

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	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0001	I	FROM 1/ 1/2010	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/20/2011 TIME 15:38

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:
 JOHNSON MEMORIAL HOSPITAL 15-0001
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 ECR ENCRYPTION INFORMATION
 DATE: 5/20/2011 TIME 15:38

i.RET:o3:Pg65t5diJH85IvYkN8jk0
 FNKZe0rET1Rdhmfhxr7IIPnuydcPF
 os4U0TpnPb0VC6si

 PI ENCRYPTION INFORMATION
 DATE: 5/20/2011 TIME 15:38

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 70owp0je:7Nca1P8aDKPcyOH4VzLQ8
 eFAN6pGSxt0RqsF8

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	72,046	49,241	230,147
2	SUBPROVIDER	0	40,980	31	168,289
7	HOSPITAL-BASED HHA	0	0	0	0
100	TOTAL	0	113,026	49,272	398,436

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 1125 WEST JEFFERSON STREET P.O. BOX:
 1.01 CITY: FRANKLIN STATE: IN ZIP CODE: 46131- COUNTY: JOHNSON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	JOHNSON MEMORIAL HOSPITAL	15-0001	7/ 1/1966	4	5	6
03.00	SUBPROVIDER	TODD AIKENS REHAB CENTER	15-T001	1/ 1/2005	N	P	O
09.00	HOSPITAL-BASED HHA	JOHNSON MEMORIAL HOME HEALTH	15-7510	7/ 1/1997	N	O	N

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

18 TYPE OF CONTROL 1 2
9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER 5

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y 15
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 or MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 2 N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

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

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

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN
 EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET
 E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

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

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

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

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE
 RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y"
 FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N

25.07 HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THE COST REPORTING
 PERIOD? ENTER "Y" FOR YES OR "N" FOR NO IN COLUMN 1.

25.08 IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE
 RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. 0.00

IF LINE 25.07 IS YES, USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM
 NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY
 CARE RESIDENTS FTES BY PROGRAM IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM
 IN WHICH RESIDENTS ARE TRAINED. (SEE INSTRUCTIONS)

25.09 0000 0.00

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT
 IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01.
 SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913
 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR
 THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1.
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE
 OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL
 INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER
 THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR
 TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE
 OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0 0.0000 0.0000

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN
 INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE
 USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL
 EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN
 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES
 ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

28.03 STAFFING % Y/N

28.04 RECRUITMENT 0.00%

28.05 RETENTION 0.00%

28.06 TRAINING 0.00%

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE
 AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS
 HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH?
 SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF
 PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE
 SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST
 BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R
 TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD
 NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF
 YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42
 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

- 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
- 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2. N
- 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
- 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
- 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
- 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

- 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX
1 2 3
- 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
- 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
- 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). N
- 40.01 NAME: FI/CONTRACTOR NAME
- 40.02 STREET: P.O. BOX: FI/CONTRACTOR #
- 40.03 CITY: STATE: ZIP CODE: -
- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
 IDENTIFICATION DATA

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		N			
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		Y			
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).				0	
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N	N		
60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(c)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).		N		0	

MULTICAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

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

MISCELLANEOUS DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
I 15-0001 I FROM 1/ 1/2010 I WORKSHEET 5-3
I I TO 12/31/2010 I PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / TITLE V	O/P VISITS / TITLE XVIII	NOT LTCH N/A	TRIPS / TITLE XIX
1 ADULTS & PEDIATRICS	80	29,200		3	4	4.01	5
2 HMO					4,768		418
2 01 HMO - (IRF PPS SUBPROVIDER)					367		1,028
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	80	29,200			4,768		418
6 INTENSIVE CARE UNIT	6	2,190			519		
11 NURSERY							
12 TOTAL	86	31,390			5,287		418
13 RPCH VISITS							
14 SUBPROVIDER	15	5,475			1,426		174
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY					4,767		
25 TOTAL	101						
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							306

COMPONENT	TITLE XIX OBSERVATION ADMITTED 5.01	I/P DAYS / OBSERVATION NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	/ TRIPS / TOTAL OBSERVATION ADMITTED 6.01	NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			8,343				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			8,343				
6 INTENSIVE CARE UNIT			978				
11 NURSERY			893				
12 TOTAL			10,214				
13 RPCH VISITS							
14 SUBPROVIDER			2,125				
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY			8,427				
25 TOTAL							
26 OBSERVATION BED DAYS			3,349				
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			483				

