

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		15-0109		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: 5/26/2011 TIME 16:08

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:
 ST. ELIZABETH EAST 15-0109

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	5	
1	HOSPITAL	0	114,928	138,306		0
2	SUBPROVIDER	0	-17,429	25		0
7	HOSPITAL-BASED HHA	0	0	0		0
100	TOTAL	0	97,499	138,331		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 STATISTICAL DATA

PROVIDER NO: 15-0109
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	139	51,407			10,782		5,550
2 HMO					690		
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	139	51,407			10,782		5,550
6 INTENSIVE CARE UNIT	12	4,492			1,431		201
10 NEONATAL INTENSIVE CARE UNIT	14	5,110					2,119
11 NURSERY							1,687
12 TOTAL	165	61,009			12,213		9,557
13 RPCH VISITS							
14 SUBPROVIDER	18	6,570			2,345		147
18 HOME HEALTH AGENCY					9,920		485
25 TOTAL	183						
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX OBSERVATION ADMITTED 5.01	I/P DAYS / OBSERVATION NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	----- OBSERVATION NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL	LESS I & R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			25,167				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			25,167				
6 INTENSIVE CARE UNIT			2,739				
10 NEONATAL INTENSIVE CARE UNIT			3,343				
11 NURSERY			3,971				
12 TOTAL			35,220				
13 RPCH VISITS							
14 SUBPROVIDER			3,519				
18 HOME HEALTH AGENCY			14,393				
25 TOTAL							
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			192				

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,841	1,491	8,204
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		1,077.26			2,841	1,491	8,204
13 RPCH VISITS							
14 SUBPROVIDER		18.79			213	11	325
18 HOME HEALTH AGENCY		35.60					
25 TOTAL		1,131.65					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PART 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	71,242,510	2,706,930	73,949,440	2,353,821.00	31.42	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	21,753,813		21,753,813	457,220.00	47.58	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	32,173		32,173	463.00	69.49	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	732,505		732,505	5,488.62	133.46	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	8,077,453		8,077,453	166,283.00	48.58	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	16,451,140		16,451,140			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	4,208,923		4,208,923			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,129,949	-395,653	734,296	20,361.00	36.06	
22 ADMINISTRATIVE & GENERAL	6,449,426	574,321	7,023,747	300,463.00	23.38	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,013,180	98,050	2,111,230	96,238.00	21.94	
25 LAUNDRY & LINEN SERVICE		112,629	112,629	8,399.00	13.41	
26 HOUSEKEEPING	1,065,068		1,065,068	80,251.00	13.27	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,263,426	-667,537	595,889	37,741.00	15.79	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	384,943	667,537	1,052,480	73,838.00	14.25	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	2,079,496	-400,847	1,678,649	42,207.00	39.77	
31 CENTRAL SERVICE AND SUPPLY	452,382		452,382	27,197.00	16.63	
32 PHARMACY	2,067,513		2,067,513	56,244.00	36.76	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,624,240	-259,393	1,364,847	72,605.00	18.80	
34 SOCIAL SERVICE	617,056	-118,945	498,111	19,597.00	25.42	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	71,242,510	2,706,930	73,949,440	2,353,821.00	31.42	
2 EXCLUDED AREA SALARIES	21,753,813		21,753,813	457,220.00	47.58	
3 SUBTOTAL SALARIES	49,488,697	2,706,930	52,195,627	1,896,601.00	27.52	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	8,842,131		8,842,131	172,234.62	51.34	
5 SUBTOTAL WAGE-RELATED COSTS	16,451,140		16,451,140		31.52	
6 TOTAL	74,781,968	2,706,930	77,488,898	2,068,835.62	37.46	
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	19,146,679	-389,838	18,756,841	835,141.00	22.46	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 15-0109
HHA NO: 15-7124
COUNTY: TIPPPECANOE
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,204	43	256
2 UNDUPLICATED CENSUS COUNT		560.00	29.00	285.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	1,503
2 UNDUPLICATED CENSUS COUNT	874.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
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3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00		1.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	11.09		11.09
6 DIRECTING NURSING SERVICE	7.03		7.03
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	5.88		5.88
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	1.22		1.22
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.30		.30
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.43		.43
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.77		1.77
17 HOME HEALTH AIDE SUPERVISOR			
18 INFUSION	7.19		7.19

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	1
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		29140

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

	FULL EPI SODES		LUPA EPI SODES 3	PEP ONLY EPI SODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	3,824	38	163	20
22 SKILLED NURSING VISIT CHARGES	1,020,686	10,146	43,841	5,380
23 PHYSICAL THERAPY VISITS	3,141	0	58	22
24 PHYSICAL THERAPY VISIT CHARGES	859,848	0	15,950	6,050
25 OCCUPATIONAL THERAPY VISITS	694	0	5	2
26 OCCUPATIONAL THERAPY VISIT CHARGES	189,842	0	1,375	550
27 SPEECH PATHOLOGY VISITS	108	0	1	3
28 SPEECH PATHOLOGY VISIT CHARGES	29,616	0	275	825
29 MEDICAL SOCIAL SERVICE VISITS	99	0	3	3
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	31,782	0	966	966
31 HOME HEALTH AIDE VISITS	1,374	0	7	16
32 HOME HEALTH AIDE VISIT CHARGES	176,016	0	903	2,064
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	9,240	38	237	66
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	2,307,790	10,146	63,310	15,835
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	549	0	92	7
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	1	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	247,903	6,329	10,591	2,185

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0109	FROM 1/ 1/2010	5/26/2011
HHA NO:	TO 12/31/2010	WORKSHEET S-4
15-7124		
COUNTY:	TIPPEECANOE	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	4,045
22 SKILLED NURSING VISIT CHARGES	0	0	1,080,053
23 PHYSICAL THERAPY VISITS	0	0	3,221
24 PHYSICAL THERAPY VISIT CHARGES	0	0	881,848
25 OCCUPATIONAL THERAPY VISITS	0	0	701
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	191,767
27 SPEECH PATHOLOGY VISITS	0	0	112
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	30,716
29 MEDICAL SOCIAL SERVICE VISITS	0	0	105
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	33,714
31 HOME HEALTH AIDE VISITS	0	0	1,397
32 HOME HEALTH AIDE VISIT CHARGES	0	0	178,983
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	9,581
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	2,397,081
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	648
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	267,008

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0109	FROM 1/1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE 1,517,205
17.01	GROSS MEDICAID REVENUES
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 1,517,205
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS 6,050,448
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .308026
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24) 1,863,695
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)	
PROVIDER NO:	PERIOD:
15-0109	FROM 1/ 1/2010
	TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET S-10

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	70,397,923
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	21,684,391
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	23,700,993
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	7,300,522
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	23,548,086

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0109
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		11,419,438	11,419,438		11,419,438
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				3,964,323	3,964,323
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				4,347,918	4,347,918
5	0500 EMPLOYEE BENEFITS	1,129,949	29,312,408	30,442,357		30,442,357
6.01	0610 COMMUNICATIONS		755,012	755,012		755,012
6.02	0611 MGMT INFO SYSTEMS	53,848	10,568,196	10,622,044		10,622,044
6.03	0630 PURCHASING	598,735	632,167	1,230,902	-3,875	1,227,027
6.04	0640 ADMINITTING					
6.05	0650 PATIENT ACCOUNTING					
6.06	0660 ADMINSTRATIVE AND GENERAL	5,796,843	13,988,605	19,785,448	-830,337	18,955,111
8	0800 OPERATION OF PLANT	2,013,180	6,688,021	8,701,201	-2,956	8,698,245
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	1,065,068	586,114	1,651,182		1,651,182
11	1100 DIETARY	1,263,426	507,936	1,771,362	-827,761	943,601
12	1200 CAFETERIA	384,943	452,679	837,622	768,343	1,605,965
14	1400 NURSING ADMINISTRATION	2,079,496	104,022	2,183,518	-7,473	2,176,045
15	1500 CENTRAL SERVICES & SUPPLY	452,382	1,119,436	1,571,818	-967,839	603,979
16	1600 PHARMACY	2,067,513	5,292,882	7,360,395	-5,055,435	2,304,960
17	1700 MEDICAL RECORDS & LIBRARY	1,624,240	178,189	1,802,429		1,802,429
18	1800 SOCIAL SERVICE	617,056	4,481	621,537		621,537
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	12,998,982	1,575,971	14,574,953	-4,841,988	9,732,965
26	2600 INTENSIVE CARE UNIT	271,288	1,523	272,811	-488	272,323
30	2060 NEONATAL INTENSIVE CARE UNIT	1,707,789	384,420	2,092,209	-91,946	2,000,263
31	3100 SUBPROVIDER	1,054,563	141,821	1,196,384	-28,019	1,168,365
33	3300 NURSERY				471,727	471,727
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,312,731	41,104,613	44,417,344	-22,154,330	22,263,014
38	3800 RECOVERY ROOM	703,247	25,693	728,940	-19,544	709,396
39	3900 DELIVERY ROOM & LABOR ROOM				3,048,923	3,048,923
41	4100 RADIOLOGY-DIAGNOSTIC	3,506,225	15,851,199	19,357,424	-3,267,137	16,090,287
43	4300 RADIOISOTOPE	1,048,512	4,054,209	5,102,721	-4,031,428	1,071,293
44	4400 LABORATORY	62,151	6,859,712	6,921,863	-135,781	6,786,082
49	4900 RESPIRATORY THERAPY	1,189,983	405,209	1,595,192	-223,410	1,371,782
50	5000 PHYSICAL THERAPY	312,517	182,447	494,964	-314	494,650
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	586,422	47,705	634,127	-31,509	602,618
54	5400 ELECTROENCEPHALOGRAPHY	494,042	277,892	771,934	-23,651	748,283
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				15,498,730	15,498,730
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				14,895,384	14,895,384
56	5600 DRUGS CHARGED TO PATIENTS				5,246,391	5,246,391
56.01	5601 DIABETES CENTER	278,655	43,585	322,240	-31,336	290,904
57	5700 RENAL DIALYSIS					
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	3,869,474	888,661	4,758,135	-585,864	4,172,271
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
62.01	6201 OBSERVATION BEDS (DISTINCT PART)		10,992	10,992	-8,072	2,920
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	2,215,062	645,022	2,860,084		2,860,084
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		8,139,817	8,139,817	-5,071,246	3,068,571
95	SUBTOTALS	52,758,322	162,250,077	215,008,399	-0-	215,008,399
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		44,008	44,008		44,008
98	9800 PHYSICIANS' PRIVATE OFFICES	18,352,220	12,767,370	31,119,590		31,119,590
100	7950 MOB	119,778	34,202	153,980		153,980
100.01	7951 LI FELINE	12,190	4,428	16,618		16,618
101	TOTAL	71,242,510	175,100,085	246,342,595	-0-	246,342,595

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
I 15-0109 I FROM 1/ 1/2010 I WORKSHEET A
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	-11,419,438	
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	3,612,990	7,577,313
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	5,026,239	9,374,157
5	0500 EMPLOYEE BENEFITS	-12,679,967	17,762,390
6.01	0610 COMMUNICATIONS	289,344	1,044,356
6.02	0611 MGMT INFO SYSTEMS	-9,871,664	750,380
6.03	0630 PURCHASING	-546,555	680,472
6.04	0640 ADMINITTING	299,578	299,578
6.05	0650 PATIENT ACCOUNTING	2,339,215	2,339,215
6.06	0660 ADMINSTRATIVE AND GENERAL	-890,429	18,064,682
8	0800 OPERATION OF PLANT	-1,947,845	6,750,400
9	0900 LAUNDRY & LINEN SERVICE	579,375	579,375
10	1000 HOUSEKEEPING		1,651,182
11	1100 DIETARY	-34,048	909,553
12	1200 CAFETERIA	-714,918	891,047
14	1400 NURSING ADMINISTRATION	-426,931	1,749,114
15	1500 CENTRAL SERVICES & SUPPLY		603,979
16	1600 PHARMACY	399,759	2,704,719
17	1700 MEDICAL RECORDS & LIBRARY	-379,004	1,423,425
18	1800 SOCIAL SERVICE	-119,809	501,728
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-16,250	9,716,715
26	2600 INTENSIVE CARE UNIT	2,647,404	2,919,727
30	2060 NEONATAL INTENSIVE CARE UNIT	-214,787	1,785,476
31	3100 SUBPROVIDER	-6,479	1,161,886
33	3300 NURSERY		471,727
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-919,739	21,343,275
38	3800 RECOVERY ROOM	-47,784	661,612
39	3900 DELIVERY ROOM & LABOR ROOM		3,048,923
41	4100 RADIOLOGY-DIAGNOSTIC	-35,102	16,055,185
43	4300 RADIOISOTOPE	-226,995	844,298
44	4400 LABORATORY	-194,991	6,591,091
49	4900 RESPIRATORY THERAPY	-34,534	1,337,248
50	5000 PHYSICAL THERAPY	2,168,873	2,663,523
52	5200 SPEECH PATHOLOGY	287,033	287,033
53	5300 ELECTROCARDIOLOGY	709,517	1,312,135
54	5400 ELECTROENCEPHALOGRAPHY	-734,998	13,285
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-2,901,256	12,597,474
55.30	5530 IMPL. DEV. CHARGED TO PATIENT	-2,178,349	12,717,035
56	5600 DRUGS CHARGED TO PATIENTS		5,246,391
56.01	5601 DIABETES CENTER	-5,135	285,769
57	5700 RENAL DIALYSIS	3,475	3,475
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-117,305	4,054,966
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
62.01	6201 OBSERVATION BEDS (DISTINCT PART)		2,920
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY	-3,659	2,856,425
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-3,068,571	-0-
95	SUBTOTALS	-31,373,740	183,634,659
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		44,008
98	9800 PHYSICIANS' PRIVATE OFFICES	-12,354	31,107,236
100	7950 MOB		153,980
100.01	7951 LI FELINE		16,618
101	TOTAL	-31,386,094	214,956,501

PROVIDER NO: 15-0109
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 NOT A CMS WORKSHEET

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	0610	NONPATIENT TELEPHONES
6.02	MGMT INFO SYSTEMS	0611	NONPATIENT TELEPHONES
6.03	PURCHASING	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	PATIENT ACCOUNTING	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
56.01	DIABETES CENTER	5601	DRUGS CHARGED TO PATIENTS
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
62.01	OBSERVATION BEDS (DISTINCT PART)	6201	OBSERVATION BEDS (NON-DISTINCT PART)
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	MOB	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	LIFELINE	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
150109

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

PREPARED 5/26/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION		INCREASE		
CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1	BUILDING RENTAL	A NEW CAP REL COSTS-BLDG & FIXT	3	1,598,491
2				
3				
4				
5				
6	EQUIPMENT RENTAL	B NEW CAP REL COSTS-MVBLE EQUIP	4	181,296
7		DIETARY	11	448
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18	MEDICAL SUPPLIES	C MEDICAL SUPPLIES CHARGED TO PATIENTS	55	15,498,730
19		IMPL. DEV. CHARGED TO PATIENT	55.30	14,895,384
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
1	MEDICAL SUPPLIES	C		
2	DRUGS	D DRUGS CHARGED TO PATIENTS	56	5,246,391
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17	LDRP	E NURSERY	33	462,640
18		DELIVERY ROOM & LABOR ROOM	39	2,990,189
19	CAFETERIA	F CAFETERIA	12	667,537
20	CAPITAL EXP (INT & DEP)	G NEW CAP REL COSTS-MVBLE EQUIP	4	1,461,208
21				
22	FSEH SHARED SERVICES	H COMMUNICATIONS	6.01	366,977
23		ADMINISTRATIVE	6.04	294,809
24		PATIENT ACCOUNTING	6.05	793,341
25		ADMINISTRATIVE AND GENERAL	6.06	847,513
26		OPERATION OF PLANT	8	886,125
27		LAUNDRY & LINEN SERVICE	9	112,629
28		MEDICAL RECORDS & LIBRARY	17	53,699
29		ELECTROCARDIOLOGY	53	272,710
30		EMPLOYEE BENEFITS	5	395,653
31		MGMT INFO SYSTEMS	6.02	14,430
32		PURCHASING	6.03	160,449
33		ADMINISTRATIVE AND GENERAL	6.06	1,553,440
34		OPERATION OF PLANT	8	788,075
35		NURSING ADMINISTRATION	14	400,847

RECLASSIFICATIONS

PROVIDER NO:
150109

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

PREPARED 5/26/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 FSEH SHARED SERVICES	H	MEDICAL RECORDS & LIBRARY	17		313,092
2		SOCIAL SERVICE	18		118,945
3		RESPIRATORY THERAPY	49		18,311
4		PHYSICAL THERAPY	50		44,548
5		EMERGENCY	61		26,121
6 FSEH PURCHASED SERVICES	I	INTENSIVE CARE UNIT	26	2,407,202	
7		OPERATING ROOM	37		86,556
8		RECOVERY ROOM	38		46,099
9		RADIOISOTOPE	43		46,643
10		LABORATORY	44		29,666
11		PHYSICAL THERAPY	50	2,025,155	
12		SPEECH PATHOLOGY	52	274,130	
13		ELECTROCARDIOLOGY	53		920,128
14		ELECTROENCEPHALOGRAPHY	54		664,357
15 INTEREST	J	NEW CAP REL COSTS-BLDG & FIXT	3		2,365,832
16		NEW CAP REL COSTS-MVBLE EQUIP	4		2,705,414
36 TOTAL RECLASSIFICATIONS				12,454,656	49,809,047

