

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		15-0149		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: 5/24/2011 TIME 16:14

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: DEACONESS WOMEN'S HOSPITAL 15-0149 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		4,366		8,308	0
100	TOTAL	0		4,366		8,308	0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 4199 GATEWAY BLVD      P. O. BOX:  
 1.01 CITY: NEWBURGH      STATE: IN      ZIP CODE: 47630-      COUNTY: WARRICK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
0	1	2	2.01	3	V XVIII XIX
02.00 HOSPITAL	DEACONESS WOMEN'S HOSPITAL	15-0149		5/ 3/2001	4 5 6 N P P

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

18 TYPE OF CONTROL 1 2  
6

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y 21780
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION)OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 or MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART 1, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /









HOSPITAL WAGE INDEX INFORMATION

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	17,990,201		17,990,201	738,049.00	24.38	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	30,000		30,000	141.00	212.77	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	599,322		599,322	1,942.00	308.61	
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	489,033		489,033	23,942.00	20.43	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	142,625		142,625	853.00	167.20	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	991,661		991,661	34,263.00	28.94	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	4,807,844		4,807,844			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	153,023		153,023			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	2,312		2,312			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	42,560		42,560			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	156,281		156,281	6,262.00	24.96	
22 ADMINISTRATIVE & GENERAL	2,794,008		2,794,008	94,363.00	29.61	
22.01 A & G UNDER CONTRACT	27,679		27,679	88.50	312.76	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	376,798		376,798	24,199.00	15.57	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	500,902		500,902	43,743.00	11.45	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY		91,457	91,457	7,753.00	11.80	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	418,749	-91,457	327,292	27,362.00	11.96	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION						
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	159,103		159,103	10,706.00	14.86	
34 SOCIAL SERVICE	197,842		197,842	8,458.00	23.39	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	17,418,558		17,418,558	736,195.50	23.66	
2 EXCLUDED AREA SALARIES	489,033		489,033	23,942.00	20.43	
3 SUBTOTAL SALARIES	16,929,525		16,929,525	712,253.50	23.77	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,134,286		1,134,286	35,116.00	32.30	
5 SUBTOTAL WAGE-RELATED COSTS	4,810,156		4,810,156		28.41	
6 TOTAL	22,873,967		22,873,967	747,369.50	30.61	
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	4,631,362		4,631,362	222,934.50	20.77	

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	10, 112, 051
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	10, 112, 051
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)	.456361
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	27, 555, 777

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	12,575,382
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	1,489,492
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	679,746
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	12,575,382

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO:  
15-0149

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

PREPARED 5/24/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				3,842,274	3,842,274
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1,439,293	1,439,293
5	0500 EMPLOYEE BENEFITS	156,281	5,043,199	5,199,480	-484	5,198,996
6	0600 ADMINISTRATIVE & GENERAL	2,794,008	5,667,978	8,461,986	-3,745,687	4,716,299
8	0800 OPERATION OF PLANT	376,798	1,288,734	1,665,532	-77,161	1,588,371
9	0900 LAUNDRY & LINEN SERVICE		480,374	480,374	-177	480,197
10	1000 HOUSEKEEPING	500,902	131,708	632,610	-3,515	629,095
11	1100 DIETARY				165,619	165,619
12	1200 CAFETERIA	418,749	323,873	742,622	-188,437	554,185
17	1700 MEDICAL RECORDS & LIBRARY	159,103	158,749	317,852	-599	317,253
18	1800 SOCIAL SERVICE	197,842	15,021	212,863	-560	212,303
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,000,887	884,077	5,884,964	-3,271,321	2,613,643
26	2600 INTENSIVE CARE UNIT	2,162,282	2,069,993	4,232,275	-240,707	3,991,568
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
33	3300 NURSERY	694,945	161,136	856,081	-135,172	720,909
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,256,960	5,197,055	7,454,015	-2,085,010	5,369,005
39	3900 DELIVERY ROOM & LABOR ROOM				2,602,553	2,602,553
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	452,785	197,086	649,871	-82,831	567,040
44	4400 LABORATORY		1,487,253	1,487,253		1,487,253
49	4900 RESPIRATORY THERAPY	640,118	218,630	858,748	-117,377	741,371
50	5000 PHYSICAL THERAPY		716,509	716,509	-51,671	664,838
53	5300 ELECTROCARDIOLOGY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	43,494	67,215	110,709	2,018,907	2,129,616
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				319,675	319,675
56	5600 DRUGS CHARGED TO PATIENTS		1,702,255	1,702,255	-8,474	1,693,781
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	1,179,606	643,065	1,822,671	-272,528	1,550,143
60.03	6003 OUTPATIENT LACTATION SERVICES	466,408	8,666	475,074	-1,882	473,192
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	17,501,168	26,462,576	43,963,744	104,728	44,068,472
	NONREIMBURS COST CENTERS					
100	7951 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7950 WOMEN'S RESOURCES	311,339	353,723	665,062	-23,147	641,915
100.02	7952 MARKETING		506,812	506,812	-10,836	495,976
100.03	7953 REPRODUCTIVE MEDICINE	177,694	364,740	542,434	-70,745	471,689
101	TOTAL	17,990,201	27,687,851	45,678,052	-0-	45,678,052

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0149  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/24/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-7,170	3,835,104
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	24,480	1,463,773
5	0500 EMPLOYEE BENEFITS	-31,158	5,167,838
6	0600 ADMINISTRATIVE & GENERAL	-25,548	4,690,751
8	0800 OPERATION OF PLANT		1,588,371
9	0900 LAUNDRY & LINEN SERVICE		480,197
10	1000 HOUSEKEEPING		629,095
11	1100 DIETARY		165,619
12	1200 CAFETERIA	-344,169	210,016
17	1700 MEDICAL RECORDS & LIBRARY		317,253
18	1800 SOCIAL SERVICE		212,303
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		2,613,643
26	2600 INTENSIVE CARE UNIT	-1,555,085	2,436,483
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
33	3300 NURSERY		720,909
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-2,639,941	2,729,064
39	3900 DELIVERY ROOM & LABOR ROOM		2,602,553
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC	-3,710	563,330
44	4400 LABORATORY	-12,000	1,475,253
49	4900 RESPIRATORY THERAPY		741,371
50	5000 PHYSICAL THERAPY	-172,454	492,384
53	5300 ELECTROCARDIOLOGY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,129,616
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		319,675
56	5600 DRUGS CHARGED TO PATIENTS		1,693,781
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-839,418	710,725
60.03	6003 OUTPATIENT LACTATION SERVICES		473,192
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-5,606,173	38,462,299
	NONREIMBURS COST CENTERS		
100	7951 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7950 WOMEN'S RESOURCES		641,915
100.02	7952 MARKETING		495,976
100.03	7953 REPRODUCTIVE MEDICINE		471,689
101	TOTAL	-5,606,173	40,071,879

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0149  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
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	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.03	OUTPATIENT LACTATION SERVICES	6003	CLINIC
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
100	OTHER NONREIMBURSABLE COST CENTERS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.01	WOMEN'S RESOURCES	7950	OTHER NONREIMBURSABLE COST CENTERS
100.02	MARKETING	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	REPRODUCTIVE MEDICINE	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
150149

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

PREPARED 5/24/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 LEASEHOLD IMPROVEMENTS AND CAP LEASE	A	NEW CAP REL COSTS-BLDG & FIXT	3		371,954
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15 EQUIPMENT DEPRECIATION	B	NEW CAP REL COSTS-MVBLE EQUIP	4		894,211
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 INTEREST EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3		152,757
2 EQUIPMENT LEASES	D	NEW CAP REL COSTS-MVBLE EQUIP	4		501,420
3					
4					
5					
6					
7					
8					
9					
10					
11 BUILDING LEASE	E	NEW CAP REL COSTS-BLDG & FIXT	3		3,091,646
12					
13					
14					
15 DRUGS/IV SOLUTIONS	F	DRUGS CHARGED TO PATIENTS	56		29,459
16					
17					
18					
19					
20					
21					
22					
23 MEDICAL SUPPLIES CHARGED	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,390,215
24					
25					
26					
27					
28					
29					
30					
31					
32					
33 IMPLANTS	H	IMPL. DEV. CHARGED TO PATIENT	55.30		319,675
34 INSURANCE	I	NEW CAP REL COSTS-BLDG & FIXT	3		51,891
35 CAFETERIA	J	DIETARY	11	91,457	