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					1,040	149	2,536
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		566.76			1,040	149	2,536
13 RPCH VISITS							
14 SUBPROVIDER		13.91			121	14	182
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY		8.58					
25 TOTAL		589.25					
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	33,075,766		33,075,766	1,165,995.00	28.37	
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	8,728,185	-219,306	8,508,879	180,076.00	47.25	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	2,427,586		2,427,586	44,278.00	54.83	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	256,153		256,153	4,009.00	63.89	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	6,526,076		6,526,076			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,619,726		1,619,726			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	2,853,443	219,306	3,072,749	166,538.00	18.45	
22 ADMINISTRATIVE & GENERAL	1,837,419		1,837,419	51,419.00	35.73	
22.01 A & G UNDER CONTRACT	337,906		337,906	9,412.00	35.90	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	758,353		758,353	37,176.00	20.40	
25 LAUNDRY & LINEN SERVICE	130,025		130,025	10,472.00	12.42	
26 HOUSEKEEPING	661,566		661,566	58,231.00	11.36	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	924,529	-485,962	438,567	30,274.00	14.49	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		485,962	485,962	33,428.00	14.54	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,033,976		1,033,976	20,139.00	51.34	
31 CENTRAL SERVICE AND SUPPLY	97,349		97,349	6,253.00	15.57	
32 PHARMACY	439,009		439,009	12,040.00	36.46	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	698,027		698,027	36,227.00	19.27	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	33,413,672		33,413,672	1,175,407.00	28.43	
2 EXCLUDED AREA SALARIES	8,728,185	-219,306	8,508,879	180,076.00	47.25	
3 SUBTOTAL SALARIES	24,685,487	219,306	24,904,793	995,331.00	25.02	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,683,739		2,683,739	48,287.00	55.58	
5 SUBTOTAL WAGE-RELATED COSTS	6,526,076		6,526,076		26.20	
6 TOTAL	33,895,302	219,306	34,114,608	1,043,618.00	32.69	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET S-3
 I I TO 12/31/2010 I PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
13	TOTAL OVERHEAD COSTS	9,771,602	219,306	9,990,908	471,609.00	21.18	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
I 15-0001 I FROM 1/ 1/2010 I WORKSHEET S-4
I HHA NO: I TO 12/31/2010 I
I 15-7510 I
COUNTY: I

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		251.00		
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	0			
2 UNDUPLICATED CENSUS COUNT				
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)				
ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK				

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL			
6 DIRECTING NURSING SERVICE			
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE			
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE			
17 HOME HEALTH AIDE SUPERVISOR			
18			
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	0	
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).			

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

	FULL EPISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21 SKILLED NURSING VISITS	1,637	0	73	45
22 SKILLED NURSING VISIT CHARGES	320,876	0	14,259	8,832
23 PHYSICAL THERAPY VISITS	1,231	0	11	47
24 PHYSICAL THERAPY VISIT CHARGES	270,161	0	2,403	10,331
25 OCCUPATIONAL THERAPY VISITS	896	0	8	32
26 OCCUPATIONAL THERAPY VISIT CHARGES	197,722	0	1,734	7,034
27 SPEECH PATHOLOGY VISITS	25	0	1	0
28 SPEECH PATHOLOGY VISIT CHARGES	5,508	0	222	0
29 MEDICAL SOCIAL SERVICE VISITS	42	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	11,388	0	0	0
31 HOME HEALTH AIDE VISITS	708	0	0	11
32 HOME HEALTH AIDE VISIT CHARGES	63,602	0	0	980
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	4,539	0	93	135
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	869,257	0	18,618	27,177
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	282	0	36	7
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0	0

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
I 15-0001 I FROM 1/ 1/2010 I WORKSHEET S-4
I HHA NO: I TO 12/31/2010 I
I 15-7510 I
COUNTY: I

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 EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	1,755
22 SKILLED NURSING VISIT CHARGES	0	0	343,967
23 PHYSICAL THERAPY VISITS	0	0	1,289
24 PHYSICAL THERAPY VISIT CHARGES	0	0	282,895
25 OCCUPATIONAL THERAPY VISITS	0	0	936
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	206,490
27 SPEECH PATHOLOGY VISITS	0	0	26
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	5,730
29 MEDICAL SOCIAL SERVICE VISITS	0	0	42
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	11,388
31 HOME HEALTH AIDE VISITS	0	0	719
32 HOME HEALTH AIDE VISIT CHARGES	0	0	64,582
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	4,767
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	915,052
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	325
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/20/2011
I	15-0001	I	FROM 1/1/2010	I	WORKSHEET	S-10
I		I	TO 12/31/2010	I		
I		I		I		

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER
LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE
JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)
DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET
WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD
DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT
SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN
YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE
ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE
CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON
CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE
DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS
(SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO
BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY
LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL
POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%
OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%
OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF
THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME
PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH
PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY
MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?
IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT
GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING
COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM
GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE
TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE
CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE

17.01 GROSS MEDICAID REVENUES

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

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL
INDIGENT CARE PROGRAMS

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,
DIVIDED BY COLUMN 8, LINE 103) .349573

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST
(LINE 23 * LINE 24)

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/20/2011
I	15-0001	I	FROM 1/ 1/2010	I	WORKSHEET	S-10
I		I	TO 12/31/2010	I		
I		I		I		