(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:
150109

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

PREPARED 5/26/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	BUILDING RENTAL	A	ADMINISTRATIVE AND GENERAL	6.06		825,181	10
2			CAFETERIA	12		59,400	10
3			ADULTS & PEDIATRICS	25		265,035	10
4			RADIOLOGY-DIAGNOSTIC	41		423,696	10
5			DIABETES CENTER	56.01		25,179	10
6	EQUIPMENT RENTAL	B	PURCHASING	6.03		3,875	10
7			ADMINISTRATIVE AND GENERAL	6.06		5,156	10
8			OPERATION OF PLANT	8		2,956	10
9			CAFETERIA	12		466	10
10			CENTRAL SERVICES & SUPPLY	15		15,559	10
11			PHARMACY	16		45,207	10
12			ADULTS & PEDIATRICS	25		55,968	10
13			OPERATING ROOM	37		34,018	10
14			RADIOLOGY-DIAGNOSTIC	41		748	10
15			RADIOISOTOPE	43		3,655	10
16			RESPIRATORY THERAPY	49		12,908	10
17			ELECTROENCEPHALOGRAPHY	54		1,228	10
18	MEDICAL SUPPLIES	C	NURSING ADMINISTRATION	14		7,473	
19			CENTRAL SERVICES & SUPPLY	15		951,704	
20			PHARMACY	16		117,741	
21			ADULTS & PEDIATRICS	25		955,993	
22			INTENSIVE CARE UNIT	26		488	
23			NEONATAL INTENSIVE CARE UNIT	30		84,772	
24			SUBPROVIDER	31		26,959	
25			OPERATING ROOM	37		21,883,727	
26			RECOVERY ROOM	38		18,890	
27			RADIOLOGY-DIAGNOSTIC	41		1,359,521	
28			RADIOISOTOPE	43		4,020,624	
29			LABORATORY	44		131,759	
30			RESPIRATORY THERAPY	49		208,284	
31			PHYSICAL THERAPY	50		314	
32			ELECTROCARDIOLOGY	53		31,242	
33			ELECTROENCEPHALOGRAPHY	54		22,289	
34			DIABETES CENTER	56.01		6,157	
35			EMERGENCY	61		558,237	
1	MEDICAL SUPPLIES	C	OBSERVATION BEDS (DISTINCT PART)	62.01		7,940	
2	DRUGS	D	CENTRAL SERVICES & SUPPLY	15		576	
3			PHARMACY	16		4,892,487	
4			ADULTS & PEDIATRICS	25		44,342	
5			NEONATAL INTENSIVE CARE UNIT	30		7,174	
6			SUBPROVIDER	31		1,060	
7			OPERATING ROOM	37		236,585	
8			RECOVERY ROOM	38		654	
9			RADIOLOGY-DIAGNOSTIC	41		21,964	
10			RADIOISOTOPE	43		7,149	
11			LABORATORY	44		4,022	
12			RESPIRATORY THERAPY	49		2,218	
13			ELECTROCARDIOLOGY	53		267	
14			ELECTROENCEPHALOGRAPHY	54		134	
15			EMERGENCY	61		27,627	
16			OBSERVATION BEDS (DISTINCT PART)	62.01		132	
17	LDRP	E	ADULTS & PEDIATRICS	25	3,452,829	67,821	
18							
19	CAFETERIA	F	DIETARY	11	667,537	160,672	
20	CAPITAL EXP (INT & DEP)	G	RADIOLOGY-DIAGNOSTIC	41		1,329,930	9
21			RADIOLOGY-DIAGNOSTIC	41		131,278	11
22	FSEH SHARED SERVICES	H	COMMUNICATIONS	6.01		366,977	
23			ADMINISTRATIVE AND GENERAL	6.04		294,809	
24			PATIENT ACCOUNTING	6.05		793,341	
25			ADMINISTRATIVE AND GENERAL	6.06		847,513	
26			OPERATION OF PLANT	8		886,125	
27			LAUNDRY & LINEN SERVICE	9		112,629	
28			MEDICAL RECORDS & LIBRARY	17		53,699	
29			ELECTROCARDIOLOGY	53		272,710	
30			EMPLOYEE BENEFITS	5	395,653		
31			MGMT INFO SYSTEMS	6.02		14,430	
32			PURCHASING	6.03		160,449	
33			ADMINISTRATIVE AND GENERAL	6.06	1,553,440		
34			OPERATION OF PLANT	8		788,075	
35			NURSING ADMINISTRATION	14		400,847	

RECLASSIFICATIONS

PROVIDER NO:
150109

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

PREPARED 5/26/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER 1	6	LINE NO 7	SALARY 8	
1 FSEH SHARED SERVICES	H			17	313,092	
2				18	118,945	
3				49	18,311	
4				50	44,548	
5				61	26,121	
6 FSEH PURCHASED SERVICES	I			26		2,407,202
7				37	86,556	
8				38	46,099	
9				43	46,643	
10				44	29,666	
11				50		2,025,155
12				52		274,130
13				53	920,128	
14				54	664,357	
15 INTEREST	J			88		5,071,246
16						
36 TOTAL RECLASSIFICATIONS					9,747,726	52,515,977

(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:
150109

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

PREPARED 5/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : BUILDING RENTAL

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,598,491
2.00		0
3.00		0
4.00		0
5.00		0
TOTAL RECLASSIFICATIONS FOR CODE A		1,598,491

----- DECREASE -----		
LINE	COST CENTER	AMOUNT
6.06	ADMINISTRATIVE AND GENERAL	825,181
12	CAFETERIA	59,400
25	ADULTS & PEDIATRICS	265,035
41	RADIOLOGY-DIAGNOSTIC	423,696
56.01	DIABETES CENTER	25,179
		1,598,491

RECLASS CODE: B
EXPLANATION : EQUIPMENT RENTAL

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	181,296
2.00	DIETARY	448
3.00		0
4.00		0
5.00		0
6.00		0
7.00		0
8.00		0
9.00		0
10.00		0
11.00		0
12.00		0
TOTAL RECLASSIFICATIONS FOR CODE B		181,744

----- DECREASE -----		
LINE	COST CENTER	AMOUNT
6.03	PURCHASING	3,875
6.06	ADMINISTRATIVE AND GENERAL	5,156
8	OPERATION OF PLANT	2,956
12	CAFETERIA	466
15	CENTRAL SERVICES & SUPPLY	15,559
16	PHARMACY	45,207
25	ADULTS & PEDIATRICS	55,968
37	OPERATING ROOM	34,018
41	RADIOLOGY-DIAGNOSTIC	748
43	RADIOISOTOPE	3,655
49	RESPIRATORY THERAPY	12,908
54	ELECTROENCEPHALOGRAPHY	1,228
		181,744

RECLASS CODE: C
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	15,498,730
2.00	IMPL. DEV. CHARGED TO PATIENT	14,895,384
3.00		0
4.00		0
5.00		0
6.00		0
7.00		0
8.00		0
9.00		0
10.00		0
11.00		0
12.00		0
13.00		0
14.00		0
15.00		0
16.00		0
17.00		0
18.00		0
19.00		0
TOTAL RECLASSIFICATIONS FOR CODE C		30,394,114

----- DECREASE -----		
LINE	COST CENTER	AMOUNT
14	NURSING ADMINISTRATION	7,473
15	CENTRAL SERVICES & SUPPLY	951,704
16	PHARMACY	117,741
25	ADULTS & PEDIATRICS	955,993
26	INTENSIVE CARE UNIT	488
30	NEONATAL INTENSIVE CARE UNIT	84,772
31	SUBPROVIDER	26,959
37	OPERATING ROOM	21,883,727
38	RECOVERY ROOM	18,890
41	RADIOLOGY-DIAGNOSTIC	1,359,521
43	RADIOISOTOPE	4,020,624
44	LABORATORY	131,759
49	RESPIRATORY THERAPY	208,284
50	PHYSICAL THERAPY	314
53	ELECTROCARDIOLOGY	31,242
54	ELECTROENCEPHALOGRAPHY	22,289
56.01	DIABETES CENTER	6,157
61	EMERGENCY	558,237
62.01	OBSERVATION BEDS (DISTINCT PAR	7,940
		30,394,114

RECLASS CODE: D
EXPLANATION : DRUGS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	5,246,391
2.00		0
3.00		0
4.00		0
5.00		0
6.00		0
7.00		0
8.00		0
9.00		0
10.00		0
11.00		0
12.00		0
13.00		0
14.00		0

----- DECREASE -----		
LINE	COST CENTER	AMOUNT
15	CENTRAL SERVICES & SUPPLY	576
16	PHARMACY	4,892,487
25	ADULTS & PEDIATRICS	44,342
30	NEONATAL INTENSIVE CARE UNIT	7,174
31	SUBPROVIDER	1,060
37	OPERATING ROOM	236,585
38	RECOVERY ROOM	654
41	RADIOLOGY-DIAGNOSTIC	21,964
43	RADIOISOTOPE	7,149
44	LABORATORY	4,022
49	RESPIRATORY THERAPY	2,218
53	ELECTROCARDIOLOGY	267
54	ELECTROENCEPHALOGRAPHY	134
61	EMERGENCY	27,627

RECLASSIFICATIONS

PROVIDER NO:
150109

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

PREPARED 5/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: D
EXPLANATION : DRUGS

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
15.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			5,246,391

----- INCREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
OBSERVATION BEDS (DISTINCT PAR	62.01	132	
		5,246,391	

RECLASS CODE: E
EXPLANATION : LDRP

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	471,727
2.00	DELIVERY ROOM & LABOR ROOM	39	3,048,923
TOTAL RECLASSIFICATIONS FOR CODE E			3,520,650

----- INCREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	3,520,650	
		0	
		3,520,650	

RECLASS CODE: F
EXPLANATION : CAFETERIA

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	828,209
TOTAL RECLASSIFICATIONS FOR CODE F			828,209

----- INCREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
DIETARY	11	828,209	
		828,209	

RECLASS CODE: G
EXPLANATION : CAPITAL EXP (INT & DEP)

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,461,208
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE G			1,461,208

----- INCREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	1,329,930	
RADIOLOGY-DIAGNOSTIC	41	131,278	
		1,461,208	

RECLASS CODE: H
EXPLANATION : FSEH SHARED SERVICES

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	COMMUNICATIONS	6.01	366,977
2.00	ADMITTING	6.04	294,809
3.00	PATIENT ACCOUNTING	6.05	793,341
4.00	ADMINISTRATIVE AND GENERAL	6.06	847,513
5.00	OPERATION OF PLANT	8	886,125
6.00	LAUNDRY & LINEN SERVICE	9	112,629
7.00	MEDICAL RECORDS & LIBRARY	17	53,699
8.00	ELECTROCARDIOLOGY	53	272,710
9.00	EMPLOYEE BENEFITS	5	395,653
10.00	MGMT INFO SYSTEMS	6.02	14,430
11.00	PURCHASING	6.03	160,449
12.00	ADMINISTRATIVE AND GENERAL	6.06	1,553,440
13.00	OPERATION OF PLANT	8	788,075
14.00	NURSING ADMINISTRATION	14	400,847
15.00	MEDICAL RECORDS & LIBRARY	17	313,092
16.00	SOCIAL SERVICE	18	118,945
17.00	RESPIRATORY THERAPY	49	18,311
18.00	PHYSICAL THERAPY	50	44,548
19.00	EMERGENCY	61	26,121
TOTAL RECLASSIFICATIONS FOR CODE H			7,461,714

----- INCREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
COMMUNICATIONS	6.01	366,977	
ADMITTING	6.04	294,809	
PATIENT ACCOUNTING	6.05	793,341	
ADMINISTRATIVE AND GENERAL	6.06	847,513	
OPERATION OF PLANT	8	886,125	
LAUNDRY & LINEN SERVICE	9	112,629	
MEDICAL RECORDS & LIBRARY	17	53,699	
ELECTROCARDIOLOGY	53	272,710	
EMPLOYEE BENEFITS	5	395,653	
MGMT INFO SYSTEMS	6.02	14,430	
PURCHASING	6.03	160,449	
ADMINISTRATIVE AND GENERAL	6.06	1,553,440	
OPERATION OF PLANT	8	788,075	
NURSING ADMINISTRATION	14	400,847	
MEDICAL RECORDS & LIBRARY	17	313,092	
SOCIAL SERVICE	18	118,945	
RESPIRATORY THERAPY	49	18,311	
PHYSICAL THERAPY	50	44,548	
EMERGENCY	61	26,121	
		7,461,714	

RECLASS CODE: I
EXPLANATION : FSEH PURCHASED SERVICES

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
1.00	INTENSIVE CARE UNIT	26	2,407,202
2.00	OPERATING ROOM	37	86,556
3.00	RECOVERY ROOM	38	46,099
4.00	RADIO SOTOPE	43	46,643
5.00	LABORATORY	44	29,666
6.00	PHYSICAL THERAPY	50	2,025,155
7.00	SPEECH PATHOLOGY	52	274,130
8.00	ELECTROCARDIOLOGY	53	920,128
9.00	ELECTROENCEPHALOGRAPHY	54	664,357
TOTAL RECLASSIFICATIONS FOR CODE I			6,499,936

----- INCREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
INTENSIVE CARE UNIT	26	2,407,202	
OPERATING ROOM	37	86,556	
RECOVERY ROOM	38	46,099	
RADIO SOTOPE	43	46,643	
LABORATORY	44	29,666	
PHYSICAL THERAPY	50	2,025,155	
SPEECH PATHOLOGY	52	274,130	
ELECTROCARDIOLOGY	53	920,128	
ELECTROENCEPHALOGRAPHY	54	664,357	
		6,499,936	

RECLASSIFICATIONS

PROVIDER NO:
150109

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

PREPARED 5/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: J
EXPLANATION : INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,365,832	INTEREST EXPENSE	88	5,071,246	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,705,414			0	
TOTAL RECLASSIFICATIONS FOR CODE J			5,071,246			5,071,246	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	1,503,833					1,503,833	
2	LAND IMPROVEMENTS	902,714					902,714	
3	BUILDINGS & FIXTURE	37,834,923					37,834,923	
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	4,548,418				3,185,454	1,362,964	
7	SUBTOTAL	44,789,888				3,185,454	41,604,434	
8	RECONCILING ITEMS							
9	TOTAL	44,789,888				3,185,454	41,604,434	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	6,184,835	796,128		796,128		6,980,963	
2	LAND IMPROVEMENTS	2,853,108	1,715,772		1,715,772		4,568,880	
3	BUILDINGS & FIXTURE	42,512,418	187,266,734		187,266,734		229,779,152	
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	60,406,701	13,780,673		13,780,673		74,187,374	
7	SUBTOTAL	111,957,062	203,559,307		203,559,307		315,516,369	
8	RECONCILING ITEMS							
9	TOTAL	111,957,062	203,559,307		203,559,307		315,516,369	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	38,737,637		38,737,637	.111112				
2	OLD CAP REL COSTS-MV	1,362,964		1,362,964	.003909				
3	NEW CAP REL COSTS-BL	234,348,032		234,348,032	.672186				
4	NEW CAP REL COSTS-MV	74,187,374		74,187,374	.212793				
5	TOTAL	348,636,007		348,636,007	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	3,717,517	1,598,491	2,261,305				7,577,313
4	NEW CAP REL COSTS-MV	6,606,977	181,296	2,585,884				9,374,157
5	TOTAL	10,324,494	1,779,787	4,847,189				16,951,470

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	11,419,438						11,419,438
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	11,419,438						11,419,438

* 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

DESCRIPTION (1)	BASIS/CODE (2)	AMOUNT (2)	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER (3)	LINE NO (4)	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-104,527	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-119,530	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,560,736			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-26,717,348			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-685,820	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-29,098	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			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MARKETING EXP	A	-235	DIETARY	11	
38 MARKETING EXP	A	-31	SUBPROVIDER	31	
39 MARKETING EXP	A	-1,992	RADIOLOGY-DIAGNOSTIC	41	
40 MARKETING EXP	B	-2,487	HOME HEALTH AGENCY	71	
41 ADVERTISING EXP	B	-23,386	RADIOLOGY-DIAGNOSTIC	41	
42 ADVERTISING EXP	B	-1,132	HOME HEALTH AGENCY	71	
43 EXP ALLOC -- SMC PHYSICIANS	B	-499,000	ADMINISTRATIVE AND GENERA	6.06	
44 PROPERTY RECEIPTS	B	-323	ADMINISTRATIVE AND GENERA	6.06	
45 MISC REV	B	-21,618	ADMINISTRATIVE AND GENERA	6.06	
46 SILVER RECOVERY	B	-1,205	ADMINISTRATIVE AND GENERA	6.06	
47 BLDG RENT REV - ARNETT CLINIC	B	-77,910	NEW CAP REL COSTS-BLDG &	3	9
48 BLDG RENT REV - CLARIAN ARNETT BLDG	B	-421,585	NEW CAP REL COSTS-BLDG &	3	9
49 BLDG RENT REV - MED OFFICE BLDG	B	-9,022	NEW CAP REL COSTS-BLDG &	3	9
49.01 BLDG RENT REV	B	-174,476	NEW CAP REL COSTS-BLDG &	3	9
49.02 NCHS BLDG MGMT REV	B	-99,366	NEW CAP REL COSTS-BLDG &	3	9
49.03 MAINTENANCE/SECURITY REV	B	-101,793	OPERATION OF PLANT	8	
49.04 CAFETERIA REV	B	-1,295	DIETARY	11	
49.05 PHYSICIAN FOOD SERVICE REV	B	-1,242	DIETARY	11	
49.06 MISC REV	B	-29,832	DIETARY	11	
49.07 MISC REVENUE	B	226	RADIOLOGY-DIAGNOSTIC	41	
49.08 INSULIN PUMP REV	B	-2,225	DIABETES CENTER	56.01	
49.09 EDUCATION REV	B	-59,917	EMERGENCY	61	
49.10 MISC REV	B	-1,000	EMERGENCY	61	
49.11 MISC REV	B	-40	HOME HEALTH AGENCY	71	
49.12 NONALLOWABLE INTEREST	A	-638,149	INTEREST EXPENSE	88	
50 TOTAL (SUM OF LINES 1 THRU 49)		-31,386,094			

