGNOSTIC		420			
44	LABORATORY					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
48 01	HEMODIALYSIS					
48 02	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY		133			
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30	IMPL. DEV. CHARGED TO PATIENT					
56	DRUGS CHARGED TO PATIENTS					
59	CARDIAC CATHETERIZATION LABORATORY					
59 01	DIABETES					
59 02	PARTIAL HOSPITALIZATION		5,174			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
101	SUBTOTAL		5,727			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES		5,727			

(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

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011
COMPONENT NO: 15-S009 | WORKSHEET D PART V

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					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
41	RADIOLOGY-DIAGNOSTIC				56	
44	LABORATORY					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
48 01	HEMODIALYSIS					
48 02	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY				14	
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30	IMPL. DEV. CHARGED TO PATIENT					
56	DRUGS CHARGED TO PATIENTS					
59	CARDIAC CATHETERIZATION LABORATORY					
59 01	DIABETES					
59 02	PARTIAL HOSPITALIZATION				2,730	
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
101	SUBTOTAL				2,800	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES				2,800	

(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

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011
COMPONENT NO: 15-S009 | WORKSHEET D PART V

TITLE XVIII, PART B SUBPROVIDER 1

	Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC			
44	LABORATORY			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
48 01	HEMODIALYSIS			
48 02	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			
59	CARDIAC CATHETERIZATION LABORATORY			
59 01	DIABETES			
59 02	PARTIAL HOSPITALIZATION			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
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 INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011

WORKSHEET D PART I

TITLE XIX PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				3,960,782		3,960,782
26	INTENSIVE CARE UNIT				452,849		452,849
31	SUBPROVIDER				737,607		737,607
33	NURSERY				15,839		15,839
101	TOTAL				5,167,077		5,167,077

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	47,281	3,783			83.77	316,902
26	INTENSIVE CARE UNIT	9,461	815			47.86	39,006
31	SUBPROVIDER	4,244				173.80	
33	NURSERY	3,267	282			4.85	1,368
101	TOTAL	64,253	4,880				357,276

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0009
COMPONENT NO: 15-0009
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET D PART II

TITLE XIX HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		1,315,981	35,494,621	1,621,758		
38	RECOVERY ROOM		36,092	6,507,458	127,015		
39	DELIVERY ROOM & LABOR ROO		642,376	2,366,529	1,271,808		
41	RADIOLOGY-DIAGNOSTIC		1,806,005	86,649,225	1,750,548		
44	LABORATORY		351,228	61,449,849	2,815,802		
47	BLOOD STORING, PROCESSING		6,712	1,439,552	92,371		
48	INTRAVENOUS THERAPY						
48 01	HEMODIALYSIS		4,635	437,905	12,645		
48 02	INTRAVENOUS THERAPY		32,297	8,689,425	623,609		
49	RESPIRATORY THERAPY		59,525	12,421,213	660,392		
50	PHYSICAL THERAPY		17,656	3,171,684	98,241		
53	ELECTROCARDIOLOGY		188,441	11,010,830	371,943		
54	ELECTROENCEPHALOGRAPHY		30,038	1,436,729	19,525		
55	MEDICAL SUPPLIES CHARGED		422,605	56,873,381	1,074,405		
55 30	IMPL. DEV. CHARGED TO PAT		194,007	20,264,505			
56	DRUGS CHARGED TO PATIENTS		364,458	45,039,651	2,320,107		
59	CARDIAC CATHETERIZATION L		375,127	21,843,873			
59 01	DIABETES		1,607	119,832			
59 02	PARTIAL HOSPITALIZATION		7,306	456,422			
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		948,077	20,703,040	537,365		
62	OBSERVATION BEDS (NON-DIS		308,778	675,499			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		7,112,951	397,051,223	13,397,534		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0009
COMPONENT NO: 15-0009
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET D PART II

