

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0128		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/31/2011 TIME 9:00

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
 COMMUNITY HOSPITAL SOUTH 15-0128  
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	A	TITLE XVIII	B	TITLE XIX
		1	2	3	4	
1	HOSPITAL	0	99,895	-51,816	2,101,666	
100	TOTAL	0	99,895	-51,816	2,101,666	

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.







LINE	DESCRIPTION	DATE	Y OR N	LIMIT	Y OR N	FEES
		0	1	2	3	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?		Y			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		N			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).				0	
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60.01	IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).				0	

MULTI CAMPUS

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.

LINE	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00

SETTLEMENT DATA

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

MISCELLANEOUS DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0128  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/31/2011  
WORKSHEET S-3  
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	119	43,435			8,564		938
2 HMO					2,361		536
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	119	43,435			8,564		938
6 INTENSIVE CARE UNIT	24	8,760			4,132		319
7 CORONARY CARE UNIT							
11 NURSERY							
12 TOTAL	143	52,195			12,696		1,257
13 RPCH VISITS							
25 TOTAL	143						
26 OBSERVATION BED DAYS							206
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			18,179				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			18,179				
6 INTENSIVE CARE UNIT			6,952				
7 CORONARY CARE UNIT							
11 NURSERY			1,991				
12 TOTAL			27,122				
13 RPCH VISITS							
25 TOTAL							
26 OBSERVATION BED DAYS			1,904				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			392				
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					3,149	514	7,219
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							
7 CORONARY CARE UNIT							
11 NURSERY							
12 TOTAL		591.00			3,149	514	7,219
13 RPCH VISITS							
25 TOTAL		591.00					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0128  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/31/2011  
 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	35,412,943		35,412,943	1,228,472.00	28.83	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	746,694		746,694	10,115.00	73.82	
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	1,470,009	72,819	1,542,828	21,581.00	71.49	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,034,602		1,034,602	58,582.00	17.66	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	428,296		428,296	3,136.00	136.57	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	7,297,561		7,297,561	215,660.00	33.84	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	9,193,274		9,193,274			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	169,916		169,916			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	98,674		98,674			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-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS						
22 ADMINISTRATIVE & GENERAL	534,258	-88,297	445,961	4,882.00	91.35	
22.01 A & G UNDER CONTRACT	1,798,484		1,798,484	9,628.00	186.80	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,427,985	3,686	1,431,671	78,675.00	18.20	
25 LAUNDRY & LINEN SERVICE	42,752	147	42,899	3,197.00	13.42	
26 HOUSEKEEPING	860,366	2,690	863,056	70,526.00	12.24	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	948,279	-322,383	625,896	42,839.00	14.61	
27.01 DIETARY UNDER CONTRACT	152,839		152,839	3,453.00	44.26	
28 CAFETERIA		326,617	326,617	22,355.00	14.61	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION						
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	47,578	48	47,626	1,609.00	29.60	
34 SOCIAL SERVICE	690,356	2,491	692,847	22,899.00	30.26	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	36,617,572		36,617,572	1,231,438.00	29.74	
2 EXCLUDED AREA SALARIES	1,470,009	72,819	1,542,828	21,581.00	71.49	
3 SUBTOTAL SALARIES	35,147,563	-72,819	35,074,744	1,209,857.00	28.99	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	8,760,459		8,760,459	277,378.00	31.58	
5 SUBTOTAL WAGE-RELATED COSTS	9,193,274		9,193,274		26.21	
6 TOTAL	53,101,296	-72,819	53,028,477	1,487,235.00	35.66	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	6,502,897	-75,001	6,427,896	260,063.00	24.72	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 15-0128  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/31/2011  
 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
17.01	GROSS MEDICAID REVENUES 3,838,429
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 3,838,429
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .292178
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 30,036,084

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0128	FROM 1/ 1/2010	5/31/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	8,775,883
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	16,446,932
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	4,805,432
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	8,775,883

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0128

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

PREPARED 5/31/2011 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				4,512,404	4,512,404
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				8,115,487	8,115,487
5	0500 EMPLOYEE BENEFITS		6,549,792	6,549,792		6,549,792
6	0600 ADMINISTRATIVE & GENERAL	534,258	39,436,126	39,970,384	-5,581,462	34,388,922
8	0800 OPERATION OF PLANT	1,427,985	2,604,960	4,032,945	-192,449	3,840,496
9	0900 LAUNDRY & LINEN SERVICE	42,752	414,946	457,698	147	457,845
10	1000 HOUSEKEEPING	860,366	328,057	1,188,423	-9,811	1,178,612
11	1100 DIETARY	948,279	1,063,789	2,012,068	-647,585	1,364,483
12	1200 CAFETERIA				675,473	675,473
14	1400 NURSING ADMINISTRATION		822,274	822,274		822,274
17	1700 MEDICAL RECORDS & LIBRARY	47,578	69,265	116,843	48	116,891
18	1800 SOCIAL SERVICE	690,356	379,517	1,069,873	828	1,070,701
20	2000 NONPHYSICIAN ANESTHETISTS	746,694	59,169	805,863	-4,905	800,958
24	2400 PARAMED ED PRGM		58,532	58,532	21,159	79,691
24.01	2401 RESPIRATORY					
24.02	2402 RADIOLOGY SCHOOL		33,211	33,211	41,734	74,945
24.03	2403 PHARMACY SCHOOL				13,820	13,820
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	9,977,815	2,194,871	12,172,686	-2,519,404	9,653,282
26	2600 INTENSIVE CARE UNIT	4,234,259	817,844	5,052,103	-181,773	4,870,330
27	2700 CORONARY CARE UNIT					
33	3300 NURSERY				614,453	614,453
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	72,871	14,594,614	14,667,485	-12,012,906	2,654,579
38	3800 RECOVERY ROOM	1,274,754	1,649,930	2,924,684	-46,543	2,878,141
39	3900 DELIVERY ROOM & LABOR ROOM				1,678,915	1,678,915
41	4100 RADIOLOGY-DIAGNOSTIC	1,788,080	1,199,473	2,987,553	-1,191,055	1,796,498
41.01	4101 RADIOLOGY - ULTRASOUND	386,480	103,428	489,908	-16,629	473,279
41.02	4102 RADIOLOGY - CAT SCAN	524,095	685,972	1,210,067	126,551	1,336,618
41.03	4103 RADIOLOGY - MRI	230,016	200,077	430,093	22,979	453,072
41.04	4104 RADIOLOGY- NUCLEAR MED	165,332	261,579	426,911	-21,361	405,550
41.05	4105 BREAST IMAGING	441,091	2,368,797	2,809,888	-1,013,751	1,796,137
44	4400 LABORATORY		3,609,705	3,609,705	-178	3,609,527
48	4800 INTRAVENOUS THERAPY		39,057	39,057	-39,057	
49	4900 RESPIRATORY THERAPY	1,336,411	128,950	1,465,361	-92,046	1,373,315
50	5000 PHYSICAL THERAPY	1,538,906	638,198	2,177,104	-1,064,883	1,112,221
51	5100 OCCUPATIONAL THERAPY				392,513	392,513
52	5200 SPEECH PATHOLOGY				304,022	304,022
53	5300 ELECTROCARDIOLOGY	289,132	838,083	1,127,215	-7,128	1,120,087
54	5400 ELECTROENCEPHALOGRAPHY	372,388	379,619	752,007	-154,673	597,334
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,661,875	2,661,875	2,022,203	4,684,078
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				10,719,327	10,719,327
56	5600 DRUGS CHARGED TO PATIENTS	1,524,547	4,289,194	5,813,741	-276,009	5,537,732
57	5700 RENAL DIALYSIS		237,262	237,262	-45	237,217
59	3120 CARDIAC CATHETERIZATION LABORATORY	639,092	3,986,836	4,625,928	-3,366,490	1,259,438
59.01	3330 ENDOSCOPY		707,806	707,806	-118,136	589,670
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	491,764	107,062	598,826	17,005	615,831
60.01	6001 MEDICAL ONCOLOGY CLINIC		1,152	1,152		1,152
60.02	6002 DIABETIC CARE CENTER		30,490	30,490		30,490
60.05	6004 PALLIATIVE CARE		125,501	125,501		125,501
61	6100 EMERGENCY	3,357,633	1,106,800	4,464,433	-186,796	4,277,637
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	33,942,934	94,783,813	128,726,747	533,993	129,260,740
	NONREIMBURS COST CENTERS					
98	9800 PHYSICIANS' PRIVATE OFFICES	1,256,313	2,036,637	3,292,950	-532,524	2,760,426
100	7950 OTHER NONREIMBURSABLE COST CENTERS	213,696	577,814	791,510	-1,469	790,041
101	TOTAL	35,412,943	97,398,264	132,811,207	-0-	132,811,207

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0128  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/31/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-366,454	4,145,950
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-824,081	7,291,406
5	0500 EMPLOYEE BENEFITS	1,843,518	8,393,310
6	0600 ADMINISTRATIVE & GENERAL	-20,589,369	13,799,553
8	0800 OPERATION OF PLANT	-32,143	3,808,353
9	0900 LAUNDRY & LINEN SERVICE		457,845
10	1000 HOUSEKEEPING		1,178,612
11	1100 DIETARY		1,364,483
12	1200 CAFETERIA	-756,329	-80,856
14	1400 NURSING ADMINISTRATION		822,274
17	1700 MEDICAL RECORDS & LIBRARY	1,055,018	1,171,909
18	1800 SOCIAL SERVICE		1,070,701
20	2000 NONPHYSICIAN ANESTHETISTS	-800,958	
24	2400 PARAMED PRGM	-58,532	21,159
24.01	2401 RESPIRATORY		
24.02	2402 RADIOLOGY SCHOOL	-33,211	41,734
24.03	2403 PHARMACY SCHOOL	8,043	21,863
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-89,712	9,563,570
26	2600 INTENSIVE CARE UNIT	-9,440	4,860,890
27	2700 CORONARY CARE UNIT		
33	3300 NURSERY		614,453
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	981,276	3,635,855
38	3800 RECOVERY ROOM		2,878,141
39	3900 DELIVERY ROOM & LABOR ROOM		1,678,915
41	4100 RADIOLOGY-DIAGNOSTIC	-463,126	1,333,372
41.01	4101 RADIOLOGY - ULTRASOUND		473,279
41.02	4102 RADIOLOGY - CAT SCAN		1,336,618
41.03	4103 RADIOLOGY - MRI		453,072
41.04	4104 RADIOLOGY- NUCLEAR MED		405,550
41.05	4105 BREAST IMAGING		1,796,137
44	4400 LABORATORY	-288,299	3,321,228
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY	101,863	1,475,178
50	5000 PHYSICAL THERAPY	-22,370	1,089,851
51	5100 OCCUPATIONAL THERAPY		392,513
52	5200 SPEECH PATHOLOGY		304,022
53	5300 ELECTROCARDIOLOGY	-417,614	702,473
54	5400 ELECTROENCEPHALOGRAPHY	-10,400	586,934
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-8,224	4,675,854
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		10,719,327
56	5600 DRUGS CHARGED TO PATIENTS		5,537,732
57	5700 RENAL DIALYSIS		237,217
59	3120 CARDIAC CATHETERIZATION LABORATORY	-169,319	1,090,119
59.01	3330 ENDOSCOPY	-7,737	581,933
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-20,182	595,649
60.01	6001 MEDICAL ONCOLOGY CLINIC		1,152
60.02	6002 DIABETIC CARE CENTER	-30,490	
60.05	6004 PALLIATIVE CARE	-125,501	
61	6100 EMERGENCY	-249,996	4,027,641
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-21,383,769	107,876,971
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		2,760,426
100	7950 OTHER NONREIMBURSABLE COST CENTERS		790,041
101	TOTAL	-21,383,769	111,427,438

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
24	PARAMED ED PRGM	2400	
24.01	RESPIRATORY	2401	PARAMED ED PRGM
24.02	RADIOLOGY SCHOOL	2402	PARAMED ED PRGM
24.03	PHARMACY SCHOOL	2403	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	RADIOLOGY - ULTRASOUND	4101	RADIOLOGY-DIAGNOSTIC
41.02	RADIOLOGY - CAT SCAN	4102	RADIOLOGY-DIAGNOSTIC
41.03	RADIOLOGY - MRI	4103	RADIOLOGY-DIAGNOSTIC
41.04	RADIOLOGY- NUCLEAR MED	4104	RADIOLOGY-DIAGNOSTIC
41.05	BREAST IMAGING	4105	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
59.01	ENDOSCOPY	3330	ENDOSCOPY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	MEDICAL ONCOLOGY CLINIC	6001	CLINIC
60.02	DIABETIC CARE CENTER	6002	CLINIC
60.05	PALLIATIVE CARE	6004	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
150128

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

PREPARED 5/31/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 Other Capital	A	NEW CAP REL COSTS-BLDG & FIXT	3		765,965
2		NEW CAP REL COSTS-MVBLE EQUIP	4		2,585,396
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31 Drugs Charges to Pat	B	DRUGS CHARGED TO PATIENTS	56		3,659
32					
33					
34					
35					
1 Drugs Charges to Pat	B				
2					
3					
4					
5 Cafeteria Salary	C	CAFETERIA	12	326,617	
6					
7 Cafeteria Other	D	CAFETERIA	12		348,856
8					
9 Therapy Salary	E	OCCUPATIONAL THERAPY	51	345,809	
10		SPEECH PATHOLOGY	52	267,848	
11					
12 Therapy Other	F	OCCUPATIONAL THERAPY	51		46,704
13		SPEECH PATHOLOGY	52		36,174
14					
15 Dietary Food Service Allocation	G	ADMINISTRATIVE & GENERAL	6		32,148
16		DIETARY	11		80,808
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:  
150128

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

PREPARED 5/31/2011  
WORKSHEET A-6  
CONTD

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 Plant Operations Expense	H	ADMINISTRATIVE & GENERAL	6		125,594
2					
3 PTO Allocation	I	OPERATION OF PLANT	8	3,686	
4		LAUNDRY & LINEN SERVICE	9	147	
5		HOUSEKEEPING	10	2,690	
6		DIETARY	11	4,234	
7		MEDICAL RECORDS & LIBRARY	17	48	
8		SOCIAL SERVICE	18	2,491	
9		NONPHYSICIAN ANESTHETISTS	20	2,554	
10		ADULTS & PEDIATRICS	25	26,312	
11		INTENSIVE CARE UNIT	26	8,183	
12		OPERATING ROOM	37	606	
13		RECOVERY ROOM	38	3,599	
14		RADIOLOGY-DIAGNOSTIC	41	4,044	
15		RADIOLOGY - ULTRASOUND	41.01	1,918	
16		RADIOLOGY - CAT SCAN	41.02	1,463	
17		RADIOLOGY - MRI	41.03	757	
18		RADIOLOGY- NUCLEAR MED	41.04	113	
19		BREAST IMAGING	41.05	458	
20		RESPIRATORY THERAPY	49	2,738	
21		PHYSICAL THERAPY	50	4,885	
22		ELECTROCARDIOLOGY	53	868	
23		ELECTROENCEPHALOGRAPHY	54	846	
24		DRUGS CHARGED TO PATIENTS	56	7,710	
25		CARDIAC CATHETERIZATION LABORATORY	59	1,249	
26		CLINIC	60	1,747	
27		EMERGENCY	61	3,628	
28		OTHER NONREIMBURSABLE COST CENTERS	100	1,323	
29					
30 Implantable Device Recl ass	J	IMPL. DEV. CHARGED TO PATIENT	55.30		10,719,327
31					
32 Medical Supplies	K	RADIOLOGY-DIAGNOSTIC	41		46,549
33		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		13,308,613
34		DRUGS CHARGED TO PATIENTS	56		9,669
35					
1 Medical Supplies	K				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11 Depreciation Expense	L	NEW CAP REL COSTS-MVBLE EQUIP	4		8,697,118
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:  
150128