RECLASSIFICATIONS

PROVIDER NO:  
150149

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

PREPARED 5/24/2011  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 CAFETERIA	J	DIETARY	11		74,162
2 PROPERTY TAXES	K	NEW CAP REL COSTS-BLDG & FIXT	3		174,026
3		NEW CAP REL COSTS-MVBLE EQUIP	4		43,662
4 LABOR AND DELIVERY	L	DELIVERY ROOM & LABOR ROOM	39	2,497,595	
5		DELIVERY ROOM & LABOR ROOM	39		104,958
6 ADVERTISING	M	ADMINISTRATIVE & GENERAL	6		10,836
36 TOTAL RECLASSIFICATIONS				2,589,052	8,210,872

(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:  
150149

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

PREPARED 5/24/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 LEASEHOLD IMPROVEMENTS AND CAP LEASE	A	ADMINISTRATIVE & GENERAL	6			43,316	9
2		OPERATION OF PLANT	8			36,187	9
3		CAFETERIA	12			11,448	9
4		MEDICAL RECORDS & LIBRARY	17			83	9
5		SOCIAL SERVICE	18			270	9
6		ADULTS & PEDIATRICS	25			15,191	9
7		INTENSIVE CARE UNIT	26			14,000	9
8		OPERATING ROOM	37			49,820	9
9		RADIOLOGY-DIAGNOSTIC	41			57,780	9
10		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			46,892	9
11		DRUGS CHARGED TO PATIENTS	56			6,985	9
12		CLINIC	60			89,189	9
13		WOMEN'S RESOURCES	100.01			541	9
14		REPRODUCTIVE MEDICINE	100.03			252	9
15 EQUIPMENT DEPRECIATION	B	EMPLOYEE BENEFITS	5			484	9
16		ADMINISTRATIVE & GENERAL	6			282,366	9
17		OPERATION OF PLANT	8			40,974	9
18		LAUNDRY & LINEN SERVICE	9			177	9
19		HOUSEKEEPING	10			3,515	9
20		CAFETERIA	12			11,370	9
21		MEDICAL RECORDS & LIBRARY	17			516	9
22		SOCIAL SERVICE	18			290	9
23		ADULTS & PEDIATRICS	25			154,010	9
24		INTENSIVE CARE UNIT	26			80,109	9
25		NURSERY	33			16,749	9
26		OPERATING ROOM	37			172,694	9
27		RADIOLOGY-DIAGNOSTIC	41			24,940	9
28		RESPIRATORY THERAPY	49			19,280	9
29		PHYSICAL THERAPY	50			3,861	9
30		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			4,741	9
31		DRUGS CHARGED TO PATIENTS	56			1,340	9
32		CLINIC	60			43,532	9
33		OUTPATIENT LACTATION SERVICES	60.03			1,461	9
34		WOMEN'S RESOURCES	100.01			5,669	9
35		REPRODUCTIVE MEDICINE	100.03			26,133	9
1 INTEREST EXPENSE	C	ADMINISTRATIVE & GENERAL	6			152,757	11
2 EQUIPMENT LEASES	D	ADMINISTRATIVE & GENERAL	6			133,562	10
3		ADULTS & PEDIATRICS	25			90,961	10
4		INTENSIVE CARE UNIT	26			22,982	10
5		OPERATING ROOM	37			187,496	10
6		RESPIRATORY THERAPY	49			22,193	10
7		DRUGS CHARGED TO PATIENTS	56			19,482	10
8		CLINIC	60			3,695	10
9		WOMEN'S RESOURCES	100.01			16,937	10
10		REPRODUCTIVE MEDICINE	100.03			4,112	10
11 BUILDING LEASE	E	ADMINISTRATIVE & GENERAL	6			2,874,943	10
12		PHYSICAL THERAPY	50			43,359	10
13		CLINIC	60			133,096	10
14		REPRODUCTIVE MEDICINE	100.03			40,248	10
15 DRUGS/IV SOLUTIONS	F	ADULTS & PEDIATRICS	25			15,065	
16		INTENSIVE CARE UNIT	26			404	
17		NURSERY	33			1,699	
18		OPERATING ROOM	37			10,119	
19		RADIOLOGY-DIAGNOSTIC	41			17	
20		PHYSICAL THERAPY	50			892	
21		CLINIC	60			871	
22		OUTPATIENT LACTATION SERVICES	60.03			392	
23 MEDICAL SUPPLIES CHARGED	G	ADULTS & PEDIATRICS	25			393,541	
24		INTENSIVE CARE UNIT	26			123,212	
25		NURSERY	33			116,724	
26		OPERATING ROOM	37			1,664,881	
27		RADIOLOGY-DIAGNOSTIC	41			94	
28		RESPIRATORY THERAPY	49			75,904	
29		PHYSICAL THERAPY	50			3,559	
30		DRUGS CHARGED TO PATIENTS	56			10,126	
31		CLINIC	60			2,145	
32		OUTPATIENT LACTATION SERVICES	60.03			29	
33 IMPLANTS	H	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			319,675	
34 INSURANCE	I	ADMINISTRATIVE & GENERAL	6			51,891	12
35 CAFETERIA	J	CAFETERIA	12		91,457		

RECLASSIFICATIONS

PROVIDER NO: 150149	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/24/2011 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER	LINE NO	SALARY 8		OTHER 9
1 CAFETERIA	J	6	12		74,162	
2 PROPERTY TAXES	K		6		217,688	13
3						13
4 LABOR AND DELIVERY	L		25	2,497,595		
5			25		104,958	
6 ADVERTISING	M		100.02		10,836	
36 TOTAL RECLASSIFICATIONS				2,589,052	8,210,872	

(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:  
150149

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

PREPARED 5/24/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : LEASEHOLD IMPROVEMENTS AND CAP LEASE

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	371,954	ADMINISTRATIVE & GENERAL	6	43,316		
2.00			0	OPERATION OF PLANT	8	36,187		
3.00			0	CAFETERIA	12	11,448		
4.00			0	MEDICAL RECORDS & LIBRARY	17	83		
5.00			0	SOCIAL SERVICE	18	270		
6.00			0	ADULTS & PEDIATRICS	25	15,191		
7.00			0	INTENSIVE CARE UNIT	26	14,000		
8.00			0	OPERATING ROOM	37	49,820		
9.00			0	RADIOLOGY-DIAGNOSTIC	41	57,780		
10.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	46,892		
11.00			0	DRUGS CHARGED TO PATIENTS	56	6,985		
12.00			0	CLINIC	60	89,189		
13.00			0	WOMEN'S RESOURCES	100.01	541		
14.00			0	REPRODUCTIVE MEDICINE	100.03	252		
TOTAL RECLASSIFICATIONS FOR CODE A			371,954				371,954	

RECLASS CODE: B  
EXPLANATION : EQUIPMENT DEPRECIATION

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	894,211	EMPLOYEE BENEFITS	5	484		
2.00			0	ADMINISTRATIVE & GENERAL	6	282,366		
3.00			0	OPERATION OF PLANT	8	40,974		
4.00			0	LAUNDRY & LINEN SERVICE	9	177		
5.00			0	HOUSEKEEPING	10	3,515		
6.00			0	CAFETERIA	12	11,370		
7.00			0	MEDICAL RECORDS & LIBRARY	17	516		
8.00			0	SOCIAL SERVICE	18	290		
9.00			0	ADULTS & PEDIATRICS	25	154,010		
10.00			0	INTENSIVE CARE UNIT	26	80,109		
11.00			0	NURSERY	33	16,749		
12.00			0	OPERATING ROOM	37	172,694		
13.00			0	RADIOLOGY-DIAGNOSTIC	41	24,940		
14.00			0	RESPIRATORY THERAPY	49	19,280		
15.00			0	PHYSICAL THERAPY	50	3,861		
16.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	4,741		
17.00			0	DRUGS CHARGED TO PATIENTS	56	1,340		
18.00			0	CLINIC	60	43,532		
19.00			0	OUTPATIENT LACTATION SERVICES	60.03	1,461		
20.00			0	WOMEN'S RESOURCES	100.01	5,669		
21.00			0	REPRODUCTIVE MEDICINE	100.03	26,133		
TOTAL RECLASSIFICATIONS FOR CODE B			894,211				894,211	