DESCRIPTION

- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS
- 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET A
 I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1 0100	OLD CAP REL COSTS-BLDG & FIXT		4,154,166	4,154,166	-4,128,267	25,899
1.01 0101	OLD CAP REL COSTS-TOWER		86,952	86,952		86,952
3 0300	NEW CAP REL COSTS-BLDG & FIXT				1,779,434	1,779,434
4 0400	NEW CAP REL COSTS-MVBLE EQUIP				2,509,954	2,509,954
5 0500	EMPLOYEE BENEFITS	356,613	8,227,872	8,584,485	249,423	8,833,908
5.01 0501	COMMUNICATIONS	149,796	214,797	364,593		364,593
5.02 0502	DATA PROCESSING	726,328	412,255	1,138,583		1,138,583
5.03 0503	MATERIALS MANAGEMENT	251,211	110,696	361,907		361,907
5.04 0504	ADMITTING	581,001	35,708	616,709		616,709
5.05 0505	PATIENT ACCOUNTING	788,494	725,365	1,513,859		1,513,859
6 0600	ADMINISTRATIVE & GENERAL	1,837,419	2,786,264	4,623,683	-161,121	4,462,562
8 0800	OPERATION OF PLANT	758,353	1,843,203	2,601,556		2,601,556
9 0900	LAUNDRY & LINEN SERVICE	130,025	92,039	222,064		222,064
10 1000	HOUSEKEEPING	661,566	105,523	767,089		767,089
11 1100	DIETARY	924,529	383,448	1,307,977	-687,514	620,463
12 1200	CAFETERIA				687,514	687,514
14 1400	NURSING ADMINISTRATION	1,033,976	199,809	1,233,785		1,233,785
15 1500	CENTRAL SERVICES & SUPPLY	97,349	71,720	169,069		169,069
16 1600	PHARMACY	439,009	4,995,592	5,434,601		5,434,601
17 1700	MEDICAL RECORDS & LIBRARY	698,027	318,343	1,016,370		1,016,370
	INPAT ROUTINE SRVC CNTRS					
25 2500	ADULTS & PEDIATRICS	4,409,936	560,214	4,970,150	-212,917	4,757,233
26 2600	INTENSIVE CARE UNIT	1,179,829	208,599	1,388,428		1,388,428
31 3100	SUBPROVIDER	700,430	159,104	859,534		859,534
33 3300	NURSERY				212,917	212,917
34 3400	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37 3700	OPERATING ROOM	1,734,373	836,017	2,570,390		2,570,390
40 4000	ANESTHESIOLOGY		3,092	3,092		3,092
41 4100	RADIOLOGY-DIAGNOSTIC	2,174,992	1,221,279	3,396,271		3,396,271
44 4400	LABORATORY	1,225,532	2,058,945	3,284,477		3,284,477
49 4900	RESPIRATORY THERAPY	848,584	153,682	1,002,266		1,002,266
50 5000	PHYSICAL THERAPY		1,173,368	1,173,368		1,173,368
51 5100	OCCUPATIONAL THERAPY		335,401	335,401		335,401
52 5200	SPEECH PATHOLOGY		131,905	131,905		131,905
53 5300	ELECTROCARDIOLOGY	466,167	596,188	1,062,355		1,062,355
54 5400	ELECTROENCEPHALOGRAPHY	44,372	6,952	51,324		51,324
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		4,636,822	4,636,822	-2,091,535	2,545,287
55.30 5530	IMPL. DEV. CHARGED TO PATIENT				2,091,535	2,091,535
56 5600	DRUGS CHARGED TO PATIENTS					
59 3480	ONCOLOGY	442,951	600,365	1,043,316		1,043,316
59.97 3997	CARDIAC REHABILITATION	90,858	131,310	222,168		222,168
	OUTPAT SERVICE COST CNTRS					
60 6000	CLINIC	463,679	1,557,545	2,021,224		2,021,224
61 6100	EMERGENCY	1,832,612	215,022	2,047,634		2,047,634
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71 7100	HOME HEALTH AGENCY	440,974	501,017	941,991		941,991
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	25,488,985	39,850,579	65,339,564	249,423	65,588,987
	NONREIMBURS COST CENTERS					
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	53,487	76,711	130,198		130,198
98 9800	PHYSICIANS' PRIVATE OFFICES	6,766,698	3,002,421	9,769,119		9,769,119
98.01 9801	SOUTH CLINIC		498,528	498,528		498,528
98.02 9802	WEST CLINIC					
98.03 9803	DIABETES CENTER	55,015	6,545	61,560		61,560
99 9900	NONPAID WORKERS					
99.01 9901	ADULT/CHILD CARE	516,497	70,929	587,426	-249,423	338,003
99.02 9902	PHYSICIAN OFFICE BUILDING		869,287	869,287		869,287
99.03 9903	OPTIFAST/FOUNDATION		6,155	6,155		6,155
100 7950	PARTNERSHIP HFC	73,492	18,887	92,379		92,379
100.01 7951	TRAFALGAR CLINIC					
100.02 7952	EDINBURGH					
100.03 7953	JAIL	121,592	6,000	127,592		127,592
101	TOTAL	33,075,766	44,406,042	77,481,808	-0-	77,481,808