(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 & FRANSICAN DEPRECIATION	1,025,167		1,025,167	9
2	4	NEW CAP REL COSTS-MVBLE E FRANSICAN DEPRECIATION	1,172,315		1,172,315	9
3	88	INTEREST EXPENSE	5,741,367		5,741,367	11
4	6	ADMINISTRATIVE AND GENERA FRANSICAN A&G	10,864,020		10,864,020	
4.01	16	PHARMACY	399,759		399,759	
4.02	6	MGMT INFO SYSTEMS		9,596,961	-9,596,961	
4.03	6	3 PURCHASING		292,152	-292,152	
4.04	6	ADMINISTRATIVE AND GENERA INTERCO ASSESSMENTS - COR		4,430,338	-4,430,338	
4.05	11	DIETARY		1,444	-1,444	
4.06	53	ELECTROCARDIOLOGY		1,296	-1,296	
4.07	88	INTEREST EXPENSE		8,171,789	-8,171,789	
4.08	98	PHYSICIANS' PRIVATE OFFIC INTERCO ASSESSMENTS - AIS		12,354	-12,354	
4.09	1	OLD CAP REL COSTS-BLDG & FSEH-E SHARED SERVICES		11,419,438	-11,419,438	9
4.10	3	NEW CAP REL COSTS-BLDG & FSEH-E SHARED SERVICES	3,474,709		3,474,709	9
4.11	4	NEW CAP REL COSTS-MVBLE E FSEH-E SHARED SERVICES	3,973,454		3,973,454	9
4.12	5	EMPLOYEE BENEFITS	17,762,390	30,442,357	-12,679,967	
4.14	6	1 COMMUNICATIONS	552,684	755,012	-202,328	
4.15	6	2 MGMT INFO SYSTEMS	750,381	1,025,084	-274,703	
4.16	6	3 PURCHASING	684,347	938,750	-254,403	
4.17	6	ADMINISTRATIVE AND GENERA FSEH-E SHARED SERVICES	7,488,064	14,018,947	-6,530,883	
4.18	8	OPERATION OF PLANT	5,293,251	8,701,201	-3,407,950	
4.19	14	NURSING ADMINISTRATION	1,756,587	2,183,518	-426,931	
4.20	17	MEDICAL RECORDS & LIBRARY FSEH-E SHARED SERVICES	1,346,686	1,802,429	-455,743	
4.21	18	SOCIAL SERVICE	501,728	621,537	-119,809	
4.22	49	RESPIRATORY THERAPY	76,680	94,991	-18,311	
4.23	50	PHYSICAL THERAPY	187,809	232,657	-44,848	
4.24	61	EMERGENCY	109,390	135,511	-26,121	
4.25	6	1 COMMUNICATIONS	491,672		491,672	
4.26	6	4 ADMINITING	299,578		299,578	
4.27	6	5 PATIENT ACCOUNTING	2,339,215		2,339,215	
4.28	6	ADMINISTRATIVE AND GENERA FSEH-C SHARED SERVICES	948,974		948,974	
4.29	8	OPERATION OF PLANT	1,561,898		1,561,898	
4.30	9	LAUNDRY & LINEN SERVICE	579,375		579,375	
4.31	17	MEDICAL RECORDS & LIBRARY FSEH-C SHARED SERVICES	76,739		76,739	
4.32	53	ELECTROCARDIOLOGY	1,707,285		1,707,285	
4.33	26	INTENSIVE CARE UNIT	2,647,404		2,647,404	
4.34	37	OPERATING ROOM		919,739	-919,739	
4.35	38	RECOVERY ROOM		47,784	-47,784	
4.36	43	RADIOISOTOPE		226,995	-226,995	
4.37	44	LABORATORY		152,640	-152,640	
4.38	50	PHYSICAL THERAPY	2,213,721		2,213,721	
4.39	52	SPEECH PATHOLOGY	287,033		287,033	
4.40	53	ELECTROCARDIOLOGY		994,978	-994,978	
4.41	54	ELECTROENCEPHALOGRAPHY		734,998	-734,998	
4.42	55	MEDICAL SUPPLIES CHARGED		2,901,256	-2,901,256	
4.43	55	30 IMPL. DEV. CHARGED TO PAT		2,178,349	-2,178,349	
4.44	57	RENAL DIALYSIS	3,475		3,475	
4.45						
4.46						
5		TOTALS	76,317,157	103,034,505	-26,717,348	

* 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	G	0.00	ST. ELIZABETH CENTRAL	0.00	HOSPITAL
2	B	FRANSICAN ALLIANCE, INC.	100.00	0.00	HOME OFFICE
3	C	0.00	INNERVISION IMAGING	0.00	IMAGING CENTER
4	C	0.00	UNITY SURGICAL CENTER	0.00	SURGICAL CENTER
5		0.00		0.00	

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

SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.
FSEH-LAFAYETTE SHARED SERVICES

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0109
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/26/2011
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6 6	AGGREGATE	1,336,163	1,124,912	211,251	171,400	1,409	116,107	5,805
2 16	AGGREGATE	5,400		5,400	171,400	91	7,499	375
3 25	AGGREGATE	26,400	12,000	14,400	154,100	137	10,150	508
4 30	AGGREGATE	264,000	156,000	108,000	152,100	673	49,213	2,461
5 31	AGGREGATE	100,800		100,800	171,400	1,145	94,352	4,718
6 41	AGGREGATE	45,837		45,837	231,100	323	35,887	1,794
7 44	AGGREGATE	112,000		112,000	219,500	660	69,649	3,482
8 49	AGGREGATE	36,000		36,000	171,400	240	19,777	989
9 53	AGGREGATE	2,400		2,400	171,400	11	906	45
10 54	AGGREGATE	18,000		18,000	171,400	253	20,848	1,042
11 56 1	AGGREGATE	9,750		9,750	171,400	83	6,840	342
12 61	AGGREGATE	68,667		68,667	171,400	466	38,400	1,920
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,025,417	1,292,912	732,505		5,491	469,628	23,481

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0109
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/26/2011
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	6 6	AGGREGATE				116,107	95,144	1,220,056
2	16	AGGREGATE				7,499		
3	25	AGGREGATE				10,150	4,250	16,250
4	30	AGGREGATE				49,213	58,787	214,787
5	31	AGGREGATE				94,352	6,448	6,448
6	41	AGGREGATE				35,887	9,950	9,950
7	44	AGGREGATE				69,649	42,351	42,351
8	49	AGGREGATE				19,777	16,223	16,223
9	53	AGGREGATE				906	1,494	1,494
10	54	AGGREGATE				20,848		
11	56 1	AGGREGATE				6,840	2,910	2,910
12	61	AGGREGATE				38,400	30,267	30,267
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL				469,628	267,824	1,560,736

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0109
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6.01	COMMUNICATIONS	4	PHONE	LINES	ENTERED
6.02	MGMT INFO SYSTEMS	5	MANHOURS		ENTERED
6.03	PURCHASING	6	COSTED	REQUISITIO	ENTERED
6.04	ADMITTING	C	GROSS	CHARGES	ENTERED
6.05	PATIENT ACCOUNTING	C	GROSS	CHARGES	ENTERED
6.06	ADMINISTRATIVE AND GENERAL	-8	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	13	MEALS	SERVED	ENTERED
12	CAFETERIA	5	MANHOURS		ENTERED
14	NURSING ADMINISTRATION	16	DI RECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED	REQUI S.	ENTERED
16	PHARMACY	18	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	19	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	COMMUNICATIONS
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	7,577,313			7,577,313			
005 NEW CAP REL COSTS-MVBLE E	9,374,157				9,374,157		
006 EMPLOYEE BENEFITS	17,762,390			80,329	99,707	17,942,426	
006 01 COMMUNICATIONS	1,044,356			11,192	13,892	89,650	1,159,090
006 02 MGMT INFO SYSTEMS	750,380			42,820	53,149	9,630	34,399
006 03 PURCHASING	680,472			90,109	111,845	107,070	20,938
006 04 ADMINISTRATION	299,578					72,020	
006 05 PATIENT ACCOUNTING	2,339,215			85,746	106,431	193,808	20,938
006 06 ADMINISTRATIVE AND GENERAL	18,064,682			492,595	611,422	1,243,675	109,179
008 OPERATION OF PLANT	6,750,400			998,116	1,238,888	515,759	82,258
009 LAUNDRY & LINEN SERVICE	579,375					27,514	1,496
010 HOUSEKEEPING	1,651,182			109,507	135,923	260,189	13,460
011 DIETARY	909,553			226,005	280,523	145,572	44,868
012 CAFETERIA	891,047			169,651	210,576	257,113	
014 NURSING ADMINISTRATION	1,749,114			67,707	84,039	410,082	13,460
015 CENTRAL SERVICES & SUPPLY	603,979			105,717	131,219	110,514	5,982
016 PHARMACY	2,704,719			96,563	119,857	505,079	34,399
017 MEDICAL RECORDS & LIBRARY	1,423,425			38,278	47,512	333,423	25,425
018 SOCIAL SERVICE	501,728			14,553	18,064	121,685	13,460
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	9,716,715			1,535,571	1,413,225	2,332,058	171,996
026 INTENSIVE CARE UNIT	2,919,727			259,331	814,652	654,336	32,903
030 NEONATAL INTENSIVE CARE U	1,785,476			149,395	185,433	417,201	25,425
031 SUBPROVIDER	1,161,886					257,622	35,894
033 NURSERY	471,727			57,158	70,946	113,020	
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	21,343,275			598,741	743,173	788,132	82,258
038 RECOVERY ROOM	661,612			56,693	70,369	160,537	11,965
039 DELIVERY ROOM & LABOR ROO	3,048,923			369,393	458,500	730,482	38,886
041 RADIOLOGY-DIAGNOSTIC	16,055,185			487,678	605,319	856,546	89,736
043 RADIOISOTOPE	844,298			191,159	237,272	244,750	
044 LABORATORY	6,591,091			137,952	171,230	7,936	65,806
049 RESPIRATORY THERAPY	1,337,248			115,497	143,357	286,231	50,850
050 PHYSICAL THERAPY	2,663,523			43,731	54,281	560,194	8,974
052 SPEECH PATHOLOGY	287,033			4,416	5,481	66,968	
053 ELECTROCARDIOLOGY	1,312,135			152,506	189,294		
054 ELECTROENCEPHALOGRAPHY	13,285			5,775	7,168		8,974
055 MEDICAL SUPPLIES CHARGED	12,597,474						
055 30 IMPL. DEV. CHARGED TO PAT	12,717,035						
056 DRUGS CHARGED TO PATIENTS	5,246,391						
056 01 DIABETES CENTER	285,769					68,073	8,974
057 RENAL DIALYSIS	3,475			8,260	10,252		
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	4,054,966			750,192	931,158	938,904	47,859
062 01 OBSERVATION BEDS (NON-DIS	2,920						
062 01 OBSERVATION BEDS (DISTINC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	2,856,425					541,124	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	183,634,659			7,552,336	9,374,157	13,426,897	1,100,762
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	44,008			19,792			
098 PHYSICIANS' PRIVATE OFFIC	31,107,236			5,185		4,483,290	
100 MOB	153,980					29,261	58,328
100 01 LI FELINE	16,618					2,978	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	214,956,501			7,577,313	9,374,157	17,942,426	1,159,090

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	MGMT INFO SYS TEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	SUBTOTAL	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT
	6.02	6.03	6.04	6.05	6a.05	6.06	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 MGMT INFO SYSTEMS	890,378						
006 03 PURCHASING	10,455	1,020,889					
006 04 ADMINISTRATION	7,704		379,308				
006 05 PATIENT ACCOUNTING	21,393			2,767,548			
006 06 ADMINISTRATIVE AND GENERAL	64,347				20,586,687	20,586,687	
008 OPERATION OF PLANT	37,230	146			9,622,797	1,019,199	10,641,996
009 LAUNDRY & LINEN SERVICE	3,249	5			611,639	64,782	
010 HOUSEKEEPING	31,046	710			2,202,017	233,227	201,748
011 DIETARY	14,600	204			1,621,325	171,723	416,374
012 CAFETERIA	28,565	360			1,557,312	164,943	312,552
014 NURSING ADMINISTRATION	16,328	189			2,340,919	247,938	124,738
015 CENTRAL SERVICES & SUPPLY	10,521	29,853			997,785	105,680	194,765
016 PHARMACY	21,758	3,693			3,486,068	369,227	177,900
017 MEDICAL RECORDS & LIBRARY	28,088	11			1,896,162	200,832	70,521
018 SOCIAL SERVICE	7,581				677,071	71,712	26,812
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	128,790	20,118	19,913	145,319	15,483,705	1,639,957	2,829,011
030 INTENSIVE CARE UNIT	7,264	15	5,198	37,936	4,731,362	501,122	477,771
031 NEONATAL INTENSIVE CARE U	20,471	2,661	7,626	55,650	2,649,338	280,605	275,233
033 SUBPROVIDER	15,120	846	2,406	17,556	1,491,330	157,954	
037 NURSERY	5,735	1,322	1,230	8,978	730,116	77,330	105,304
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	43,955	690,450	62,551	456,487	24,809,022	2,627,648	1,103,073
038 RECOVERY ROOM	7,523	593	5,209	38,012	1,012,513	107,240	104,448
039 DELIVERY ROOM & LABOR ROO	37,069	8,547	8,174	59,650	4,759,624	504,116	680,540
041 RADIOLOGY-DIAGNOSTIC	47,164	50,565	71,042	517,881	18,781,116	1,989,202	898,460
043 RADIOISOTOPE	12,235	126,119	24,222	176,771	1,856,826	196,666	352,177
044 LABORATORY	819	44,099	33,751	246,308	7,298,992	773,073	254,153
049 RESPIRATORY THERAPY	16,035	9,774	4,795	34,990	1,998,777	211,700	212,782
050 PHYSICAL THERAPY	5,672	10	4,082	29,793	3,370,260	356,961	80,567
052 SPEECH PATHOLOGY			362	2,641	366,901	38,860	8,136
053 ELECTROCARDIOLOGY	12,388	980	8,917	65,072	1,741,292	184,429	280,964
054 ELECTROENCEPHALOGRAPHY	7,112	699	724	5,286	49,023	5,192	10,639
055 MEDICAL SUPPLIES CHARGED			30,340	221,415	12,849,229	1,360,926	
055 30 IMPL. DEV. CHARGED TO PAT			45,015	328,513	13,090,563	1,386,487	
056 DRUGS CHARGED TO PATIENTS			22,155	161,685	5,430,231	575,143	
056 01 DIABETES CENTER	4,436	193	337	2,460	370,242	39,214	
057 RENAL DIALYSIS			233	1,701	23,921	2,534	15,218
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	53,967	17,518	19,134	139,638	6,953,336	736,463	1,382,095
062 01 OBSERVATION BEDS (NON-DIS		249	1,892	13,806	18,867	1,998	
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	28,644	2,206			3,428,399	363,119	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	757,264	1,012,945	379,308	2,767,548	178,894,767	16,767,202	10,595,981
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		28			63,828	6,760	36,463
098 PHYSICIANS' PRIVATE OFFIC	129,166	7,916			35,732,793	3,784,645	9,552
100 MOB	3,523				245,092	25,959	
100 01 LI FINE	425				20,021	2,121	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	890,378	1,020,889	379,308	2,767,548	214,956,501	20,586,687	10,641,996