RECLASS CODE: C  
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	152,757	ADMINISTRATIVE & GENERAL	6	152,757		
TOTAL RECLASSIFICATIONS FOR CODE C			152,757				152,757	

RECLASS CODE: D  
EXPLANATION : EQUIPMENT LEASES

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	501,420	ADMINISTRATIVE & GENERAL	6	133,562		
2.00			0	ADULTS & PEDIATRICS	25	90,961		
3.00			0	INTENSIVE CARE UNIT	26	22,982		
4.00			0	OPERATING ROOM	37	187,496		
5.00			0	RESPIRATORY THERAPY	49	22,193		
6.00			0	DRUGS CHARGED TO PATIENTS	56	19,482		
7.00			0	CLINIC	60	3,695		
8.00			0	WOMEN'S RESOURCES	100.01	16,937		
9.00			0	REPRODUCTIVE MEDICINE	100.03	4,112		
TOTAL RECLASSIFICATIONS FOR CODE D			501,420				501,420	

RECLASS CODE: E  
EXPLANATION : BUILDING LEASE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,091,646	ADMINISTRATIVE & GENERAL	6	2,874,943	

RECLASSIFICATIONS

PROVIDER NO:  
150149

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

PREPARED 5/24/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: E  
EXPLANATION : BUILDING LEASE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	PHYSICAL THERAPY	50	43,359	
3.00			0	CLINIC	60	133,096	
4.00			0	REPRODUCTIVE MEDICINE	100.03	40,248	
TOTAL RECLASSIFICATIONS FOR CODE E			3,091,646	3,091,646			

RECLASS CODE: F  
EXPLANATION : DRUGS/IV SOLUTIONS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	29,459	ADULTS & PEDIATRICS	25	15,065	
2.00			0	INTENSIVE CARE UNIT	26	404	
3.00			0	NURSERY	33	1,699	
4.00			0	OPERATING ROOM	37	10,119	
5.00			0	RADIOLOGY-DIAGNOSTIC	41	17	
6.00			0	PHYSICAL THERAPY	50	892	
7.00			0	CLINIC	60	871	
8.00			0	OUTPATIENT LACTATION SERVICES	60.03	392	
TOTAL RECLASSIFICATIONS FOR CODE F			29,459	29,459			

RECLASS CODE: G  
EXPLANATION : MEDICAL SUPPLIES CHARGED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,390,215	ADULTS & PEDIATRICS	25	393,541	
2.00			0	INTENSIVE CARE UNIT	26	123,212	
3.00			0	NURSERY	33	116,724	
4.00			0	OPERATING ROOM	37	1,664,881	
5.00			0	RADIOLOGY-DIAGNOSTIC	41	94	
6.00			0	RESPIRATORY THERAPY	49	75,904	
7.00			0	PHYSICAL THERAPY	50	3,559	
8.00			0	DRUGS CHARGED TO PATIENTS	56	10,126	
9.00			0	CLINIC	60	2,145	
10.00			0	OUTPATIENT LACTATION SERVICES	60.03	29	
TOTAL RECLASSIFICATIONS FOR CODE G			2,390,215	2,390,215			

RECLASS CODE: H  
EXPLANATION : IMPLANTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	319,675	MEDICAL SUPPLIES CHARGED TO PA	55	319,675	
TOTAL RECLASSIFICATIONS FOR CODE H			319,675	319,675			

RECLASS CODE: I  
EXPLANATION : INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	51,891	ADMINISTRATIVE & GENERAL	6	51,891	
TOTAL RECLASSIFICATIONS FOR CODE I			51,891	51,891			

RECLASS CODE: J  
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DIETARY	11	91,457	CAFETERIA	12	91,457	
2.00	DIETARY	11	74,162	CAFETERIA	12	74,162	
TOTAL RECLASSIFICATIONS FOR CODE J			165,619	165,619			

RECLASS CODE: K  
EXPLANATION : PROPERTY TAXES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	174,026	ADMINISTRATIVE & GENERAL	6	217,688	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	43,662			0	
TOTAL RECLASSIFICATIONS FOR CODE K			217,688	217,688			

RECLASSIFICATIONS

PROVIDER NO:  
150149

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

PREPARED 5/24/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: L  
EXPLANATION : LABOR AND DELIVERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DELIVERY ROOM & LABOR ROOM	39	2,497,595	ADULTS & PEDIATRICS	25	2,497,595	
2.00	DELIVERY ROOM & LABOR ROOM	39	104,958	ADULTS & PEDIATRICS	25	104,958	
TOTAL RECLASSIFICATIONS FOR CODE L			2,602,553	2,602,553			

RECLASS CODE: M  
EXPLANATION : ADVERTISING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	10,836	MARKETING	100.02	10,836	
TOTAL RECLASSIFICATIONS FOR CODE M			10,836	10,836			

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							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMENT	1,009,269	195,348		195,348		1,204,617	
5 FIXED EQUIPMENT	1,954,798	281,449		281,449		2,236,247	
6 MOVABLE EQUIPMENT	9,260,465	1,137,886		1,137,886	710,403	9,687,948	
7 SUBTOTAL	12,224,532	1,614,683		1,614,683	710,403	13,128,812	
8 RECONCILING ITEMS							
9 TOTAL	12,224,532	1,614,683		1,614,683	710,403	13,128,812	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	371,954	3,091,646	145,587	51,891	174,026	14	3,835,104
4	NEW CAP REL COSTS-MV	918,691	501,420			43,662		1,463,773
5	TOTAL	1,290,645	3,593,066	145,587	51,891	217,688		5,298,877

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

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
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

DESCR IPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-7,170	NEW CAP REL COSTS-BLDG &	3	11
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	B	-8	ADMINISTRATIVE & GENERAL	6	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-5,050,154			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-172,454			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-253,626	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-9,315	CAFETERIA	12	
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			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 OTHER ADJUSTMENTS (SPECIFY)					
38 COFFEE SHOP REVENUE	B	-81,228	CAFETERIA	12	
39 CLASS REVENUE	B	-25,280	EMPLOYEE BENEFITS	5	
40 FITNESS CENTER REVENUE	B	-5,878	EMPLOYEE BENEFITS	5	
41 LOSS ON DISPOSAL OF ASSETS	A	24,480	NEW CAP REL COSTS-MVBLE E	4	9
42 AHA DUES	A	-3,951	ADMINISTRATIVE & GENERAL	6	
43 IHA DUES	A	-586	ADMINISTRATIVE & GENERAL	6	
44 PHYSICIAN RECRUITMENT	A	-21,003	ADMINISTRATIVE & GENERAL	6	
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-5,606,173			

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

(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 & FACILITY RENT	3,306,364	3,306,364		10
2	4	NEW CAP REL COSTS-MVBLE E EQUIPMENT LEASE	309,153	309,153		10
3	6	ADMINISTRATIVE & GENERAL VARIOUS	284,793	284,793		
4	8	OPERATION OF PLANT VARIOUS	1,080,015	1,080,015		
4.01	11	DIETARY VARIOUS	84	84		
4.02	17	MEDICAL RECORDS & LIBRARY VARIOUS	136,863	136,863		
4.03	26	INTENSIVE CARE UNIT VARIOUS	3,598	3,598		
4.04	37	OPERATING ROOM VARIOUS	74,993	74,993		
4.05	41	RADIOLOGY-DIAGNOSTIC VARIOUS	1,655	1,655		
4.06	50	PHYSICAL THERAPY VARIOUS	2,195	2,195		
4.07	55	MEDICAL SUPPLIES CHARGED VARIOUS	37,470	37,470		
4.08	56	DRUGS CHARGED TO PATIENTS VARIOUS	736,264	736,264		
4.09	60	CLINIC VARIOUS	5,368	5,368		
4.10	50	PHYSICAL THERAPY THERAPY SERVICES	414,212	586,666	-172,454	
5		TOTALS	6,393,027	6,565,481	-172,454	