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
I 15-0001 I FROM 1/ 1/2010 I WORKSHEET A
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		25,899
1.01 0101	OLD CAP REL COSTS-TOWER		86,952
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-84,569	1,694,865
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-795	2,509,159
5 0500	EMPLOYEE BENEFITS	-270,270	8,563,638
5.01 0501	COMMUNICATIONS	-28,096	336,497
5.02 0502	DATA PROCESSING		1,138,583
5.03 0503	MATERIALS MANAGEMENT		361,907
5.04 0504	ADMITTING		616,709
5.05 0505	PATIENT ACCOUNTING		1,513,859
6 0600	ADMINISTRATIVE & GENERAL	-556,590	3,905,972
8 0800	OPERATION OF PLANT	-33,235	2,568,321
9 0900	LAUNDRY & LINEN SERVICE		222,064
10 1000	HOUSEKEEPING		767,089
11 1100	DIETARY	-1,522	618,941
12 1200	CAFETERIA	-344,083	343,431
14 1400	NURSING ADMINISTRATION	-2,195	1,231,590
15 1500	CENTRAL SERVICES & SUPPLY		169,069
16 1600	PHARMACY	-188	5,434,413
17 1700	MEDICAL RECORDS & LIBRARY	-812	1,015,558
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	395	4,757,628
26 2600	INTENSIVE CARE UNIT		1,388,428
31 3100	SUBPROVIDER	-8	859,526
33 3300	NURSERY		212,917
34 3400	SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-7,200	2,563,190
40 4000	ANESTHESIOLOGY		3,092
41 4100	RADIOLOGY-DIAGNOSTIC	-23,075	3,373,196
44 4400	LABORATORY		3,284,477
49 4900	RESPIRATORY THERAPY	-7,000	995,266
50 5000	PHYSICAL THERAPY	-29,189	1,144,179
51 5100	OCCUPATIONAL THERAPY		335,401
52 5200	SPEECH PATHOLOGY		131,905
53 5300	ELECTROCARDIOLOGY	-75,590	986,765
54 5400	ELECTROENCEPHALOGRAPHY		51,324
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,545,287
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		2,091,535
56 5600	DRUGS CHARGED TO PATIENTS		
59 3480	ONCOLOGY	-243,784	799,532
59.97 3997	CARDIAC REHABILITATION		222,168
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-12,865	2,008,359
61 6100	EMERGENCY		2,047,634
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71 7100	HOME HEALTH AGENCY	67	942,058
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-1,720,604	63,868,383
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		130,198
98 9800	PHYSICIANS' PRIVATE OFFICES		9,769,119
98.01 9801	SOUTH CLINIC		498,528
98.02 9802	WEST CLINIC		
98.03 9803	DIABETES CENTER		61,560
99 9900	NONPAID WORKERS		
99.01 9901	ADULT/CHILD CARE		338,003
99.02 9902	PHYSICIAN OFFICE BUILDING		869,287
99.03 9903	OPTIFAST/FOUNDATION		6,155
100 7950	PARTNERSHIP HFC		92,379
100.01 7951	TRAFALGAR CLINIC		
100.02 7952	EDINBURGH		
100.03 7953	JAIL		127,592
101	TOTAL	-1,720,604	75,761,204

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-TOWER	0101	OLD CAP REL COSTS-BLDG & FIXT
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
5.01	COMMUNICATIONS	0501	EMPLOYEE BENEFITS
5.02	DATA PROCESSING	0502	EMPLOYEE BENEFITS
5.03	MATERIALS MANAGEMENT	0503	EMPLOYEE BENEFITS
5.04	ADMITTING	0504	EMPLOYEE BENEFITS
5.05	PATIENT ACCOUNTING	0505	EMPLOYEE BENEFITS
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
59	ONCOLOGY	3480	ONCOLOGY
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	SOUTH CLINIC	9801	PHYSICIANS' PRIVATE OFFICES
98.02	WEST CLINIC	9802	PHYSICIANS' PRIVATE OFFICES
98.03	DIABETES CENTER	9803	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
99.01	ADULT/CHILD CARE	9901	NONPAID WORKERS
99.02	PHYSICIAN OFFICE BUILDING	9902	NONPAID WORKERS
99.03	OPTIFAST/FOUNDATION	9903	NONPAID WORKERS
100	PARTNERSHIP HFC	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	TRAFALGAR CLINIC	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	EDINBURGH	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	JAIL	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150001	FROM 1/ 1/2010	5/20/2011
	TO 12/31/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 CAFETERIA RECLASS	A	CAFETERIA	12	485,962	201,552
2 CHILD CARE RECLASS	B	EMPLOYEE BENEFITS	5	219,306	30,117
3 INTEREST RECLASS	C	NEW CAP REL COSTS-BLDG & FIXT	3		82,903
4		NEW CAP REL COSTS-MVBLE EQUIP	4		78,218
5 DEPRECIATION RECLASS	D	NEW CAP REL COSTS-MVBLE EQUIP	4		2,431,736
6		NEW CAP REL COSTS-BLDG & FIXT	3		1,696,531
7 NURSERY RECLASS	E	NURSERY	33	195,864	17,053
8 IMPLANTABLE DEVICE RECLASS	F	IMPL. DEV. CHARGED TO PATIENT	55.30		2,091,535
36 TOTAL RECLASSIFICATIONS				901,132	6,629,645