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 COMMUNICATIONS								
006 02 MGMT INFO SYSTEMS								
006 03 PURCHASING								
006 04 ADMINISTRATION								
006 05 PATIENT ACCOUNTING								
006 06 ADMINISTRATIVE AND GENERAL								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	676,421							
010 HOUSEKEEPING	16,126	2,653,118						
011 DIETARY	17,222	105,811	2,332,455					
012 CAFETERIA		79,427		2,114,234				
014 NURSING ADMINISTRATION		31,699		51,387	2,796,681			
015 CENTRAL SERVICES & SUPPLY	18,911	49,494		33,112	71,075	1,470,822		
016 PHARMACY		45,209		68,477			4,146,881	
017 MEDICAL RECORDS & LIBRARY		17,921		88,397				
018 SOCIAL SERVICE		6,814		23,859				
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS	246,193	718,921	2,099,982	405,323	870,008			
026 INTENSIVE CARE UNIT	34,545	121,413	228,542	22,861	49,070			
030 NEONATAL INTENSIVE CARE U	15,631	69,943		64,424	138,284			
031 SUBPROVIDER	13,238		3,931	47,585	102,139			
033 NURSERY	25,689	26,760		18,050	38,743			
037 ANCILLARY SRVC COST CNTRS								
038 OPERATING ROOM	122,299	280,317		138,334	293,793			
038 RECOVERY ROOM	22,489	26,543		23,676	50,819			
039 DELIVERY ROOM & LABOR ROO	27,466	172,942		116,661	250,409			
041 RADIOLOGY-DIAGNOSTIC	37,148	228,320		148,432				
043 RADIOISOTOPE	2,836	89,497		38,505	82,649			
044 LABORATORY	4,080	64,586		2,577				
049 RESPIRATORY THERAPY	4,611	54,073		50,464	108,320			
050 PHYSICAL THERAPY	7,411	20,474		17,851	38,317			
052 SPEECH PATHOLOGY		2,067						
053 ELECTROCARDIOLOGY	3,372	71,400		38,988	67,013			
054 ELECTROENCEPHALOGRAPHY		2,704		22,381	48,041			
055 MEDICAL SUPPLIES CHARGED						750,119		
055 30 IMPL. DEV. CHARGED TO PAT						720,703		
056 DRUGS CHARGED TO PATIENTS								4,146,881
056 01 DIABETES CENTER				13,960	29,941			
057 RENAL DIALYSIS		3,867						
061 OUTPAT SERVICE COST CNTRS								
061 EMERGENCY	57,154	351,223		169,844	364,564			
062 01 OBSERVATION BEDS (NON-DIS								
062 01 OBSERVATION BEDS (DISTINC								
071 OTHER REIMBURS COST CNTRS								
071 HOME HEALTH AGENCY				90,149	193,496			
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	676,421	2,641,425	2,332,455	1,695,297	2,796,681	1,470,822	4,146,881	
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP		9,266						
098 PHYSICIANS' PRIVATE OFFIC		2,427		406,512				
100 MOB				11,088				
100 01 LIFELINE				1,337				
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	676,421	2,653,118	2,332,455	2,114,234	2,796,681	1,470,822	4,146,881	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0109
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	18	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 01 COMMUNICATIONS					
006 02 MGMT INFO SYSTEMS					
006 03 PURCHASING					
006 04 ADMINITTING					
006 05 PATIENT ACCOUNTING					
006 06 ADMINISTRATIVE AND GENERA					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY	2,273,833				
018 SOCIAL SERVICE		806,268			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	119,389	576,132	24,988,621		24,988,621
026 INTENSIVE CARE UNIT	31,167	62,702	6,260,555		6,260,555
030 NEONATAL INTENSIVE CARE U	45,720	76,529	3,615,707		3,615,707
031 SUBPROVIDER	14,424	90,905	1,921,506		1,921,506
033 NURSERY	7,376		1,029,368		1,029,368
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	375,033		29,749,519		29,749,519
038 RECOVERY ROOM	31,229		1,378,957		1,378,957
039 DELIVERY ROOM & LABOR ROO	49,007		6,560,765		6,560,765
041 RADIOLOGY-DIAGNOSTIC	425,583		22,508,261		22,508,261
043 RADIOISOTOPE	145,229		2,764,385		2,764,385
044 LABORATORY	202,357		8,599,818		8,599,818
049 RESPIRATORY THERAPY	28,747		2,669,474		2,669,474
050 PHYSICAL THERAPY	24,477		3,916,318		3,916,318
052 SPEECH PATHOLOGY	2,170		418,134		418,134
053 ELECTROCARDIOLOGY	53,461		2,440,919		2,440,919
054 ELECTROENCEPHALOGRAPHY	4,343		142,323		142,323
055 MEDICAL SUPPLIES CHARGED	181,907		15,142,181		15,142,181
055 30 IMPL. DEV. CHARGED TO PAT	269,895		15,467,648		15,467,648
056 DRUGS CHARGED TO PATIENTS	132,835		10,285,090		10,285,090
056 01 DIABETES CENTER	2,021		455,378		455,378
057 RENAL DIALYSIS	1,398		46,938		46,938
OUTPAT SERVICE COST CNTRS					
061 EMERGENCY	114,722		10,129,401		10,129,401
062 OBSERVATION BEDS (NON-DIS					
062 01 OBSERVATION BEDS (DISTINC	11,343		32,208		32,208
OTHER REIMBURS COST CNTRS					
071 HOME HEALTH AGENCY			4,075,163		4,075,163
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	2,273,833	806,268	174,598,637		174,598,637
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			116,317		116,317
098 PHYSICIANS' PRIVATE OFFIC			39,935,929		39,935,929
100 MOB			282,139		282,139
100 01 LIFELINE			23,479		23,479
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	2,273,833	806,268	214,956,501		214,956,501

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				80,329	99,707	180,036	180,036
006 01 COMMUNICATIONS				11,192	13,892	25,084	899
006 02 MGMT INFO SYSTEMS				42,820	53,149	95,969	97
006 03 PURCHASING	3,875			90,109	111,845	205,829	1,074
006 04 ADMINITTING							723
006 05 PATIENT ACCOUNTING				85,746	106,431	192,177	1,944
006 06 ADMINISTRATIVE AND GENERA	830,338			492,595	611,422	1,934,355	12,478
008 OPERATION OF PLANT	2,956			998,116	1,238,888	2,239,960	5,175
009 LAUNDRY & LINEN SERVICE							276
010 HOUSEKEEPING				109,507	135,923	245,430	2,610
011 DIETARY				226,005	280,523	506,528	1,461
012 CAFETERIA	59,866			169,651	210,576	440,093	2,580
014 NURSING ADMINISTRATION				67,707	84,039	151,746	4,114
015 CENTRAL SERVICES & SUPPLY	15,559			105,717	131,219	252,495	1,109
016 PHARMACY	45,207			96,563	119,857	261,627	5,067
017 MEDICAL RECORDS & LIBRARY				38,278	47,512	85,790	3,345
018 SOCIAL SERVICE				14,553	18,064	32,617	1,221
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	321,002			1,535,571	1,413,225	3,269,798	23,398
026 INTENSIVE CARE UNIT				259,331	814,652	1,073,983	6,565
030 NEONATAL INTENSIVE CARE U				149,395	185,433	334,828	4,186
031 SUBPROVIDER							2,585
033 NURSERY				57,158	70,946	128,104	1,134
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	34,018			598,741	743,173	1,375,932	7,907
038 RECOVERY ROOM				56,693	70,369	127,062	1,611
039 DELIVERY ROOM & LABOR ROO				369,393	458,500	827,893	7,329
041 RADIOLOGY-DIAGNOSTIC	739,353			487,678	605,319	1,832,350	8,594
043 RADIOISOTOPE	3,655			191,159	237,272	432,086	2,456
044 LABORATORY				137,952	171,230	309,182	80
049 RESPIRATORY THERAPY	12,908			115,497	143,357	271,762	2,872
050 PHYSICAL THERAPY				43,731	54,281	98,012	5,620
052 SPEECH PATHOLOGY				4,416	5,481	9,897	672
053 ELECTROCARDIOLOGY	1,228			152,506	189,294	343,028	
054 ELECTROENCEPHALOGRAPHY				5,775	7,168	12,943	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
056 01 DIABETES CENTER	25,179					25,179	683
057 RENAL DIALYSIS				8,260	10,252	18,512	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				750,192	931,158	1,681,350	9,420
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							5,429
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,095,144			7,552,336	9,374,157	19,021,637	134,714
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				19,792		19,792	
098 PHYSICIANS' PRIVATE OFFIC				5,185		5,185	44,998
100 MOB							294
100 01 LIFELINE							30
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,095,144			7,577,313	9,374,157	19,046,614	180,036

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	COMMUNICATIONS	MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	6.06	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS	25,983						
006 02 MGMT INFO SYSTEMS	771	96,837					
006 03 PURCHASING	469	1,137	208,509				
006 04 ADMINITTING		838	1	1,562			
006 05 PATIENT ACCOUNTING	469	2,327	4		196,921		
006 06 ADMINSTRATIVE AND GENERA	2,447	6,998	161			1,956,439	
008 OPERATION OF PLANT	1,844	4,049	30			96,863	2,347,921
009 LAUNDRY & LINEN SERVICE	34	353	1			6,157	
010 HOUSEKEEPING	302	3,376	145			22,166	44,511
011 DIETARY	1,006	1,588	42			16,320	91,864
012 CAFETERIA		3,107	74			15,676	68,958
014 NURSING ADMINISTRATION	302	1,776	39			23,564	27,521
015 CENTRAL SERVICES & SUPPLY	134	1,144	6,098			10,044	42,971
016 PHARMACY	771	2,366	754			35,091	39,250
017 MEDICAL RECORDS & LIBRARY	570	3,055	2			19,087	15,559
018 SOCIAL SERVICE	302	825				6,815	5,915
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	3,854	14,007	4,109	87	10,349	155,859	624,158
030 INTENSIVE CARE UNIT	738	790	3	23	2,702	47,626	105,410
031 NEONATAL INTENSIVE CARE U	570	2,226	543	33	3,963	26,668	60,724
033 SUBPROVIDER	805	1,644	173	11	1,250	15,012	
033 NURSERY		624	270	5	639	7,349	23,233
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,844	4,780	141,015	274	32,508	249,728	243,369
039 RECOVERY ROOM	268	818	121	23	2,707	10,192	23,044
041 DELIVERY ROOM & LABOR ROO	872	4,032	1,746	36	4,248	47,910	150,146
043 RADIOLOGY-DIAGNOSTIC	2,012	5,129	10,328	212	36,713	189,051	198,225
044 RADIOISOTOPE		1,331	25,760	106	12,589	18,691	77,700
049 LABORATORY	1,475	89	9,007	148	17,541	73,472	56,073
050 RESPIRATORY THERAPY	1,140	1,744	1,996	21	2,492	20,120	46,946
052 PHYSICAL THERAPY	201	617	2	18	2,122	33,925	17,775
053 SPEECH PATHOLOGY				2	188	3,693	1,795
054 ELECTROCARDIOLOGY		1,347	200	39	4,634	17,528	61,989
055 ELECTROENCEPHALOGRAPHY	201	773	143	3	376	493	2,347
056 MEDICAL SUPPLIES CHARGED				133	15,768	129,340	
057 30 IMPL. DEV. CHARGED TO PAT				197	23,395	131,770	
061 DRUGS CHARGED TO PATIENTS				97	11,514	54,661	
062 01 DIABETES CENTER	201	482	39	1	175	3,727	
062 01 RENAL DIALYSIS				1	121	241	3,357
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,073	5,869	3,578	84	9,944	69,992	304,929
062 01 OBSERVATION BEDS (NON-DIS			51	8	983	190	
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		3,115	451			34,510	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	24,675	82,356	206,886	1,562	196,921	1,593,531	2,337,769
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP			6			642	8,045
100 PHYSICIANS' PRIVATE OFFIC		14,052	1,617			359,597	2,107
101 MOB	1,308	383				2,467	
102 01 LI FELINE		46				202	
103 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
103 TOTAL	25,983	96,837	208,509	1,562	196,921	1,956,439	2,347,921

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 MGMT INFO SYSTEMS							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 05 PATIENT ACCOUNTING							
006 06 ADMINISTRATIVE AND GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	6,821						
010 HOUSEKEEPING	163	318,703					
011 DIETARY	174	12,710	631,693				
012 CAFETERIA		9,541		540,029			
014 NURSING ADMINISTRATION		3,808		13,126	225,996		
015 CENTRAL SERVICES & SUPPLY	191	5,945		8,458	5,743	334,332	
016 PHARMACY		5,431		17,491			367,848
017 MEDICAL RECORDS & LIBRARY		2,153		22,579			
018 SOCIAL SERVICE		818		6,094			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,482	86,360	568,733	103,530	70,305		
030 INTENSIVE CARE UNIT	348	14,585	61,895	5,839	3,965		
031 NEONATAL INTENSIVE CARE U	158	8,402		16,456	11,175		
033 SUBPROVIDER	133		1,065	12,154	8,254		
037 NURSERY	259	3,215		4,610	3,131		
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,233	33,673		35,334	23,741		
039 RECOVERY ROOM	227	3,188		6,047	4,107		
041 DELIVERY ROOM & LABOR ROO	277	20,774		29,798	20,235		
043 RADIOLOGY-DIAGNOSTIC	375	27,427		37,913			
044 RADIOISOTOPE	29	10,751		9,835	6,679		
049 LABORATORY	41	7,758		658			
050 RESPIRATORY THERAPY	46	6,495		12,890	8,753		
052 PHYSICAL THERAPY	75	2,459		4,560	3,096		
053 SPEECH PATHOLOGY		248					
054 ELECTROCARDIOLOGY	34	8,577		9,959	5,415		
055 ELECTROENCEPHALOGRAPHY		325		5,717	3,882		
055 MEDICAL SUPPLIES CHARGED						170,509	
056 30 IMPL. DEV. CHARGED TO PAT						163,823	
056 DRUGS CHARGED TO PATIENTS							367,848
057 01 DIABETES CENTER				3,566	2,419		
061 RENAL DIALYSIS		465					
062 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	576	42,190		43,383	29,460		
062 01 OBSERVATION BEDS (NON-DIS							
071 OBSERVATION BEDS (DISTINC							
071 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY				23,026	15,636		
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	6,821	317,298	631,693	433,023	225,996	334,332	367,848
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		1,113					
100 PHYSICIANS' PRIVATE OFFIC		292		103,833			
100 MOB				2,832			
100 01 LIFELINE				341			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	6,821	318,703	631,693	540,029	225,996	334,332	367,848

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 COMMUNICATIONS					
006 02 MGMT INFO SYSTEMS					
006 03 PURCHASING					
006 04 ADMINITTING					
006 05 PATIENT ACCOUNTING					
006 06 ADMINISTRATIVE AND GENERA					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY	152,140				
018 SOCIAL SERVICE		54,607			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	7,994	39,020	4,984,043		4,984,043
026 INTENSIVE CARE UNIT	2,087	4,247	1,330,806		1,330,806
030 NEONATAL INTENSIVE CARE U	3,061	5,183	478,176		478,176
031 SUBPROVIDER	966	6,157	50,209		50,209
033 NURSERY	494		173,067		173,067
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	25,112		2,176,450		2,176,450
038 RECOVERY ROOM	2,091		181,506		181,506
039 DELIVERY ROOM & LABOR ROO	3,281		1,118,577		1,118,577
041 RADIOLOGY-DIAGNOSTIC	28,384		2,376,713		2,376,713
043 RADIOISOTOPE	9,724		607,737		607,737
044 LABORATORY	13,550		489,074		489,074
049 RESPIRATORY THERAPY	1,925		379,202		379,202
050 PHYSICAL THERAPY	1,639		170,121		170,121
052 SPEECH PATHOLOGY	145		16,640		16,640
053 ELECTROCARDIOLOGY	3,580		456,330		456,330
054 ELECTROENCEPHALOGRAPHY	291		27,494		27,494
055 MEDICAL SUPPLIES CHARGED	12,180		327,930		327,930
055 30 IMPL. DEV. CHARGED TO PAT	18,072		337,257		337,257
056 DRUGS CHARGED TO PATIENTS	8,894		443,014		443,014
056 01 DIABETES CENTER	135		36,607		36,607
057 RENAL DIALYSIS	94		22,791		22,791
OUTPAT SERVICE COST CNTRS					
061 EMERGENCY	7,682		2,209,530		2,209,530
062 OBSERVATION BEDS (NON-DIS					
062 01 OBSERVATION BEDS (DISTINC	759		1,991		1,991
OTHER REIMBURS COST CNTRS					
071 HOME HEALTH AGENCY			82,167		82,167
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	152,140	54,607	18,477,432		18,477,432
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			29,598		29,598
098 PHYSICIANS' PRIVATE OFFIC			531,681		531,681
100 MOB			7,284		7,284
100 01 LI FELINE			619		619
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	152,140	54,607	19,046,614		19,046,614