\* 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	50.00	DEACONESS HOSPITAL	0.00	HOSPITAL
2	B	50.00	DEACONESS HOSPITAL	0.00	HOSPITAL
3	B	50.00	DEACONESS HOSPITAL	0.00	HOSPITAL
4	B	50.00	DEACONESS HOSPITAL	0.00	HOSPITAL
5	B	50.00	DEACONESS HOSPITAL	0.00	HOSPITAL
5.01	B	50.00	DEACONESS HOSPITAL	0.00	HOSPITAL
5.02	B	50.00	DEACONESS HOSPITAL	0.00	HOSPITAL
5.03	B	50.00	DEACONESS HOSPITAL	0.00	HOSPITAL
5.04	B	50.00	DEACONESS HOSPITAL	0.00	HOSPITAL
5.05	B	50.00	DEACONESS HOSPITAL	0.00	HOSPITAL
5.06	B	50.00	DEACONESS HOSPITAL	0.00	HOSPITAL
5.07	B	50.00	DEACONESS HOSPITAL	0.00	HOSPITAL
5.08	B	50.00	DEACONESS HOSPITAL	0.00	HOSPITAL
5.09	A	0.00	DEACONESS HOSPITAL	51.00	THERAPY SERVICES
5.10		0.00	PROGRESSIVE HEALTH OF IN	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: 15-0149  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 5/24/2011  
 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 26	NICU	1,625,375	1,482,750	142,625	171,400	853	70,290	3,515
2 37	ANESTHESIOLOGY	2,639,941	2,639,941					
3 41	PATHOLOGY	3,710	3,710					
4 44	RADIOLOGY	12,000	12,000					
5 60	PERINATOLOGY	851,037	821,037	30,000	171,400	141	11,619	581
6								
7								
8								
9								
10								
11								
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13								
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22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	5,132,063	4,959,438	172,625		994	81,909	4,096

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
15-0149

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

PREPARED 5/24/2011  
WORKSHEET A-8-2  
GROUP 1

LINE NO.	WKSHT A 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUSTMENT 18
1	26	NICU					70,290	72,335	1,555,085
2	37	ANESTHESIOLOGY							2,639,941
3	41	PATHOLOGY							3,710
4	44	RADIOLOGY							12,000
5	60	PERINATOLOGY					11,619	18,381	839,418
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
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19									
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22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL					81,909	90,716	5,050,154

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-0149 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET  
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	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	GROSS	REVENUE	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	11	MEALS	SERVED	ENTERED
12	CAFETERIA	12	FTES		ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	18	CASE LOAD		ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0149  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE	NEW CAP REL C OSTS-MVBLE E FITS	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE OPERATIONS OF E & GENERAL PLANT	
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG & OSTS-MVBLE E	3,835,104	3,835,104					
005 EMPLOYEE BENEFITS	1,463,773		1,463,773				
006 ADMINISTRATIVE & GENERAL OPERATION OF PLANT	5,167,838	73,706	805	5,242,349			
009 LAUNDRY & LINEN SERVICE	4,690,751	865,737	469,589	821,309	6,847,386	6,847,386	
010 HOUSEKEEPING	1,588,371	135,315	68,142	110,761	1,902,589	392,114	2,294,703
011 DIETARY	480,197		294		480,491	99,027	
012 CAFETERIA	629,095	22,061	5,846	147,242	804,244	165,751	18,340
017 MEDICAL RECORDS & LIBRARY	165,619	187,672		26,884	380,175	78,352	156,013
018 SOCIAL SERVICE	210,016		18,909	96,209	325,134	67,008	
025 INPAT ROUTINE SRVC CNTRS	317,253	16,741	858	46,769	381,621	78,650	13,917
026 ADULTS & PEDIATRICS	212,303	3,965	482	58,156	274,906	56,657	3,296
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U NURSERY	720,909	115,558	27,855	204,282	1,068,604	220,234	96,065
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	2,729,064	568,336	287,200	663,442	4,248,042	875,500	472,463
040 DELIVERY ROOM & LABOR ROO ANESTHESIOLOGY	2,602,553			734,178	3,336,731	687,684	
041 RADIOLOGY-DIAGNOSTIC	563,330	12,505	41,477	133,098	750,410	154,656	10,395
044 LABORATORY	1,475,253	5,592			1,480,845	305,195	4,648
049 RESPIRATORY THERAPY	741,371		32,064	188,165	961,600	198,181	
050 PHYSICAL THERAPY	492,384	79,637	6,421		578,442	119,214	66,203
053 ELECTROCARDIOLOGY							
055 MEDICAL SUPPLIES CHARGED	2,129,616	26,297	7,885	12,785	2,176,583	448,583	21,861
055 30 IMPL. DEV. CHARGED TO PAT	319,675				319,675	65,883	
056 DRUGS CHARGED TO PATIENTS	1,693,781	30,330	2,228		1,726,339	355,790	25,213
060 OUTPAT SERVICE COST CNTRS							
060 03 CLINIC	710,725	70,385	72,396	346,750	1,200,256	247,367	58,512
062 OUTPATIENT LACTATION SERV OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS	473,192	5,659	2,430	137,102	618,383	127,446	4,705
095 SUBTOTALS	38,462,299	3,708,363	1,434,234	5,098,596	38,162,266	6,453,824	2,189,342
100 NONREIMBURS COST CENTERS							
100 01 OTHER NONREIMBURSABLE COS							
100 02 WOMEN'S RESOURCES	641,915	39,073	9,428	91,519	781,935	161,153	32,482
100 03 MARKETING	495,976				495,976	102,218	
101 REPRODUCTIVE MEDICINE	471,689	87,668	20,111	52,234	631,702	130,191	72,879
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	40,071,879	3,835,104	1,463,773	5,242,349	40,071,879	6,847,386	2,294,703

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	9	10		11	12	17	18	25
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE	579,518							
011 HOUSEKEEPING		988,335						
012 DIETARY		67,737		682,277				
017 CAFETERIA					392,142			
018 MEDICAL RECORDS & LIBRARY		6,042			7,797	488,027		
025 SOCIAL SERVICE		1,431			6,268		342,558	
026 INPAT ROUTINE SRVC CNTRS								
027 ADULTS & PEDIATRICS	89,076	460,483		682,277	75,829	44,047	153,495	8,453,262
028 INTENSIVE CARE UNIT	91,024	76,898			59,165	45,010	86,987	4,659,082
029 CORONARY CARE UNIT								
033 BURN INTENSIVE CARE UNIT								
037 SURGICAL INTENSIVE CARE U								
039 NURSERY	42,948	41,709			24,308	21,238	102,076	1,617,182
040 ANCILLARY SRVC COST CNTRS								
041 OPERATING ROOM	272,928	205,131			67,727	134,995		6,276,786
044 DELIVERY ROOM & LABOR ROO	83,542				72,925	42,398		4,223,280
049 ANESTHESIOLOGY								
050 RADIOLOGY-DIAGNOSTIC		4,513			12,231	16,362		948,567
053 LABORATORY		2,018				43,332		1,836,038
055 RESPIRATORY THERAPY					17,887	20,681		1,198,349
056 PHYSICAL THERAPY		28,743				8,832		801,434
060 ELECTROCARDIOLOGY								
062 MEDICAL SUPPLIES CHARGED		9,491			2,140	34,917		2,693,575
095 30 IMPL. DEV. CHARGED TO PAT						3,564		389,122
100 DRUGS CHARGED TO PATIENTS		10,947				60,082		2,178,371
101 OUTPAT SERVICE COST CNTRS								
102 CLINIC		25,404			16,664	11,247		1,559,450
103 03 OUTPATIENT LACTATION SERV		2,043			11,619	1,322		765,518
104 OBSERVATION BEDS (NON-DIS								
105 SPEC PURPOSE COST CENTERS								
106 SUBTOTALS	579,518	942,590		682,277	374,560	488,027	342,558	37,600,016
107 NONREIMBURS COST CENTERS								
108 OTHER NONREIMBURSABLE COS								
109 01 WOMEN'S RESOURCES		14,103			10,855			1,000,528
110 02 MARKETING								598,194
111 03 REPRODUCTIVE MEDICINE		31,642			6,727			873,141
112 CROSS FOOT ADJUSTMENT								
113 NEGATIVE COST CENTER								
114 TOTAL	579,518	988,335		682,277	392,142	488,027	342,558	40,071,879