TITLE XIX HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
			7	8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.037076	60,128
38		RECOVERY ROOM	.005546	704
39		DELIVERY ROOM & LABOR ROO	.271442	345,222
41		RADIOLOGY-DIAGNOSTIC	.020843	36,487
44		LABORATORY	.005716	16,095
47		BLOOD STORING, PROCESSING	.004663	431
48		INTRAVENOUS THERAPY		
48	01	HEMODIALYSIS	.010584	134
48	02	INTRAVENOUS THERAPY	.003717	2,318
49		RESPIRATORY THERAPY	.004792	3,165
50		PHYSICAL THERAPY	.005567	547
53		ELECTROCARDIOLOGY	.017114	6,365
54		ELECTROENCEPHALOGRAPHY	.020907	408
55		MEDICAL SUPPLIES CHARGED	.007431	7,984
55	30	IMPL. DEV. CHARGED TO PAT	.009574	
56		DRUGS CHARGED TO PATIENTS	.008092	18,774
59		CARDIAC CATHETERIZATION L	.017173	
59	01	DIABETES	.013410	
59	02	PARTIAL HOSPITALIZATION	.016007	
		OUTPAT SERVICE COST CNTRS		
61		EMERGENCY	.045794	24,608
62		OBSERVATION BEDS (NON-DIS	.457111	
		OTHER REIMBURS COST CNTRS		
101		TOTAL		523,370

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 15-0009
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET D PART III
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS		179,680		179,680	47,281	3.80
26	INTENSIVE CARE UNIT					9,461	
31	SUBPROVIDER					4,244	
33	NURSERY					3,267	
34	SKILLED NURSING FACILITY						
101	TOTAL		179,680		179,680	64,253	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011 | WORKSHEET D PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	3,783	14,375
26	INTENSIVE CARE UNIT	815	
31	SUBPROVIDER		
33	NURSERY	282	
34	SKILLED NURSING FACILITY		
101	TOTAL	4,880	14,375

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0009
COMPONENT NO: 15-0009
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET D
PART IV

TITLE XIX HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
41		RADIOLOGY-DIAGNOSTIC						
44		LABORATORY						
47		BLOOD STORING, PROCESSING						
48		INTRAVENOUS THERAPY						
48	01	HEMODIALYSIS						
48	02	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						
59		CARDIAC CATHETERIZATION L						
59	01	DIABETES						
59	02	PARTIAL HOSPITALIZATION						
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
101		TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0009
COMPONENT NO: 15-0009
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET D
PART IV

TITLE XIX HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			35,494,621			1,621,758	
38	RECOVERY ROOM			6,507,458			127,015	
39	DELIVERY ROOM & LABOR ROO			2,366,529			1,271,808	
41	RADIOLOGY-DIAGNOSTIC			86,649,225			1,750,548	
44	LABORATORY			61,449,849			2,815,802	
47	BLOOD STORING, PROCESSING			1,439,552			92,371	
48	INTRAVENOUS THERAPY							
48 01	HEMODIALYSIS			437,905			12,645	
48 02	INTRAVENOUS THERAPY			8,689,425			623,609	
49	RESPIRATORY THERAPY			12,421,213			660,392	
50	PHYSICAL THERAPY			3,171,684			98,241	
53	ELECTROCARDIOLOGY			11,010,830			371,943	
54	ELECTROENCEPHALOGRAPHY			1,436,729			19,525	
55	MEDICAL SUPPLIES CHARGED			56,873,381			1,074,405	
55 30	IMPL. DEV. CHARGED TO PAT			20,264,505				
56	DRUGS CHARGED TO PATIENTS			45,039,651			2,320,107	
59	CARDIAC CATHETERIZATION L			21,843,873				
59 01	DIABETES			119,832				
59 02	PARTIAL HOSPITALIZATION			456,422				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			20,703,040			537,365	
62	OBSERVATION BEDS (NON-DIS			675,499				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			397,051,223			13,397,534	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0009
COMPONENT NO: 15-0009
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET D
PART IV

TITLE XIX HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	1,540,222					
38		RECOVERY ROOM	143,042					
39		DELIVERY ROOM & LABOR ROO	141,028					
41		RADIOLOGY-DIAGNOSTIC	2,890,057					
44		LABORATORY	1,903,872					
47		BLOOD STORING, PROCESSING	14,103					
48		INTRAVENOUS THERAPY						
48	01	HEMODIALYSIS						
48	02	INTRAVENOUS THERAPY	164,196					
49		RESPIRATORY THERAPY	184,343					
50		PHYSICAL THERAPY	3,022					
53		ELECTROCARDIOLOGY	117,859					
54		ELECTROENCEPHALOGRAPHY	96,705					
55		MEDICAL SUPPLIES CHARGED	369,694					
55	30	IMPL. DEV. CHARGED TO PAT						
56		DRUGS CHARGED TO PATIENTS	652,756					
59		CARDIAC CATHETERIZATION L						
59	01	DIABETES	6,044					
59	02	PARTIAL HOSPITALIZATION	2,015					
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY	1,747,734					
62		OBSERVATION BEDS (NON-DIS	96,704					
		OTHER REIMBURS COST CNTRS						
101		TOTAL	10,073,396					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-0009 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I COMPONENT NO: 15-0009 I PREPARED 5/27/2011 I WORKSHEET D I PART V