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

PREPARED 5/31/2011  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE	
			LINE NO 3	SALARY 4 OTHER 5
1 Depreciation Expense	L			
2				
3				
4				
5 Interest Expense	M	NEW CAP REL COSTS-BLDG & FIXT	3	406,577
6				
7 Depreciation by CC	N	NEW CAP REL COSTS-BLDG & FIXT	3	3,182,052
8				
9 Capital Insurance Costs	O	NEW CAP REL COSTS-BLDG & FIXT	3	157,810
10		NEW CAP REL COSTS-MVBLE EQUIP	4	15,025
11				
12 Labor & Delivery Salary	P	NURSERY	33	532,172
13		DELIVERY ROOM & LABOR ROOM	39	1,454,093
14				
15 Labor & Delivery Other	Q	NURSERY	33	82,281
16		DELIVERY ROOM & LABOR ROOM	39	224,822
17				
18 RADIOLOGY SUPPORT SALARY	R	RADIOLOGY - ULTRASOUND	41.01	36,000
19		RADIOLOGY - CAT SCAN	41.02	351,622
20		RADIOLOGY - MRI	41.03	117,290
21		RADIOLOGY- NUCLEAR MED	41.04	21,900
22				
23 RADIOLOGY SUPPORT OTHER	S	RADIOLOGY - ULTRASOUND	41.01	4,666
24		RADIOLOGY - CAT SCAN	41.02	45,371
25		RADIOLOGY - MRI	41.03	15,134
26		RADIOLOGY- NUCLEAR MED	41.04	2,804
27				
28 EMS SCHOOL ALLIED HEALTH	T	PARAMED ED PRGM	24	1,375
29				
30 EMS SCHOOL ALLIED HEALTH	U	PARAMED ED PRGM	24	19,784
31				
32 PHARMACY SCHOOL OTHER EXPENSE	V	PHARMACY SCHOOL	24.03	876
33				
34 PHARMACY RESIDENCY PROGRAM	W	PHARMACY SCHOOL	24.03	12,944
35				
1 RADIOLOGY SCHOOL ALLIED HEALTH	X	RADIOLOGY SCHOOL	24.02	2,966
2				
3 RADIOLOGY SCHOOL ALLIED HEALTH	Y	RADIOLOGY SCHOOL	24.02	38,768
4				
5 ALLOCATED MEDICAL DIRECTOR RECLASS	Z	ADULTS & PEDIATRICS	25	8,339
6		CLINIC	60	24,462
7		CARDIAC CATHETERIZATION LABORATORY	59	178,287
36 TOTAL RECLASSIFICATIONS				3,613,144 41,159,427

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

RECLASSIFICATIONS

PROVIDER NO:  
150128

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

PREPARED 5/31/2011  
WORKSHEET A-6

----- DECREASE -----						
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	A-7 REF
	1	6	7	8	9	10
1 Other Capital	A	ADMINISTRATIVE & GENERAL	6		162,391	14
2		OPERATION OF PLANT	8		1,415	14
3		HOUSEKEEPING	10		1,561	
4		DIETARY	11		2,515	
5		SOCIAL SERVICE	18		903	
6		NONPHYSICIAN ANESTHETISTS	20		151	
7		ADULTS & PEDIATRICS	25		37,071	
8		INTENSIVE CARE UNIT	26		163	
9		OPERATING ROOM	37		707,921	
10		RECOVERY ROOM	38		3,025	
11		RADIOLOGY-DIAGNOSTIC	41		118,701	
12		RADIOLOGY - ULTRASOUND	41.01		454	
13		RADIOLOGY - CAT SCAN	41.02		368	
14		RADIOLOGY - MRI	41.03		303	
15		RADIOLOGY- NUCLEAR MED	41.04		151	
16		BREAST IMAGING	41.05		853,554	
17		LABORATORY	44		76	
18		RESPIRATORY THERAPY	49		606	
19		PHYSICAL THERAPY	50		328,922	
20		ELECTROCARDIOLOGY	53		197	
21		ELECTROENCEPHALOGRAPHY	54		51,658	
22		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		524,465	
23		DRUGS CHARGED TO PATIENTS	56		262,806	
24		RENAL DIALYSIS	57		45	
25		CARDIAC CATHETERIZATION LABORATORY	59		1,139	
26		ENDOSCOPY	59.01		499	
27		CLINIC	60		315	
28		EMERGENCY	61		12,847	
29		PHYSICIANS' PRIVATE OFFICES	98		276,893	
30		OTHER NONREIMBURSABLE COST CENTERS	100		246	
31 Drugs Charges to Pat	B					
32		INTENSIVE CARE UNIT	26		91	
33		OPERATING ROOM	37		469	
34		RADIOLOGY-DIAGNOSTIC	41		974	
35		RADIOLOGY - ULTRASOUND	41.01		63	
1 Drugs Charges to Pat	B	RESPIRATORY THERAPY	49		351	
2		PHYSICAL THERAPY	50		310	
3		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,227	
4		EMERGENCY	61		174	
5 Cafeteria Salary	C					
6		DIETARY	11	326,617		
7 Cafeteria Other	D					
8		DIETARY	11		348,856	
9 Therapy Salary	E					
10		PHYSICAL THERAPY	50	613,657		
11						
12 Therapy Other	F					
13		PHYSICAL THERAPY	50		82,878	
14						
15 Dietary Food Service Allocation	G					
16		OPERATION OF PLANT	8		1,891	
17		HOUSEKEEPING	10		510	
18		SOCIAL SERVICE	18		109	
19		ADULTS & PEDIATRICS	25		48,797	
20		INTENSIVE CARE UNIT	26		21,856	
21		OPERATING ROOM	37		10,255	
22		RECOVERY ROOM	38		6,551	
23		RADIOLOGY-DIAGNOSTIC	41		633	
24		RADIOLOGY - CAT SCAN	41.02		395	
25		BREAST IMAGING	41.05		278	
26		LABORATORY	44		102	
27		RESPIRATORY THERAPY	49		319	
28		PHYSICAL THERAPY	50		518	
29		ELECTROENCEPHALOGRAPHY	54		1,257	
30		DRUGS CHARGED TO PATIENTS	56		454	
31		CARDIAC CATHETERIZATION LABORATORY	59		516	
32		CLINIC	60		427	
33		EMERGENCY	61		15,962	
34		OTHER NONREIMBURSABLE COST CENTERS	100		2,126	
35						

RECLASSIFICATIONS

PROVIDER NO:  
150128

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

PREPARED 5/31/2011  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
1 Plant Operations Expense	H						
2		OPERATION OF PLANT	8			125,594	
3 PTO Allocation	I						
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29		ADMINISTRATIVE & GENERAL	6		88,297		
30 Implantable Device Recl	J						
31		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			10,719,327	
32 Medical Supplies	K						
33							
34							
35		ADMINISTRATIVE & GENERAL	6			30,153	
1 Medical Supplies	K	ADULTS & PEDIATRICS	25			943	
2		OPERATING ROOM	37			10,031,580	
3		RADIOLOGY - CAT SCAN	41.02			775	
4		BREAST IMAGING	41.05			4,322	
5		INTRAVENOUS THERAPY	48			39,057	
6		RESPIRATORY THERAPY	49			27,493	
7		ELECTROENCEPHALOGRAPHY	54			991	
8		CARDIAC CATHETERIZATION LABORATORY	59			3,193,507	
9		ENDOSCOPY	59.01			418	
10		PHYSICIANS' PRIVATE OFFICES	98			35,592	
11 Depreciation Expense	L						9
12		ADMINISTRATIVE & GENERAL	6			4,667,863	
13		OPERATION OF PLANT	8			67,235	
14		HOUSEKEEPING	10			10,430	
15		DIETARY	11			54,639	
16		SOCIAL SERVICE	18			651	
17		NONPHYSICIAN ANESTHETISTS	20			7,308	
18		ADULTS & PEDIATRICS	25			173,876	
19		INTENSIVE CARE UNIT	26			167,846	
20		OPERATING ROOM	37			1,263,287	
21		RECOVERY ROOM	38			40,566	
22		RADIOLOGY-DIAGNOSTIC	41			484,819	
23		RADIOLOGY - ULTRASOUND	41.01			58,696	
24		RADIOLOGY - CAT SCAN	41.02			270,367	
25		RADIOLOGY - MRI	41.03			109,899	
26		RADIOLOGY- NUCLEAR MED	41.04			46,027	
27		BREAST IMAGING	41.05			156,055	
28		RESPIRATORY THERAPY	49			66,015	
29		PHYSICAL THERAPY	50			43,483	
30		ELECTROCARDIOLOGY	53			7,799	
31		ELECTROENCEPHALOGRAPHY	54			101,613	
32		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			41,391	
33		DRUGS CHARGED TO PATIENTS	56			19,967	
34		CARDIAC CATHETERIZATION LABORATORY	59			350,864	
35		ENDOSCOPY	59.01			117,219	

RECLASSIFICATIONS

PROVIDER NO:  
150128

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

PREPARED 5/31/2011  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
	1	6	7		8	9	
1 Depreciation Expense	L	CLINIC	60			8,462	
2		EMERGENCY	61			140,282	
3		PHYSICIANS' PRIVATE OFFICES	98			220,039	
4		OTHER NONREIMBURSABLE COST CENTERS	100			420	
5 Interest Expense	M						11
6		ADMINISTRATIVE & GENERAL	6			406,577	
7 Depreciation by CC	N						9
8		NEW CAP REL COSTS-MVBLE EQUIP	4			3,182,052	9
9 Capital Insurance Costs	O						12
10							12
11 Labor & Delivery Salary	P	ADMINISTRATIVE & GENERAL	6			172,835	
12							
13		ADULTS & PEDIATRICS	25		1,986,265		
14 Labor & Delivery Other	Q						
15		ADULTS & PEDIATRICS	25			307,103	
16 RADILOGY SUPPORT SALARY	R						
17							
18		RADIOLOGY-DIAGNOSTIC	41		526,812		
19 RADILOGY SUPPORT OTHER	S						
20							
21		RADIOLOGY-DIAGNOSTIC	41			67,975	
22 EMS SCHOOL ALLIED HEALTH	T	EMERGENCY	61			1,375	
23							
24 EMS SCHOOL ALLIED HEALTH	U	EMERGENCY	61		19,784		
25							
26 PHARMACY SCHOOL OTHER EXPENSE	V	DRUGS CHARGED TO PATIENTS	56			876	
27							
28 PHARMACY RESIDENCY PROGRAM	W	DRUGS CHARGED TO PATIENTS	56		12,944		
29							
30 RADILOGY SCHOOL ALLIED HEALTH	X	RADIOLOGY-DIAGNOSTIC	41			2,966	
31							
32 RADILOGY SCHOOL ALLIED HEALTH	Y	RADIOLOGY-DIAGNOSTIC	41		38,768		
33							
34 ALLOCATED MEDICAL DIRECTOR RECLASS	Z	ADMINISTRATIVE & GENERAL	6			211,088	
35							
36 TOTAL RECLASSIFICATIONS					3,613,144	41,159,427	

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

RECLASSIFICATIONS

PROVIDER NO:  
150128

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

PREPARED 5/31/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : Other Capital

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	765,965	ADMINISTRATIVE & GENERAL	6	162,391	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,585,396	OPERATION OF PLANT	8	1,415	
3.00			0	HOUSEKEEPING	10	1,561	
4.00			0	DIETARY	11	2,515	
5.00			0	SOCIAL SERVICE	18	903	
6.00			0	NONPHYSICIAN ANESTHETISTS	20	151	
8.00			0	ADULTS & PEDIATRICS	25	37,071	
9.00			0	INTENSIVE CARE UNIT	26	163	
10.00			0	OPERATING ROOM	37	707,921	
11.00			0	RECOVERY ROOM	38	3,025	
12.00			0	RADIOLOGY-DIAGNOSTIC	41	118,701	
13.00			0	RADIOLOGY - ULTRASOUND	41.01	454	
14.00			0	RADIOLOGY - CAT SCAN	41.02	368	
15.00			0	RADIOLOGY - MRI	41.03	303	
16.00			0	RADIOLOGY- NUCLEAR MED	41.04	151	
17.00			0	BREAST IMAGING	41.05	853,554	
18.00			0	LABORATORY	44	76	
19.00			0	RESPIRATORY THERAPY	49	606	
20.00			0	PHYSICAL THERAPY	50	328,922	
21.00			0	ELECTROCARDIOLOGY	53	197	
22.00			0	ELECTROENCEPHALOGRAPHY	54	51,658	
23.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	524,465	
24.00			0	DRUGS CHARGED TO PATIENTS	56	262,806	
25.00			0	RENAL DIALYSIS	57	45	
26.00			0	CARDIAC CATHETERIZATION LABORA	59	1,139	
27.00			0	ENDOSCOPY	59.01	499	
28.00			0	CLINIC	60	315	
29.00			0	EMERGENCY	61	12,847	
30.00			0	PHYSICIANS' PRIVATE OFFICES	98	276,893	
31.00			0	OTHER NONREIMBURSABLE COST CEN	100	246	
TOTAL RECLASSIFICATIONS FOR CODE A			3,351,361	TOTAL RECLASSIFICATIONS FOR CODE A			3,351,361

RECLASS CODE: B  
EXPLANATION : Drugs Charges to Pat

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	3,659			0	
2.00			0	INTENSIVE CARE UNIT	26	91	
3.00			0	OPERATING ROOM	37	469	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	974	
5.00			0	RADIOLOGY - ULTRASOUND	41.01	63	
6.00			0	RESPIRATORY THERAPY	49	351	
7.00			0	PHYSICAL THERAPY	50	310	
8.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	1,227	
9.00			0	EMERGENCY	61	174	
TOTAL RECLASSIFICATIONS FOR CODE B			3,659	TOTAL RECLASSIFICATIONS FOR CODE B			3,659