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0149  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I & R COST POST STEP-DOWN ADJ 26	TOTAL
003 GENERAL SERVICE COST CNTR		27
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		
017 CAFETERIA		
018 MEDICAL RECORDS & LIBRARY		
025 SOCIAL SERVICE		
026 INPAT ROUTINE SRVC CNTRS		
027 ADULTS & PEDIATRICS		8,453,262
028 INTENSIVE CARE UNIT		4,659,082
029 CORONARY CARE UNIT		
033 BURN INTENSIVE CARE UNIT		
037 SURGICAL INTENSIVE CARE U		
039 NURSERY		1,617,182
040 ANCILLARY SRVC COST CNTRS		
041 OPERATING ROOM		6,276,786
044 DELIVERY ROOM & LABOR ROO		4,223,280
049 ANESTHESIOLOGY		
050 RADIOLOGY-DIAGNOSTIC		948,567
053 LABORATORY		1,836,038
055 RESPIRATORY THERAPY		1,198,349
056 PHYSICAL THERAPY		801,434
060 ELECTROCARDIOLOGY		
060 03 MEDICAL SUPPLIES CHARGED		2,693,575
062 30 IMPL. DEV. CHARGED TO PAT		389,122
095 DRUGS CHARGED TO PATIENTS		2,178,371
100 01 OUTPAT SERVICE COST CNTRS		
100 02 CLINIC		1,559,450
101 03 OUTPATIENT LACTATION SERV		765,518
102 OBSERVATION BEDS (NON-DIS		
103 SPEC PURPOSE COST CENTERS		
095 SUBTOTALS		37,600,016
100 NONREIMBURS COST CENTERS		
100 01 OTHER NONREIMBURSABLE COS		
100 02 WOMEN'S RESOURCES		1,000,528
101 03 MARKETING		598,194
102 REPRODUCTIVE MEDICINE		873,141
103 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		40,071,879

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:  
15-0149

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

PREPARED 5/24/2011  
WORKSHEET B  
PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		73,706	805	74,511	74,511		
006 ADMINISTRATIVE & GENERAL		865,737	469,589	1,335,326	11,674	1,347,000	
008 OPERATION OF PLANT		135,315	68,142	203,457	1,574	77,135	282,166
009 LAUNDRY & LINEN SERVICE			294	294		19,480	
010 HOUSEKEEPING		22,061	5,846	27,907	2,093	32,606	2,255
011 DIETARY		187,672		187,672	382	15,413	19,184
012 CAFETERIA			18,909	18,909	1,367	13,182	
017 MEDICAL RECORDS & LIBRARY		16,741	858	17,599	665	15,472	1,711
018 SOCIAL SERVICE		3,965	482	4,447	827	11,145	405
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		1,275,813	256,127	1,531,940	10,459	197,917	130,415
027 INTENSIVE CARE UNIT		213,054	133,226	346,280	9,034	138,588	21,779
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
033 NURSERY		115,558	27,855	143,413	2,903	43,323	11,812
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		568,336	287,200	855,536	9,430	172,224	58,096
039 DELIVERY ROOM & LABOR ROO					10,435	135,278	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		12,505	41,477	53,982	1,892	30,423	1,278
044 LABORATORY		5,592		5,592		60,036	572
049 RESPIRATORY THERAPY			32,064	32,064	2,674	38,985	
050 PHYSICAL THERAPY		79,637	6,421	86,058		23,451	8,141
053 ELECTROCARDIOLOGY							
055 MEDICAL SUPPLIES CHARGED		26,297	7,885	34,182	182	88,243	2,688
055 30 IMPL. DEV. CHARGED TO PAT						12,960	
056 DRUGS CHARGED TO PATIENTS		30,330	2,228	32,558		69,989	3,100
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		70,385	72,396	142,781	4,928	48,661	7,195
060 03 OUTPATIENT LACTATION SERV		5,659	2,430	8,089	1,949	25,070	579
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		3,708,363	1,434,234	5,142,597	72,468	1,269,581	269,210
100 NONREIMBURS COST CENTERS							
100 OTHER NONREIMBURSABLE COS							
100 01 WOMEN'S RESOURCES		39,073	9,428	48,501	1,301	31,701	3,994
100 02 MARKETING						20,108	
100 03 REPRODUCTIVE MEDICINE		87,668	20,111	107,779	742	25,610	8,962
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		3,835,104	1,463,773	5,298,877	74,511	1,347,000	282,166

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0149  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	9	10	11	12	17	18	25	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE	19,774							
011 HOUSEKEEPING		64,861						
012 DIETARY		4,445		227,096				
017 CAFETERIA					33,458			
018 MEDICAL RECORDS & LIBRARY		397			665	36,509		
025 SOCIAL SERVICE		94			535		17,453	
026 INPAT ROUTINE SRVC CNTRS								
027 ADULTS & PEDIATRICS	3,042	30,220		227,096	6,469	3,294	7,820	2,148,672
028 INTENSIVE CARE UNIT	3,108	5,047			5,048	3,366	4,432	536,682
029 CORONARY CARE UNIT								
033 BURN INTENSIVE CARE UNIT								
037 SURGICAL INTENSIVE CARE U								
039 NURSERY	1,467	2,737			2,074	1,588	5,201	214,518
040 ANCILLARY SRVC COST CNTRS								
041 OPERATING ROOM	9,304	13,462			5,779	10,104		1,133,935
044 DELIVERY ROOM & LABOR ROO	2,853				6,222	3,171		157,959
049 ANESTHESIOLOGY								
050 RADIOLOGY-DIAGNOSTIC		296			1,044	1,224		90,139
053 LABORATORY		132				3,241		69,573
055 RESPIRATORY THERAPY					1,526	1,547		76,796
056 PHYSICAL THERAPY		1,886				661		120,197
060 ELECTROCARDIOLOGY								
062 MEDICAL SUPPLIES CHARGED		623			183	2,612		128,713
095 30 IMPL. DEV. CHARGED TO PAT						267		13,227
100 DRUGS CHARGED TO PATIENTS		718				4,494		110,859
101 OUTPAT SERVICE COST CNTRS								
102 CLINIC		1,667			1,422	841		207,495
103 03 OUTPATIENT LACTATION SERV		134			991	99		36,911
062 OBSERVATION BEDS (NON-DIS								
095 SPEC PURPOSE COST CENTERS								
100 SUBTOTALS	19,774	61,858		227,096	31,958	36,509	17,453	5,045,676
100 NONREIMBURS COST CENTERS								
100 01 OTHER NONREIMBURSABLE COS								
100 02 WOMEN'S RESOURCES		926			926			87,349
100 03 MARKETING								20,108
101 REPRODUCTIVE MEDICINE		2,077			574			145,744
102 CROSS FOOT ADJUSTMENTS								
103 NEGATIVE COST CENTER								
103 TOTAL	19,774	64,861		227,096	33,458	36,509	17,453	5,298,877

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003 GENERAL SERVICE COST CNTR		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENERAL		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
017 CAFETERIA		
018 MEDICAL RECORDS & LIBRARY		
025 SOCIAL SERVICE		
026 INPAT ROUTINE SRVC CNTRS		2,148,672
027 ADULTS & PEDIATRICS		536,682
028 INTENSIVE CARE UNIT		
029 CORONARY CARE UNIT		
033 BURN INTENSIVE CARE UNIT		214,518
037 SURGICAL INTENSIVE CARE U		
039 NURSERY		1,133,935
040 ANCILLARY SRVC COST CNTRS		157,959
041 OPERATING ROOM		
044 DELIVERY ROOM & LABOR ROO		90,139
049 ANESTHESIOLOGY		69,573
050 RADIOLOGY-DIAGNOSTIC		76,796
053 LABORATORY		120,197
055 ELECTROCARDIOLOGY		128,713
056 MEDICAL SUPPLIES CHARGED		13,227
060 30 IMPL. DEV. CHARGED TO PAT		110,859
062 DRUGS CHARGED TO PATIENTS		
060 OUTPAT SERVICE COST CNTRS		207,495
060 03 CLINIC		36,911
062 OUTPATIENT LACTATION SERV		
095 OBSERVATION BEDS (NON-DIS		
095 SPEC PURPOSE COST CENTERS		5,045,676
100 SUBTOTALS		
100 NONREIMBURS COST CENTERS		
100 01 OTHER NONREIMBURSABLE COS		87,349
100 02 WOMEN'S RESOURCES		20,108
100 03 MARKETING		145,744
101 REPRODUCTIVE MEDICINE		
102 CROSS FOOT ADJUSTMENTS		
103 NEGATIVE COST CENTER		
103 TOTAL		5,298,877