TITLE XIX - O/P HOSPITAL

		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9) 1	Outpatient Ambulatory Surgical Ctr 2	Outpatient Radialogy 3	Other Outpatient Diagnostic 4	All Other (1) 5
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.289589				1,540,222
38		RECOVERY ROOM	.240449				143,042
39		DELIVERY ROOM & LABOR ROOM	1.287250				141,028
41		RADIOLOGY-DIAGNOSTIC	.125524				2,890,057
44		LABORATORY	.140358				1,903,872
47		BLOOD STORING, PROCESSING & TRANS.	.089103				14,103
48		INTRAVENOUS THERAPY					
48	01	HEMODIALYSIS	.878791				
48	02	INTRAVENOUS THERAPY	.100471				164,196
49		RESPIRATORY THERAPY	.236102				184,343
50		PHYSICAL THERAPY	.321898				3,022
53		ELECTROCARDIOLOGY	.095563				117,859
54		ELECTROENCEPHALOGRAPHY	.145603				96,705
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.182716				369,694
55	30	IMPL. DEV. CHARGED TO PATIENT	.407306				
56		DRUGS CHARGED TO PATIENTS	.234245				652,756
59		CARDIAC CATHETERIZATION LABORATORY	.311446				
59	01	DIABETES	1.174386				6,044
59	02	PARTIAL HOSPITALIZATION	.496321				2,015
		OUTPAT SERVICE COST CNTRS					
61		EMERGENCY	.352520				1,747,734
62		OBSERVATION BEDS (NON-DISTINCT PART)	3.005204				96,704
101		SUBTOTAL					10,073,396
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES					10,073,396

(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

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011
COMPONENT NO: 15-0009 | WORKSHEET D PART V

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 Radialogy
		5.01	5.02	5.03	6	7
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
48 01	HEMODIALYSIS					
48 02	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					
59	CARDIAC CATHETERIZATION LABORATORY					
59 01	DIABETES					
59 02	PARTIAL HOSPITALIZATION					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
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 COSTS

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011
COMPONENT NO: 15-0009 | WORKSHEET D PART V

TITLE XIX - O/P HOSPITAL

	Cost Center Description	Other Outpatient Diagnostic 8	All Other 9	PPS Services FYB to 12/31 9.01	Non-PPS Services 9.02	PPS Services 1/1 to FYE 9.03
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		446,031			
38	RECOVERY ROOM		34,394			
39	DELIVERY ROOM & LABOR ROOM		181,538			
41	RADIOLOGY-DIAGNOSTIC		362,772			
44	LABORATORY		267,224			
47	BLOOD STORING, PROCESSING & TRANS.		1,257			
48	INTRAVENOUS THERAPY					
48 01	HEMODIALYSIS					
48 02	INTRAVENOUS THERAPY		16,497			
49	RESPIRATORY THERAPY		43,524			
50	PHYSICAL THERAPY		973			
53	ELECTROCARDIOLOGY		11,263			
54	ELECTROENCEPHALOGRAPHY		14,081			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		67,549			
55 30	IMPL. DEV. CHARGED TO PATIENT					
56	DRUGS CHARGED TO PATIENTS		152,905			
59	CARDIAC CATHETERIZATION LABORATORY					
59 01	DIABETES		7,098			
59 02	PARTIAL HOSPITALIZATION		1,000			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY		616,111			
62	OBSERVATION BEDS (NON-DISTINCT PART)		290,615			
101	SUBTOTAL		2,514,832			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES		2,514,832			

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

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	47,281
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	47,281
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	47,281
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)	18,271
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	27,819,393
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	27,819,393
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	26,683,420
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	26,683,420
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.042572
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	564.36
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	27,819,393

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	588.38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10,750,291
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10,750,291

		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	7,370,389	9,461	779.03	7,600	5,920,628
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	23,116,580
49	TOTAL PROGRAM INPATIENT COSTS	39,787,499
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1,894,298
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1,277,145
52	TOTAL PROGRAM EXCLUDABLE COST	3,171,443
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	36,616,056
	TARGET AMOUNT AND LIMIT COMPUTATION	
54	PROGRAM DISCHARGES	
55	TARGET AMOUNT PER DISCHARGE	
56	TARGET AMOUNT	
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	
58	BONUS PAYMENT	
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.	
58.04	RELIEF PAYMENT	
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	
	PROGRAM INPATIENT ROUTINE SWING BED COST	
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & 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	3,686
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	588.38
85	OBSERVATION BED COST	2,168,769