RECLASS CODE: C  
EXPLANATION : Cafeteria Salary

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	326,617			0	
2.00			0	DIETARY	11	326,617	
TOTAL RECLASSIFICATIONS FOR CODE C			326,617	TOTAL RECLASSIFICATIONS FOR CODE C			326,617

RECLASS CODE: D  
EXPLANATION : Cafeteria Other

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	348,856			0	
2.00			0	DIETARY	11	348,856	
TOTAL RECLASSIFICATIONS FOR CODE D			348,856	TOTAL RECLASSIFICATIONS FOR CODE D			348,856

RECLASS CODE: E  
EXPLANATION : Therapy Salary

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	345,809			0	
TOTAL RECLASSIFICATIONS FOR CODE E			345,809	TOTAL RECLASSIFICATIONS FOR CODE E			345,809

RECLASSIFICATIONS

PROVIDER NO:  
150128

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

PREPARED 5/31/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: E  
EXPLANATION : Therapy Salary

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	SPEECH PATHOLOGY	52	267,848				0
3.00			0	PHYSICAL THERAPY	50	613,657	
TOTAL RECLASSIFICATIONS FOR CODE E			613,657				613,657

RECLASS CODE: F  
EXPLANATION : Therapy Other

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	46,704				0
2.00	SPEECH PATHOLOGY	52	36,174				0
3.00			0	PHYSICAL THERAPY	50	82,878	
TOTAL RECLASSIFICATIONS FOR CODE F			82,878				82,878

RECLASS CODE: G  
EXPLANATION : Dietary Food Service Allocation

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	32,148				0
2.00	DIETARY	11	80,808				0
3.00			0	OPERATION OF PLANT	8	1,891	
4.00			0	HOUSEKEEPING	10	510	
5.00			0	SOCIAL SERVICE	18	109	
6.00			0	ADULTS & PEDIATRICS	25	48,797	
7.00			0	INTENSIVE CARE UNIT	26	21,856	
8.00			0	OPERATING ROOM	37	10,255	
9.00			0	RECOVERY ROOM	38	6,551	
10.00			0	RADIOLOGY-DIAGNOSTIC	41	633	
11.00			0	RADIOLOGY - CAT SCAN	41.02	395	
12.00			0	BREAST IMAGING	41.05	278	
13.00			0	LABORATORY	44	102	
14.00			0	RESPIRATORY THERAPY	49	319	
15.00			0	PHYSICAL THERAPY	50	518	
16.00			0	ELECTROENCEPHALOGRAPHY	54	1,257	
17.00			0	DRUGS CHARGED TO PATIENTS	56	454	
18.00			0	CARDIAC CATHETERIZATION LABORA	59	516	
19.00			0	CLINIC	60	427	
20.00			0	EMERGENCY	61	15,962	
21.00			0	OTHER NONREIMBURSABLE COST CEN	100	2,126	
TOTAL RECLASSIFICATIONS FOR CODE G			112,956				112,956

RECLASS CODE: H  
EXPLANATION : Plant Operations Expense

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	125,594				0
2.00			0	OPERATION OF PLANT	8	125,594	
TOTAL RECLASSIFICATIONS FOR CODE H			125,594				125,594

RECLASS CODE: I  
EXPLANATION : PTO Allocation

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	3,686				0
2.00	LAUNDRY & LINEN SERVICE	9	147				0
3.00	HOUSEKEEPING	10	2,690				0
4.00	DIETARY	11	4,234				0
5.00	MEDICAL RECORDS & LIBRARY	17	48				0
6.00	SOCIAL SERVICE	18	2,491				0
7.00	NONPHYSICIAN ANESTHETISTS	20	2,554				0
9.00	ADULTS & PEDIATRICS	25	26,312				0
10.00	INTENSIVE CARE UNIT	26	8,183				0
11.00	OPERATING ROOM	37	606				0
12.00	RECOVERY ROOM	38	3,599				0
13.00	RADIOLOGY-DIAGNOSTIC	41	4,044				0
14.00	RADIOLOGY - ULTRASOUND	41.01	1,918				0
15.00	RADIOLOGY - CAT SCAN	41.02	1,463				0
16.00	RADIOLOGY - MRI	41.03	757				0

RECLASSIFICATIONS

PROVIDER NO:  
150128

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

PREPARED 5/31/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: I  
EXPLANATION : PTO Allocation

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
17.00	RADIOLOGY- NUCLEAR MED	41.04	113			0	
18.00	BREAST IMAGING	41.05	458			0	
19.00	RESPIRATORY THERAPY	49	2,738			0	
20.00	PHYSICAL THERAPY	50	4,885			0	
21.00	ELECTROCARDIOLOGY	53	868			0	
22.00	ELECTROENCEPHALOGRAPHY	54	846			0	
23.00	DRUGS CHARGED TO PATIENTS	56	7,710			0	
24.00	CARDIAC CATHETERIZATION LABORA	59	1,249			0	
25.00	CLINIC	60	1,747			0	
26.00	EMERGENCY	61	3,628			0	
27.00	OTHER NONREIMBURSABLE COST CEN	100	1,323			0	
28.00			0	ADMINISTRATIVE & GENERAL	6	88,297	
TOTAL RECLASSIFICATIONS FOR CODE I			88,297			88,297	

RECLASS CODE: J  
EXPLANATION : Implantable Device ReClass

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	10,719,327			0	
2.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	10,719,327	
TOTAL RECLASSIFICATIONS FOR CODE J			10,719,327			10,719,327	

RECLASS CODE: K  
EXPLANATION : Medical Supplies

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	46,549			0	
2.00	MEDICAL SUPPLIES CHARGED TO PA	55	13,308,613			0	
3.00	DRUGS CHARGED TO PATIENTS	56	9,669			0	
4.00			0	ADMINISTRATIVE & GENERAL	6	30,153	
5.00			0	ADULTS & PEDIATRICS	25	943	
6.00			0	OPERATING ROOM	37	10,031,580	
7.00			0	RADIOLOGY - CAT SCAN	41.02	775	
8.00			0	BREAST IMAGING	41.05	4,322	
9.00			0	INTRAVENOUS THERAPY	48	39,057	
10.00			0	RESPIRATORY THERAPY	49	27,493	
11.00			0	ELECTROENCEPHALOGRAPHY	54	991	
12.00			0	CARDIAC CATHETERIZATION LABORA	59	3,193,507	
13.00			0	ENDOSCOPY	59.01	418	
14.00			0	PHYSICIANS' PRIVATE OFFICES	98	35,592	
TOTAL RECLASSIFICATIONS FOR CODE K			13,364,831			13,364,831	

RECLASS CODE: L  
EXPLANATION : Depreciation Expense

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	8,697,118			0	
2.00			0	ADMINISTRATIVE & GENERAL	6	4,667,863	
3.00			0	OPERATION OF PLANT	8	67,235	
4.00			0	HOUSEKEEPING	10	10,430	
5.00			0	DIETARY	11	54,639	
6.00			0	SOCIAL SERVICE	18	651	
7.00			0	NONPHYSICIAN ANESTHETISTS	20	7,308	
9.00			0	ADULTS & PEDIATRICS	25	173,876	
10.00			0	INTENSIVE CARE UNIT	26	167,846	
11.00			0	OPERATING ROOM	37	1,263,287	
12.00			0	RECOVERY ROOM	38	40,566	
13.00			0	RADIOLOGY-DIAGNOSTIC	41	484,819	
14.00			0	RADIOLOGY - ULTRASOUND	41.01	58,696	
15.00			0	RADIOLOGY - CAT SCAN	41.02	270,367	
16.00			0	RADIOLOGY - MRI	41.03	109,899	
17.00			0	RADIOLOGY- NUCLEAR MED	41.04	46,027	
18.00			0	BREAST IMAGING	41.05	156,055	
19.00			0	RESPIRATORY THERAPY	49	66,015	
20.00			0	PHYSICAL THERAPY	50	43,483	
21.00			0	ELECTROCARDIOLOGY	53	7,799	
22.00			0	ELECTROENCEPHALOGRAPHY	54	101,613	
23.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	41,391	
24.00			0	DRUGS CHARGED TO PATIENTS	56	19,967	

RECLASSIFICATIONS

PROVIDER NO:  
150128

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

PREPARED 5/31/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: L  
EXPLANATION : Depreciation Expense

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
25.00			0	CARDIAC CATHETERIZATION LABORA	59	350,864	
26.00			0	ENDOSCOPY	59.01	117,219	
27.00			0	CLINIC	60	8,462	
28.00			0	EMERGENCY	61	140,282	
29.00			0	PHYSICIANS' PRIVATE OFFICES	98	220,039	
30.00			0	OTHER NONREIMBURSABLE COST CEN	100	420	
TOTAL RECLASSIFICATIONS FOR CODE L			8,697,118				8,697,118

RECLASS CODE: M  
EXPLANATION : Interest Expense

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	406,577			0	
2.00			0	ADMINISTRATIVE & GENERAL	6	406,577	
TOTAL RECLASSIFICATIONS FOR CODE M			406,577				406,577

RECLASS CODE: N  
EXPLANATION : Depreciation by CC

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,182,052			0	
2.00			0	NEW CAP REL COSTS-MVBLE EQUIP	4	3,182,052	
TOTAL RECLASSIFICATIONS FOR CODE N			3,182,052				3,182,052

RECLASS CODE: O  
EXPLANATION : Capital Insurance Costs

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	157,810			0	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	15,025			0	
3.00			0	ADMINISTRATIVE & GENERAL	6	172,835	
TOTAL RECLASSIFICATIONS FOR CODE O			172,835				172,835

RECLASS CODE: P  
EXPLANATION : Labor & Delivery Salary

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	532,172			0	
2.00	DELIVERY ROOM & LABOR ROOM	39	1,454,093			0	
3.00			0	ADULTS & PEDIATRICS	25	1,986,265	
TOTAL RECLASSIFICATIONS FOR CODE P			1,986,265				1,986,265

RECLASS CODE: Q  
EXPLANATION : Labor & Delivery Other

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	82,281			0	
2.00	DELIVERY ROOM & LABOR ROOM	39	224,822			0	
3.00			0	ADULTS & PEDIATRICS	25	307,103	
TOTAL RECLASSIFICATIONS FOR CODE Q			307,103				307,103

RECLASS CODE: R  
EXPLANATION : RADIOLOGY SUPPORT SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY - ULTRASOUND	41.01	36,000			0	
2.00	RADIOLOGY - CAT SCAN	41.02	351,622			0	
3.00	RADIOLOGY - MRI	41.03	117,290			0	
4.00	RADIOLOGY- NUCLEAR MED	41.04	21,900			0	
5.00			0	RADIOLOGY-DIAGNOSTIC	41	526,812	
TOTAL RECLASSIFICATIONS FOR CODE R			526,812				526,812

RECLASS CODE: S  
EXPLANATION : RADIOLOGY SUPPORT OTHER

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY - ULTRASOUND	41.01	4,666			0	

RECLASSIFICATIONS

PROVIDER NO:  
150128

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

PREPARED 5/31/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: S  
EXPLANATION: RADIOLOGY SUPPORT OTHER

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
2.00	RADIOLOGY - CAT SCAN	45,371	41.02		0
3.00	RADIOLOGY - MRI	15,134	41.03		0
4.00	RADIOLOGY- NUCLEAR MED	2,804	41.04		0
5.00		0		RADIOLOGY-DIAGNOSTIC	67,975
TOTAL RECLASSIFICATIONS FOR CODE S		67,975			67,975

RECLASS CODE: T  
EXPLANATION: EMS SCHOOL ALLIED HEALTH

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	PARAMED PRGM	1,375	24		0
2.00		0		EMERGENCY	1,375
TOTAL RECLASSIFICATIONS FOR CODE T		1,375			1,375

RECLASS CODE: U  
EXPLANATION: EMS SCHOOL ALLIED HEALTH

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	PARAMED PRGM	19,784	24		0
2.00		0		EMERGENCY	19,784
TOTAL RECLASSIFICATIONS FOR CODE U		19,784			19,784

RECLASS CODE: V  
EXPLANATION: PHARMACY SCHOOL OTHER EXPENSE

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	PHARMACY SCHOOL	876	24.03		0
2.00		0		DRUGS CHARGED TO PATIENTS	876
TOTAL RECLASSIFICATIONS FOR CODE V		876			876

RECLASS CODE: W  
EXPLANATION: PHARMACY RESIDENCY PROGRAM

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	PHARMACY SCHOOL	12,944	24.03		0
2.00		0		DRUGS CHARGED TO PATIENTS	12,944
TOTAL RECLASSIFICATIONS FOR CODE W		12,944			12,944

RECLASS CODE: X  
EXPLANATION: RADIOLOGY SCHOOL ALLIED HEALTH

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	RADIOLOGY SCHOOL	2,966	24.02		0
2.00		0		RADIOLOGY-DIAGNOSTIC	2,966
TOTAL RECLASSIFICATIONS FOR CODE X		2,966			2,966

RECLASS CODE: Y  
EXPLANATION: RADIOLOGY SCHOOL ALLIED HEALTH

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	RADIOLOGY SCHOOL	38,768	24.02		0
2.00		0		RADIOLOGY-DIAGNOSTIC	38,768
TOTAL RECLASSIFICATIONS FOR CODE Y		38,768			38,768

RECLASS CODE: Z  
EXPLANATION: ALLOCATED MEDICAL DIRECTOR RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	8,339	25		0
2.00	CLINIC	24,462	60		0
3.00	CARDIAC CATHETERIZATION LABOR	178,287	59		0
TOTAL RECLASSIFICATIONS FOR CODE Z		211,088		ADMINISTRATIVE & GENERAL	211,088

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	497,000					497,000	
2 LAND IMPROVEMENTS	2,645,221					2,645,221	
3 BUILDINGS & FIXTURE	120,650,250	28,849,016		28,849,016		149,499,266	
4 BUILDING IMPROVEMENT	834,367	262,721		262,721		1,097,088	
5 FIXED EQUIPMENT	880,245					880,245	
6 MOVABLE EQUIPMENT	43,377,928	7,863,201		7,863,201	301,906	50,939,223	
7 SUBTOTAL	168,885,011	36,974,938		36,974,938	301,906	205,558,043	
8 RECONCILING ITEMS							
9 TOTAL	168,885,011	36,974,938		36,974,938	301,906	205,558,043	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED GROSS ASSETS	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS		
* 1	DESCRIPTION	1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	154,618,821		154,618,821	.752191				
4	NEW CAP REL COSTS-MV	50,939,223		50,939,223	.247809				
5	TOTAL	205,558,044		205,558,044	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
* 1	DESCRIPTION	9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	2,996,694		225,481	157,810		765,965	4,145,950
4	NEW CAP REL COSTS-MV	4,690,985			15,025		2,585,396	7,291,406
5	TOTAL	7,687,679		225,481	172,835		3,351,361	11,437,356