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	OSTS-BLDG & FEET	OSTS-MVBLE & VALUE	(GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	113,170					
005 NEW CAP REL COSTS-MVB		880,171				
006 EMPLOYEE BENEFITS	2,175	484	17,833,920			
008 ADMINISTRATIVE & GENE	25,547	282,366	2,794,008	-6,847,386	33,224,493	
009 OPERATION OF PLANT	3,993	40,974	376,798		1,902,589	81,455
010 LAUNDRY & LINEN SERVI		177			480,491	
011 HOUSEKEEPING	651	3,515	500,902		804,244	651
012 DIETARY	5,538		91,457		380,175	5,538
017 CAFETERIA		11,370	327,292		325,134	
018 MEDICAL RECORDS & LIB	494	516	159,103		381,621	494
025 SOCIAL SERVICE	117	290	197,842		274,906	117
026 INPAT ROUTINE SRVC CN						
027 ADULTS & PEDIATRICS	37,648	154,010	2,503,292		4,881,436	37,648
028 INTENSIVE CARE UNIT	6,287	80,109	2,162,282		3,418,374	6,287
029 CORONARY CARE UNIT						
033 BURN INTENSIVE CARE U						
037 SURGICAL INTENSIVE CA						
039 NURSERY	3,410	16,749	694,945		1,068,604	3,410
040 ANCILLARY SRVC COST C						
041 OPERATING ROOM	16,771	172,694	2,256,960		4,248,042	16,771
044 DELIVERY ROOM & LABOR			2,497,595		3,336,731	
049 ANESTHESIOLOGY						
050 RADIOLOGY-DIAGNOSTIC	369	24,940	452,785		750,410	369
053 LABORATORY	165				1,480,845	165
055 RESPIRATORY THERAPY		19,280	640,118		961,600	
056 PHYSICAL THERAPY	2,350	3,861			578,442	2,350
060 ELECTROCARDIOLOGY						
062 MEDICAL SUPPLIES CHAR	776	4,741	43,494		2,176,583	776
063 30 IMPL. DEV. CHARGED TO					319,675	
064 DRUGS CHARGED TO PATI	895	1,340			1,726,339	895
065 OUTPAT SERVICE COST C						
066 CLINIC	2,077	43,532	1,179,606		1,200,256	2,077
067 03 OUTPATIENT LACTATION	167	1,461	466,408		618,383	167
068 OBSERVATION BEDS (NON						
069 SPEC PURPOSE COST CEN						
095 SUBTOTALS	109,430	862,409	17,344,887	-6,847,386	31,314,880	77,715
100 NONREIMBURS COST CENT						
100 01 OTHER NONREIMBURSABLE						
100 02 WOMEN'S RESOURCES	1,153	5,669	311,339		781,935	1,153
100 03 MARKETING					495,976	
101 REPRODUCTIVE MEDICINE	2,587	12,093	177,694		631,702	2,587
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
104 COST TO BE ALLOCATED	3,835,104	1,463,773	5,242,349		6,847,386	2,294,703
105 (WRKSHT B, PART I)						
106 UNIT COST MULTIPLIER	33.887992		.293954		.206095	
107 (WRKSHT B, PT I)		1.663055				28.171420
108 COST TO BE ALLOCATED						
109 (WRKSHT B, PART II)						
110 UNIT COST MULTIPLIER						
111 (WRKSHT B, PT II)			74,511		1,347,000	282,166
112 COST TO BE ALLOCATED						
113 (WRKSHT B, PART III)						
114 UNIT COST MULTIPLIER			.004178		.040542	
115 (WRKSHT B, PT III)						3.464072

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES
	(GROSS REVENUE)	(SQUARE FEET)	(MEALS SERVED)	(FTES)	(GROSS CHARGES)	(CASE LOAD)	
GENERAL SERVICE COST	9	10	11	12	17	18	
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	48,383,306						
010 HOUSEKEEPING		80,804					
011 DIETARY		5,538	29,052				
012 CAFETERIA				2,565			
017 MEDICAL RECORDS & LIBRARY		494		51	82,390,945		
018 SOCIAL SERVICE		117		41		21,612	
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	7,436,666	37,648	29,052	496	7,436,667	9,684	
026 INTENSIVE CARE UNIT	7,599,232	6,287		387	7,599,232	5,488	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
033 NURSERY	3,585,606	3,410		159	3,585,606	6,440	
ANCILLARY SRVC COST CENTER							
037 OPERATING ROOM	22,787,191	16,771		443	22,787,191		
039 DELIVERY ROOM & LABOR	6,974,611			477	7,158,192		
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		369		80	2,762,437		
044 LABORATORY		165			7,315,900		
049 RESPIRATORY THERAPY				117	3,491,572		
050 PHYSICAL THERAPY		2,350			1,491,115		
053 ELECTROCARDIOLOGY							
055 MEDICAL SUPPLIES CHARGE		776		14	5,895,217		
055 30 IMPL. DEV. CHARGED TO PATIENT					601,723		
056 DRUGS CHARGED TO PATIENT		895			10,143,885		
OUTPAT SERVICE COST CENTER							
060 CLINIC		2,077		109	1,898,934		
060 03 OUTPATIENT LACTATION OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER)		167		76	223,274		
062							
095 SUBTOTALS	48,383,306	77,064	29,052	2,450	82,390,945	21,612	
NONREIMBURSABLE COST CENTER							
100 OTHER NONREIMBURSABLE							
100 01 WOMEN'S RESOURCES		1,153		71			
100 02 MARKETING							
100 03 REPRODUCTIVE MEDICINE		2,587		44			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (PER WRKSHT B, PART I)	579,518	988,335	682,277	392,142	488,027	342,558	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.011978	12.231263	23.484683	152.881871	.005923	15.850361	
105 COST TO BE ALLOCATED (PER WRKSHT B, PART I)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT I)							
107 COST TO BE ALLOCATED (PER WRKSHT B, PART II)	19,774	64,861	227,096	33,458	36,509	17,453	
108 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000409	.802695	7.816880	13.044055	.000443	.807561	

COMPUTATION OF RATIO OF COSTS TO CHARGES

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	8,453,262		8,453,262		8,453,262
26	INTENSIVE CARE UNIT	4,659,082		4,659,082	72,335	4,731,417
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY	1,617,182		1,617,182		1,617,182
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,276,786		6,276,786		6,276,786
39	DELIVERY ROOM & LABOR ROO	4,223,280		4,223,280		4,223,280
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	948,567		948,567		948,567
44	LABORATORY	1,836,038		1,836,038		1,836,038
49	RESPIRATORY THERAPY	1,198,349		1,198,349		1,198,349
50	PHYSICAL THERAPY	801,434		801,434		801,434
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED	2,693,575		2,693,575		2,693,575
55	30 IMPL. DEV. CHARGED TO PAT	389,122		389,122		389,122
56	DRUGS CHARGED TO PATIENTS	2,178,371		2,178,371		2,178,371
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,559,450		1,559,450	18,381	1,577,831
60	03 OUTPATIENT LACTATION SERV	765,518		765,518		765,518
62	OBSERVATION BEDS (NON-DIS	497,449		497,449		497,449
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	38,097,465		38,097,465	90,716	38,188,181
102	LESS OBSERVATION BEDS	497,449		497,449		497,449
103	TOTAL	37,600,016		37,600,016	90,716	37,690,732