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		27,819,393		2,168,769	
87	NEW CAPITAL-RELATED COST	3,960,782	27,819,393	.142375	2,168,769	308,778
88	NON PHYSICIAN ANESTHETIST		27,819,393		2,168,769	
89	MEDICAL EDUCATION		27,819,393		2,168,769	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 5/27/2011
15-0009	FROM 1/ 1/2010	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2010	PART I
15-S009		

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,244
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,244
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,244
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)	3,108
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,266,107
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,266,107
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,499,104
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,499,104
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.306911
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	588.86
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,266,107

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	769.58
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,391,855
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,391,855

		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	368,656
49	TOTAL PROGRAM INPATIENT COSTS	2,760,511
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	540,170
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	16,418
52	TOTAL PROGRAM EXCLUDABLE COST	556,588
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	2,203,923
	TARGET AMOUNT AND LIMIT COMPUTATION	
54	PROGRAM DISCHARGES	
55	TARGET AMOUNT PER DISCHARGE	
56	TARGET AMOUNT	
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	
58	BONUS PAYMENT	
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.	
58.04	RELIEF PAYMENT	
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	
	PROGRAM INPATIENT ROUTINE SWING BED COST	
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & 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	769.58
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		3,266,107			
87	NEW CAPITAL-RELATED COST	737,607	3,266,107	.225837		
88	NON PHYSICIAN ANESTHETIST		3,266,107			
89	MEDICAL EDUCATION		3,266,107			
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0009
COMPONENT NO: 15-0009
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		11,992,187	
26	INTENSIVE CARE UNIT		5,228,639	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.309073	6,756,772	2,088,336
38	RECOVERY ROOM	.255501	1,210,575	309,303
39	DELIVERY ROOM & LABOR ROOM	1.378610	3,719	5,127
41	RADIOLOGY-DIAGNOSTIC	.134182	13,039,955	1,749,727
44	LABORATORY	.149255	17,789,773	2,655,213
47	BLOOD STORING, PROCESSING & TRANS.	.094797	676,470	64,127
48	INTRAVENOUS THERAPY			
48 01	HEMODIALYSIS	.933371	322,207	300,739
48 02	INTRAVENOUS THERAPY	.106823	1,357,056	144,965
49	RESPIRATORY THERAPY	.250852	5,502,267	1,380,255
50	PHYSICAL THERAPY	.341966	1,772,121	606,005
53	ELECTROCARDIOLOGY	.102210	3,007,123	307,358
54	ELECTROENCEPHALOGRAPHY	.155500	168,518	26,205
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.194297	16,503,098	3,206,502
55 30	IMPL. DEV. CHARGED TO PATIENT	.432811	8,092,150	3,502,372
56	DRUGS CHARGED TO PATIENTS	.249029	17,274,676	4,301,895
59	CARDIAC CATHETERIZATION LABORATORY	.331387	4,314,513	1,429,774
59 01	DIABETES	1.247296		
59 02	PARTIAL HOSPITALIZATION	.527595	1,194	630
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.376266	2,468,505	928,815
62	OBSERVATION BEDS (NON-DISTINCT PART)	3.210618	34,022	109,232
	OTHER REIMBURS COST CNTRS			
101	TOTAL		100,294,714	23,116,580
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		100,294,714	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0009
COMPONENT NO: 15-S009
PERIOD: FROM 1/ 1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET D-4

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,821,675	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.309073	5,146	1,590
38	RECOVERY ROOM	.255501		
39	DELIVERY ROOM & LABOR ROOM	1.378610		
41	RADIOLOGY-DIAGNOSTIC	.134182	139,903	18,772
44	LABORATORY	.149255	488,416	72,899
47	BLOOD STORING, PROCESSING & TRANS.	.094797	1,656	157
48	INTRAVENOUS THERAPY			
48 01	HEMODIALYSIS	.933371	4,180	3,901
48 02	INTRAVENOUS THERAPY	.106823	3,903	417
49	RESPIRATORY THERAPY	.250852	46,229	11,597
50	PHYSICAL THERAPY	.341966	52,123	17,824
53	ELECTROCARDIOLOGY	.102210	34,973	3,575
54	ELECTROENCEPHALOGRAPHY	.155500	3,109	483
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.194297	246,219	47,840
55 30	IMPL. DEV. CHARGED TO PATIENT	.432811		
56	DRUGS CHARGED TO PATIENTS	.249029	696,160	173,364
59	CARDIAC CATHETERIZATION LABORATORY	.331387	7,048	2,336
59 01	DIABETES	1.247296		
59 02	PARTIAL HOSPITALIZATION	.527595		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.376266	36,945	13,901
62	OBSERVATION BEDS (NON-DISTINCT PART)	3.210618		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,766,010	368,656
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,766,010	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011 WORKSHEET D-4