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0109
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	COMMUNICATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	FITS (GROSS SALARIES)	S (PHONE LINES)
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	423,817					
002 OLD CAP REL COSTS-MVB		422,420				
003 NEW CAP REL COSTS-BLD			423,817			
004 NEW CAP REL COSTS-MVB				422,420		
005 EMPLOYEE BENEFITS	4,493	4,493	4,493	4,493	73,446,455	
006 01 COMMUNICATIONS	626	626	626	626	366,977	775
006 02 MGMT INFO SYSTEMS	2,395	2,395	2,395	2,395	39,418	23
006 03 PURCHASING	5,040	5,040	5,040	5,040	438,286	14
006 04 ADMINITTING					294,809	
006 05 PATIENT ACCOUNTING	4,796	4,796	4,796	4,796	793,341	14
006 06 ADMINISTRATION AND GE	27,552	27,552	27,552	27,552	5,090,916	73
008 OPERATION OF PLANT	55,827	55,827	55,827	55,827	2,111,230	55
009 LAUNDRY & LINEN SERVI					112,629	1
010 HOUSEKEEPING	6,125	6,125	6,125	6,125	1,065,068	9
011 DIETARY	12,641	12,641	12,641	12,641	595,889	30
012 CAFETERIA	9,489	9,489	9,489	9,489	1,052,480	
014 NURSING ADMINISTRATION	3,787	3,787	3,787	3,787	1,678,649	9
015 CENTRAL SERVICES & SU	5,913	5,913	5,913	5,913	452,382	4
016 PHARMACY	5,401	5,401	5,401	5,401	2,067,513	23
017 MEDICAL RECORDS & LIB	2,141	2,141	2,141	2,141	1,364,847	17
018 SOCIAL SERVICE	814	814	814	814	498,111	9
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	85,888	63,683	85,888	63,683	9,546,153	115
026 INTENSIVE CARE UNIT	14,505	36,710	14,505	36,710	2,678,490	22
030 NEONATAL INTENSIVE CA	8,356	8,356	8,356	8,356	1,707,789	17
031 SUBPROVIDER					1,054,563	24
033 NURSERY	3,197	3,197	3,197	3,197	462,640	
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	33,489	33,489	33,489	33,489	3,226,175	55
038 RECOVERY ROOM	3,171	3,171	3,171	3,171	657,148	8
039 DELIVERY ROOM & LABOR	20,661	20,661	20,661	20,661	2,990,189	26
041 RADIOLOGY-DIAGNOSTIC	27,277	27,277	27,277	27,277	3,506,225	60
043 RADIOISOTOPE	10,692	10,692	10,692	10,692	1,001,869	
044 LABORATORY	7,716	7,716	7,716	7,716	32,485	44
049 RESPIRATORY THERAPY	6,460	6,460	6,460	6,460	1,171,672	34
050 PHYSICAL THERAPY	2,446	2,446	2,446	2,446	2,293,124	6
052 SPEECH PATHOLOGY	247	247	247	247	274,130	
053 ELECTROCARDIOLOGY	8,530	8,530	8,530	8,530		
054 ELECTROENCEPHALOGRAPH	323	323	323	323		6
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
056 01 DIABETES CENTER					278,655	6
057 RENAL DIALYSIS	462	462	462	462		
061 OUTPAT SERVICE COST C						
061 EMERGENCY	41,960	41,960	41,960	41,960	3,843,353	32
062 OBSERVATION BEDS (NON						
062 01 OBSERVATION BEDS (DIS						
071 OTHER REIMBURS COST C					2,215,062	
071 HOME HEALTH AGENCY						
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	422,420	422,420	422,420	422,420	54,962,267	736
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,107		1,107			
098 PHYSICIANS' PRIVATE O	290		290		18,352,220	
100 MOB					119,778	39
100 01 LIFELINE					12,190	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			7,577,313	9,374,157	17,942,426	1,159,090
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			17.878738		.244293	1,495.600000
(WRKSHT B, PT I)				22.191556		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					180,036	25,983
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.002451	33.526452
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MGMT INFO SYS	PURCHASING	ADMITTING	PATIENT ACCOUNTING	RECONCILIATION	ADMINISTRATIVE OPERATION OF	GENERAL PLANT
	(MANHOURS)	(COSTED) REQUISITION	(GROSS) CHARGES	(GROSS) CHARGES	(GROSS) CHARGES	(ACCUM. COST)	(SQUARE) FEET
GENERAL SERVICE COST	6.02	6.03	6.04	6.05	6a.06	6.06	8
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 MGMT INFO SYSTEMS	2,301,568						
006 03 PURCHASING		32,545,498					
006 04 ADMITTING		19,914	553,600,956				
006 05 PATIENT ACCOUNTING		55,299		553,600,956			
006 06 ADMINISTRATIVE AND GE	166,333	25,105			-20,586,687	194,369,814	
008 OPERATION OF PLANT	96,238	4,647				9,622,797	323,088
009 LAUNDRY & LINEN SERVI	8,399	168				611,639	
010 HOUSEKEEPING	80,251	22,640				2,202,017	6,125
011 DIETARY	37,741	6,497				1,621,325	12,641
012 CAFETERIA	73,838	11,481				1,557,312	9,489
014 NURSING ADMINISTRATIO	42,207	6,032				2,340,919	3,787
015 CENTRAL SERVICES & SU	27,197	951,704				997,785	5,913
016 PHARMACY	56,244	117,741				3,486,068	5,401
017 MEDICAL RECORDS & LIB	72,605	352				1,896,162	2,141
018 SOCIAL SERVICE	19,597	8				677,071	814
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	332,913	641,360	29,069,629	29,069,629		15,483,705	85,888
026 INTENSIVE CARE UNIT	18,777	487	7,588,690	7,588,690		4,731,362	14,505
030 NEONATAL INTENSIVE CA	52,915	84,826	11,132,180	11,132,180		2,649,338	8,356
031 SUBPROVIDER	39,084	26,974	3,512,000	3,512,000		1,491,330	
033 NURSERY	14,825	42,157	1,796,045	1,796,045		730,116	3,197
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	113,621	22,011,114	91,315,591	91,315,591		24,809,022	33,489
038 RECOVERY ROOM	19,446	18,905	7,603,896	7,603,896		1,012,513	3,171
039 DELIVERY ROOM & LABOR	95,820	272,476	11,932,443	11,932,443		4,759,624	20,661
041 RADIOLOGY-DIAGNOSTIC	121,915	1,612,006	103,577,443	103,577,443		18,781,116	27,277
043 RADIOISOTOPE	31,626	4,020,624	35,361,239	35,361,239		1,856,826	10,692
044 LABORATORY	2,117	1,405,854	49,271,357	49,271,357		7,298,992	7,716
049 RESPIRATORY THERAPY	41,449	311,589	6,999,435	6,999,435		1,998,777	6,460
050 PHYSICAL THERAPY	14,662	323	5,959,753	5,959,753		3,370,260	2,446
052 SPEECH PATHOLOGY			528,347	528,347		366,901	247
053 ELECTROCARDIOLOGY	32,023	31,242	13,016,933	13,016,933		1,741,292	8,530
054 ELECTROENCEPHALOGRAPH	18,383	22,289	1,057,373	1,057,373		49,023	323
055 MEDICAL SUPPLIES CHAR			44,291,872	44,291,872		12,849,229	
055 30 IMPL. DEV. CHARGED TO			65,715,780	65,715,780		13,090,563	
056 DRUGS CHARGED TO PATI			32,343,506	32,343,506		5,430,231	
056 01 DIABETES CENTER	11,466	6,157	492,124	492,124		370,242	
057 RENAL DIALYSIS			340,332	340,332		23,921	462
061 OUTPAT SERVICE COST C							
061 EMERGENCY	139,502	558,465	27,933,238	27,933,238		6,953,336	41,960
062 OBSERVATION BEDS (NON							
062 01 OBSERVATION BEDS (DIS		7,940	2,761,750	2,761,750		18,867	
071 OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY	74,044	70,323				3,428,399	
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	1,957,476	32,292,227	553,600,956	553,600,956	-20,586,687	158,308,080	321,691
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE			902			63,828	1,107
098 PHYSICIANS' PRIVATE O	333,887	252,369				35,732,793	290
100 MOB	9,107					245,092	
100 01 LIFELINE	1,098					20,021	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	890,378	1,020,889	379,308	2,767,548		20,586,687	10,641,996
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.031368		.004999		.105915	
(WRKSHT B, PT I)	.386857		.000685				32.938382
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	96,837	208,509	1,562	196,921		1,956,439	2,347,921
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.006407		.000356		.010066	
(WRKSHT B, PT III)	.042074		.000003				7.267125

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
		(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(MANHOURS)	(DIRECT NRSING HRS)	(COSTED)REQUIS.	(COSTED)REQUIS.
	GENERAL SERVICE COST	9	10	11	12	14	15	16
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	01 COMMUNICATIONS							
006	02 MGMT INFO SYSTEMS							
006	03 PURCHASING							
006	04 ADMINITTING							
006	05 PATIENT ACCOUNTING							
006	06 ADMINISTRATIVE AND GE							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVI	860,542						
010	HOUSEKEEPING	20,516	316,963					
011	DIETARY	21,910	12,641	124,021				
012	CAFETERIA		9,489		1,736,530			
014	NURSING ADMINISTRATION		3,787		42,207	1,070,162		
015	CENTRAL SERVICES & SU	24,058	5,913		27,197	27,197	100	
016	PHARMACY		5,401		56,244			100
017	MEDICAL RECORDS & LIB		2,141		72,605			
018	SOCIAL SERVICE		814		19,597			
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	313,207	85,888	111,660	332,913	332,913		
026	INTENSIVE CARE UNIT	43,948	14,505	12,152	18,777	18,777		
030	NEONATAL INTENSIVE CA	19,886	8,356		52,915	52,915		
031	SUBPROVIDER	16,841		209	39,084	39,084		
033	NURSERY	32,681	3,197		14,825	14,825		
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	155,589	33,489		113,621	112,421		
038	RECOVERY ROOM	28,611	3,171		19,446	19,446		
039	DELIVERY ROOM & LABOR	34,942	20,661		95,820	95,820		
041	RADIOLOGY-DIAGNOSTIC	47,260	27,277		121,915			
043	RADIOISOTOPE	3,608	10,692		31,626	31,626		
044	LABORATORY	5,190	7,716		2,117			
049	RESPIRATORY THERAPY	5,866	6,460		41,449	41,449		
050	PHYSICAL THERAPY	9,428	2,446		14,662	14,662		
052	SPEECH PATHOLOGY		247					
053	ELECTROCARDIOLOGY	4,290	8,530		32,023	25,643		
054	ELECTROENCEPHALOGRAPH		323		18,383	18,383		
055	MEDICAL SUPPLIES CHAR						51	
055	30 IMPL. DEV. CHARGED TO						49	
056	DRUGS CHARGED TO PATI							100
056	01 DIABETES CENTER				11,466	11,457		
057	RENAL DIALYSIS		462					
	OUTPAT SERVICE COST C							
061	EMERGENCY	72,711	41,960		139,502	139,502		
062	OBSERVATION BEDS (NON							
062	01 OBSERVATION BEDS (DIS							
	OTHER REIMBURS COST C							
071	HOME HEALTH AGENCY				74,044	74,042		
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	860,542	315,566	124,021	1,392,438	1,070,162	100	100
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE		1,107					
098	PHYSICIANS' PRIVATE O		290		333,887			
100	MOB				9,107			
100	01 LIFELINE				1,098			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	676,421	2,653,118	2,332,455	2,114,234	2,796,681	1,470,822	4,146,881
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		8.370434		1.217505		14,708.220000	
	(WRKSHT B, PT I)	.786041		18.806936		2.613325		41,468.810000
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	6,821	318,703	631,693	540,029	225,996	334,332	367,848
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		1.005490		.310982		3,343.320000	
	(WRKSHT B, PT III)	.007926		5.093436		.211179		3,678.480000

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(GROSS CHARGES)	(TIME SPENT)
	17	18
GENERAL SERVICE COST		
001 OLD CAP REL COSTS-BLD		
002 OLD CAP REL COSTS-MVB		
003 NEW CAP REL COSTS-BLD		
004 NEW CAP REL COSTS-MVB		
005 EMPLOYEE BENEFITS		
006 01 COMMUNICATIONS		
006 02 MGMT INFO SYSTEMS		
006 03 PURCHASING		
006 04 ADMINITTING		
006 05 PATIENT ACCOUNTING		
006 06 ADMINISTRATIVE AND GE		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATIO		
015 CENTRAL SERVICES & SU		
016 PHARMACY		
017 MEDICAL RECORDS & LIB	553,600,956	
018 SOCIAL SERVICE		35,220
INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS	29,069,629	25,167
026 INTENSIVE CARE UNIT	7,588,690	2,739
030 NEONATAL INTENSIVE CA	11,132,180	3,343
031 SUBPROVIDER	3,512,000	3,971
033 NURSERY	1,796,045	
ANCILLARY SRVC COST C		
037 OPERATING ROOM	91,315,591	
038 RECOVERY ROOM	7,603,896	
039 DELIVERY ROOM & LABOR	11,932,443	
041 RADIOLOGY-DIAGNOSTIC	103,577,443	
043 RADIOISOTOPE	35,361,239	
044 LABORATORY	49,271,357	
049 RESPIRATORY THERAPY	6,999,435	
050 PHYSICAL THERAPY	5,959,753	
052 SPEECH PATHOLOGY	528,347	
053 ELECTROCARDIOLOGY	13,016,933	
054 ELECTROENCEPHALOGRAPH	1,057,373	
055 MEDICAL SUPPLIES CHAR	44,291,872	
055 30 IMPL. DEV. CHARGED TO	65,715,780	
056 DRUGS CHARGED TO PATI	32,343,506	
056 01 DIABETES CENTER	492,124	
057 RENAL DIALYSIS	340,332	
OUTPAT SERVICE COST C		
061 EMERGENCY	27,933,238	
062 OBSERVATION BEDS (NON		
062 01 OBSERVATION BEDS (DIS	2,761,750	
OTHER REIMBURS COST C		
071 HOME HEALTH AGENCY		
SPEC PURPOSE COST CEN		
095 SUBTOTALS	553,600,956	35,220
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
098 PHYSICIANS' PRIVATE O		
100 MOB		
100 01 LIFELINE		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	2,273,833	806,268
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		22.892334
(WRKSHT B, PT I)	.004107	
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT I I)		
107 COST TO BE ALLOCATED	152,140	54,607
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		1.550454
(WRKSHT B, PT I I I)	.000275	

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 DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	24,988,621		24,988,621	4,250	24,992,871
26	INTENSIVE CARE UNIT	6,260,555		6,260,555		6,260,555
30	NEONATAL INTENSIVE CARE U	3,615,707		3,615,707	58,787	3,674,494
31	SUBPROVIDER	1,921,506		1,921,506	6,448	1,927,954
33	NURSERY	1,029,368		1,029,368		1,029,368
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	29,749,519		29,749,519		29,749,519
38	RECOVERY ROOM	1,378,957		1,378,957		1,378,957
39	DELIVERY ROOM & LABOR ROO	6,560,765		6,560,765		6,560,765
41	RADIOLOGY-DIAGNOSTIC	22,508,261		22,508,261	9,950	22,518,211
43	RADIOISOTOPE	2,764,385		2,764,385		2,764,385
44	LABORATORY	8,599,818		8,599,818	42,351	8,642,169
49	RESPIRATORY THERAPY	2,669,474		2,669,474	16,223	2,685,697
50	PHYSICAL THERAPY	3,916,318		3,916,318		3,916,318
52	SPEECH PATHOLOGY	418,134		418,134		418,134
53	ELECTROCARDIOLOGY	2,440,919		2,440,919	1,494	2,442,413
54	ELECTROENCEPHALOGRAPHY	142,323		142,323		142,323
55	MEDICAL SUPPLIES CHARGED	15,142,181		15,142,181		15,142,181
55	01 IMPL. DEV. CHARGED TO PAT	15,467,648		15,467,648		15,467,648
56	DRUGS CHARGED TO PATIENTS	10,285,090		10,285,090		10,285,090
56	01 DIABETES CENTER	455,378		455,378	2,910	458,288
57	RENAL DIALYSIS	46,938		46,938		46,938
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	10,129,401		10,129,401	30,267	10,159,668
62	OBSERVATION BEDS (NON-DIS					
62	01 OBSERVATION BEDS (DISTINC	32,208		32,208		32,208
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	170,523,474		170,523,474	172,680	170,696,154
102	LESS OBSERVATION BEDS					
103	TOTAL	170,523,474		170,523,474	172,680	170,696,154