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)
* 1	DESCRIPTION	9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES	A	-23,669	ADMINISTRATIVE & GENERAL		6	
10 TELEVISION AND RADIO SERVICE	A	-1,973	NEW CAP REL COSTS-MVBLE E		4	9
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,800,985				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-4,726,800				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-719,145	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS						
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST	A	-800,958	NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 Bad Debt Expense	A	-9,981,207	ADMINISTRATIVE & GENERAL		6	
38 Bad Debt Expense	A	1,014,964	OPERATING ROOM		37	
39 Non-Allow Interest Expense	A	-29,648	NEW CAP REL COSTS-BLDG &		3	11
40 Non-Allow Interest Expense	A	-7,124	ADMINISTRATIVE & GENERAL		6	
41 Non-Allow Interest Expense	A	-13,025	NEW CAP REL COSTS-BLDG &		3	11
42 Non-Allow Interest Expense	A	-1,200	ADMINISTRATIVE & GENERAL		6	
43 Non-Allow Interest Expense	A	-113,825	NEW CAP REL COSTS-BLDG &		3	11
44 Non-Allow Interest Expense	A	-12,680	ADMINISTRATIVE & GENERAL		6	
45 Non-Allowable Interest Expense	A	-10,394	NEW CAP REL COSTS-BLDG &		3	11
46 Non-Allowable Interest Expense	A	-57,136	ADMINISTRATIVE & GENERAL		6	
47 Non-Allowable Interest Expense 00	A	-14,204	NEW CAP REL COSTS-BLDG &		3	11
48 Non-Allowable Interest Expense 00	A	-67,013	ADMINISTRATIVE & GENERAL		6	
49 PHARMACY SCHOOL	A	8,043	PHARMACY SCHOOL		24.03	
49.01 Misc Rev MACL	B	-29,143	OPERATION OF PLANT		8	
49.02 Meals of Wheels Cost	A	-60,648	CAFETERIA		12	
49.03 Misc Revenue	B	-71,750	ADMINISTRATIVE & GENERAL		6	
49.04 Misc Revenue	B	-899	CLINIC		60	
49.05 Misc Revenue	B	-1,160	ADULTS & PEDIATRICS		25	
49.06 Misc Revenue	B	-15,475	OPERATING ROOM		37	
49.07 Misc Revenue	B	-7,737	ENDOSCOPY		59.01	
49.08 Misc Revenue	B	-3,847	RESPIRATORY THERAPY		49	
49.09 Misc Revenue	B	-8,224	MEDICAL SUPPLIES CHARGED		55	
49.10 Misc Revenue	B	-3,878	CLINIC		60	
49.11 Misc Revenue	B	-22,370	PHYSICAL THERAPY		50	
49.12 Misc Revenue	B	-576	CLINIC		60	
49.13 Misc Revenue	B	-70,750	RADIOLOGY-DIAGNOSTIC		41	
49.14 Misc Revenue	B	-3,000	OPERATION OF PLANT		8	
49.15 Misc Revenue	B	-10,858	ADMINISTRATIVE & GENERAL		6	
49.16 MISC REVENUE 35200	B	-35,501	CAFETERIA		12	
49.17 MISC REVENUE 35200	B	-1,050	ADULTS & PEDIATRICS		25	
49.18 MISC REVENUE 35200	B	-392,376	RADIOLOGY-DIAGNOSTIC		41	
49.19 Leased Equipment CBI	B	-2,130,743	NEW CAP REL COSTS-MVBLE E		4	9
49.20 Space Rental Revenue CBI	B	-202,716	NEW CAP REL COSTS-BLDG &		3	9
49.21 Disposal of Assets	B	54,091	NEW CAP REL COSTS-MVBLE E		4	9
49.22 MISC INCOME	B	58,965	CAFETERIA		12	
49.23 INTERHOSPITAL ALLOCATION PALIATIVE C	A	-125,501	PALLIATIVE CARE		60.05	
49.24 INTERHOSPITAL ALLOCATION PALIATIVE C	A	-30,490	DIABETIC CARE CENTER		60.02	
49.25 Outsde Corp Revenue	B	-2,881	LABORATORY		44	
49.26 INTERHOSPITAL ALLOC ALLIED HEALTH	A	-33,211	RADIOLOGY SCHOOL		24.02	
49.27 INTERHOSPITAL ALLOC ALLIED HEALTH	A	131,710	RESPIRATORY THERAPY		49	
49.28 INTERHOSPITAL ALLOC ALLIED HEALTH	A	-58,532	PARAMED PRGM		24	
49.29 ALLOCATED MEDICAL DIRECTORS	A	52,760	CARDIAC CATHETERIZATION L		59	
50 TOTAL (SUM OF LINES 1 THRU 49)		-21,383,769				

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER 3	LINE NO 4	
50 TOTAL (SUM OF LINES 1 THRU 49)		-21,383,769				

---

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & HOME OFFICE	2,996,694	2,979,336	17,358	9
2	4	NEW CAP REL COSTS-MVBLE E HOME OFFICE	1,254,544		1,254,544	9
3	5	EMPLOYEE BENEFITS HOME OFFICE	1,843,518		1,843,518	
4	6	ADMINISTRATIVE & GENERAL HOME OFFICE	7,831,145	16,017,952	-8,186,807	
4.01	17	MEDICAL RECORDS & LIBRARY HOME OFFICE	1,055,018		1,055,018	
4.08	44	LABORATORY MID AMERICA CLINICAL LABS	2,802,877	3,088,295	-285,418	
4.12	37	OPERATING ROOM INDIANA SURGERY CENTER		2,613	-2,613	
4.15	6	ADMINISTRATIVE & GENERAL PROFESSIONAL OFFICE BUILD	89,257	97,943	-8,686	
4.16	25	ADULTS & PEDIATRICS PROFESSIONAL OFFICE BUILD	37,275	33,375	3,900	
4.17	37	OPERATING ROOM PROFESSIONAL OFFICE BUILD	17,500	17,500		
4.18	53	ELECTROCARDIOLOGY CARDIAC TESTING	379,348	796,962	-417,614	
5		TOTALS	18,307,176	23,033,976	-4,726,800	

\* 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 XVII.

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	B	COMMUNITY HEALTH NETWORK		100.00	0.00
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 INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
  - B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
  - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
  - D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
  - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
  - F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
  - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0128  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 5/31/2011  
 WORKSHEET: A-8-2  
 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	ADMINISTRATIVE & GENERAL	2,161,239	2,161,239					
2 25	ADULTS & PEDIATRICS	94,587	86,248	8,339	165,600	40	3,185	159
3 26	INTENSIVE CARE UNIT	26,000		26,000	165,600	208	16,560	828
4 37	OPERATING ROOM	26,000		26,000	208,000	104	10,400	520
5 44	LABORATORY	75,000		75,000	215,700	2,080	215,700	10,785
6 49	RESPIRATORY THERAPY	26,000	26,000					
7 54	ELECTROENCEPHALOGRAPHY	10,400	10,400					
8 59	CARDIAC CATHETERIZATION L	268,495		268,495	165,600	583	46,416	2,321
9 61	EMERGENCY	249,996	249,996					
10 60	CLINIC	24,462		24,462	165,600	121	9,633	482
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,962,179	2,533,883	428,296		3,136	301,894	15,095

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0128  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 5/31/2011  
 WORKSHEET: A-8-2  
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	ADMINISTRATIVE & GENERAL							2,161,239
2 25	ADULTS & PEDIATRICS					3,185	5,154	91,402
3 26	INTENSIVE CARE UNIT					16,560	9,440	9,440
4 37	OPERATING ROOM					10,400	15,600	15,600
5 44	LABORATORY					215,700		
6 49	RESPIRATORY THERAPY							26,000
7 54	ELECTROENCEPHALOGRAPHY							10,400
8 59	CARDIAC CATHETERIZATION L					46,416	222,079	222,079
9 61	EMERGENCY							249,996
10 60	CLINIC					9,633	14,829	14,829
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					301,894	267,102	2,800,985

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0128  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/31/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-6	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	11	PATIENT DAYS		ENTERED
12	CAFETERIA	12	MANHOURS		ENTERED
14	NURSING ADMINISTRATION	14	MANHOURS		ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	18	PATIENT DAYS		ENTERED
20	NONPHYSICIAN ANESTHETISTS	20	NO	STATISTICS	ENTERED
24	PARAMED ED PRGM	22	ASSIGNED	TIME	ENTERED
24.01	RESPIRATORY	23	ASSIGNED	TIME	NOT ENTERED
24.02	RADIOLOGY SCHOOL	24	ASSIGNED	TIME	ENTERED
24.03	PHARMACY SCHOOL	25	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	4,145,950			4,145,950			
005 NEW CAP REL COSTS-MVBLE E	7,291,406				7,291,406		
006 EMPLOYEE BENEFITS	8,393,310			17,322		8,410,632	
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT	13,799,553			105,159	3,913,397	105,917	17,924,026
009 LAUNDRY & LINEN SERVICE	3,808,353			662,368	56,368	340,025	4,867,114
010 HOUSEKEEPING	457,845			13,181		10,189	481,215
011 DIETARY	1,178,612			36,527	8,744	204,978	1,428,861
012 CAFETERIA	1,364,483			73,755	30,100	148,652	1,616,990
014 NURSING ADMINISTRATION	-80,856			38,492	15,708	77,572	50,916
017 MEDICAL RECORDS & LIBRARY	822,274			54,012			876,286
018 SOCIAL SERVICE	1,171,909					11,311	1,183,220
020 NONPHYSICIAN ANESTHETISTS	1,070,701			7,450	546	164,553	1,243,250
024 PARAMEDICAL PRGM				3,778	6,127	177,948	187,853
024 01 RESPIRATORY	21,159				1,548	4,699	27,406
024 02 RADIOLOGY SCHOOL	41,734					9,207	50,941
024 03 PHARMACY SCHOOL	21,863					3,074	24,937
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	9,563,570			966,825	93,170	1,904,244	12,527,809
026 INTENSIVE CARE UNIT	4,860,890			376,716	140,717	1,007,588	6,385,911
027 CORONARY CARE UNIT							
033 NURSERY	614,453			69,264	14,094	126,392	824,203
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	3,635,855			410,214	1,059,102	17,451	5,122,622
038 RECOVERY ROOM	2,878,141			104,621	34,009	303,611	3,320,382
039 DELIVERY ROOM & LABOR ROOM	1,678,915			189,265	38,509	345,350	2,252,039
041 RADIOLOGY-DIAGNOSTIC	1,333,372			139,381	406,458	291,307	2,170,518
041 01 RADIOLOGY - ULTRASOUND	473,279			17,848	49,209	100,795	641,131
041 02 RADIOLOGY - CAT SCAN	1,336,618			18,129	226,668	208,332	1,789,747
041 03 RADIOLOGY - MRI	453,072			23,731	92,136	82,666	651,605
041 04 RADIOLOGY- NUCLEAR MED	405,550			15,310	38,588	44,495	503,943
041 05 BREAST IMAGING	1,796,137				130,832	104,869	2,031,838
044 LABORATORY	3,321,228			62,059			3,383,287
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,475,178			35,123	53,797	318,051	1,882,149
050 PHYSICAL THERAPY	1,089,851			8,105	21,990	220,909	1,340,855
051 OCCUPATIONAL THERAPY	392,513			3,006	8,141	82,130	485,790
052 SPEECH PATHOLOGY	304,022			2,339	6,325	63,614	376,300
053 ELECTROCARDIOLOGY	702,473			62,433	6,538	68,876	840,320
054 ELECTROENCEPHALOGRAPHY	586,934			26,924	85,189	88,644	787,691
055 MEDICAL SUPPLIES CHARGED	4,675,854				34,701		4,710,555
055 30 IMPL. DEV. CHARGED TO PAT	10,719,327						10,719,327
056 DRUGS CHARGED TO PATIENTS	5,537,732			17,602	16,740	360,840	5,932,914
057 RENAL DIALYSIS	237,217			15,158			252,375
059 CARDIAC CATHETERIZATION	1,090,119			58,164	294,154	152,082	1,594,519
059 01 ENDOSCOPY	581,933				98,273		680,206
060 OUTPAT SERVICE COST CNTRS CLINIC	595,649			29,369	7,094	117,210	749,322
060 01 MEDICAL ONCOLOGY CLINIC	1,152						1,152
060 02 DIABETIC CARE CENTER							
060 05 PALLIATIVE CARE							
061 EMERGENCY	4,027,641			343,184	117,608	793,607	5,282,040
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS	107,876,971			4,006,814	7,106,580	8,061,188	107,203,565
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFICE	2,760,426				184,474	298,377	3,243,277
101 OTHER NONREIMBURSABLE COSTS	790,041			139,136	352	51,067	980,596
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	111,427,438			4,145,950	7,291,406	8,410,632	111,427,438

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	17,924,026						
009 OPERATION OF PLANT	932,997	5,800,111					
010 LAUNDRY & LINEN SERVICE	92,246	22,747	596,208				
011 HOUSEKEEPING	273,904	63,032		1,765,797			
012 DIETARY	309,967	127,276		39,330	2,093,563		
014 CAFETERIA	9,760	66,423		20,526		147,625	
017 NURSING ADMINISTRATION	167,979	93,206		28,802			1,166,273
018 MEDICAL RECORDS & LIBRARY	226,816					320	
020 SOCIAL SERVICE	238,324	12,857		3,973		3,523	
024 NONPHYSICIAN ANESTHETISTS	36,010	6,519		2,015		1,601	
024 01 PARAMED ED PRGM	5,254					320	2,153
024 02 RESPIRATORY							
024 03 RADIOLOGY SCHOOL	9,765					320	638
024 04 PHARMACY SCHOOL	4,780						
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,401,488	1,668,413	197,608	515,559	1,514,420	41,310	566,506
027 INTENSIVE CARE UNIT	1,224,141	650,083	53,675	200,884	579,143	22,416	310,765
033 CORONARY CARE UNIT							
037 NURSERY	157,995	119,525	10,532	36,935		2,242	
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	981,976	707,888	48,718	218,746		320	5,508
041 RECOVERY ROOM	636,497	180,539		55,789		5,764	
041 01 DELIVERY ROOM & LABOR ROO	431,702	326,606	28,777	100,925		6,405	
041 02 RADIOLOGY-DIAGNOSTIC	416,075	240,524	96,497	74,325		7,685	
041 03 RADIOLOGY - ULTRASOUND	122,901	30,800		9,517		1,921	
041 04 RADIOLOGY - CAT SCAN	343,084	31,284		9,667		4,803	
041 05 RADIOLOGY - MRI	124,909	40,952	51,143	12,655		1,921	
041 06 RADIOLOGY- NUCLEAR MED	96,603	26,420		8,164		640	
044 07 BREAST IMAGING	389,491					2,242	
048 LABORATORY	648,556	107,093		33,093			
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	360,797	60,610		18,729		6,405	
051 PHYSICAL THERAPY	257,034	13,987		4,322		961	
052 OCCUPATIONAL THERAPY	93,123	5,187		1,603		1,921	
053 SPEECH PATHOLOGY	72,134	4,037		1,247		1,601	
054 ELECTROCARDIOLOGY	161,084	107,738		33,292		2,562	
055 ELECTROENCEPHALOGRAPHY	150,996	46,462		14,357		1,601	
055 30 MEDICAL SUPPLIES CHARGED	902,985						
056 IMPL. DEV. CHARGED TO PAT	2,054,831						
057 DRUGS CHARGED TO PATIENTS	1,137,304	30,376		9,386		6,084	
059 RENAL DIALYSIS	48,379	26,158		8,083			
059 01 CARDIAC CATHETERIZATION L	305,660	100,371	51,695	31,016		2,882	41,115
060 02 ENDOSCOPY	130,391						
060 03 OUTPAT SERVICE COST CNTRS							
060 04 CLINIC	143,641	50,680		15,661		2,242	
060 05 MEDICAL ONCOLOGY CLINIC	221						
060 06 DIABETIC CARE CENTER							
061 07 PALLIATIVE CARE							
062 EMERGENCY	1,012,535	592,218	57,563	183,002		17,613	239,588
095 OBSERVATION BEDS (NON-DIS							
098 SPEC PURPOSE COST CENTERS							
100 SUBTOTALS	17,114,335	5,560,011	596,208	1,691,603	2,093,563	147,625	1,166,273
101 NONREIMBURS COST CENTERS							
102 PHYSICIANS' PRIVATE OFFIC	621,717						
103 OTHER NONREIMBURSABLE COS	187,974	240,100		74,194			
104 CROSS FOOT ADJUSTMENT							
105 NEGATIVE COST CENTER							
106 TOTAL	17,924,026	5,800,111	596,208	1,765,797	2,093,563	147,625	1,166,273