COMPONENT NO: 15-0009

TITLE XIX HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS		2,557,011	
26		INTENSIVE CARE UNIT		527,759	
31		SUBPROVIDER			
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.309073	1,621,758	501,242
38		RECOVERY ROOM	.255501	127,015	32,452
39		DELIVERY ROOM & LABOR ROOM	1.378610	1,271,808	1,753,327
41		RADIOLOGY-DIAGNOSTIC	.134182	1,750,548	234,892
44		LABORATORY	.149255	2,815,802	420,273
47		BLOOD STORING, PROCESSING & TRANS.	.094797	92,371	8,756
48		INTRAVENOUS THERAPY			
48	01	HEMODIALYSIS	.933371	12,645	11,802
48	02	INTRAVENOUS THERAPY	.106823	623,609	66,616
49		RESPIRATORY THERAPY	.250852	660,392	165,661
50		PHYSICAL THERAPY	.341966	98,241	33,595
53		ELECTROCARDIOLOGY	.102210	371,943	38,016
54		ELECTROENCEPHALOGRAPHY	.155500	19,525	3,036
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.194297	1,074,405	208,754
55	30	IMPL. DEV. CHARGED TO PATIENT	.432811		
56		DRUGS CHARGED TO PATIENTS	.249029	2,320,107	577,774
59		CARDIAC CATHETERIZATION LABORATORY	.331387		
59	01	DIABETES	1.247296		
59	02	PARTIAL HOSPITALIZATION	.527595		
		OUTPAT SERVICE COST CNTRS			
61		EMERGENCY	.376266	537,365	202,192
62		OBSERVATION BEDS (NON-DISTINCT PART)	3.210618		
		OTHER REIMBURS COST CNTRS			
101		TOTAL		13,397,534	4,258,388
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		13,397,534	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011 WORKSHEET D-4

COMPONENT NO: 15-S009

TITLE XIX SUBPROVIDER 1 OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		90,106	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.309073	1,042	322
38	RECOVERY ROOM	.255501		
39	DELIVERY ROOM & LABOR ROOM	1.378610		
41	RADIOLOGY-DIAGNOSTIC	.134182	11,314	1,518
44	LABORATORY	.149255	25,697	3,835
47	BLOOD STORING, PROCESSING & TRANS.	.094797		
48	INTRAVENOUS THERAPY			
48 01	HEMODIALYSIS	.933371	453	423
48 02	INTRAVENOUS THERAPY	.106823	1,910	204
49	RESPIRATORY THERAPY	.250852	1,643	412
50	PHYSICAL THERAPY	.341966	831	284
53	ELECTROCARDIOLOGY	.102210	1,311	134
54	ELECTROENCEPHALOGRAPHY	.155500	252	39
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.194297	12,443	2,418
55 30	IMPL. DEV. CHARGED TO PATIENT	.432811		
56	DRUGS CHARGED TO PATIENTS	.249029	36,302	9,040
59	CARDIAC CATHETERIZATION LABORATORY	.331387		
59 01	DIABETES	1.247296		
59 02	PARTIAL HOSPITALIZATION	.527595		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.376266	690	260
62	OBSERVATION BEDS (NON-DISTINCT PART)	3.210618		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		93,888	18,889
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		93,888	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

	DESCRIPTION			1	1.01
	DRG AMOUNT				
1	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1			26,732,617	
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1			8,185,151	
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			2,671,639	
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)			562,570	
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD			158.90	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
3.01	NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I				
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)				
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.			4.49	
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)	3.63		3.63	
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS			2.50	
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)			2.50	
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE			2.58	
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			3.01	
3.17	SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).			2.70	
3.18	CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)			.016992	
3.19	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)			.016531	
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)			.016531	
3.21	IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1			264,462	
3.22	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)			73,617	
3.23	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1				
		SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23		
3.24	SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	338,079		338,079	
	DISPROPORTIONATE SHARE ADJUSTMENT				
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)			8.75	
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I			17.86	
4.02	SUM OF LINES 4 AND 4.01			26.61	
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)			11.17	
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)			3,900,315	
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES				
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)				