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

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150001	FROM 1/ 1/2010	5/20/2011
	TO 12/31/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	DECREASE				A-7 REF 10	
	CODE (1) COST CENTER	LINE NO	SALARY	OTHER		
	1	6	7	8	9	
1 CAFETERIA RECLASS	A	DIETARY	11	485,962	201,552	
2 CHILD CARE RECLASS	B	ADULT/CHILD CARE	99.01	219,306	30,117	
3 INTEREST RECLASS	C	ADMINISTRATIVE & GENERAL	6		161,121	11
4						11
5 DEPRECIATION RECLASS	D	OLD CAP REL COSTS-BLDG & FIXT	1		4,128,267	9
6						9
7 NURSERY RECLASS	E	ADULTS & PEDIATRICS	25	195,864	17,053	
8 IMPLANTABLE DEVICE RECLASS	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,091,535	
36 TOTAL RECLASSIFICATIONS				901,132	6,629,645	

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

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150001	FROM 1/ 1/2010	5/20/2011
	TO 12/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CAFETERIA RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	687,514	DIETARY	11	687,514	
TOTAL RECLASSIFICATIONS FOR CODE A			687,514				

RECLASS CODE: B
EXPLANATION : CHILD CARE RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	249,423	ADULT/CHILD CARE	99.01	249,423	
TOTAL RECLASSIFICATIONS FOR CODE B			249,423				

RECLASS CODE: C
EXPLANATION : INTEREST RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	82,903	ADMINISTRATIVE & GENERAL	6	161,121	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	78,218			0	
TOTAL RECLASSIFICATIONS FOR CODE C			161,121	161,121			

RECLASS CODE: D
EXPLANATION : DEPRECIATION RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,431,736	OLD CAP REL COSTS-BLDG & FIXT	1	4,128,267	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,696,531			0	
TOTAL RECLASSIFICATIONS FOR CODE D			4,128,267	4,128,267			

RECLASS CODE: E
EXPLANATION : NURSERY RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	212,917	ADULTS & PEDIATRICS	25	212,917	
TOTAL RECLASSIFICATIONS FOR CODE E			212,917	212,917			

RECLASS CODE: F
EXPLANATION : IMPLANTABLE DEVICE RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	2,091,535	MEDICAL SUPPLIES CHARGED TO PA	55	2,091,535	
TOTAL RECLASSIFICATIONS FOR CODE F			2,091,535	2,091,535			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	3,141,963						3,141,963	
2	LAND IMPROVEMENTS	1,390,763	371,761			371,761	300,467	1,462,057	
3	BUILDINGS & FIXTURE	56,249,017	1,341,970			1,341,970	1,112,106	56,478,881	
4	BUILDING IMPROVEMEN	1,678,837	69,231			69,231		1,748,068	
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	38,239,432	2,497,495			2,497,495	364,966	40,371,961	
7	SUBTOTAL	100,700,012	4,280,457			4,280,457	1,777,539	103,202,930	
8	RECONCILING ITEMS								
9	TOTAL	100,700,012	4,280,457			4,280,457	1,777,539	103,202,930	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	GROSS ASSETS	COMPUTATION OF RATIOS		RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
	1	2	3	4	5	6	7	8
* OLD CAP REL COSTS-BL								
1 01 OLD CAP REL COSTS-TO								
3 NEW CAP REL COSTS-BL								
4 NEW CAP REL COSTS-MV								
5 TOTAL				1.000000				

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						OTHER CAPITAL RELATED COST	TOTAL (1)
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES			
	9	10	11	12	13	14	15	
* OLD CAP REL COSTS-BL	25,899						25,899	
1 01 OLD CAP REL COSTS-TO	86,952						86,952	
3 NEW CAP REL COSTS-BL	1,611,962		82,903				1,694,865	
4 NEW CAP REL COSTS-MV	2,430,941		78,218				2,509,159	
5 TOTAL	4,155,754		161,121				4,316,875	

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						OTHER CAPITAL RELATED COST	TOTAL (1)
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES			
	9	10	11	12	13	14	15	
* OLD CAP REL COSTS-BL	4,154,166						4,154,166	
1 01 OLD CAP REL COSTS-TO	86,952						86,952	
3 NEW CAP REL COSTS-BL								
4 NEW CAP REL COSTS-MV								
5 TOTAL	4,241,118						4,241,118	