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMEDICAL PRGM	RESPIRATORY	RADIOLOGY SCHOOL	PHARMACY SCHOOL
	17	18	20	24	24.01	24.02	24.03
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
017 NURSING ADMINISTRATION							
018 MEDICAL RECORDS & LIBRARY	1,410,356						
020 SOCIAL SERVICE		1,501,927					
024 NONPHYSICIAN ANESTHETISTS			233,998				
024 01 PARAMEDICAL PRGM				35,133			
024 02 RESPIRATORY							
024 03 RADIOLOGY SCHOOL						61,664	
024 04 PHARMACY SCHOOL							29,717
025 INPATIENT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	87,309	1,006,693	233,998				
027 INTENSIVE CARE UNIT	51,749	384,979					
033 CORONARY CARE UNIT							
037 NURSERY	10,766	110,255					
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	115,102						
041 RECOVERY ROOM	37,819						
041 DELIVERY ROOM & LABOR ROOM	29,422						
041 RADIOLOGY-DIAGNOSTIC	71,260					61,664	
041 01 RADIOLOGY - ULTRASOUND	16,029						
041 02 RADIOLOGY - CAT SCAN	87,607						
041 03 RADIOLOGY - MRI	29,161						
041 04 RADIOLOGY - NUCLEAR MED	5,230						
041 05 BREAST IMAGING	42,860						
044 LABORATORY	121,867						
048 INTRAVENOUS THERAPY	777						
049 RESPIRATORY THERAPY	51,202						
050 PHYSICAL THERAPY	17,686						
051 OCCUPATIONAL THERAPY	7,026						
052 SPEECH PATHOLOGY	5,461						
053 ELECTROCARDIOLOGY	33,184						
054 ELECTROENCEPHALOGRAPHY	14,828						
055 MEDICAL SUPPLIES CHARGED	73,830						
055 30 IMPL. DEV. CHARGED TO PAT	114,211						
056 DRUGS CHARGED TO PATIENTS	120,503						29,717
057 RENAL DIALYSIS	2,743						
059 CARDIAC CATHETERIZATION L	88,049						
059 01 ENDOSCOPY	8,896						
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	4,461						
060 02 MEDICAL ONCOLOGY CLINIC							
060 03 DIABETIC CARE CENTER							
060 04 PALLIATIVE CARE							
061 EMERGENCY	161,318			35,133			
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,410,356	1,501,927	233,998	35,133		61,664	29,717
098 NONREIMBURSABLE COST CENTERS							
100 PHYSICIANS' PRIVATE OFFICE							
101 OTHER NONREIMBURSABLE COS							
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,410,356	1,501,927	233,998	35,133		61,664	29,717



ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0128  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/31/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				17,322		17,322	17,322
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT				105,159	3,913,397	4,018,556	218
009 LAUNDRY & LINEN SERVICE				662,368	56,368	718,736	700
010 HOUSEKEEPING				13,181		13,181	21
011 DIETARY				36,527	8,744	45,271	422
012 CAFETERIA				73,755	30,100	103,855	306
014 NURSING ADMINISTRATION				38,492	15,708	54,200	160
017 MEDICAL RECORDS & LIBRARY				54,012		54,012	
018 SOCIAL SERVICE							23
020 NONPHYSICIAN ANESTHETISTS				7,450	546	7,996	339
024 PARAMEDICAL PRGM				3,778	6,127	9,905	366
024 01 RESPIRATORY					1,548	1,548	10
024 02 RADIOLOGY SCHOOL							19
024 03 PHARMACY SCHOOL							6
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				966,825	93,170	1,059,995	3,925
026 INTENSIVE CARE UNIT				376,716	140,717	517,433	2,075
027 CORONARY CARE UNIT							
033 NURSERY				69,264	14,094	83,358	260
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM				410,214	1,059,102	1,469,316	36
038 RECOVERY ROOM				104,621	34,009	138,630	625
039 DELIVERY ROOM & LABOR ROOM				189,265	38,509	227,774	711
041 RADIOLOGY-DIAGNOSTIC				139,381	406,458	545,839	600
041 01 RADIOLOGY - ULTRASOUND				17,848	49,209	67,057	208
041 02 RADIOLOGY - CAT SCAN				18,129	226,668	244,797	429
041 03 RADIOLOGY - MRI				23,731	92,136	115,867	170
041 04 RADIOLOGY- NUCLEAR MED				15,310	38,588	53,898	92
041 05 BREAST IMAGING					130,832	130,832	216
044 LABORATORY				62,059		62,059	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				35,123	53,797	88,920	655
050 PHYSICAL THERAPY				8,105	21,990	30,095	455
051 OCCUPATIONAL THERAPY				3,006	8,141	11,147	169
052 SPEECH PATHOLOGY				2,339	6,325	8,664	131
053 ELECTROCARDIOLOGY				62,433	6,538	68,971	142
054 ELECTROENCEPHALOGRAPHY				26,924	85,189	112,113	183
055 MEDICAL SUPPLIES CHARGED					34,701	34,701	
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS				17,602	16,740	34,342	743
057 RENAL DIALYSIS				15,158		15,158	
059 CARDIAC CATHETERIZATION				58,164	294,154	352,318	313
059 01 ENDOSCOPY					98,273	98,273	
060 OUTPAT SERVICE COST CNTRS CLINIC				29,369	7,094	36,463	241
060 01 MEDICAL ONCOLOGY CLINIC							
060 02 DIABETIC CARE CENTER							
060 05 PALLIATIVE CARE							
061 EMERGENCY				343,184	117,608	460,792	1,634
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS				4,006,814	7,106,580	11,113,394	16,603
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFICE					184,474	184,474	614
101 OTHER NONREIMBURSABLE COSTS				139,136	352	139,488	105
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL				4,145,950	7,291,406	11,437,356	17,322

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0128  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/31/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	4,018,774						
009 OPERATION OF PLANT	209,189	928,625					
010 LAUNDRY & LINEN SERVICE	20,683	3,642	37,527				
011 HOUSEKEEPING	61,412	10,092		117,197			
012 DIETARY	69,498	20,377		2,610	196,646		
014 CAFETERIA	2,188	10,635		1,362		44,288	
017 NURSING ADMINISTRATION	37,663	14,923		1,912			108,510
018 MEDICAL RECORDS & LIBRARY	50,855					96	
020 SOCIAL SERVICE	53,435	2,058		264		1,057	
024 NONPHYSICIAN ANESTHETISTS	8,074	1,044		134		480	
024 01 PARAMEDICAL PRGM	1,178					96	200
024 02 RESPIRATORY							
024 03 RADIOLOGY SCHOOL	2,189					96	59
024 04 PHARMACY SCHOOL	1,072						
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	538,443	267,122	12,439	34,218	142,248	12,397	52,709
027 INTENSIVE CARE UNIT	274,466	104,081	3,378	13,333	54,398	6,725	28,914
033 CORONARY CARE UNIT							
037 NURSERY	35,424	19,137	663	2,451		672	
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	220,170	113,336	3,066	14,518		96	512
041 RECOVERY ROOM	142,710	28,905		3,703		1,729	
041 01 DELIVERY ROOM & LABOR ROO	96,793	52,291	1,811	6,698		1,921	
041 02 RADIOLOGY-DIAGNOSTIC	93,289	38,509	6,074	4,933		2,306	
041 03 RADIOLOGY - ULTRASOUND	27,556	4,931		632		576	
041 04 RADIOLOGY - CAT SCAN	76,923	5,009		642		1,441	
041 05 RADIOLOGY - MRI	28,006	6,557	3,219	840		576	
041 06 RADIOLOGY- NUCLEAR MED	21,659	4,230		542		192	
044 07 BREAST IMAGING	87,328					672	
048 LABORATORY	145,414	17,146		2,196			
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	80,895	9,704		1,243		1,921	
051 PHYSICAL THERAPY	57,630	2,239		287		288	
052 OCCUPATIONAL THERAPY	20,879	830		106		576	
053 SPEECH PATHOLOGY	16,173	646		83		480	
054 ELECTROCARDIOLOGY	36,117	17,249		2,210		769	
055 ELECTROENCEPHALOGRAPHY	33,855	7,439		953		480	
055 30 MEDICAL SUPPLIES CHARGED	202,460						
056 IMPL. DEV. CHARGED TO PAT	460,717						
057 DRUGS CHARGED TO PATIENTS	254,997	4,863		623		1,825	
059 RENAL DIALYSIS	10,847	4,188		536			
059 01 CARDIAC CATHETERIZATION L	68,532	16,070	3,254	2,059		865	3,825
060 02 ENDOSCOPY	29,235						
060 03 OUTPAT SERVICE COST CNTRS							
060 04 CLINIC	32,206	8,114		1,039		672	
060 05 MEDICAL ONCOLOGY CLINIC	50						
060 06 DIABETIC CARE CENTER							
061 07 PALLIATIVE CARE							
062 EMERGENCY	227,022	94,817	3,623	12,146		5,284	22,291
095 OBSERVATION BEDS (NON-DIS							
098 SPEC PURPOSE COST CENTERS							
100 SUBTOTALS	3,837,232	890,184	37,527	112,273	196,646	44,288	108,510
101 NONREIMBURS COST CENTERS							
102 PHYSICIANS' PRIVATE OFFIC	139,396						
103 OTHER NONREIMBURSABLE COS	42,146	38,441		4,924			
104 CROSS FOOT ADJUSTMENTS							
105 NEGATIVE COST CENTER						24,257	
106 TOTAL	4,018,774	928,625	37,527	117,197	196,646	68,545	108,510

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0128  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/31/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS	PARAMEDICAL PRGM	RESPIRATORY	RADIOLOGY SCHOOL	SCHOOL	PHARMACY	SCHOOL
	17	18		20	24	24.01	24.02			24.03
001 GENERAL SERVICE COST CNTR										
002 OLD CAP REL COSTS-BLDG &										
003 OLD CAP REL COSTS-MVBLE E										
004 NEW CAP REL COSTS-BLDG &										
005 NEW CAP REL COSTS-MVBLE E										
006 EMPLOYEE BENEFITS										
008 ADMINISTRATIVE & GENERAL										
009 OPERATION OF PLANT										
010 LAUNDRY & LINEN SERVICE										
011 HOUSEKEEPING										
012 DIETARY										
014 CAFETERIA										
017 NURSING ADMINISTRATION										
018 MEDICAL RECORDS & LIBRARY	50,974									
020 SOCIAL SERVICE		65,149								
024 NONPHYSICIAN ANESTHETISTS				20,003						
024 01 PARAMEDICAL PRGM					3,032					
024 02 RESPIRATORY										
024 03 RADIOLOGY SCHOOL							2,363			
024 04 PHARMACY SCHOOL										1,078
025 INPAT ROUTINE SRVC CNTRS										
026 ADULTS & PEDIATRICS	3,146		43,667							
027 INTENSIVE CARE UNIT	1,865		16,699							
033 CORONARY CARE UNIT										
037 NURSERY	388		4,783							
038 ANCILLARY SRVC COST CNTRS										
039 OPERATING ROOM	4,148									
041 RECOVERY ROOM	1,363									
041 01 DELIVERY ROOM & LABOR ROO	1,060									
041 02 RADIOLOGY-DIAGNOSTIC	2,568									
041 03 RADIOLOGY - ULTRASOUND	578									
041 04 RADIOLOGY - CAT SCAN	3,157									
041 05 RADIOLOGY - MRI	1,051									
044 RADIOLOGY-NUCLEAR MED	188									
048 BREAST IMAGING	1,544									
049 LABORATORY	4,392									
050 INTRAVENOUS THERAPY	28									
051 RESPIRATORY THERAPY	1,845									
052 PHYSICAL THERAPY	637									
053 OCCUPATIONAL THERAPY	253									
055 SPEECH PATHOLOGY	197									
056 ELECTROCARDIOLOGY	1,196									
059 ELECTROENCEPHALOGRAPHY	534									
060 MEDICAL SUPPLIES CHARGED	2,661									
061 30 IMPL. DEV. CHARGED TO PAT	4,116									
062 DRUGS CHARGED TO PATIENTS	4,342									
057 RENAL DIALYSIS	99									
059 CARDIAC CATHETERIZATION L	3,173									
059 01 ENDOSCOPY	321									
060 OUTPAT SERVICE COST CNTRS										
060 01 CLINIC	161									
060 02 MEDICAL ONCOLOGY CLINIC										
060 05 DIABETIC CARE CENTER										
061 PALLIATIVE CARE										
062 EMERGENCY	5,963									
095 OBSERVATION BEDS (NON-DIS										
098 SPEC PURPOSE COST CENTERS										
100 SUBTOTALS	50,974	65,149		20,003	3,032		2,363			1,078
101 NONREIMBURS COST CENTERS										
102 PHYSICIANS' PRIVATE OFFIC										
103 OTHER NONREIMBURSABLE COS										
TOTAL	50,974	65,149		20,003	3,032		2,363			1,078