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/27/2011
15-0009	FROM 1/ 1/2010	WORKSHEET E
COMPONENT NO:	TO 12/31/2010	PART A
15-0009		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	DESCRIPTION	HOSPITAL 1	1.01
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06	TOTAL ADDITIONAL PAYMENT		
6	SUBTOTAL (SEE INSTRUCTIONS)	39,718,732	
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)	39,718,732	
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,064,486	
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)	103,150	
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	42,886,368	
17	PRIMARY PAYER PAYMENTS	3,810	
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	42,882,558	
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,757,428	
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	157,009	
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	837,126	
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	585,988	
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	617,787	
22	SUBTOTAL	39,554,109	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24	OTHER ADJUSTMENTS (SPECIFY)		
24.94	LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95	LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96	LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97	HCERA PAYMENTS		
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	39,554,109	
27	SEQUESTRATION ADJUSTMENT		
28	INTERIM PAYMENTS	39,695,573	
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29	BALANCE DUE PROVIDER (PROGRAM)	-141,464	
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	311,719	

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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(SE E 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)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL
1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,961
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	9,991,955
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	9,845,526
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)	5,961
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	24,406
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	24,406
	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)	24,406
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	18,445
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	5,961
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	9,845,526
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	430
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,342,924
19	SUBTOTAL (SEE INSTRUCTIONS)	7,508,133
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	24,247
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	7,532,380
24	PRIMARY PAYER PAYMENTS	180
25	SUBTOTAL	7,532,200
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	535,835
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	375,085
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	380,896
28	SUBTOTAL	7,907,285
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	7,907,285
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	7,943,837
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-36,552
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

PROVIDER NO:	PERIOD:	PREPARED 5/27/2011
15-0009	FROM 1/ 1/2010	WORKSHEET E
COMPONENT NO:	TO 12/31/2010	PART B
15-S009		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	2,800
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	1,815
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)	
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	1,815
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	363
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,452
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	1,452
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	1,452
	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	1,452
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	1,452
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,452
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
	TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION 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

PROVIDER NO:	PERIOD:	PREPARED 5/27/2011
15-0009	FROM 1/ 1/2010	WORKSHEET E-1
COMPONENT NO:	TO 12/31/2010	
15-0009		

TITLE XVIII HOSPITAL

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			39,690,625		7,983,693
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	12/27/2010	4,948		
	ADJUSTMENTS TO PROVIDER	.02				
	ADJUSTMENTS TO PROVIDER	.03				
	ADJUSTMENTS TO PROVIDER	.04				
	ADJUSTMENTS TO PROVIDER	.05				
	ADJUSTMENTS TO PROVIDER	.49				
	ADJUSTMENTS TO PROGRAM	.50			12/27/2010	39,856
	ADJUSTMENTS TO PROGRAM	.51				
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL	.99		4,948		-39,856
4	TOTAL INTERIM PAYMENTS			39,695,573		7,943,837
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	TENTATIVE TO PROVIDER	.01				
	TENTATIVE TO PROVIDER	.02				
	TENTATIVE TO PROVIDER	.03				
	TENTATIVE TO PROGRAM	.50				
	TENTATIVE TO PROGRAM	.51				
	TENTATIVE TO PROGRAM	.52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01				
		SETTLEMENT TO PROGRAM .02		141,464		36,552
7	TOTAL MEDICARE PROGRAM LIABILITY			39,554,109		7,907,285

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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(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

PROVIDER NO:	PERIOD:	PREPARED 5/27/2011
15-0009	FROM 1/ 1/2010	WORKSHEET E-1
COMPONENT NO:	TO 12/31/2010	
15-S009		

TITLE XVIII SUBPROVIDER 1

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			2,261,058		1,452
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
		ADJUSTMENTS TO PROVIDER .01				
		ADJUSTMENTS TO PROVIDER .02				
		ADJUSTMENTS TO PROVIDER .03				
		ADJUSTMENTS TO PROVIDER .04				
		ADJUSTMENTS TO PROVIDER .05				
		ADJUSTMENTS TO PROVIDER .49				
		ADJUSTMENTS TO PROGRAM .50				
		ADJUSTMENTS TO PROGRAM .51				
		ADJUSTMENTS TO PROGRAM .52				
		ADJUSTMENTS TO PROGRAM .53				
		ADJUSTMENTS TO PROGRAM .54				
	SUBTOTAL	.99		NONE		NONE
4	TOTAL INTERIM PAYMENTS			2,261,058		1,452
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
		TENTATIVE TO PROVIDER .01				
		TENTATIVE TO PROVIDER .02				
		TENTATIVE TO PROVIDER .03				
		TENTATIVE TO PROGRAM .50				
		TENTATIVE TO PROGRAM .51				
		TENTATIVE TO PROGRAM .52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01		82,963		
		SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY			2,344,021		1,452