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	29,069,629		29,069,629			
26	INTENSIVE CARE UNIT	7,588,690		7,588,690			
30	NEONATAL INTENSIVE CARE U	11,132,180		11,132,180			
31	SUBPROVIDER	3,512,000		3,512,000			
33	NURSERY	1,796,045		1,796,045			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	28,129,868	63,185,723	91,315,591	.325788	.325788	.325788
38	RECOVERY ROOM	3,347,213	4,256,683	7,603,896	.181349	.181349	.181349
39	DELIVERY ROOM & LABOR ROO	11,608,409	324,034	11,932,443	.549826	.549826	.549826
41	RADIOLOGY-DIAGNOSTIC	19,268,507	84,308,936	103,577,443	.217309	.217309	.217405
43	RADIOISOTOPE	18,070,938	17,290,301	35,361,239	.078176	.078176	.078176
44	LABORATORY	24,648,898	24,622,459	49,271,357	.174540	.174540	.175399
49	RESPIRATORY THERAPY	5,546,419	1,453,016	6,999,435	.381384	.381384	.383702
50	PHYSICAL THERAPY	5,632,821	326,932	5,959,753	.657128	.657128	.657128
52	SPEECH PATHOLOGY	484,887	43,460	528,347	.791400	.791400	.791400
53	ELECTROCARDIOLOGY	4,767,525	8,249,408	13,016,933	.187519	.187519	.187634
54	ELECTROENCEPHALOGRAPHY	303,448	753,925	1,057,373	.134601	.134601	.134601
55	MEDICAL SUPPLIES CHARGED	31,211,932	13,079,940	44,291,872	.341873	.341873	.341873
55	30 IMPL. DEV. CHARGED TO PAT	50,135,569	15,580,211	65,715,780	.235372	.235372	.235372
56	DRUGS CHARGED TO PATIENTS	20,928,479	11,415,027	32,343,506	.317996	.317996	.317996
56	01 DIABETES CENTER	20,610	471,514	492,124	.925332	.925332	.931245
57	RENAL DIALYSIS	340,332		340,332	.137918	.137918	.137918
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,120,497	23,812,741	27,933,238	.362629	.362629	.363713
62	OBSERVATION BEDS (NON-DIS						
62	01 OBSERVATION BEDS (DISTINC	593,313	2,168,437	2,761,750	.011662	.011662	.011662
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	282,258,209	271,342,747	553,600,956			
102	LESS OBSERVATION BEDS						
103	TOTAL	282,258,209	271,342,747	553,600,956			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0109
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	24,988,621		24,988,621	4,250	24,992,871
26	INTENSIVE CARE UNIT	6,260,555		6,260,555		6,260,555
30	NEONATAL INTENSIVE CARE U	3,615,707		3,615,707	58,787	3,674,494
31	SUBPROVIDER	1,921,506		1,921,506	6,448	1,927,954
33	NURSERY	1,029,368		1,029,368		1,029,368
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	29,749,519		29,749,519		29,749,519
38	RECOVERY ROOM	1,378,957		1,378,957		1,378,957
39	DELIVERY ROOM & LABOR ROO	6,560,765		6,560,765		6,560,765
41	RADIOLOGY-DIAGNOSTIC	22,508,261		22,508,261	9,950	22,518,211
43	RADIOISOTOPE	2,764,385		2,764,385		2,764,385
44	LABORATORY	8,599,818		8,599,818	42,351	8,642,169
49	RESPIRATORY THERAPY	2,669,474		2,669,474	16,223	2,685,697
50	PHYSICAL THERAPY	3,916,318		3,916,318		3,916,318
52	SPEECH PATHOLOGY	418,134		418,134		418,134
53	ELECTROCARDIOLOGY	2,440,919		2,440,919	1,494	2,442,413
54	ELECTROENCEPHALOGRAPHY	142,323		142,323		142,323
55	MEDICAL SUPPLIES CHARGED	15,142,181		15,142,181		15,142,181
55	01 IMPL. DEV. CHARGED TO PAT	15,467,648		15,467,648		15,467,648
56	DRUGS CHARGED TO PATIENTS	10,285,090		10,285,090		10,285,090
56	01 DIABETES CENTER	455,378		455,378	2,910	458,288
57	RENAL DIALYSIS	46,938		46,938		46,938
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	10,129,401		10,129,401	30,267	10,159,668
62	OBSERVATION BEDS (NON-DIS					
62	01 OBSERVATION BEDS (DISTINC	32,208		32,208		32,208
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	170,523,474		170,523,474	172,680	170,696,154
102	LESS OBSERVATION BEDS					
103	TOTAL	170,523,474		170,523,474	172,680	170,696,154

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0109
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	29,069,629		29,069,629			
26	INTENSIVE CARE UNIT	7,588,690		7,588,690			
30	NEONATAL INTENSIVE CARE U	11,132,180		11,132,180			
31	SUBPROVIDER	3,512,000		3,512,000			
33	NURSERY	1,796,045		1,796,045			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	28,129,868	63,185,723	91,315,591	.325788	.325788	.325788
38	RECOVERY ROOM	3,347,213	4,256,683	7,603,896	.181349	.181349	.181349
39	DELIVERY ROOM & LABOR ROO	11,608,409	324,034	11,932,443	.549826	.549826	.549826
41	RADIOLOGY-DIAGNOSTIC	19,268,507	84,308,936	103,577,443	.217309	.217309	.217405
43	RADIOISOTOPE	18,070,938	17,290,301	35,361,239	.078176	.078176	.078176
44	LABORATORY	24,648,898	24,622,459	49,271,357	.174540	.174540	.175399
49	RESPIRATORY THERAPY	5,546,419	1,453,016	6,999,435	.381384	.381384	.383702
50	PHYSICAL THERAPY	5,632,821	326,932	5,959,753	.657128	.657128	.657128
52	SPEECH PATHOLOGY	484,887	43,460	528,347	.791400	.791400	.791400
53	ELECTROCARDIOLOGY	4,767,525	8,249,408	13,016,933	.187519	.187519	.187634
54	ELECTROENCEPHALOGRAPHY	303,448	753,925	1,057,373	.134601	.134601	.134601
55	MEDICAL SUPPLIES CHARGED	31,211,932	13,079,940	44,291,872	.341873	.341873	.341873
55	30 IMPL. DEV. CHARGED TO PAT	50,135,569	15,580,211	65,715,780	.235372	.235372	.235372
56	01 DRUGS CHARGED TO PATIENTS	20,928,479	11,415,027	32,343,506	.317996	.317996	.317996
56	DIABETES CENTER	20,610	471,514	492,124	.925332	.925332	.931245
57	RENAL DIALYSIS	340,332		340,332	.137918	.137918	.137918
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,120,497	23,812,741	27,933,238	.362629	.362629	.363713
62	OBSERVATION BEDS (NON-DIS						
62	01 OBSERVATION BEDS (DISTINC	593,313	2,168,437	2,761,750	.011662	.011662	.011662
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	282,258,209	271,342,747	553,600,956			
102	LESS OBSERVATION BEDS						
103	TOTAL	282,258,209	271,342,747	553,600,956			

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	29,749,519	2,176,450	27,573,069			29,749,519
38	RECOVERY ROOM	1,378,957	181,506	1,197,451			1,378,957
39	DELIVERY ROOM & LABOR ROO	6,560,765	1,118,577	5,442,188			6,560,765
41	RADIOLOGY-DIAGNOSTIC	22,508,261	2,376,713	20,131,548			22,508,261
43	RADIOISOTOPE	2,764,385	607,737	2,156,648			2,764,385
44	LABORATORY	8,599,818	489,074	8,110,744			8,599,818
49	RESPIRATORY THERAPY	2,669,474	379,202	2,290,272			2,669,474
50	PHYSICAL THERAPY	3,916,318	170,121	3,746,197			3,916,318
52	SPEECH PATHOLOGY	418,134	16,640	401,494			418,134
53	ELECTROCARDIOLOGY	2,440,919	456,330	1,984,589			2,440,919
54	ELECTROENCEPHALOGRAPHY	142,323	27,494	114,829			142,323
55	MEDICAL SUPPLIES CHARGED	15,142,181	327,930	14,814,251			15,142,181
55	30 IMPL. DEV. CHARGED TO PAT	15,467,648	337,257	15,130,391			15,467,648
56	DRUGS CHARGED TO PATIENTS	10,285,090	443,014	9,842,076			10,285,090
56	01 DIABETES CENTER	455,378	36,607	418,771			455,378
57	RENAL DIALYSIS	46,938	22,791	24,147			46,938
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	10,129,401	2,209,530	7,919,871			10,129,401
62	01 OBSERVATION BEDS (NON-DIS						
62	OBSERVATION BEDS (DISTINC	32,208	1,991	30,217			32,208
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	132,707,717	11,378,964	121,328,753			132,707,717
102	LESS OBSERVATION BEDS						
103	TOTAL	132,707,717	11,378,964	121,328,753			132,707,717

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	91,315,591	.325788	.325788
38	OPERATING ROOM	7,603,896	.181349	.181349
39	RECOVERY ROOM	11,932,443	.549826	.549826
41	DELIVERY ROOM & LABOR ROO	103,577,443	.217309	.217309
43	RADIOLOGY-DIAGNOSTIC	35,361,239	.078176	.078176
44	RADIOISOTOPE	49,271,357	.174540	.174540
49	LABORATORY	6,999,435	.381384	.381384
50	RESPIRATORY THERAPY	5,959,753	.657128	.657128
52	PHYSICAL THERAPY	528,347	.791400	.791400
53	SPEECH PATHOLOGY	13,016,933	.187519	.187519
54	ELECTROCARDIOLOGY	1,057,373	.134601	.134601
55	ELECTROENCEPHALOGRAPHY	44,291,872	.341873	.341873
55	MEDICAL SUPPLIES CHARGED	65,715,780	.235372	.235372
56	30 IMPL. DEV. CHARGED TO PAT	32,343,506	.317996	.317996
56	DRUGS CHARGED TO PATIENTS	492,124	.925332	.925332
57	01 DIABETES CENTER	340,332	.137918	.137918
	RENAL DIALYSIS			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	27,933,238	.362629	.362629
62	OBSERVATION BEDS (NON-DIS			
62	01 OBSERVATION BEDS (DISTINC	2,761,750	.011662	.011662
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	500,502,412		
102	LESS OBSERVATION BEDS			
103	TOTAL	500,502,412		

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	29,749,519	2,176,450	27,573,069	217,645	1,599,238	27,932,636
38	OPERATING ROOM	1,378,957	181,506	1,197,451	18,151	69,452	1,291,354
39	RECOVERY ROOM	6,560,765	1,118,577	5,442,188	111,858	315,647	6,133,260
41	DELIVERY ROOM & LABOR ROO	22,508,261	2,376,713	20,131,548	237,671	1,167,630	21,102,960
43	RADIOLOGY-DIAGNOSTIC	2,764,385	607,737	2,156,648	60,774	125,086	2,578,525
44	RADIOISOTOPE	8,599,818	489,074	8,110,744	48,907	470,423	8,080,488
49	LABORATORY	2,669,474	379,202	2,290,272	37,920	132,836	2,498,718
50	RESPIRATORY THERAPY	3,916,318	170,121	3,746,197	17,012	217,279	3,682,027
52	PHYSICAL THERAPY	418,134	16,640	401,494	1,664	23,287	393,183
53	SPEECH PATHOLOGY	2,440,919	456,330	1,984,589	45,633	115,106	2,280,180
54	ELECTROCARDIOLOGY	142,323	27,494	114,829	2,749	6,660	132,914
55	ELECTROENCEPHALOGRAPHY	15,142,181	327,930	14,814,251	32,793	859,227	14,250,161
55	MEDICAL SUPPLIES CHARGED	15,467,648	337,257	15,130,391	33,726	877,563	14,556,359
56	30 IMPL. DEV. CHARGED TO PAT	10,285,090	443,014	9,842,076	44,301	570,840	9,669,949
56	DRUGS CHARGED TO PATIENTS	455,378	36,607	418,771	3,661	24,289	427,428
57	01 DIABETES CENTER	46,938	22,791	24,147	2,279	1,401	43,258
	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	10,129,401	2,209,530	7,919,871	220,953	459,353	9,449,095
62	OBSERVATION BEDS (NON-DIS						
62	01 OBSERVATION BEDS (DISTINC	32,208	1,991	30,217	199	1,753	30,256
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	132,707,717	11,378,964	121,328,753	1,137,896	7,037,070	124,532,751
102	LESS OBSERVATION BEDS						
103	TOTAL	132,707,717	11,378,964	121,328,753	1,137,896	7,037,070	124,532,751

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS	91,315,591	.305891	.323405
38	OPERATING ROOM	7,603,896	.169828	.178962
39	RECOVERY ROOM	11,932,443	.513999	.540452
41	DELIVERY ROOM & LABOR ROO	103,577,443	.203741	.215014
43	RADIOLOGY-DIAGNOSTIC	35,361,239	.072920	.076457
44	LABORATORY	49,271,357	.164000	.173547
49	RESPIRATORY THERAPY	6,999,435	.356989	.375967
50	PHYSICAL THERAPY	5,959,753	.617815	.654273
52	SPEECH PATHOLOGY	528,347	.744176	.788251
53	ELECTROCARDIOLOGY	13,016,933	.175170	.184013
54	ELECTROENCEPHALOGRAPHY	1,057,373	.125702	.132001
55	MEDICAL SUPPLIES CHARGED	44,291,872	.321733	.341132
55	30 IMPL. DEV. CHARGED TO PAT	65,715,780	.221505	.234859
56	DRUGS CHARGED TO PATIENTS	32,343,506	.298977	.316626
56	01 DIABETES CENTER	492,124	.868537	.917893
57	RENAL DIALYSIS	340,332	.127105	.131222
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	27,933,238	.338274	.354719
62	OBSERVATION BEDS (NON-DIS			
62	01 OBSERVATION BEDS (DISTINC	2,761,750	.010955	.011590
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	500,502,412		
102	LESS OBSERVATION BEDS			
103	TOTAL	500,502,412		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0109 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 5/26/2011 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				4,984,043		4,984,043
26	INTENSIVE CARE UNIT				1,330,806		1,330,806
30	NEONATAL INTENSIVE CARE U				478,176		478,176
31	SUBPROVIDER				50,209		50,209
33	NURSERY				173,067		173,067
101	TOTAL				7,016,301		7,016,301

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0109
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	25,167	10,782			198.04	2,135,267
26	INTENSIVE CARE UNIT	2,739	1,431			485.87	695,280
30	NEONATAL INTENSIVE CARE U	3,343				143.04	
31	SUBPROVIDER	3,519	2,345			14.27	33,463
33	NURSERY	3,971				43.58	
101	TOTAL	38,739	14,558				2,864,010

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0109
 COMPONENT NO: 15-0109
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,176,450	91,315,591	15,510,737		
38	RECOVERY ROOM		181,506	7,603,896	1,551,913		
39	DELIVERY ROOM & LABOR ROO		1,118,577	11,932,443	27,633		
41	RADIOLOGY-DIAGNOSTIC		2,376,713	103,577,443	9,024,799		
43	RADIOISOTOPE		607,737	35,361,239	4,490,678		
44	LABORATORY		489,074	49,271,357	12,535,924		
49	RESPIRATORY THERAPY		379,202	6,999,435	1,926,256		
50	PHYSICAL THERAPY		170,121	5,959,753	2,292,285		
52	SPEECH PATHOLOGY		16,640	528,347	173,606		
53	ELECTROCARDIOLOGY		456,330	13,016,933	2,694,278		
54	ELECTROENCEPHALOGRAPHY		27,494	1,057,373	131,038		
55	MEDICAL SUPPLIES CHARGED		327,930	44,291,872	14,506,300		
55	30 IMPL. DEV. CHARGED TO PAT		337,257	65,715,780	26,324,784		
56	DRUGS CHARGED TO PATIENTS		443,014	32,343,506	9,176,836		
56	01 DIABETES CENTER		36,607	492,124	7,274		
57	RENAL DIALYSIS		22,791	340,332	294,365		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		2,209,530	27,933,238	2,110,005		
62	OBSERVATION BEDS (NON-DIS						
62	01 OBSERVATION BEDS (DISTINC		1,991	2,761,750	217,368		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		11,378,964	500,502,412	102,996,079		

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
 I 15-0109 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-0109 I
 PPS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.023834	369,683
38	RECOVERY ROOM	.023870	37,044
39	DELIVERY ROOM & LABOR ROO	.093742	2,590
41	RADIOLOGY-DIAGNOSTIC	.022946	207,083
43	RADIOISOTOPE	.017187	77,181
44	LABORATORY	.009926	124,432
49	RESPIRATORY THERAPY	.054176	104,357
50	PHYSICAL THERAPY	.028545	65,433
52	SPEECH PATHOLOGY	.031494	5,468
53	ELECTROCARDIOLOGY	.035057	94,453
54	ELECTROENCEPHALOGRAPHY	.026002	3,407
55	MEDICAL SUPPLIES CHARGED	.007404	107,405
55	30 IMPL. DEV. CHARGED TO PAT	.005132	135,099
56	DRUGS CHARGED TO PATIENTS	.013697	125,695
56	01 DIABETES CENTER	.074386	541
57	RENAL DIALYSIS	.066967	19,713
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.079100	166,901
62	OBSERVATION BEDS (NON-DIS		
62	01 OBSERVATION BEDS (DISTINC	.000721	157
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,646,642

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

PROVIDER NO: 15-0109
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
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					25,167	
26	INTENSIVE CARE UNIT					2,739	
30	NEONATAL INTENSIVE CARE U					3,343	
31	SUBPROVIDER					3,519	
33	NURSERY					3,971	
101	TOTAL					38,739	

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-0109	FROM 1/ 1/2010	WORKSHEET D
	TO 12/31/2010	PART III

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

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	10,782	
26	INTENSIVE CARE UNIT	1,431	
30	NEONATAL INTENSIVE CARE U		
31	SUBPROVIDER	2,345	
33	NURSERY		
101	TOTAL	14,558	