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0128  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/31/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
008 ADMINISTRATIVE & GENERAL			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
017 NURSING ADMINISTRATION			
018 MEDICAL RECORDS & LIBRARY			
020 SOCIAL SERVICE			
024 NONPHYSICIAN ANESTHETISTS			
024 01 PARAMED ED PRGM			
024 02 RESPIRATORY			
024 03 RADIOLOGY SCHOOL			
024 03 PHARMACY SCHOOL			
025 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	2,170,309		2,170,309
026 INTENSIVE CARE UNIT	1,023,367		1,023,367
027 CORONARY CARE UNIT			
033 NURSERY	147,136		147,136
037 ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	1,825,198		1,825,198
038 RECOVERY ROOM	317,665		317,665
039 DELIVERY ROOM & LABOR ROO	389,059		389,059
041 RADIOLOGY-DIAGNOSTIC	694,118		694,118
041 01 RADIOLOGY - ULTRASOUND	101,538		101,538
041 02 RADIOLOGY - CAT SCAN	332,398		332,398
041 03 RADIOLOGY - MRI	156,286		156,286
041 04 RADIOLOGY- NUCLEAR MED	80,801		80,801
041 05 BREAST IMAGING	220,592		220,592
044 LABORATORY	231,207		231,207
048 INTRAVENOUS THERAPY	28		28
049 RESPIRATORY THERAPY	185,183		185,183
050 PHYSICAL THERAPY	91,631		91,631
051 OCCUPATIONAL THERAPY	33,960		33,960
052 SPEECH PATHOLOGY	26,374		26,374
053 ELECTROCARDIOLOGY	126,654		126,654
054 ELECTROENCEPHALOGRAPHY	155,557		155,557
055 MEDICAL SUPPLIES CHARGED	239,822		239,822
055 30 IMPL. DEV. CHARGED TO PAT	464,833		464,833
056 DRUGS CHARGED TO PATIENTS	301,735		301,735
057 RENAL DIALYSIS	30,828		30,828
059 CARDIAC CATHETERIZATION L	450,409		450,409
059 01 ENDOSCOPY	127,829		127,829
060 OUTPAT SERVICE COST CNTRS			
060 CLINIC	78,896		78,896
060 01 MEDICAL ONCOLOGY CLINIC	50		50
060 02 DIABETIC CARE CENTER			
060 05 PALLIATIVE CARE			
061 EMERGENCY	833,572		833,572
062 OBSERVATION BEDS (NON-DIS			
062 SPEC PURPOSE COST CENTERS			
095 SUBTOTALS	10,837,035		10,837,035
098 NONREIMBURS COST CENTERS			
098 PHYSICIANS' PRIVATE OFFIC	324,484		324,484
100 OTHER NONREIMBURSABLE COS	225,104		225,104
101 CROSS FOOT ADJUSTMENTS	26,476		26,476
102 NEGATIVE COST CENTER	24,257		24,257
103 TOTAL	11,437,356		11,437,356

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)	RECONCILIATION
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD			354,476			
005 NEW CAP REL COSTS-MVB				8,697,119		
006 EMPLOYEE BENEFITS			1,481		35,412,943	
008 ADMINISTRATIVE & GENE			8,991	4,667,863	445,961	-17,924,026
009 OPERATION OF PLANT			56,632	67,235	1,431,671	
010 LAUNDRY & LINEN SERVI			1,127		42,899	
011 HOUSEKEEPING			3,123	10,430	863,056	
012 DIETARY			6,306	35,903	625,896	
014 CAFETERIA			3,291	18,736	326,617	
017 NURSING ADMINISTRATION			4,618			
018 MEDICAL RECORDS & LIB					47,626	
020 SOCIAL SERVICE			637	651	692,847	
024 NONPHYSICIAN ANESTHET			323	7,308	749,248	
024 PARMED ED PRGM				1,847	19,784	
024 01 RESPIRATORY						
024 02 RADIOLOGY SCHOOL					38,768	
024 03 PHARMACY SCHOOL					12,944	
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS			82,663	111,132	8,017,862	
027 INTENSIVE CARE UNIT			32,209	167,846	4,242,442	
033 CORONARY CARE UNIT						
033 NURSERY			5,922	16,811	532,172	
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM			35,073	1,263,287	73,477	
039 RECOVERY ROOM			8,945	40,566	1,278,353	
041 DELIVERY ROOM & LABOR			16,182	45,933	1,454,093	
041 RADIOLOGY-DIAGNOSTIC			11,917	484,819	1,226,544	
041 01 RADIOLOGY - ULTRASOUN			1,526	58,696	424,398	
041 02 RADIOLOGY - CAT SCAN			1,550	270,367	877,180	
041 03 RADIOLOGY - MRI			2,029	109,899	348,063	
041 04 RADIOLOGY- NUCLEAR ME			1,309	46,027	187,345	
041 05 BREAST IMAGING				156,055	441,549	
044 LABORATORY			5,306			
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY			3,003	64,169	1,339,149	
050 PHYSICAL THERAPY			693	26,229	930,134	
051 OCCUPATIONAL THERAPY			257	9,710	345,809	
052 SPEECH PATHOLOGY			200	7,544	267,848	
053 ELECTROCARDIOLOGY			5,338	7,799	290,000	
054 ELECTROENCEPHALOGRAPH			2,302	101,613	373,234	
055 MEDICAL SUPPLIES CHAR				41,391		
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI			1,505	19,967	1,519,313	
057 RENAL DIALYSIS			1,296			
059 CARDIAC CATHETERIZATI			4,973	350,864	640,341	
059 01 ENDOSCOPY				117,219		
060 OUTPAT SERVICE COST C						
060 01 CLINIC			2,511	8,462	493,511	
060 02 MEDICAL ONCOLOGY CLIN						
060 02 DIABETIC CARE CENTER						
060 05 PALLIATIVE CARE						
061 EMERGENCY			29,342	140,282	3,341,477	
062 OBSERVATION BEDS (NON						
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS			342,580	8,476,660	33,941,611	-17,924,026
098 NONREIMBURS COST CENT						
100 PHYSICIANS' PRIVATE O				220,039	1,256,313	
101 OTHER NONREIMBURSABLE			11,896	420	215,019	
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			4,145,950	7,291,406	8,410,632	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			11.695996		.237502	
(WRKSHT B, PT I)				.838370		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					17,322	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000489	
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(PATIENT DAYS)	(MANHOURS)	(MANHOURS)
	6	8	9	10	11	12	14
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD						
003	OLD CAP REL COSTS-MVB						
004	NEW CAP REL COSTS-BLD						
005	NEW CAP REL COSTS-MVB						
006	EMPLOYEE BENEFITS						
008	ADMINISTRATIVE & GENERAL	93,503,412					
009	OPERATION OF PLANT	4,867,114	287,372				
010	LAUNDRY & LINEN SERVICE	481,215		936,809			
011	HOUSEKEEPING	1,428,861			283,122		
012	DIETARY	1,616,990			6,306	25,131	
014	CAFETERIA	50,916			3,291		
017	NURSING ADMINISTRATION	876,286	4,618			461	550,304
018	MEDICAL RECORDS & LIB	1,183,220					1
020	SOCIAL SERVICE	1,243,250	637		637		11
024	NONPHYSICIAN ANESTHET	187,853	323		323		5
024	PARAMEDICAL PRGM	27,406					1
024	01 RESPIRATORY						1,016
024	02 RADIOLOGY SCHOOL	50,941				1	301
024	03 PHARMACY SCHOOL	24,937					
025	INPAT ROUTINE SRVC CN						
026	ADULTS & PEDIATRICS	12,527,809	82,663	310,496	82,663	18,179	129
027	INTENSIVE CARE UNIT	6,385,911	32,209	84,339	32,209	6,952	70
027	CORONARY CARE UNIT						
033	NURSERY	824,203	5,922	16,549	5,922		7
037	ANCILLARY SRVC COST C						
038	OPERATING ROOM	5,122,622	35,073	76,549	35,073		1
039	RECOVERY ROOM	3,320,382	8,945		8,945		18
041	DELIVERY ROOM & LABOR	2,252,039	16,182	45,217	16,182		20
041	RADIOLOGY-DIAGNOSTIC	2,170,518	11,917	151,624	11,917		24
041	01 RADIOLOGY - ULTRASOUN	641,131	1,526		1,526		6
041	02 RADIOLOGY - CAT SCAN	1,789,747	1,550		1,550		15
041	03 RADIOLOGY - MRI	651,605	2,029	80,360	2,029		6
041	04 RADIOLOGY- NUCLEAR ME	503,943	1,309		1,309		2
041	05 BREAST IMAGING	2,031,838					7
044	LABORATORY	3,383,287	5,306		5,306		
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY	1,882,149	3,003		3,003		20
050	PHYSICAL THERAPY	1,340,855	693		693		3
051	OCCUPATIONAL THERAPY	485,790	257		257		6
052	SPEECH PATHOLOGY	376,300	200		200		5
053	ELECTROCARDIOLOGY	840,320	5,338		5,338		8
054	ELECTROENCEPHALOGRAPH	787,691	2,302		2,302		5
055	MEDICAL SUPPLIES CHAR	4,710,555					
055	30 IMPL. DEV. CHARGED TO	10,719,327					
056	DRUGS CHARGED TO PATI	5,932,914	1,505		1,505		19
057	RENAL DIALYSIS	252,375	1,296		1,296		
059	CARDIAC CATHETERIZATI	1,594,519	4,973	81,228	4,973		9
059	01 ENDOSCOPY	680,206					19,400
060	OUTPAT SERVICE COST C						
060	01 CLINIC	749,322	2,511		2,511		7
060	02 MEDICAL ONCOLOGY CLIN	1,152					
060	05 DIABETIC CARE CENTER						
061	PALLIATIVE CARE						
062	EMERGENCY	5,282,040	29,342	90,447	29,342		55
062	OBSERVATION BEDS (NON						
095	SPEC PURPOSE COST CEN						
095	SUBTOTALS	89,279,539	275,476	936,809	271,226	25,131	461
098	NONREIMBURS COST CENT						
100	PHYSICIANS' PRIVATE O	3,243,277					
101	OTHER NONREIMBURSABLE	980,596	11,896		11,896		
102	CROSS FOOT ADJUSTMENT						
103	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED	17,924,026	5,800,111	596,208	1,765,797	2,093,563	147,625
104	(WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER		20.183285		6.236877		320.227766
105	(WRKSHT B, PT I)	.191694		.636424		83.305997	2.119325
105	COST TO BE ALLOCATED						
106	(WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER						
107	(WRKSHT B, PT II)	4,018,774	928,625	37,527	117,197	196,646	44,288
107	COST TO BE ALLOCATED						
108	(WRKSHT B, PART III)						
108	UNIT COST MULTIPLIER		3.231439		.413945		96.069414
108	(WRKSHT B, PT III)	.042980		.040058		7.824838	.197182



WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	20,761,113		20,761,113	5,154	20,766,267
26	INTENSIVE CARE UNIT	9,863,746		9,863,746	9,440	9,873,186
27	CORONARY CARE UNIT					
33	NURSERY	1,272,453		1,272,453		1,272,453
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	7,200,880		7,200,880	15,600	7,216,480
38	RECOVERY ROOM	4,236,790		4,236,790		4,236,790
39	DELIVERY ROOM & LABOR ROO	3,175,876		3,175,876		3,175,876
41	RADIOLOGY-DIAGNOSTIC	3,138,548		3,138,548		3,138,548
41	01 RADIOLOGY - ULTRASOUND	822,299		822,299		822,299
41	02 RADIOLOGY - CAT SCAN	2,266,192		2,266,192		2,266,192
41	03 RADIOLOGY - MRI	912,346		912,346		912,346
41	04 RADIOLOGY- NUCLEAR MED	641,000		641,000		641,000
41	05 BREAST IMAGING	2,466,431		2,466,431		2,466,431
44	LABORATORY	4,293,896		4,293,896		4,293,896
48	INTRAVENOUS THERAPY	777		777		777
49	RESPIRATORY THERAPY	2,379,892		2,379,892		2,379,892
50	PHYSICAL THERAPY	1,634,845		1,634,845		1,634,845
51	OCCUPATIONAL THERAPY	594,650		594,650		594,650
52	SPEECH PATHOLOGY	460,780		460,780		460,780
53	ELECTROCARDIOLOGY	1,178,180		1,178,180		1,178,180
54	ELECTROENCEPHALOGRAPHY	1,015,935		1,015,935		1,015,935
55	MEDICAL SUPPLIES CHARGED	5,687,370		5,687,370		5,687,370
55	30 IMPL. DEV. CHARGED TO PAT	12,888,369		12,888,369		12,888,369
56	DRUGS CHARGED TO PATIENTS	7,266,284		7,266,284		7,266,284
57	RENAL DIALYSIS	337,738		337,738		337,738
59	CARDIAC CATHETERIZATION L	2,215,307		2,215,307	222,079	2,437,386
59	01 ENDOSCOPY	819,493		819,493		819,493
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	966,007		966,007	14,829	980,836
60	01 MEDICAL ONCOLOGY CLINIC	1,373		1,373		1,373
60	02 DIABETIC CARE CENTER					
60	05 PALLIATIVE CARE					
61	EMERGENCY	7,581,010		7,581,010		7,581,010
62	OBSERVATION BEDS (NON-DIS	1,968,774		1,968,774		1,968,774
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	108,048,354		108,048,354	267,102	108,315,456
102	LESS OBSERVATION BEDS	1,968,774		1,968,774		1,968,774
103	TOTAL	106,079,580		106,079,580	267,102	106,346,682