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 15-0001
I

I PERIOD: I PREPARED 5/20/2011
I FROM 1/ 1/2010 I WORKSHEET A-8
I TO 12/31/2010 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	
	1	2	3 COST CENTER	4	5
1			OLD CAP REL COSTS-BLDG &	1	
2			**COST CENTER DELETED**	2	
3			NEW CAP REL COSTS-BLDG &	3	
4			NEW CAP REL COSTS-MVBLE E	4	
5					
6					
7					
8					
9					
10					
11					
12	A-8-2	-576,679			
13					
14	A-8-1				
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	A-8-3				
28			**COST CENTER DELETED**	89	
29			OLD CAP REL COSTS-BLDG &	1	
30			**COST CENTER DELETED**	2	
31			NEW CAP REL COSTS-BLDG &	3	
32			NEW CAP REL COSTS-MVBLE E	4	
33			**COST CENTER DELETED**	20	
34					
35	A-8-4		OCCUPATIONAL THERAPY	51	
36	A-8-4		SPEECH PATHOLOGY	52	
37		-4,320	OPERATION OF PLANT	8	
38	B	-7,522	ADMINISTRATIVE & GENERAL	6	
39	B	-5,003	ADMINISTRATIVE & GENERAL	6	
40	B	-2,195	NURSING ADMINISTRATION	14	
41	B	-1,522	DIETARY	11	
42	B	-812	MEDICAL RECORDS & LIBRARY	17	
43	B	-1,520	RADIOLOGY-DIAGNOSTIC	41	
44	B	-350	ADMINISTRATIVE & GENERAL	6	
45	B	-188	PHARMACY	16	
46	B	-4,679	ADMINISTRATIVE & GENERAL	6	
47	B	395	ADULTS & PEDIATRICS	25	
48	B	-344,083	CAFETERIA	12	
49					
49.01	A	-1,401	ADMINISTRATIVE & GENERAL	6	
49.02	A	-20,605	OPERATION OF PLANT	8	
49.03	A	-795	NEW CAP REL COSTS-MVBLE E	4	9
49.04	A	-22,274	ADMINISTRATIVE & GENERAL	6	
49.05	A	-28,096	COMMUNICATIONS	5.01	
49.06	A	-240,084	ADMINISTRATIVE & GENERAL	6	
49.07	A	-8	SUBPROVIDER	31	
49.08	A	-7,200	OPERATING ROOM	37	
49.09	A	-745	RADIOLOGY-DIAGNOSTIC	41	
49.10	A	-12,865	CLINIC	60	
49.11	A	67	HOME HEALTH AGENCY	71	
49.12	B	-268,223	EMPLOYEE BENEFITS	5	
49.13	A	-4,964	ADMINISTRATIVE & GENERAL	6	
49.14	A	-2,159	ADMINISTRATIVE & GENERAL	6	
49.15	A	-8,310	OPERATION OF PLANT	8	
49.16	A	-2,047	EMPLOYEE BENEFITS	5	
49.17	A	-84,569	NEW CAP REL COSTS-BLDG &	3	9
49.18	A	-17,806	ADMINISTRATIVE & GENERAL	6	
49.19	A	-43	ADMINISTRATIVE & GENERAL	6	
49.20	A	-29,189	PHYSICAL THERAPY	50	
49.21	A	-20,810	RADIOLOGY-DIAGNOSTIC	41	
49.22					
49.23					
49.24					
49.25					
49.26					
49.27					
49.28					
50	TOTAL (SUM OF LINES 1 THRU 49)	-1,720,604			

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	LINE NO	
	1	2	3	4	5	
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,720,604				

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET A-8-2
 I I TO 12/31/2010 I GROUP 1

LINE NO.	WKSHT A	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	IN HOUSE PHYS	250,305	250,305		225,300			
2	26	CCU	3,235		3,235	225,300	54	5,849	292
3	31	ACUTE REHAB	70,000		70,000	225,300	997	107,992	5,400
4	41	MEDICAL IMAGING	3,000		3,000	225,300	45	4,874	244
5	44	LAB	101,643		101,643	215,700	1,568	162,605	8,130
6	49	R. T. MED DIR	7,000	7,000		225,300			
7	53	EKG	75,590	75,590		225,300			
8	53	CARDIAC REHAB	126,000		126,000	225,300	2,000	216,635	10,832
9	59	ONCOLOGY	228,120	228,120		225,300			
10	59	RADIATION ONCOLOGY	15,664	15,664		225,300			
11	61	ER	20,000		20,000	225,300	308	33,362	1,668
12	61	EMS MED DIRECTOR	2,275		2,275	225,300	35	3,791	190
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	902,832	576,679	326,153		5,007	535,108	26,756