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

PROVIDER NO:	PERIOD:	PREPARED 5/27/2011
15-0009	FROM 1/ 1/2010	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2010	PART I
15-S009		

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUNCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	2,304,256
1.09	NET IPF PPS OUTLIER PAYMENTS	164,708
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)	11.627397
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)	2,468,964
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)	2,468,964
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	2,468,964
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	2,468,964
7	DEDUCTIBLES	140,738
8	SUBTOTAL	2,328,226
9	COINSURANCE	67,167
10	SUBTOTAL	2,261,059
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	118,517
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	82,962
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	90,394
12	SUBTOTAL	2,344,021
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,344,021
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,261,058
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	82,963
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		4.49
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	3.63	3.63
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		2.50
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		2.50
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		2.50
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		2.50
3.10	SEE INSTRUCTIONS		2.50
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		2.58
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		3.01
3.21	SEE INSTRUCTIONS	RES INIT YEARS	2.70
3.22	SEE INSTRUCTIONS		2.70
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		92,971.36
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		251,023
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		251,023

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		28,979
5	TOTAL INPATIENT DAYS		57,300
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.505742
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	126,953	126,953
6.02	PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		118
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		57,300
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		444
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3,6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		

		TITLE XVIII
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	
10	MEDICARE OUTPATIENT ESRD CHARGES	
11	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS	
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY	
	PART A REASONABLE COST	
12	REASONABLE COST (SEE INSTRUCTIONS)	42,548,010
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	3,810
16	TOTAL PART A REASONABLE COST	42,544,200
	PART B REASONABLE COST	
17	REASONABLE COST	10,000,716
18	PRIMARY PAYER PAYMENTS	180
19	TOTAL PART B REASONABLE COST	10,000,536
20	TOTAL REASONABLE COST	52,544,736
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.809676
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.190324
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B	
23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	127,397
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	103,150
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	24,247

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

		COLUMN 1	COLUMN 1.01
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	3.63	
3	UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	4.49	
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	3.63	

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)		
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6	DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		
7	SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEEINSTRUCTIONS)		
8	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		
9	MULTIPLY LINE 7 TIMES LINE 8		
10	MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.		
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)		
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])		

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	3.63	
14	UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05	4.49	
15	PRORATED REDUCED ALLOWABLE IME FTE CAP	3.63	

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(l)(iv)(C).		
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		
18	IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)		
19	RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)		
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)		
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.		
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	5,862,538			
2	TEMPORARY INVESTMENTS	5,413,440			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	82,221,539			
5	OTHER RECEIVABLES	922,575			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-46,623,688			
7	INVENTORY	1,032,923			
8	PREPAID EXPENSES	1,740,869			
9	OTHER CURRENT ASSETS	31,280,955			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	81,851,151			
	FIXED ASSETS				
12	LAND	6,432,533			
12.01					
13	LAND IMPROVEMENTS	1,545,186			
13.01	LESS ACCUMULATED DEPRECIATION	-1,079,848			
14	BUILDINGS	85,484,205			
14.01	LESS ACCUMULATED DEPRECIATION	-46,344,666			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	20,042,842			
16.01	LESS ACCUMULATED DEPRECIATION	-18,710,098			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	86,877,655			
18.01	LESS ACCUMULATED DEPRECIATION	-55,249,315			
19	MINOR EQUIPMENT DEPRECIABLE	73,950			
19.01	LESS ACCUMULATED DEPRECIATION	-73,935			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	78,998,509			
	OTHER ASSETS				
22	INVESTMENTS	-2,119,381			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	9,721,946			
26	TOTAL OTHER ASSETS	7,602,565			
27	TOTAL ASSETS	168,452,225			