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 15-0128  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/31/2011  
 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 INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	16,306,366		16,306,366			
26	INTENSIVE CARE UNIT	13,320,126		13,320,126			
27	CORONARY CARE UNIT						
33	NURSERY	2,771,128		2,771,128			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	22,670,832	6,956,377	29,627,209	.243050	.243050	.243576
38	RECOVERY ROOM	5,768,896	3,965,603	9,734,499	.435235	.435235	.435235
39	DELIVERY ROOM & LABOR ROO	7,573,325		7,573,325	.419350	.419350	.419350
41	RADIOLOGY-DIAGNOSTIC	4,867,707	13,474,690	18,342,397	.171109	.171109	.171109
41 01	RADIOLOGY - ULTRASOUND	1,072,515	3,053,265	4,125,780	.199308	.199308	.199308
41 02	RADIOLOGY - CAT SCAN	5,555,358	16,994,779	22,550,137	.100496	.100496	.100496
41 03	RADIOLOGY - MRI	1,187,710	6,318,275	7,505,985	.121549	.121549	.121549
41 04	RADIOLOGY- NUCLEAR MED	275,861	1,070,368	1,346,229	.476145	.476145	.476145
41 05	BREAST IMAGING		11,032,098	11,032,098	.223569	.223569	.223569
44	LABORATORY	16,451,103	14,917,489	31,368,592	.136885	.136885	.136885
48	INTRAVENOUS THERAPY	173,022	27,023	200,045	.003884	.003884	.003884
49	RESPIRATORY THERAPY	11,686,715	1,492,573	13,179,288	.180578	.180578	.180578
50	PHYSICAL THERAPY	1,478,590	3,073,705	4,552,295	.359125	.359125	.359125
51	OCCUPATIONAL THERAPY	878,302	930,310	1,808,612	.328788	.328788	.328788
52	SPEECH PATHOLOGY	221,567	1,183,999	1,405,566	.327825	.327825	.327825
53	ELECTROCARDIOLOGY	4,817,100	3,724,383	8,541,483	.137936	.137936	.137936
54	ELECTROENCEPHALOGRAPHY	164,341	3,652,335	3,816,676	.266183	.266183	.266183
55	MEDICAL SUPPLIES CHARGED	12,129,218	6,874,666	19,003,884	.299274	.299274	.299274
55 30	IMPL. DEV. CHARGED TO PAT	23,683,179	5,714,662	29,397,841	.438412	.438412	.438412
56	DRUGS CHARGED TO PATIENTS	23,946,387	7,070,991	31,017,378	.234265	.234265	.234265
57	RENAL DIALYSIS	659,590	46,519	706,109	.478309	.478309	.478309
59	CARDIAC CATHETERIZATION L	9,513,334	13,150,377	22,663,711	.097747	.097747	.107546
59 01	ENDOSCOPY	667,336	1,622,599	2,289,935	.357867	.357867	.357867
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	202,075	946,151	1,148,226	.841304	.841304	.854219
60 01	MEDICAL ONCOLOGY CLINIC						
60 02	DIABETIC CARE CENTER						
60 05	PALLIATIVE CARE						
61	EMERGENCY	10,678,995	30,883,658	41,562,653	.182400	.182400	.182400
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	543,657	5,623,380	6,167,037	.319241	.319241	.319241
101	SUBTOTAL	199,264,335	163,800,275	363,064,610			
102	LESS OBSERVATION BEDS						
103	TOTAL	199,264,335	163,800,275	363,064,610			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	7,200,880	1,825,198	5,375,682			7,200,880
38	RECOVERY ROOM	4,236,790	317,665	3,919,125			4,236,790
39	DELIVERY ROOM & LABOR ROO	3,175,876	389,059	2,786,817			3,175,876
41	RADIOLOGY-DIAGNOSTIC	3,138,548	694,118	2,444,430			3,138,548
41 01	RADIOLOGY - ULTRASOUND	822,299	101,538	720,761			822,299
41 02	RADIOLOGY - CAT SCAN	2,266,192	332,398	1,933,794			2,266,192
41 03	RADIOLOGY - MRI	912,346	156,286	756,060			912,346
41 04	RADIOLOGY- NUCLEAR MED	641,000	80,801	560,199			641,000
41 05	BREAST IMAGING	2,466,431	220,592	2,245,839			2,466,431
44	LABORATORY	4,293,896	231,207	4,062,689			4,293,896
48	INTRAVENOUS THERAPY	777	28	749			777
49	RESPIRATORY THERAPY	2,379,892	185,183	2,194,709			2,379,892
50	PHYSICAL THERAPY	1,634,845	91,631	1,543,214			1,634,845
51	OCCUPATIONAL THERAPY	594,650	33,960	560,690			594,650
52	SPEECH PATHOLOGY	460,780	26,374	434,406			460,780
53	ELECTROCARDIOLOGY	1,178,180	126,654	1,051,526			1,178,180
54	ELECTROENCEPHALOGRAPHY	1,015,935	155,557	860,378			1,015,935
55	MEDICAL SUPPLIES CHARGED	5,687,370	239,822	5,447,548			5,687,370
55 30	IMPL. DEV. CHARGED TO PAT	12,888,369	464,833	12,423,536			12,888,369
56	DRUGS CHARGED TO PATIENTS	7,266,284	301,735	6,964,549			7,266,284
57	RENAL DIALYSIS	337,738	30,828	306,910			337,738
59	CARDIAC CATHETERIZATION L	2,215,307	450,409	1,764,898			2,215,307
59 01	ENDOSCOPY	819,493	127,829	691,664			819,493
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	966,007	78,896	887,111			966,007
60 01	MEDICAL ONCOLOGY CLINIC	1,373	50	1,323			1,373
60 02	DIABETIC CARE CENTER						
60 05	PALLIATIVE CARE						
61	EMERGENCY	7,581,010	833,572	6,747,438			7,581,010
62	OBSERVATION BEDS (NON-DIS	1,968,774	205,759	1,763,015			1,968,774
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	76,151,042	7,701,982	68,449,060			76,151,042
102	LESS OBSERVATION BEDS	1,968,774	205,759	1,763,015			1,968,774
103	TOTAL	74,182,268	7,496,223	66,686,045			74,182,268

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	29,627,209	.243050	.243050
38	RECOVERY ROOM	9,734,499	.435235	.435235
39	DELIVERY ROOM & LABOR ROO	7,573,325	.419350	.419350
41	RADIOLOGY-DIAGNOSTIC	18,342,397	.171109	.171109
41 01	RADIOLOGY - ULTRASOUND	4,125,780	.199308	.199308
41 02	RADIOLOGY - CAT SCAN	22,550,137	.100496	.100496
41 03	RADIOLOGY - MRI	7,505,985	.121549	.121549
41 04	RADIOLOGY- NUCLEAR MED	1,346,229	.476145	.476145
41 05	BREAST IMAGING	11,032,098	.223569	.223569
44	LABORATORY	31,368,592	.136885	.136885
48	INTRAVENOUS THERAPY	200,045	.003884	.003884
49	RESPIRATORY THERAPY	13,179,288	.180578	.180578
50	PHYSICAL THERAPY	4,552,295	.359125	.359125
51	OCCUPATIONAL THERAPY	1,808,612	.328788	.328788
52	SPEECH PATHOLOGY	1,405,566	.327825	.327825
53	ELECTROCARDIOLOGY	8,541,483	.137936	.137936
54	ELECTROENCEPHALOGRAPHY	3,816,676	.266183	.266183
55	MEDICAL SUPPLIES CHARGED	19,003,884	.299274	.299274
55 30	IMPL. DEV. CHARGED TO PAT	29,397,841	.438412	.438412
56	DRUGS CHARGED TO PATIENTS	31,017,378	.234265	.234265
57	RENAL DIALYSIS	706,109	.478309	.478309
59	CARDIAC CATHETERIZATION L	22,663,711	.097747	.097747
59 01	ENDOSCOPY	2,289,935	.357867	.357867
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	1,148,226	.841304	.841304
60 01	MEDICAL ONCOLOGY CLINIC			
60 02	DIABETIC CARE CENTER			
60 05	PALLIATIVE CARE			
61	EMERGENCY	41,562,653	.182400	.182400
62	OBSERVATION BEDS (NON-DIS	6,167,037	.319241	.319241
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	330,666,990		
102	LESS OBSERVATION BEDS	6,167,037		
103	TOTAL	324,499,953		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0128 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 5/31/2011 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,170,309		2,170,309
26	INTENSIVE CARE UNIT				1,023,367		1,023,367
27	CORONARY CARE UNIT						
33	NURSERY				147,136		147,136
101	TOTAL				3,340,812		3,340,812

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0128  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/31/2011  
 WORKSHEET D  
 PART I

TITLE XVIII, PART A

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	20,083	8,564			108.07	925,511
26	INTENSIVE CARE UNIT	6,952	4,132			147.20	608,230
27	CORONARY CARE UNIT						
33	NURSERY	1,991				73.90	
101	TOTAL	29,026	12,696				1,533,741

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	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,825,198	29,627,209	8,487,954		
38	RECOVERY ROOM		317,665	9,734,499	2,241,884		
39	DELIVERY ROOM & LABOR ROO		389,059	7,573,325			
41	RADIOLOGY-DIAGNOSTIC		694,118	18,342,397	2,681,300		
41 01	RADIOLOGY - ULTRASOUND		101,538	4,125,780	670,445		
41 02	RADIOLOGY - CAT SCAN		332,398	22,550,137	3,065,502		
41 03	RADIOLOGY - MRI		156,286	7,505,985	646,509		
41 04	RADIOLOGY- NUCLEAR MED		80,801	1,346,229	193,064		
41 05	BREAST IMAGING		220,592	11,032,098			
44	LABORATORY		231,207	31,368,592	8,623,933		
48	INTRAVENOUS THERAPY		28	200,045	99,953		
49	RESPIRATORY THERAPY		185,183	13,179,288	7,080,905		
50	PHYSICAL THERAPY		91,631	4,552,295	913,518		
51	OCCUPATIONAL THERAPY		33,960	1,808,612	566,650		
52	SPEECH PATHOLOGY		26,374	1,405,566	159,789		
53	ELECTROCARDIOLOGY		126,654	8,541,483	2,939,786		
54	ELECTROENCEPHALOGRAPHY		155,557	3,816,676	66,679		
55	MEDICAL SUPPLIES CHARGED		239,822	19,003,884	5,179,171		
55 30	IMPL. DEV. CHARGED TO PAT		464,833	29,397,841	9,645,741		
56	DRUGS CHARGED TO PATIENTS		301,735	31,017,378	11,918,490		
57	RENAL DIALYSIS		30,828	706,109	437,197		
59	CARDIAC CATHETERIZATION L		450,409	22,663,711	4,572,899		
59 01	ENDOSCOPY		127,829	2,289,935	396,098		
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		78,896	1,148,226	118,866		
60 01	MEDICAL ONCOLOGY CLINIC		50				
60 02	DIABETIC CARE CENTER						
60 05	PALLIATIVE CARE						
61	EMERGENCY		833,572	41,562,653	6,144,225		
62	OBSERVATION BEDS (NON-DIS		205,759	6,167,037			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		7,701,982	330,666,990	76,850,558		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0128  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 COMPONENT NO: 15-0128  
 PREPARED 5/31/2011  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.061605	522,900
38	RECOVERY ROOM	.032633	73,159
39	DELIVERY ROOM & LABOR ROO	.051372	
41	RADIOLOGY-DIAGNOSTIC	.037842	101,466
41 01	RADIOLOGY - ULTRASOUND	.024611	16,500
41 02	RADIOLOGY - CAT SCAN	.014740	45,185
41 03	RADIOLOGY - MRI	.020822	13,462
41 04	RADIOLOGY- NUCLEAR MED	.060020	11,588
41 05	BREAST IMAGING	.019995	
44	LABORATORY	.007371	63,567
48	INTRAVENOUS THERAPY	.000140	14
49	RESPIRATORY THERAPY	.014051	99,494
50	PHYSICAL THERAPY	.020129	18,388
51	OCCUPATIONAL THERAPY	.018777	10,640
52	SPEECH PATHOLOGY	.018764	2,998
53	ELECTROCARDIOLOGY	.014828	43,591
54	ELECTROENCEPHALOGRAPHY	.040757	2,718
55	MEDICAL SUPPLIES CHARGED	.012620	65,361
55 30	IMPL. DEV. CHARGED TO PAT	.015812	152,518
56	DRUGS CHARGED TO PATIENTS	.009728	115,943
57	RENAL DIALYSIS	.043659	19,088
59	CARDIAC CATHETERIZATION L	.019874	90,882
59 01	ENDOSCOPY	.055822	22,111
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.068711	8,167
60 01	MEDICAL ONCOLOGY CLINIC		
60 02	DIABETIC CARE CENTER		
60 05	PALLIATIVE CARE		
61	EMERGENCY	.020056	123,229
62	OBSERVATION BEDS (NON-DIS	.033364	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,622,969

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
33	NURSERY						
101	TOTAL						

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

PROVIDER NO:	PERIOD:	PREPARED
15-0128	FROM 1/ 1/2010	5/31/2011
	TO 12/31/2010	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	20,083		8,564	
26	INTENSIVE CARE UNIT	6,952		4,132	
27	CORONARY CARE UNIT				
33	NURSERY	1,991			
101	TOTAL	29,026		12,696	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	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
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
41	RADIOLOGY-DIAGNOSTIC										
41	01 RADIOLOGY - ULTRASOUND										
41	02 RADIOLOGY - CAT SCAN										
41	03 RADIOLOGY - MRI										
41	04 RADIOLOGY- NUCLEAR MED										
41	05 BREAST IMAGING										
44	LABORATORY										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
59	CARDIAC CATHETERIZATION L										
59	01 ENDOSCOPY										
60	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 MEDICAL ONCOLOGY CLINIC										
60	02 DIABETIC CARE CENTER										
60	05 PALLIATIVE CARE										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
	OTHER REIMBURS COST CNTRS										
101	TOTAL										

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			29,627,209			8,487,954	
38	RECOVERY ROOM			9,734,499			2,241,884	
39	DELIVERY ROOM & LABOR ROO			7,573,325				
41	RADIOLOGY-DIAGNOSTIC	61,664	61,664	18,342,397	.003362	.003362	2,681,300	9,015
41	01 RADIOLOGY - ULTRASOUND			4,125,780			670,445	
41	02 RADIOLOGY - CAT SCAN			22,550,137			3,065,502	
41	03 RADIOLOGY - MRI			7,505,985			646,509	
41	04 RADIOLOGY- NUCLEAR MED			1,346,229			193,064	
41	05 BREAST IMAGING			11,032,098				
44	LABORATORY			31,368,592			8,623,933	
48	INTRAVENOUS THERAPY			200,045			99,953	
49	RESPIRATORY THERAPY			13,179,288			7,080,905	
50	PHYSICAL THERAPY			4,552,295			913,518	
51	OCCUPATIONAL THERAPY			1,808,612			566,650	
52	SPEECH PATHOLOGY			1,405,566			159,789	
53	ELECTROCARDIOLOGY			8,541,483			2,939,786	
54	ELECTROENCEPHALOGRAPHY			3,816,676			66,679	
55	MEDICAL SUPPLIES CHARGED			19,003,884			5,179,171	
55	30 IMPL. DEV. CHARGED TO PAT			29,397,841			9,645,741	
56	DRUGS CHARGED TO PATIENTS	29,717	29,717	31,017,378	.000958	.000958	11,918,490	11,418
57	RENAL DIALYSIS			706,109			437,197	
59	CARDIAC CATHETERIZATION L			22,663,711			4,572,899	
59	01 ENDOSCOPY			2,289,935			396,098	
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			1,148,226			118,866	
60	01 MEDICAL ONCOLOGY CLINIC							
60	02 DIABETIC CARE CENTER							
60	05 PALLIATIVE CARE							
61	EMERGENCY	35,133	35,133	41,562,653	.000845	.000845	6,144,225	5,192
62	OBSERVATION BEDS (NON-DIS			6,167,037				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	126,514	126,514	330,666,990			76,850,558	25,625