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 15-0001
I

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

I PREPARED 5/20/2011
I WORKSHEET A-8-2
I 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	IN HOUSE PHYS						250,305
2	26	CCU				5,849		
3	31	ACUTE REHAB				107,992		
4	41	MEDICAL IMAGING				4,874		
5	44	LAB				162,605		
6	49	R. T. MED DIR						7,000
7	53	EKG						75,590
8	53	CARDIAC REHAB				216,635		
9	59	ONCOLOGY						228,120
10	59	RADIATION ONCOLOGY						15,664
11	61	ER				33,362		
12	61	EMS MED DIRECTOR				3,791		
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL				535,108		576,679

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
1.01	OLD CAP REL COSTS-TOWER	2	TOWER	SQ FT	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	TOTAL	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	NOT ENTERED
5.01	COMMUNICATIONS	6	# NON PT	PHONES	ENTERED
5.02	DATA PROCESSING	7	WORK	ORDERS	ENTERED
5.03	MATERIALS MANAGEMENT	53	SUPPLY	USAGE	ENTERED
5.04	ADMITTING	54	GROSS	REVENUE	ENTERED
5.05	PATIENT ACCOUNTING	54	GROSS	REVENUE	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	TOTAL	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	TOTAL	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	12	HOURS	PAID	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	54	GROSS	REVENUE	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-TOWER	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	COMMUNICATION S
	0	1	1.01	3	4	5	5.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &	25,899	25,899					
003 NEW CAP REL COSTS-BLDG &	1,694,865			1,694,865			
004 NEW CAP REL COSTS-MVBLE E	2,509,159				2,509,159		
005 EMPLOYEE BENEFITS	8,563,638	546		25,053	915	8,590,152	
005 01 COMMUNICATIONS	336,497	53		2,448	6,436	39,593	385,027
005 02 DATA PROCESSING	1,138,583	372		17,099	1,121,310	191,979	46,291
005 03 MATERIALS MANAGEMENT	361,907	519		23,832	11,443	66,399	6,613
005 04 ADMITTING	616,709	375	1,751	27,420	461	153,567	7,715
005 05 PATIENT ACCOUNTING	1,513,859	366		16,793	1,290	208,410	28,657
006 ADMINISTRATIVE & GENERAL	3,905,972	1,278		58,683	10,975	485,656	28,289
008 OPERATION OF PLANT	2,568,321	1,959	12,051	160,054	37,520	200,443	13,226
009 LAUNDRY & LINEN SERVICE	222,064	326		14,974	4,708	34,367	1,837
010 HOUSEKEEPING	767,089	140	893	11,630	2,564	174,861	3,307
011 DIETARY	618,941	473	241	23,110	42,552	115,919	8,450
012 CAFETERIA	343,431	558		25,601		128,447	
014 NURSING ADMINISTRATION	1,231,590	1,369		62,832	87,038	273,294	12,491
015 CENTRAL SERVICES & SUPPLY	169,069	231		10,583	26,076	25,731	
016 PHARMACY	5,434,413	278		12,745	2,780	116,036	5,511
017 MEDICAL RECORDS & LIBRARY	1,015,558	553	578	28,772	7,545	184,498	14,328
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,757,628	2,878	24,878	276,858	156,777	1,113,838	
026 INTENSIVE CARE UNIT	1,388,428		2,531	14,725	80,599	311,845	
031 SUBPROVIDER	859,526		8,657	50,355	12,604	185,133	
033 NURSERY	212,917	85		3,893		51,770	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,563,190	2,678	692	126,997	225,205	458,419	25,717
040 ANESTHESIOLOGY	3,092	53		2,454			
041 RADIOLOGY-DIAGNOSTIC	3,373,196	787	11,495	102,978	265,616	574,881	21,676
044 LABORATORY	3,284,477	80	6,598	42,071	29,006	323,925	19,104
049 RESPIRATORY THERAPY	995,266	312	371	16,501	29,666	224,293	5,143
050 PHYSICAL THERAPY	1,144,179	913	433	44,444	10,472		5,511
051 OCCUPATIONAL THERAPY	335,401		1,754	10,203	3,065		2,204
052 SPEECH PATHOLOGY	131,905		634	3,688	333		3,674
053 ELECTROCARDIOLOGY	986,765	508	872	28,404	47,467	123,214	11,022
054 ELECTROENCEPHALOGRAPHY	51,324		236	1,370	3,178	11,728	735
055 MEDICAL SUPPLIES CHARGED	2,545,287				64,065		
055 30 IMPL. DEV. CHARGED TO PAT	2,091,535						
056 DRUGS CHARGED TO PATIENTS							
059 ONCOLOGY	799,532	1,471		67,529	68,338	117,078	13,594
059 97 CARDIAC REHABILITATION	222,168	181		8,316	9,638	24,015	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,008,359	1,502	472	71,733	42,471	122,557	6,613
061 EMERGENCY	2,047,634		11,385	66,227	41,232	484,385	20,574
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	942,058	302		13,878	651	116,556	6,980
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	63,868,383	21,146	86,522	1,474,253	2,453,996	6,642,837	319,262
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	130,198	97		4,441	446	14,137	4,041
098 PHYSICIANS' PRIVATE OFFIC	9,769,119	3,949		181,189	53,949	1,788,522	49,968
098 01 SOUTH CLINIC	498,528						
098 02 WEST CLINIC							
098 03 DIABETES CENTER	61,560		430	2,504		14,541	1,102
099 NONPAID WORKERS							
099 01 ADULT/CHILD CARE	338,003	530		24,349	87	78,552	5,511
099 02 PHYSICIAN OFFICE BUILDING	869,287						
099 03 OPTIFAST/FOUNDATION	6,155						4,041
100 PARTNERSHIP HFC	92,379	177		8,129		19,425	1,102
100 01 TRAFALGAR CLINIC					681		
100 02 EDINBURGH							
100 03 JAIL	127,592					32,138	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	75,761,204	25,899	86,952	1,694,865	2,509,159	8,590,152	385,027