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			91,315,591			15,510,737	
38	OPERATING ROOM			7,603,896			1,551,913	
39	RECOVERY ROOM			11,932,443			27,633	
41	DELIVERY ROOM & LABOR ROO			103,577,443			9,024,799	
43	RADIOLOGY-DIAGNOSTIC			35,361,239			4,490,678	
44	RADIOISOTOPE			49,271,357			12,535,924	
49	LABORATORY			6,999,435			1,926,256	
50	RESPIRATORY THERAPY			5,959,753			2,292,285	
52	PHYSICAL THERAPY			528,347			173,606	
53	SPEECH PATHOLOGY			13,016,933			2,694,278	
54	ELECTROCARDIOLOGY			1,057,373			131,038	
55	ELECTROENCEPHALOGRAPHY			44,291,872			14,506,300	
55	MEDICAL SUPPLIES CHARGED			65,715,780			26,324,784	
56	30 IMPL. DEV. CHARGED TO PAT			32,343,506			9,176,836	
56	DRUGS CHARGED TO PATIENTS			492,124			7,274	
57	01 DIABETES CENTER			340,332			294,365	
61	RENAL DIALYSIS							
61	OUTPAT SERVICE COST CNTRS							
62	EMERGENCY			27,933,238			2,110,005	
62	OBSERVATION BEDS (NON-DIS							
62	01 OBSERVATION BEDS (DISTINC			2,761,750			217,368	
62	OTHER REIMBURS COST CNTRS							
101	TOTAL			500,502,412			102,996,079	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	6,458,636					
38	RECOVERY ROOM	788,138					
39	DELIVERY ROOM & LABOR ROO	3,350					
41	RADIOLOGY-DIAGNOSTIC	21,861,105					
43	RADIOISOTOPE	3,139,065					
44	LABORATORY	1,123,677					
49	RESPIRATORY THERAPY	193,993					
50	PHYSICAL THERAPY	7,886					
52	SPEECH PATHOLOGY	132					
53	ELECTROCARDIOLOGY	2,668,268					
54	ELECTROENCEPHALOGRAPHY	11,557					
55	MEDICAL SUPPLIES CHARGED	5,516,792					
55	30 IMPL. DEV. CHARGED TO PAT	7,185,073					
56	DRUGS CHARGED TO PATIENTS	3,085,272					
56	01 DIABETES CENTER	1,014					
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,847,430					
62	01 OBSERVATION BEDS (NON-DIS	448,850					
62	OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	57,340,238					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/26/2011
 | 15-0109 | FROM 1/ 1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2010 | PART V
 | 15-0109 | |

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.325788	.325788			
38 RECOVERY ROOM	.181349	.181349			
39 DELIVERY ROOM & LABOR ROOM	.549826	.549826			
41 RADIOLOGY-DIAGNOSTIC	.217309	.217309			
43 RADIOISOTOPE	.078176	.078176			
44 LABORATORY	.174540	.174540			
49 RESPIRATORY THERAPY	.381384	.381384			
50 PHYSICAL THERAPY	.657128	.657128			
52 SPEECH PATHOLOGY	.791400	.791400			
53 ELECTROCARDIOLOGY	.187519	.187519			
54 ELECTROENCEPHALOGRAPHY	.134601	.134601			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.341873	.341873			
55 30 IMPL. DEV. CHARGED TO PATIENT	.235372	.235372			
56 DRUGS CHARGED TO PATIENTS	.317996	.317996			
56 01 DIABETES CENTER	.925332	.925332			
57 RENAL DIALYSIS	.137918	.137918			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.362629	.362629			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 01 OBSERVATION BEDS (DISTINCT PART)	.011662	.011662			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/26/2011
 | 15-0109 | FROM 1/ 1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2010 | PART V
 | 15-0109 | |

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 41 RADIOLOGY-DIAGNOSTIC
- 43 RADIOISOTOPE
- 44 LABORATORY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 30 IMPL. DEV. CHARGED TO PATIENT
- 56 DRUGS CHARGED TO PATIENTS
- 56 01 DIABETES CENTER
- 57 RENAL DIALYSIS
- OUTPAT SERVICE COST CNTRS
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 62 01 OBSERVATION BEDS (DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0109
 COMPONENT NO: 15-T109
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,176,450	91,315,591	19,067		
38	RECOVERY ROOM		181,506	7,603,896	7,160		
39	DELIVERY ROOM & LABOR ROO		1,118,577	11,932,443			
41	RADIOLOGY-DIAGNOSTIC		2,376,713	103,577,443	226,900		
43	RADIOISOTOPE		607,737	35,361,239			
44	LABORATORY		489,074	49,271,357	617,907		
49	RESPIRATORY THERAPY		379,202	6,999,435	49,340		
50	PHYSICAL THERAPY		170,121	5,959,753	1,970,417		
52	SPEECH PATHOLOGY		16,640	528,347	178,341		
53	ELECTROCARDIOLOGY		456,330	13,016,933	37,538		
54	ELECTROENCEPHALOGRAPHY		27,494	1,057,373	3,960		
55	MEDICAL SUPPLIES CHARGED		327,930	44,291,872	121,027		
55	30 IMPL. DEV. CHARGED TO PAT		337,257	65,715,780	10,510		
56	DRUGS CHARGED TO PATIENTS		443,014	32,343,506	419,757		
56	01 DIABETES CENTER		36,607	492,124	348		
57	RENAL DIALYSIS		22,791	340,332	18,012		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		2,209,530	27,933,238	2,159		
62	OBSERVATION BEDS (NON-DIS						
62	01 OBSERVATION BEDS (DISTINC		1,991	2,761,750			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		11,378,964	500,502,412	3,682,443		

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
 I 15-0109 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-T109 I
 PPS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.023834	454
38	RECOVERY ROOM	.023870	171
39	DELIVERY ROOM & LABOR ROO	.093742	
41	RADIOLOGY-DIAGNOSTIC	.022946	5,206
43	RADIOISOTOPE	.017187	
44	LABORATORY	.009926	6,133
49	RESPIRATORY THERAPY	.054176	2,673
50	PHYSICAL THERAPY	.028545	56,246
52	SPEECH PATHOLOGY	.031494	5,617
53	ELECTROCARDIOLOGY	.035057	1,316
54	ELECTROENCEPHALOGRAPHY	.026002	103
55	MEDICAL SUPPLIES CHARGED	.007404	896
55	30 IMPL. DEV. CHARGED TO PAT	.005132	54
56	DRUGS CHARGED TO PATIENTS	.013697	5,749
56	01 DIABETES CENTER	.074386	26
57	RENAL DIALYSIS	.066967	1,206
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.079100	171
62	OBSERVATION BEDS (NON-DIS		
62	01 OBSERVATION BEDS (DISTINC	.000721	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		86,021

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			91,315,591			19,067	
38	OPERATING ROOM			7,603,896			7,160	
39	RECOVERY ROOM			11,932,443				
41	DELIVERY ROOM & LABOR ROO			103,577,443			226,900	
43	RADIOLOGY-DIAGNOSTIC			35,361,239				
44	RADIOISOTOPE			49,271,357			617,907	
49	LABORATORY			6,999,435			49,340	
50	RESPIRATORY THERAPY			5,959,753			1,970,417	
52	PHYSICAL THERAPY			528,347			178,341	
53	SPEECH PATHOLOGY			13,016,933			37,538	
54	ELECTROCARDIOLOGY			1,057,373			3,960	
55	ELECTROENCEPHALOGRAPHY			44,291,872			121,027	
55	MEDICAL SUPPLIES CHARGED			65,715,780			10,510	
56	30 IMPL. DEV. CHARGED TO PAT			32,343,506			419,757	
56	DRUGS CHARGED TO PATIENTS			492,124			348	
56	01 DIABETES CENTER			340,332			18,012	
57	RENAL DIALYSIS							
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			27,933,238			2,159	
62	OBSERVATION BEDS (NON-DIS							
62	01 OBSERVATION BEDS (DISTINC			2,761,750				
62	OTHER REIMBURS COST CNTRS							
101	TOTAL			500,502,412			3,682,443	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	1,310					
56	01 DIABETES CENTER						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	01 OBSERVATION BEDS (NON-DIS						
62	OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	1,310					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/26/2011
 | 15-0109 | FROM 1/ 1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2010 | PART V
 | 15-T109 | |

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.325788	.325788			
38 RECOVERY ROOM	.181349	.181349			
39 DELIVERY ROOM & LABOR ROOM	.549826	.549826			
41 RADIOLOGY-DIAGNOSTIC	.217309	.217309			
43 RADIOISOTOPE	.078176	.078176			
44 LABORATORY	.174540	.174540			
49 RESPIRATORY THERAPY	.381384	.381384			
50 PHYSICAL THERAPY	.657128	.657128			
52 SPEECH PATHOLOGY	.791400	.791400			
53 ELECTROCARDIOLOGY	.187519	.187519			
54 ELECTROENCEPHALOGRAPHY	.134601	.134601			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.341873	.341873			
55 30 IMPL. DEV. CHARGED TO PATIENT	.235372	.235372			
56 DRUGS CHARGED TO PATIENTS	.317996	.317996			
56 01 DIABETES CENTER	.925332	.925332			
57 RENAL DIALYSIS	.137918	.137918			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.362629	.362629			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 01 OBSERVATION BEDS (DISTINCT PART)	.011662	.011662			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-0109	FROM 1/ 1/2010	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2010	PART I
15-0109		

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	25,167
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	25,167
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	25,167
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	10,782
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	24,992,871
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	24,992,871

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	29,069,629
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	29,069,629
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.859759
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,155.07
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	24,992,871

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0109	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
15-0109		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	993.08
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	24,992,871			
87	NEW CAPITAL-RELATED COST	4,984,043	.199419		
88	NON PHYSICIAN ANESTHETIST	24,992,871			
89	MEDICAL EDUCATION	24,992,871			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0109	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
15-T109		PART I

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,519
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,519
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,519
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,345
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,927,954
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,927,954

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,512,000
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,512,000
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.548962
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	998.01
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,927,954

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0109	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
15-T109		PART III

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	547.87
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	1,927,954			
87	NEW CAPITAL-RELATED COST	50,209	.026043		
88	NON PHYSICIAN ANESTHETIST	1,927,954			
89	MEDICAL EDUCATION	1,927,954			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

PROVIDER NO:	PERIOD:	PREPARED
15-0109	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
15-0109		PART III

COMPUTATION OF INPATIENT OPERATING COST

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	992.91
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0109	FROM 1/1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
15-T109		PART I

TITLE XIX - I/P

SUBPROVIDER I

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,519
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,519
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,519
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	147
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,921,506
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,921,506

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,512,000
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,512,000
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.547126
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	998.01
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,921,506

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COMPUTATION OF INPATIENT OPERATING COST

TITLE XIX - I/P SUBPROVIDER I OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	546.04
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0109
 COMPONENT NO: 15-0109
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		14,377,135	
26	INTENSIVE CARE UNIT		2,553,439	
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.325788	15,510,737	5,053,212
38	RECOVERY ROOM	.181349	1,551,913	281,438
39	DELIVERY ROOM & LABOR ROOM	.549826	27,633	15,193
41	RADIOLOGY-DIAGNOSTIC	.217405	9,024,799	1,962,036
43	RADIOISOTOPE	.078176	4,490,678	351,063
44	LABORATORY	.175399	12,535,924	2,198,789
49	RESPIRATORY THERAPY	.383702	1,926,256	739,108
50	PHYSICAL THERAPY	.657128	2,292,285	1,506,325
52	SPEECH PATHOLOGY	.791400	173,606	137,392
53	ELECTROCARDIOLOGY	.187634	2,694,278	505,538
54	ELECTROENCEPHALOGRAPHY	.134601	131,038	17,638
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.341873	14,506,300	4,959,312
55	30 IMPL. DEV. CHARGED TO PATIENT	.235372	26,324,784	6,196,117
56	DRUGS CHARGED TO PATIENTS	.317996	9,176,836	2,918,197
56	01 DIABETES CENTER	.931245	7,274	6,774
57	RENAL DIALYSIS	.137918	294,365	40,598
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.363713	2,110,005	767,436
62	OBSERVATION BEDS (NON-DISTINCT PART)			
62	01 OBSERVATION BEDS (DISTINCT PART)	.011662	217,368	2,535
	OTHER REIMBURS COST CNTRS			
101	TOTAL		102,996,079	27,658,701
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		102,996,079	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0109
 COMPONENT NO: 15-T109
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		2,341,078	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.325788	19,067	6,212
38	RECOVERY ROOM	.181349	7,160	1,298
39	DELIVERY ROOM & LABOR ROOM	.549826		
41	RADIOLOGY-DIAGNOSTIC	.217405	226,900	49,329
43	RADIOISOTOPE	.078176		
44	LABORATORY	.175399	617,907	108,380
49	RESPIRATORY THERAPY	.383702	49,340	18,932
50	PHYSICAL THERAPY	.657128	1,970,417	1,294,816
52	SPEECH PATHOLOGY	.791400	178,341	141,139
53	ELECTROCARDIOLOGY	.187634	37,538	7,043
54	ELECTROENCEPHALOGRAPHY	.134601	3,960	533
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.341873	121,027	41,376
55	30 IMPL. DEV. CHARGED TO PATIENT	.235372	10,510	2,474
56	DRUGS CHARGED TO PATIENTS	.317996	419,757	133,481
56	01 DIABETES CENTER	.931245	348	324
57	RENAL DIALYSIS	.137918	18,012	2,484
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.363713	2,159	785
62	OBSERVATION BEDS (NON-DISTINCT PART)			
62	01 OBSERVATION BEDS (DISTINCT PART)	.011662		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		3,682,443	1,808,606
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,682,443	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		4,670,379	
26	INTENSIVE CARE UNIT		989,514	
30	NEONATAL INTENSIVE CARE UNIT		7,530,031	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.325788	3,782,962	1,232,444
38	RECOVERY ROOM	.181349	406,009	73,629
39	DELIVERY ROOM & LABOR ROOM	.549826	3,140,669	1,726,821
41	RADIOLOGY-DIAGNOSTIC	.217309	1,959,514	425,820
43	RADIOISOTOPE	.078176	640,846	50,099
44	LABORATORY	.174540	3,567,450	622,663
49	RESPIRATORY THERAPY	.381384	828,331	315,912
50	PHYSICAL THERAPY	.657128	509,555	334,843
52	SPEECH PATHOLOGY	.791400	96,816	76,620
53	ELECTROCARDIOLOGY	.187519	538,092	100,902
54	ELECTROENCEPHALOGRAPHY	.134601	43,049	5,794
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.341873	3,108,962	1,062,870
55	30 IMPL. DEV. CHARGED TO PATIENT	.235372	3,744,778	881,416
56	DRUGS CHARGED TO PATIENTS	.317996	3,443,103	1,094,893
56	01 DIABETES CENTER	.925332	1,508	1,395
57	RENAL DIALYSIS	.137918	22,752	3,138
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.362629	471,091	170,831
62	OBSERVATION BEDS (NON-DISTINCT PART)			
62	01 OBSERVATION BEDS (DISTINCT PART)	.011662	130,940	1,527
	OTHER REIMBURS COST CNTRS			
101	TOTAL		26,436,427	8,181,617
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		26,436,427	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

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TITLE XIX

SUBPROVIDER 1

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		200,000	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.325788		
38	RECOVERY ROOM	.181349		
39	DELIVERY ROOM & LABOR ROOM	.549826		
41	RADIOLOGY-DIAGNOSTIC	.217309	10,772	2,341
43	RADIOISOTOPE	.078176	41,725	3,262
44	LABORATORY	.174540	9,462	1,651
49	RESPIRATORY THERAPY	.381384	165,900	63,272
50	PHYSICAL THERAPY	.657128	22,719	14,929
52	SPEECH PATHOLOGY	.791400	2,222	1,758
53	ELECTROCARDIOLOGY	.187519		
54	ELECTROENCEPHALOGRAPHY	.134601		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.341873	12,945	4,426
55	30 IMPL. DEV. CHARGED TO PATIENT	.235372		
56	DRUGS CHARGED TO PATIENTS	.317996	41,180	13,095
56	01 DIABETES CENTER	.925332	261	242
57	RENAL DIALYSIS	.137918		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.362629		
62	OBSERVATION BEDS (NON-DISTINCT PART)			
62	01 OBSERVATION BEDS (DISTINCT PART)	.011662		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		307,186	104,976
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		307,186	

PROVIDER NO: 15-0109
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 WORKSHEET E
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	18,583,898	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	6,194,633	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	1,295,553	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	167.15	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		2.86
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		26.99
4.02 SUM OF LINES 4 AND 4.01		29.85
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		13.84
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		3,429,349
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
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15-0109		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	29,503,433	
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)	29,503,433	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,511,473	
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	32,014,906	
17 PRIMARY PAYER PAYMENTS	15,019	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	31,999,887	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,350,877	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	62,086	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	443,175	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	310,223	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	320,797	
22 SUBTOTAL	29,897,147	
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	29,897,147	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	29,782,219	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	114,928	
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)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	11,897
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	14,344,539
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	10,905,067
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	923
1.04	LINE 1.01 TIMES LINE 1.03.	13,240,009
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	82.36
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)	11,897

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	37,411
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	37,411

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)	37,411
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	25,514
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	11,897
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	10,905,067

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,336,417
19	SUBTOTAL (SEE INSTRUCTIONS)	8,580,547
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	8,580,547
24	PRIMARY PAYER PAYMENTS	7,177
25	SUBTOTAL	8,573,370

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	380,330
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	266,231
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	283,706
28	SUBTOTAL	8,839,601
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	8,839,601
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	8,701,295
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	138,306
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)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0109	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
15-T109		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	204
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	417
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	243
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)	204
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	640
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	640
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)	640
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	436
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	204
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	243
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	447
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	447
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	447
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	447
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	447
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	422
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	25
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)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 15-0109
 COMPONENT NO: 15-0109
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		29,470,440		8,728,223
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	8/12/2010	311,779		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50			8/12/2010	26,928
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		311,779		-26,928
4 TOTAL INTERIM PAYMENTS		29,782,219		8,701,295
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		114,928		138,306
7 TOTAL MEDICARE PROGRAM LIABILITY		29,897,147		8,839,601