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	1,876,941					
38	RECOVERY ROOM	1,091,067					
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	5,819,144			19,564		
41	01 RADIOLOGY - ULTRASOUND	694,218					
41	02 RADIOLOGY - CAT SCAN	3,712,820					
41	03 RADIOLOGY - MRI	1,620,810					
41	04 RADIOLOGY- NUCLEAR MED	305,711					
41	05 BREAST IMAGING	1,380,040					
44	LABORATORY	561,679					
48	INTRAVENOUS THERAPY	7,464					
49	RESPIRATORY THERAPY	338,705					
50	PHYSICAL THERAPY	469					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	971,458					
54	ELECTROENCEPHALOGRAPHY	789,277					
55	MEDICAL SUPPLIES CHARGED	769,505					
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	1,852,648			1,775		
57	RENAL DIALYSIS						
59	CARDIAC CATHETERIZATION L	7,763,689					
59	01 ENDOSCOPY	719,783					
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	418,676					
60	01 MEDICAL ONCOLOGY CLINIC						
60	02 DIABETIC CARE CENTER						
60	05 PALLIATIVE CARE						
61	EMERGENCY	5,283,055			4,464		
62	OBSERVATION BEDS (NON-DIS	895,566					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	36,872,725			25,803		





















TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,904
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,034.02
85	OBSERVATION BED COST	1,968,774

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	20,766,267		1,968,774	
87	NEW CAPITAL-RELATED COST	2,170,309	.104511	1,968,774	205,759
88	NON PHYSICIAN ANESTHETIST	20,766,267		1,968,774	
89	MEDICAL EDUCATION	20,766,267		1,968,774	
89.01	MEDICAL EDUCATION - ALLIED HEA	20,766,267		1,968,774	
89.02	MEDICAL EDUCATION - ALL OTHER	20,766,267		1,968,774	







TITLE XVIII, PART A      HOSPITAL      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		8,309,552	
26	INTENSIVE CARE UNIT		7,922,912	
27	CORONARY CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.243576	8,487,954	2,067,462
38	RECOVERY ROOM	.435235	2,241,884	975,746
39	DELIVERY ROOM & LABOR ROOM	.419350		
41	RADIOLOGY-DIAGNOSTIC	.171109	2,681,300	458,795
41 01	RADIOLOGY - ULTRASOUND	.199308	670,445	133,625
41 02	RADIOLOGY - CAT SCAN	.100496	3,065,502	308,071
41 03	RADIOLOGY - MRI	.121549	646,509	78,583
41 04	RADIOLOGY- NUCLEAR MED	.476145	193,064	91,926
41 05	BREAST IMAGING	.223569		
44	LABORATORY	.136885	8,623,933	1,180,487
48	INTRAVENOUS THERAPY	.003884	99,953	388
49	RESPIRATORY THERAPY	.180578	7,080,905	1,278,656
50	PHYSICAL THERAPY	.359125	913,518	328,067
51	OCCUPATIONAL THERAPY	.328788	566,650	186,308
52	SPEECH PATHOLOGY	.327825	159,789	52,383
53	ELECTROCARDIOLOGY	.137936	2,939,786	405,502
54	ELECTROENCEPHALOGRAPHY	.266183	66,679	17,749
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.299274	5,179,171	1,549,991
55 30	IMPL. DEV. CHARGED TO PATIENT	.438412	9,645,741	4,228,809
56	DRUGS CHARGED TO PATIENTS	.234265	11,918,490	2,792,085
57	RENAL DIALYSIS	.478309	437,197	209,115
59	CARDIAC CATHETERIZATION LABORATORY	.107546	4,572,899	491,797
59 01	ENDOSCOPY	.357867	396,098	141,750
60	OUTPAT SERVICE COST CNTRS CLINIC	.854219	118,866	101,538
60 01	MEDICAL ONCOLOGY CLINIC			
60 02	DIABETIC CARE CENTER			
60 05	PALLIATIVE CARE			
61	EMERGENCY	.182400	6,144,225	1,120,707
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.319241		
101	TOTAL		76,850,558	18,199,540
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		76,850,558	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,657,383	
26	INTENSIVE CARE UNIT		724,622	
27	CORONARY CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.243050	710,418	172,667
38	RECOVERY ROOM	.435235	221,695	96,489
39	DELIVERY ROOM & LABOR ROOM	.419350	1,321,141	554,020
41	RADIOLOGY-DIAGNOSTIC	.171109	275,273	47,102
41 01	RADIOLOGY - ULTRASOUND	.199308	67,917	13,536
41 02	RADIOLOGY - CAT SCAN	.100496	301,839	30,334
41 03	RADIOLOGY - MRI	.121549	43,292	5,262
41 04	RADIOLOGY- NUCLEAR MED	.476145	13,163	6,267
41 05	BREAST IMAGING LABORATORY	.223569 .136885	1,023,166	140,056
44	INTRAVENOUS THERAPY	.003884	3,722	14
49	RESPIRATORY THERAPY	.180578	562,842	101,637
50	PHYSICAL THERAPY	.359125	33,877	12,166
51	OCCUPATIONAL THERAPY	.328788	17,629	5,796
52	SPEECH PATHOLOGY	.327825	1,992	653
53	ELECTROCARDIOLOGY	.137936	233,360	32,189
54	ELECTROENCEPHALOGRAPHY	.266183	32,998	8,784
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.299274	477,117	142,789
55 30	IMPL. DEV. CHARGED TO PATIENT	.438412	437,807	191,940
56	DRUGS CHARGED TO PATIENTS	.234265	1,444,559	338,410
57	RENAL DIALYSIS	.478309	74,861	35,807
59	CARDIAC CATHETERIZATION LABORATORY	.097747	523,006	51,122
59 01	ENDOSCOPY	.357867	35,094	12,559
60	OUTPAT SERVICE COST CNTRS CLINIC	.841304	9,995	8,409
60 01	MEDICAL ONCOLOGY CLINIC			
60 02	DIABETIC CARE CENTER			
60 05	PALLIATIVE CARE			
61	EMERGENCY	.182400	622,999	113,635
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.319241	37,345	11,922
101	TOTAL		8,527,107	2,133,565
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		8,527,107	



CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0128  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 COMPONENT NO: 15-0128  
 PREPARED 5/31/2011  
 WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	24,153,226	
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)	24,153,226	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		1,985,062
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		25,625
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		26,163,913
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		13,967
16 TOTAL		26,149,946
17 PRIMARY PAYER PAYMENTS		2,441,168
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		72,592
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		466,869
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		326,808
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		332,338
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	23,962,994	
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		
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	23,962,994	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	23,863,099	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		99,895
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		



TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		23,836,734		6,172,510
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	8/5/2010	26,365		49,703
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		26,365		49,703
4 TOTAL INTERIM PAYMENTS		23,863,099		6,222,213
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		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		99,895		51,816
7 TOTAL MEDICARE PROGRAM LIABILITY		23,962,994		6,170,397

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

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		3,555,851	
2	MEDICAL AND OTHER SERVICES		2,184,418	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		5,740,269	
7	INPATIENT PRIMARY PAYER PAYMENTS		627,920	
8	OUTPATIENT PRIMARY PAYER PAYMENTS		232,702	
9	SUBTOTAL		4,879,647	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		3,808,248	
11	ANCILLARY SERVICE CHARGES		20,712,152	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		24,520,400	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		24,520,400	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		19,640,753	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		4,879,647	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		4,879,647	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		4,879,647	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		4,879,647	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		4,879,647	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		4,879,647	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		4,879,647	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		2,777,981	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		2,101,666	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XIX

HOSPITAL

OTHER  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	3,350			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	123,310,543			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-99,790,415			
7 INVENTORY	2,468,268			
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	25,991,746			
FIXED ASSETS				
12 LAND	497,000			
12.01 LAND IMPROVEMENTS	2,645,221			
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	149,499,266			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS	1,097,088			
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	880,245			
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	50,939,223			
18.01 LESS ACCUMULATED DEPRECIATION	-77,617,640			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	127,940,403			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	30,418,164			
26 TOTAL OTHER ASSETS	30,418,164			
27 TOTAL ASSETS	184,350,313			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE				
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	8,386			
36 TOTAL CURRENT LIABILITIES	8,386			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	5,847,635			
42 TOTAL LONG-TERM LIABILITIES	5,847,635			
43 TOTAL LIABILITIES	5,856,021			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	178,494,292			
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	178,494,292			
52 TOTAL LIABILITIES AND FUND BALANCES	184,350,313			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		167,325,528		
2	NET INCOME (LOSS)		11,168,763		
3	TOTAL		178,494,291		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM	1			
6					
7					
8					
9					
10	TOTAL ADDITIONS			1	
11	SUBTOTAL		178,494,292		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		178,494,292		

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



STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0128  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/31/2011  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	372,911,003
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	234,110,939
3	NET PATIENT REVENUES	138,800,064
4	LESS: TOTAL OPERATING EXPENSES	132,811,207
5	NET INCOME FROM SERVICE TO PATIENTS	5,988,857
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	4,464
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	695,681
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	8,224
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	4,471,540
25	TOTAL OTHER INCOME	5,179,909
26	TOTAL	11,168,766
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	3
28		
29		
30	TOTAL OTHER EXPENSES	3
31	NET INCOME (OR LOSS) FOR THE PERIOD	11,168,763

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0128	FROM 1/ 1/2010	5/31/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
15-0128		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,932,937
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	15,979
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	69.93
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	2.63
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	6.52
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	9.15
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.87
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	36,146
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,985,062
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	





WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	7,200,880	1,825,198	5,375,682	182,520	311,790	6,706,570
38	RECOVERY ROOM	4,236,790	317,665	3,919,125	31,767	227,309	3,977,714
39	DELIVERY ROOM & LABOR ROO	3,175,876	389,059	2,786,817	38,906	161,635	2,975,335
41	RADIOLOGY-DIAGNOSTIC	3,138,548	694,118	2,444,430	69,412	141,777	2,927,359
41	01 RADIOLOGY - ULTRASOUND	822,299	101,538	720,761	10,154	41,804	770,341
41	02 RADIOLOGY - CAT SCAN	2,266,192	332,398	1,933,794	33,240	112,160	2,120,792
41	03 RADIOLOGY - MRI	912,346	156,286	756,060	15,629	43,851	852,866
41	04 RADIOLOGY- NUCLEAR MED	641,000	80,801	560,199	8,080	32,492	600,428
41	05 BREAST IMAGING	2,466,431	220,592	2,245,839	22,059	130,259	2,314,113
44	LABORATORY	4,293,896	231,207	4,062,689	23,121	235,636	4,035,139
48	INTRAVENOUS THERAPY	777	28	749	3	43	731
49	RESPIRATORY THERAPY	2,379,892	185,183	2,194,709	18,518	127,293	2,234,081
50	PHYSICAL THERAPY	1,634,845	91,631	1,543,214	9,163	89,506	1,536,176
51	OCCUPATIONAL THERAPY	594,650	33,960	560,690	3,396	32,520	558,734
52	SPEECH PATHOLOGY	460,780	26,374	434,406	2,637	25,196	432,947
53	ELECTROCARDIOLOGY	1,178,180	126,654	1,051,526	12,665	60,989	1,104,526
54	ELECTROENCEPHALOGRAPHY	1,015,935	155,557	860,378	15,556	49,902	950,477
55	MEDICAL SUPPLIES CHARGED	5,687,370	239,822	5,447,548	23,982	315,958	5,347,430
55	30 IMPL. DEV. CHARGED TO PAT	12,888,369	464,833	12,423,536	46,483	720,565	12,121,321
56	DRUGS CHARGED TO PATIENTS	7,266,284	301,735	6,964,549	30,174	403,944	6,832,166
57	RENAL DIALYSIS	337,738	30,828	306,910	3,083	17,801	316,854
59	CARDIAC CATHETERIZATION L	2,215,307	450,409	1,764,898	45,041	102,364	2,067,902
59	01 ENDOSCOPY	819,493	127,829	691,664	12,783	40,117	766,593
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	966,007	78,896	887,111	7,890	51,452	906,665
60	01 MEDICAL ONCOLOGY CLINIC	1,373	50	1,323	5	77	1,291
60	02 DIABETIC CARE CENTER						
60	05 PALLIATIVE CARE						
61	EMERGENCY	7,581,010	833,572	6,747,438	83,357	391,351	7,106,302
62	OBSERVATION BEDS (NON-DIS	1,968,774	205,759	1,763,015	20,576	102,255	1,845,943
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	76,151,042	7,701,982	68,449,060	770,200	3,970,046	71,410,796
102	LESS OBSERVATION BEDS	1,968,774	205,759	1,763,015	20,576	102,255	1,845,943
103	TOTAL	74,182,268	7,496,223	66,686,045	749,624	3,867,791	69,564,853

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	29,627,209	.226365	.236889
38	RECOVERY ROOM	9,734,499	.408620	.431971
39	DELIVERY ROOM & LABOR ROO	7,573,325	.392870	.414213
41	RADIOLOGY-DIAGNOSTIC	18,342,397	.159595	.167325
41 01	RADIOLOGY - ULTRASOUND	4,125,780	.186714	.196846
41 02	RADIOLOGY - CAT SCAN	22,550,137	.094048	.099022
41 03	RADIOLOGY - MRI	7,505,985	.113625	.119467
41 04	RADIOLOGY- NUCLEAR MED	1,346,229	.446007	.470143
41 05	BREAST IMAGING	11,032,098	.209762	.221569
44	LABORATORY	31,368,592	.128636	.136148
48	INTRAVENOUS THERAPY	200,045	.003654	.003869
49	RESPIRATORY THERAPY	13,179,288	.169515	.179173
50	PHYSICAL THERAPY	4,552,295	.337451	.357113
51	OCCUPATIONAL THERAPY	1,808,612	.308930	.326910
52	SPEECH PATHOLOGY	1,405,566	.308023	.325949
53	ELECTROCARDIOLOGY	8,541,483	.129313	.136453
54	ELECTROENCEPHALOGRAPHY	3,816,676	.249033	.262107
55	MEDICAL SUPPLIES CHARGED	19,003,884	.281386	.298012
55 30	IMPL. DEV. CHARGED TO PAT	29,397,841	.412320	.436831
56	DRUGS CHARGED TO PATIENTS	31,017,378	.220269	.233292
57	RENAL DIALYSIS	706,109	.448732	.473942
59	CARDIAC CATHETERIZATION L	22,663,711	.091243	.095760
59 01	ENDOSCOPY	2,289,935	.334766	.352285
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	1,148,226	.789622	.834432
60 01	MEDICAL ONCOLOGY CLINIC			
60 02	DIABETIC CARE CENTER			
60 05	PALLIATIVE CARE			
61	EMERGENCY	41,562,653	.170978	.180394
62	OBSERVATION BEDS (NON-DIS	6,167,037	.299324	.315905
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	330,666,990		
102	LESS OBSERVATION BEDS	6,167,037		
103	TOTAL	324,499,953		