	LIABILITIES AND FUND BALANCE	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	3,313,372			
29	SALARIES, WAGES & FEES PAYABLE	4,980,546			
30	PAYROLL TAXES PAYABLE	905,100			
31	NOTES AND LOANS PAYABLE (SHORT TERM)	5,338,688			
32	DEFERRED INCOME				
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS	1,012,351			
35	OTHER CURRENT LIABILITIES	8,957,599			
36	TOTAL CURRENT LIABILITIES	24,507,656			
	LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE				
38	NOTES PAYABLE	59,045,248			
39	UNSECURED LOANS				
40.01	LOANS PRIOR TO 7/1/66				
40.02	ON OR AFTER 7/1/66				
41	OTHER LONG TERM LIABILITIES				
42	TOTAL LONG-TERM LIABILITIES	59,045,248			
43	TOTAL LIABILITIES	83,552,904			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	84,899,321			
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	84,899,321			
52	TOTAL LIABILITIES AND FUND BALANCES	168,452,225			

STATEMENT OF CHANGES IN FUND BALANCES

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011 | WORKSHEET G-1

		GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		84,070,134		
2	NET INCOME (LOSS)		829,187		
3	TOTAL		84,899,321		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	ADDITIONS (CREDIT ADJUSTM				
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		84,899,321		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	DEDUCTIONS (DEBIT ADJUSTM				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		84,899,321		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011 | WORKSHEET G-2 PARTS I & II

PART I - PATIENT REVENUES

		REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
		GENERAL INPATIENT ROUTINE CARE SERVICES			
1	00	HOSPITAL	24,710,321		24,710,321
2	00	SUBPROVIDER	2,541,313		2,541,313
4	00	SWING BED - SNF			
5	00	SWING BED - NF			
6	00	SKILLED NURSING FACILITY			
9	00	TOTAL GENERAL INPATIENT ROUTINE CARE	27,251,634		27,251,634
		INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10	00	INTENSIVE CARE UNIT	9,673,323		9,673,323
15	00	TOTAL INTENSIVE CARE TYPE INPAT HOSP	9,673,323		9,673,323
16	00	TOTAL INPATIENT ROUTINE CARE SERVICE	36,924,957		36,924,957
17	00	ANCILLARY SERVICES	178,878,932	162,150,595	341,029,527
18	00	OUTPATIENT SERVICES	10,330,369	18,662,124	28,992,493
24	00	IDENTIFIED ON TRIAL BALANCE	1,906,322	146,795	2,053,117
25	00	TOTAL PATIENT REVENUES	228,040,580	180,959,514	409,000,094

PART II-OPERATING EXPENSES

26	00	OPERATING EXPENSES		141,132,196
		ADD (SPECIFY)		
27	00	EXPENSES NOT INCLUDED ON WORKSHEET A	26,832,173	
28	00	ROUNDING	1,233	
29	00			
30	00			
31	00			
32	00			
33	00	TOTAL ADDITIONS		26,833,406
		DEDUCT (SPECIFY)		
34	00	CARDIAC CATH JV	7,560,772	
35	00			
36	00			
37	00			
38	00			
39	00	TOTAL DEDUCTIONS		7,560,772
40	00	TOTAL OPERATING EXPENSES		160,404,830

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0009 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/27/2011 | WORKSHEET G-3

	DESCRIPTION	
1	TOTAL PATIENT REVENUES	409,000,094
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	251,075,744
3	NET PATIENT REVENUES	157,924,350
4	LESS: TOTAL OPERATING EXPENSES	160,404,830
5	NET INCOME FROM SERVICE TO PATIENTS	-2,480,480
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	167,071
7	INCOME FROM INVESTMENTS	689,653
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	919,168
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS,FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	82,211
22	RENTAL OF HOSPITAL SPACE	395,617
23	GOVERNMENTAL APPROPRIATIONS	
24	IDENTIFIED ON TRIAL BALANCE	1,055,947
25	TOTAL OTHER INCOME	3,309,667
26	TOTAL	829,187
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	829,187

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 5/27/2011
15-0009	FROM 1/ 1/2010	WORKSHEET L
COMPONENT NO:	TO 12/31/2010	PARTS I-IV
15-0009		

TITLE XVIII, PART A HOSPITAL FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,839,521
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	52,890
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD	146.18
4 .01	NUMBER OF INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	2.70
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.52
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	14,766
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	8.75
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON S-3, PART I	17.86
5 .02	SUM OF 5 AND 5.01	26.61
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.54
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	157,309
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,064,486

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES	.00
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 MINUMUM 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)	

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 5/27/2011
15-0009	FROM 1/ 1/2010	WORKSHEET L
COMPONENT NO:	TO 12/31/2010	PARTS I-IV
15-0009		

TITLE XIX HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

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

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES	.00
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 MINUMUM 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)	