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 15-0109
 COMPONENT NO: 15-T109
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,165,352		422
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	8/12/2010	14,326		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		14,326		NONE
4 TOTAL INTERIM PAYMENTS		3,179,678		422
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		17,429		25
7 TOTAL MEDICARE PROGRAM LIABILITY		3,162,249		447

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0109	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
15-T109		PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		3,067,151
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0125
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		75,697
1.05	OUTLIER PAYMENTS		53,744
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		3,196,592
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		9.641096
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		3,196,592
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		3,196,592
7	DEDUCTIBLES		14,268
8	SUBTOTAL		3,182,324
9	COINSURANCE		20,075
10	SUBTOTAL		3,162,249
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		3,162,249
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-0109	FROM 1/ 1/2010	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2010	PART I
15-T109		

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

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,162,249
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,179,678
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-17,429
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
	IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		16,880,868	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		16,880,868	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		16,880,868	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		13,189,924	
11	ANCILLARY SERVICE CHARGES		26,436,427	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		39,626,351	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		39,626,351	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		22,745,483	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		16,880,868	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		16,880,868	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		16,880,868	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		16,880,868	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		16,880,868	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		16,880,868	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		16,880,868	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		16,880,868	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0109	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0109
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 15-T109
 PREPARED 5/26/2011
 WORKSHEET E-3
 PART III

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0109	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
15-T109		PART III

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

TITLE XIX

SUBPROVIDER 1

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	16,599,000			
2 TEMPORARY INVESTMENTS	266,000			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	40,168,000			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	4,401,000			
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	4,372,000			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	65,806,000			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	254,274,000			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	254,274,000			
OTHER ASSETS				
22 INVESTMENTS	9,263,000			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	3,924,000			
26 TOTAL OTHER ASSETS	13,187,000			
27 TOTAL ASSETS	333,267,000			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	959,000			
29 SALARIES, WAGES & FEES PAYABLE	10,703,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	17,495,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,290,000			
36 TOTAL CURRENT LIABILITIES	30,447,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	5,450,000			
42 TOTAL LONG-TERM LIABILITIES	5,450,000			
43 TOTAL LIABILITIES	35,897,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	297,370,000			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	297,370,000			
52 TOTAL LIABILITIES AND FUND BALANCES	333,267,000			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		288,481,000		
2	NET INCOME (LOSS)		-6,155,000		
3	TOTAL		282,326,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
	EQUITY TRANSFERS TO AFFIL	33,584,000			
5	NET ASSETS RELEASED	21,000			
6					
7					
8					
9					
10	TOTAL ADDITIONS		33,605,000		
11	SUBTOTAL		315,931,000		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
	CHANGE IN PENSION	1,898,000			
13	CHANGE IN ACCOUNTING PRIN	16,663,000			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		18,561,000		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		297,370,000		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
	EQUITY TRANSFERS TO AFFIL				
5	NET ASSETS RELEASED				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
	CHANGE IN PENSION				
13	CHANGE IN ACCOUNTING PRIN				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES
 PROVIDER NO: 15-0109 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011 WORKSHEET G-2 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	29,069,629		29,069,629
2 00 SUBPROVIDER	3,512,000		3,512,000
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	32,581,629		32,581,629
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	7,588,690		7,588,690
14 00 NEONATAL INTENSIVE CARE UNIT	11,132,180		11,132,180
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	18,720,870		18,720,870
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	51,302,499		51,302,499
17 00 ANCILLARY SERVICES	224,445,854	245,361,569	469,807,423
18 00 OUTPATIENT SERVICES	4,713,810	25,981,178	30,694,988
19 00 HOME HEALTH AGENCY		5,647,698	5,647,698
24 00 NURSERY	1,796,045		1,796,045
24 01 NON-REIMB	59,410	32,132,982	32,192,392
24 02 AFFILIATES	85,802,960	125,582,800	211,385,760
25 00 TOTAL PATIENT REVENUES	368,120,578	434,706,227	802,826,805

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		246,342,595	
ADD (SPECIFY)			
27 00 AFFILIATES	69,867,939		
28 00 PROVISION FOR DOUBTFUL ACCOUNTS	9,426,000		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		79,293,939	
DEDUCT (SPECIFY)			
34 00 ROUNDING	533		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		533	
40 00 TOTAL OPERATING EXPENSES		325,636,001	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	802,826,805
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	500,291,804
3	NET PATIENT REVENUES	302,535,001
4	LESS: TOTAL OPERATING EXPENSES	325,636,001
5	NET INCOME FROM SERVICE TO PATIENTS	-23,101,000
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	10,352,000
24.01	EQUITY IN EARNINGS OF INVESTMENTS	6,655,000
24.02	NET ASSETS RELEASED	87,000
24.03	INVESTMENT INCOME	575,000
24.04	GAIN ON SALE OF ASSET	15,000
24.05	CONTRIBUTIONS	85,000
25	TOTAL OTHER INCOME	17,769,000
26	TOTAL	-5,332,000
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	823,000
28		
29		
30	TOTAL OTHER EXPENSES	823,000
31	NET INCOME (OR LOSS) FOR THE PERIOD	-6,155,000

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1					29,250	29,250
2					15,596	15,596
3						
4						
5	543,213		11,491	25,405	33,269	613,378
HHA REIMBURSABLE SERVICES						
6	491,347		48,384			539,731
7	433,716		47,154			480,870
8	95,018		10,734			105,752
9	16,148		3,663			19,811
10	19,705		3,524			23,229
11	52,759		12,640			65,399
12				8,981	65,569	74,550
13. 20	1,020		384	132,488	712	134,604
14	562,136		8,790	180,398	6,590	757,914
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23. 50						
24	2,215,062		146,764	347,272	150,986	2,860,084

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1		29,250		29,250
2		15,596		15,596
3				
4				
5		613,378	-2,527	610,851
HHA REIMBURSABLE SERVICES				
6		539,731		539,731
7		480,870		480,870
8		105,752		105,752
9		19,811		19,811
10		23,229		23,229
11		65,399		65,399
12		74,550		74,550
13		134,604		134,604
13. 20		757,914	-1,132	756,782
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23. 50				
24		2,860,084	-3,659	2,856,425

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX	29,250	29,250				
2	CAP-REL COST-MOV EQUIP	15,596		15,596			
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL	610,851	29,250	15,596		655,697	655,697
HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	539,731				539,731	160,810
7	PHYSICAL THERAPY	480,870				480,870	143,273
8	OCCUPATIONAL THERAPY	105,752				105,752	31,508
9	SPEECH PATHOLOGY	19,811				19,811	5,903
10	MEDICAL SOCIAL SERVICES	23,229				23,229	6,921
11	HOME HEALTH AIDE	65,399				65,399	19,485
12	SUPPLIES	74,550				74,550	22,212
13	DRUGS	134,604				134,604	40,105
13. 20	COST ADMINISTERING DRUGS	756,782				756,782	225,480
14	DME						
HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	2,856,425	29,250	15,596		2,856,425	

TOTAL

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GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	700,541					
7	PHYSICAL THERAPY	624,143					
8	OCCUPATIONAL THERAPY	137,260					
9	SPEECH PATHOLOGY	25,714					
10	MEDICAL SOCIAL SERVICES	30,150					
11	HOME HEALTH AIDE	84,884					
12	SUPPLIES	96,762					
13	DRUGS	174,709					
13. 20	COST ADMINISTERING DRUGS	982,262					
14	DME						
HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	2,856,425					

HHA 1

	CAP-REL COST-BLDG & FIX (FEET SQUARE)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (FEET SQUARE)	TRANSPORTATION (MILEAGE)	RECONCILIATION (5A)	ADMINISTRATIVE & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX	1,864				
2	CAP-REL COST-MOV EQUIP		1,864			
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL	1,864	1,864		-655,697	2,200,728
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					539,731
7	PHYSICAL THERAPY					480,870
8	OCCUPATIONAL THERAPY					105,752
9	SPEECH PATHOLOGY					19,811
10	MEDICAL SOCIAL SERVICES					23,229
11	HOME HEALTH AIDE					65,399
12	SUPPLIES					74,550
13	DRUGS					134,604
13.20	COST ADMINISTERING DRUGS					756,782
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)	1,864	1,864		-655,697	2,200,728
25	COST TO BE ALLOCATED	29,250	15,596			655,697
26	UNIT COST MULTIPLIER	15.692060	8.366953			.297945

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS
	0	1	2	3	4	5
1 ADMIN & GENERAL						541,124
2 SKILLED NURSING CARE	700,541					
3 PHYSICAL THERAPY	624,143					
4 OCCUPATIONAL THERAPY	137,260					
5 SPEECH PATHOLOGY	25,714					
6 MEDICAL SOCIAL SERVICES	30,150					
7 HOME HEALTH AIDE	84,884					
8 SUPPLIES	96,762					
9 DRUGS	174,709					
9.20 COST ADMINISTERING DRUGS	982,262					
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	2,856,425					541,124
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	COMMUNICATIONS	MGMT INFO SYS	PURCHASING	ADMITTING	PATIENT ACCOUNTING	SUBTOTAL
	6.01	6.02	6.03	6.04	6.05	6A.05
1 ADMIN & GENERAL		28,644	2,206			571,974
2 SKILLED NURSING CARE						700,541
3 PHYSICAL THERAPY						624,143
4 OCCUPATIONAL THERAPY						137,260
5 SPEECH PATHOLOGY						25,714
6 MEDICAL SOCIAL SERVICES						30,150
7 HOME HEALTH AIDE						84,884
8 SUPPLIES						96,762
9 DRUGS						174,709
9.20 COST ADMINISTERING DRUGS						982,262
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		28,644	2,206			3,428,399
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	ADMINISTRATIVE AND GENERAL 6.06	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	60,581					90,149
2 SKILLED NURSING CARE	74,198					
3 PHYSICAL THERAPY	66,106					
4 OCCUPATIONAL THERAPY	14,538					
5 SPEECH PATHOLOGY	2,723					
6 MEDICAL SOCIAL SERVICES	3,193					
7 HOME HEALTH AIDE	8,990					
8 SUPPLIES	10,249					
9 DRUGS	18,504					
9.20 COST ADMINISTERING DRUGS	104,037					
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	363,119					90,149
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPL 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25
1 ADMIN & GENERAL	193,496					916,200
2 SKILLED NURSING CARE						774,739
3 PHYSICAL THERAPY						690,249
4 OCCUPATIONAL THERAPY						151,798
5 SPEECH PATHOLOGY						28,437
6 MEDICAL SOCIAL SERVICES						33,343
7 HOME HEALTH AIDE						93,874
8 SUPPLIES						107,011
9 DRUGS						193,213
9.20 COST ADMINISTERING DRUGS						1,086,299
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	193,496					4,075,163
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		916,200		
2 SKILLED NURSING CARE		774,739	224,699	999,438
3 PHYSICAL THERAPY		690,249	200,194	890,443
4 OCCUPATIONAL THERAPY		151,798	44,026	195,824
5 SPEECH PATHOLOGY		28,437	8,248	36,685
6 MEDICAL SOCIAL SERVICES		33,343	9,671	43,014
7 HOME HEALTH AIDE		93,874	27,226	121,100
8 SUPPLIES		107,011	31,037	138,048
9 DRUGS		193,213	56,038	249,251
9.20 COST ADMINISTERING DRUGS		1,086,299	315,061	1,401,360
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19) (2)		4,075,163	916,200	4,075,163
21 UNIT COST MULTIPLIER			0.290032	

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

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

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)
	1	2	3	4	5	6.01
1 ADMIN & GENERAL					2,215,062	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)					2,215,062	
21 COST TO BE ALLOCATED					541,124	
22 UNIT COST MULTIPLIER					0.244293	

HHA COST CENTER	MGMT INFO SYSTEMS (MANHOURS)	PURCHASING (COSTED REQUISITIO)	ADMINISTRATIVE (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	RECONCILIATION	ADMINISTRATIVE AND GENERAL (ACCUM. COST)
	6.02	6.03	6.04	6.05	6A.06	6.06
1 ADMIN & GENERAL	74,044	70,323				571,974
2 SKILLED NURSING CARE						700,541
3 PHYSICAL THERAPY						624,143
4 OCCUPATIONAL THERAPY						137,260
5 SPEECH PATHOLOGY						25,714
6 MEDICAL SOCIAL SERVICES						30,150
7 HOME HEALTH AIDE						84,884
8 SUPPLIES						96,762
9 DRUGS						174,709
9.20 COST ADMINISTERING DRUGS						982,262
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	74,044	70,323				3,428,399
21 COST TO BE ALLOCATED	28,644	2,206				363,119
22 UNIT COST MULTIPLIER	0.386851	0.031370				0.105915

HHA 1

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)
	8	9	10	11	12	14
1 ADMIN & GENERAL					74,044	74,042
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)					74,044	74,042
21 COST TO BE ALLOCATED					90,149	193,496
22 UNIT COST MULTIPLIER					1.217506	2.613328

HHA COST CENTER	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)
	15	16	17	18
1 ADMIN & GENERAL				
2 SKILLED NURSING CARE				
3 PHYSICAL THERAPY				
4 OCCUPATIONAL THERAPY				
5 SPEECH PATHOLOGY				
6 MEDICAL SOCIAL SERVICES				
7 HOME HEALTH AIDE				
8 SUPPLIES				
9 DRUGS				
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19)				
21 COST TO BE ALLOCATED				
22 UNIT COST MULTIPLIER				

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

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

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCI LLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
			1	2	3	4	5	PART A 6
1	SKILLED NURSING	2	999,438		999,438	6,616	151.06	2,767
2	PHYSICAL THERAPY	3	890,443		890,443	4,662	191.00	2,370
3	OCCUPATIONAL THERAPY	4	195,824		195,824	1,024	191.23	534
4	SPEECH PATHOLOGY	5	36,685		36,685	197	186.22	102
5	MEDICAL SOCIAL SERVICES	6	43,014		43,014	145	296.65	75
6	HOME HEALTH AIDE SERVICE	7	121,100		121,100	1,749	69.24	753
7	TOTAL		2,286,504		2,286,504	14,393		6,601

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	
1	SKILLED NURSING	1,278	417,983	193,055	611,038
2	PHYSICAL THERAPY	851	452,670	162,541	615,211
3	OCCUPATIONAL THERAPY	167	102,117	31,935	134,052
4	SPEECH PATHOLOGY	10	18,994	1,862	20,856
5	MEDICAL SOCIAL SERVICES	30	22,249	8,900	31,149
6	HOME HEALTH AIDE SERVICES	644	52,138	44,591	96,729
7	TOTAL	2,980	1,066,151	442,884	1,509,035

LI MITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS 5	PROGRAM VISITS PART A 6
8	SKILLED NURSING						
9	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICE						
14	TOTAL						

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	
8	SKILLED NURSING				12
9	PHYSICAL THERAPY				
10	OCCUPATIONAL THERAPY				
11	SPEECH PATHOLOGY				
12	MEDICAL SOCIAL SERVICES				
13	HOME HEALTH AIDE SERVICE				
14	TOTAL				

PROVIDER NO: 15-0109
 HHA NO: 15-7124
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET H-6
 PARTS III & III
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	138,048		138,048	464,290	.297331	152,222
16 COST OF DRUGS	9.00	249,251		249,251	264,587	.942038	
16.20 COST OF DRUGS	9.20	1,401,360		1,401,360	181,078	7.738985	

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES		114,786	45,260	34,129
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM F1)		
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.657128			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52	.791400			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.341873			COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.235372			
5 DRUGS CHARGED TO PATIENTS	56	.317996			COL 2, LN 16
5.01 DIABETES CENTER	56.01	.925332			

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 3	PROGRAM VISITS 1/1/1998 TO 12/31/1998 4	PRIOR 1/1/1998 3.01	PROGRAM COSTS 1/1/1998 TO 12/31/1998 4	
1 PHYSICAL THERAPY	1	191.00	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	3	191.23					
3 SPEECH PATHOLOGY	4	186.22					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVII HHA 1

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	1,155,385	491,490
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	2,426	
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	15,952	13,850
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	1,199	4,509
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	64	
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	1,175,026	509,849
13 EXCESS REASONABLE COST		
14 SUBTOTAL	1,175,026	509,849
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	1,175,026	509,849
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,175,026	509,849
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 MSP PMTS	-2,419	
22 SUBTOTAL	1,172,607	509,849
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	1,172,607	509,849
25 INTERIM PAYMENTS	1,172,607	509,849
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	PROVIDER NO: 15-0109	PERIOD: FROM 1/1/2010 TO 12/31/2010	PREPARED 5/26/2011 WORKSHEET H-8
	HHA NO: 15-7124		

TITLE XVII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,172,607		509,849
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,172,607		509,849
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		1,172,607		509,849

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

PROVIDER NO:	PERIOD:	PREPARED
15-0109	FROM 1/1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
15-0109		PARTS I-IV

FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,019,261
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	366,412
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	85.61
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	2.86
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	26.99
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	29.85
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	6.23
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	125,800
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,511,473
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)	