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	6,479,760		6,479,760			
26	INTENSIVE CARE UNIT	7,599,232		7,599,232			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	3,585,606		3,585,606			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,737,340	13,049,851	22,787,191	.275452	.275452	.275452
39	DELIVERY ROOM & LABOR ROO	6,974,611	183,581	7,158,192	.589993	.589993	.589993
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,546,837	1,215,600	2,762,437	.343381	.343381	.343381
44	LABORATORY	4,894,347	2,421,553	7,315,900	.250965	.250965	.250965
49	RESPIRATORY THERAPY	3,467,041	24,531	3,491,572	.343212	.343212	.343212
50	PHYSICAL THERAPY	280,105	1,211,010	1,491,115	.537473	.537473	.537473
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	2,673,505	3,221,712	5,895,217	.456909	.456909	.456909
55	30 IMPL. DEV. CHARGED TO PAT	45,148	556,575	601,723	.646680	.646680	.646680
56	DRUGS CHARGED TO PATIENTS	8,484,494	1,659,391	10,143,885	.214747	.214747	.214747
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	4,879	1,894,055	1,898,934	.821224	.821224	.830904
60	03 OUTPATIENT LACTATION SERV	218,556	4,718	223,274	3.428603	3.428603	3.428603
62	OBSERVATION BEDS (NON-DIS		956,907	956,907	.519851	.519851	.519851
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	55,991,461	26,399,484	82,390,945			
102	LESS OBSERVATION BEDS						
103	TOTAL	55,991,461	26,399,484	82,390,945			



PROVIDER NO:  
15-0149

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

PREPARED 5/24/2011  
WORKSHEET C  
PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	6,479,760		6,479,760			
26	INTENSIVE CARE UNIT	7,599,232		7,599,232			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	3,585,606		3,585,606			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,737,340	13,049,851	22,787,191	.275452	.275452	.275452
39	DELIVERY ROOM & LABOR ROO	6,974,611	183,581	7,158,192	.589993	.589993	.589993
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,546,837	1,215,600	2,762,437	.343381	.343381	.343381
44	LABORATORY	4,894,347	2,421,553	7,315,900	.250965	.250965	.250965
49	RESPIRATORY THERAPY	3,467,041	24,531	3,491,572	.343212	.343212	.343212
50	PHYSICAL THERAPY	280,105	1,211,010	1,491,115	.537473	.537473	.537473
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	2,673,505	3,221,712	5,895,217	.456909	.456909	.456909
55	30 IMPL. DEV. CHARGED TO PAT	45,148	556,575	601,723	.646680	.646680	.646680
56	DRUGS CHARGED TO PATIENTS	8,484,494	1,659,391	10,143,885	.214747	.214747	.214747
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	4,879	1,894,055	1,898,934	.821224	.821224	.830904
60	03 OUTPATIENT LACTATION SERV	218,556	4,718	223,274	3.428603	3.428603	3.428603
62	OBSERVATION BEDS (NON-DIS		956,907	956,907	.519851	.519851	.519851
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	55,991,461	26,399,484	82,390,945			
102	LESS OBSERVATION BEDS						
103	TOTAL	55,991,461	26,399,484	82,390,945			

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	6,276,786	1,133,935	5,142,851			6,276,786
39	DELIVERY ROOM & LABOR ROO	4,223,280	157,959	4,065,321			4,223,280
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	948,567	90,139	858,428			948,567
44	LABORATORY	1,836,038	69,573	1,766,465			1,836,038
49	RESPIRATORY THERAPY	1,198,349	76,796	1,121,553			1,198,349
50	PHYSICAL THERAPY	801,434	120,197	681,237			801,434
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	2,693,575	128,713	2,564,862			2,693,575
55	30 IMPL. DEV. CHARGED TO PAT	389,122	13,227	375,895			389,122
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	2,178,371	110,859	2,067,512			2,178,371
60	CLINIC	1,559,450	207,495	1,351,955			1,559,450
60	03 OUTPATIENT LACTATION SERV	765,518	36,911	728,607			765,518
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	497,449	126,443	371,006			497,449
101	SUBTOTAL	23,367,939	2,272,247	21,095,692			23,367,939
102	LESS OBSERVATION BEDS	497,449	126,443	371,006			497,449
103	TOTAL	22,870,490	2,145,804	20,724,686			22,870,490



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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	6,276,786	1,133,935	5,142,851	113,394	298,285	5,865,107
39	DELIVERY ROOM & LABOR ROO	4,223,280	157,959	4,065,321	15,796	235,789	3,971,695
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	948,567	90,139	858,428	9,014	49,789	889,764
44	LABORATORY	1,836,038	69,573	1,766,465	6,957	102,455	1,726,626
49	RESPIRATORY THERAPY	1,198,349	76,796	1,121,553	7,680	65,050	1,125,619
50	PHYSICAL THERAPY	801,434	120,197	681,237	12,020	39,512	749,902
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	2,693,575	128,713	2,564,862	12,871	148,762	2,531,942
55	30 IMPL. DEV. CHARGED TO PAT	389,122	13,227	375,895	1,323	21,802	365,997
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	2,178,371	110,859	2,067,512	11,086	119,916	2,047,369
60	CLINIC	1,559,450	207,495	1,351,955	20,750	78,413	1,460,287
60	03 OUTPATIENT LACTATION SERV	765,518	36,911	728,607	3,691	42,259	719,568
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	497,449	126,443	371,006	12,644	21,518	463,287
101	SUBTOTAL	23,367,939	2,272,247	21,095,692	227,226	1,223,550	21,917,163
102	LESS OBSERVATION BEDS	497,449	126,443	371,006	12,644	21,518	463,287
103	TOTAL	22,870,490	2,145,804	20,724,686	214,582	1,202,032	21,453,876

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	22,787,191	.257386	.270476
39	DELIVERY ROOM & LABOR ROO	7,158,192	.554846	.587786
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	2,762,437	.322094	.340117
44	LABORATORY	7,315,900	.236010	.250014
49	RESPIRATORY THERAPY	3,491,572	.322382	.341012
50	PHYSICAL THERAPY	1,491,115	.502914	.529412
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED	5,895,217	.429491	.454725
55	30 IMPL. DEV. CHARGED TO PAT	601,723	.608248	.644481
56	DRUGS CHARGED TO PATIENTS	10,143,885	.201833	.213654
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,898,934	.769004	.810297
60	03 OUTPATIENT LACTATION SERV	223,274	3.222802	3.412072
62	OBSERVATION BEDS (NON-DIS	956,907	.484150	.506638
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	64,726,347		
102	LESS OBSERVATION BEDS	956,907		
103	TOTAL	63,769,440		

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				2,148,672		2,148,672
26	INTENSIVE CARE UNIT				536,682		536,682
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY				214,518		214,518
101	TOTAL				2,899,872		2,899,872

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	9,941	133			216.14	28,747
26	INTENSIVE CARE UNIT	5,488				97.79	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	6,440				33.31	
101	TOTAL	21,869	133				28,747





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

PROVIDER NO: 15-0149  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET D  
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					9,941	
26	INTENSIVE CARE UNIT					5,488	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY					6,440	
101	TOTAL					21,869	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	133
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
33	NURSERY		
101	TOTAL		133

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	03 OUTPATIENT LACTATION SERV						
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			22,787,191			186,707	
39	OPERATING ROOM			7,158,192			8,139	
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			2,762,437			20,630	
44	RADIOLOGY-DIAGNOSTIC			7,315,900			111,275	
49	LABORATORY			3,491,572			897	
50	RESPIRATORY THERAPY			1,491,115				
53	PHYSICAL THERAPY							
55	ELECTROCARDIOLOGY			5,895,217			120,527	
55	MEDICAL SUPPLIES CHARGED			601,723			6,704	
56	30 IMPL. DEV. CHARGED TO PAT			10,143,885			73,751	
60	DRUGS CHARGED TO PATIENTS							
60	OUTPAT SERVICE COST CNTRS			1,898,934				
60	CLINIC			223,274			470	
62	03 OUTPATIENT LACTATION SERV			956,907				
	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			64,726,347			529,100	

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
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,014,281					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	45,847					
44	LABORATORY	61,498					
49	RESPIRATORY THERAPY	35					
50	PHYSICAL THERAPY	366					
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	504,576					
55	30 IMPL. DEV. CHARGED TO PAT	150,122					
56	DRUGS CHARGED TO PATIENTS	138,625					
60	OUTPAT SERVICE COST CNTRS CLINIC						
60	03 OUTPATIENT LACTATION SERV						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	94,068					
101	TOTAL	2,009,418					









WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,148,672		2,148,672
26	INTENSIVE CARE UNIT				536,682		536,682
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY				214,518		214,518
101	TOTAL				2,899,872		2,899,872

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	9,941	376			216.14	81,269
26	INTENSIVE CARE UNIT	5,488	812			97.79	79,405
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	6,440	385			33.31	12,824
101	TOTAL	21,869	1,573				173,498





APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XIX

PROVIDER NO: 15-0149  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/24/2011  
WORKSHEET D  
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					9,941	
26	INTENSIVE CARE UNIT					5,488	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY					6,440	
101	TOTAL					21,869	

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XIX

PROVIDER NO:	PERIOD:	PREPARED
15-0149	FROM 1/ 1/2010	5/24/2011
	TO 12/31/2010	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	376
26	INTENSIVE CARE UNIT		812
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
33	NURSERY		385
101	TOTAL		1,573

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	03 OUTPATIENT LACTATION SERV						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			22,787,191			2,094,126	
39	OPERATING ROOM			7,158,192			2,795,043	
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			2,762,437			718,656	
44	RADIOLOGY-DIAGNOSTIC			7,315,900			3,082,170	
49	LABORATORY			3,491,572			787,922	
50	RESPIRATORY THERAPY			1,491,115			141,796	
53	PHYSICAL THERAPY							
55	ELECTROCARDIOLOGY			5,895,217			2,016,065	
55	MEDICAL SUPPLIES CHARGED			601,723				
56	30 IMPL. DEV. CHARGED TO PAT			10,143,885			3,630,571	
60	DRUGS CHARGED TO PATIENTS							
60	OUTPAT SERVICE COST CNTRS			1,898,934				
60	CLINIC			223,274			61,163	
62	03 OUTPATIENT LACTATION SERV			956,907				
101	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS TOTAL			64,726,347			15,327,512	

TITLE XIX HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,141,229					
39	DELIVERY ROOM & LABOR ROO	22,220					
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,076,689					
44	LABORATORY	697,701					
49	RESPIRATORY THERAPY	1,815					
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	575,479					
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	252,654					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	03 OUTPATIENT LACTATION SERV		112				
62	OBSERVATION BEDS (NON-DIS	209,129					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	4,977,028					



















WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			96,397	
26	INTENSIVE CARE UNIT				
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.275452	186,707	51,429
39	DELIVERY ROOM & LABOR ROOM		.589993	8,139	4,802
40	ANESTHESIOLOGY				
41	RADIOLOGY-DIAGNOSTIC		.343381	20,630	7,084
44	LABORATORY		.250965	111,275	27,926
49	RESPIRATORY THERAPY		.343212	897	308
50	PHYSICAL THERAPY		.537473		
53	ELECTROCARDIOLOGY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.456909	120,527	55,070
55	30 IMPL. DEV. CHARGED TO PATIENT		.646680	6,704	4,335
56	DRUGS CHARGED TO PATIENTS		.214747	73,751	15,838
	OUTPAT SERVICE COST CNTRS				
60	CLINIC		.830904		
60	03 OUTPATIENT LACTATION SERVICES		3.428603	470	1,611
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		.519851		
101	TOTAL			529,100	168,403
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			529,100	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			2,124,698	
26	INTENSIVE CARE UNIT			3,852,997	
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.275452	2,094,126	576,831
39	DELIVERY ROOM & LABOR ROOM		.589993	2,795,043	1,649,056
40	ANESTHESIOLOGY				
41	RADIOLOGY-DIAGNOSTIC		.343381	718,656	246,773
44	LABORATORY		.250965	3,082,170	773,517
49	RESPIRATORY THERAPY		.343212	787,922	270,424
50	PHYSICAL THERAPY		.537473	141,796	76,212
53	ELECTROCARDIOLOGY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.456909	2,016,065	921,158
55	30 IMPL. DEV. CHARGED TO PATIENT		.646680		
56	DRUGS CHARGED TO PATIENTS		.214747	3,630,571	779,654
60	OUTPAT SERVICE COST CNTRS CLINIC		.830904		
60	03 OUTPATIENT LACTATION SERVICES		3.428603	61,163	209,704
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		.519851		
101	TOTAL			15,327,512	5,503,329
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			15,327,512	



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)	239,790	
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)	239,790	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		17,747
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	257,537	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	257,537	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		31,900
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		12,775
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		8,943
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		11,675
22 SUBTOTAL	234,580	
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	234,580	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	230,214	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		4,366
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)		

PART B - MEDICAL AND OTHER HEALTH SERVICES  
HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).		717,068
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.		439,216
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.		
1.04	LINE 1.01 TIMES LINE 1.03.		
1.05	LINE 1.02 DIVIDED BY LINE 1.04.		
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D, IV (COLS 9, 9.01, 9.02) LINE 101		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)		
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES		
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES		
CUSTOMARY CHARGES			
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)		
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)		439,216
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)		125,176
19	SUBTOTAL (SEE INSTRUCTIONS)		314,040
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL		314,040
24	PRIMARY PAYER PAYMENTS		
25	SUBTOTAL		314,040
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)		18,883
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		13,218
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		18,883
28	SUBTOTAL		327,258
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL		327,258
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS		318,950
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM		8,308
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		
TO BE COMPLETED BY CONTRACTOR			
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
54	TOTAL (SUM OF LINES 51 AND 53)		



	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	3,502,555			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	15,405,096			
5 OTHER RECEIVABLES	19,536			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-7,883,011			
7 INVENTORY	373,956			
8 PREPAID EXPENSES	355,867			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	11,773,999			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION BUILDINGS				
14.01 LESS ACCUMULATED DEPRECIATION LEASEHOLD IMPROVEMENTS	1,204,617			
15.01 LESS ACCUMULATED DEPRECIATION FIXED EQUIPMENT	-263,366			
16.01 LESS ACCUMULATED DEPRECIATION AUTOMOBILES AND TRUCKS	2,236,247			
17.01 LESS ACCUMULATED DEPRECIATION MAJOR MOVABLE EQUIPMENT	-1,303,404			
18 MAJOR MOVABLE EQUIPMENT	9,783,868			
18.01 LESS ACCUMULATED DEPRECIATION MINOR EQUIPMENT DEPRECIABLE	-6,698,415			
19.01 LESS ACCUMULATED DEPRECIATION MINOR EQUIPMENT-NONDEPRECIABLE				
20 TOTAL FIXED ASSETS	4,959,547			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	417,505			
26 TOTAL OTHER ASSETS	417,505			
27 TOTAL ASSETS	17,151,051			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,421,692			
29 SALARIES, WAGES & FEES PAYABLE	1,718,836			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	588,545			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	106,640			
36 TOTAL CURRENT LIABILITIES	4,835,713			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	899,827			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	899,827			
43 TOTAL LIABILITIES	5,735,540			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	11,415,511			
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	11,415,511			
52 TOTAL LIABILITIES AND FUND BALANCES	17,151,051			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		6,001,355		
2 NET INCOME (LOSS)		8,393,765		
3 TOTAL		14,395,120		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTMENT)				
6 ROUND				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		14,395,120		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTMENT)				
14 DISTRIBUTION TO MEMBERS	2,979,609			
15				
16				
17				
18 TOTAL DEDUCTIONS		2,979,609		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		11,415,511		

	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 ADJUSTMENT)				
6 ROUND				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTMENT)				
14 DISTRIBUTION TO MEMBERS				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	10,065,366		10,065,366
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	10,065,366		10,065,366
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	11,343,071		11,343,071
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	11,343,071		11,343,071
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	21,408,437		21,408,437
17 00 ANCILLARY SERVICES	43,369,612	23,543,803	66,913,415
18 00 OUTPATIENT SERVICES	223,434	5,880,160	6,103,594
24 00 NONREIMBURSABLE DEPTS		49,278	49,278
25 00 TOTAL PATIENT REVENUES	65,001,483	29,473,241	94,474,724

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		45,678,052	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 BAD DEBTS	1,285,191		
29 00 LOSS ON DISPOSAL	24,480		
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		1,309,671	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		46,987,723	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	94,474,724
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	40,543,018
3	NET PATIENT REVENUES	53,931,706
4	LESS: TOTAL OPERATING EXPENSES	46,987,723
5	NET INCOME FROM SERVICE TO PATIENTS	6,943,983
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	7,170
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	344,170
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	15
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	455,023
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	643,404
25	TOTAL OTHER INCOME	1,449,782
26	TOTAL	8,393,765
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	8,393,765

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0149	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
15-0149		PARTS I-IV

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	17,300
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	447
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	40.67
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	17,747
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)	

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0149	FROM 1/1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
15-0149		PARTS I-IV

TITLE XIX

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

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