COST ALLOCATION - GENERAL SERVICE COSTS

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PROVIDER NO:
15-0001

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

I PREPARED 5/20/2011
I WORKSHEET B
I PART I

COST CENTER DESCRIPTION	DATA PROCESSING	MATERIALS MANAGEMENT	MAN ADMITTING	PATIENT ACCOUNTING	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	5.02	5.03	5.04	5.05	5a.05	6	8
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-TOWER							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 COMMUNICATIONS							
005 02 DATA PROCESSING	2,515,634						
005 03 MATERIALS MANAGEMENT	30,736	501,449					
005 04 ADMITTING	100,484	2,194	910,676				
005 05 PATIENT ACCOUNTING	265,986	2,782		2,038,143			
006 ADMINISTRATIVE & GENERAL	275,443	8,709			4,775,005	4,775,005	
008 OPERATION OF PLANT	14,186	89			3,007,849	202,329	3,210,178
009 LAUNDRY & LINEN SERVICE	8,275	1,235			287,786	19,359	35,256
010 HOUSEKEEPING		6,035			966,519	65,015	27,381
011 DIETARY	102,848	533			913,067	61,419	54,409
012 CAFETERIA					498,037	33,501	60,275
014 NURSING ADMINISTRATION	34,283	1,765			1,704,662	114,667	147,931
015 CENTRAL SERVICES & SUPPLY		2,591			234,281	15,759	24,917
016 PHARMACY	26,007	5,807			5,603,577	376,936	30,006
017 MEDICAL RECORDS & LIBRARY	98,119	743			1,350,694	90,857	67,740
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	283,718	10,022	75,926	169,918	6,872,441	462,288	651,839
026 INTENSIVE CARE UNIT	40,193	1,830	11,953	26,749	1,878,853	126,385	34,669
031 SUBPROVIDER	89,844	1,043	10,674	23,888	1,241,724	83,527	118,556
033 NURSERY			3,244	7,260	279,169	18,779	9,166
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	254,164	20,150	95,902	214,624	3,987,738	268,243	299,000
040 ANESTHESIOLOGY		54	13,493	30,196	49,342	3,319	5,778
041 RADIOLOGY-DIAGNOSTIC	172,595	26,078	181,495	406,274	5,137,071	345,555	242,450
044 LABORATORY	73,294	71,338	145,257	325,078	4,320,228	290,609	99,051
049 RESPIRATORY THERAPY	41,376	6,042	29,224	65,402	1,413,596	95,088	38,849
050 PHYSICAL THERAPY	50,833	782	23,286	52,112	1,332,965	89,665	104,638
051 OCCUPATIONAL THERAPY	22,461	933	11,916	26,668	414,605	27,889	24,022
052 SPEECH PATHOLOGY	8,275	70	4,447	9,953	162,979	10,963	8,682
053 ELECTROCARDIOLOGY		3,160	27,977	62,611	1,292,000	86,909	66,875
054 ELECTROENCEPHALOGRAPHY	10,639	59	571	1,278	81,118	5,457	3,226
055 MEDICAL SUPPLIES CHARGED		291,357	63,935	143,084	3,107,728	209,048	
055 30 IMPL. DEV. CHARGED TO PAT					2,091,535	140,691	
056 DRUGS CHARGED TO PATIENTS			89,446	200,176	289,622	19,482	
059 ONCOLOGY	73,294	4,264	17,857	39,963	1,202,920	80,917	158,989
059 97 CARDIAC REHABILITATION	106,394	144	882	1,975	373,713	25,139	19,578
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	46,104	11,439	26,725	59,808	2,397,783	161,292	168,888
061 EMERGENCY	141,859	3,711	67,850	151,845	3,036,702	204,270	155,924
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	28,372	1,534	8,205	18,362	1,136,898	76,476	32,675
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	2,399,782	486,493	910,265	2,037,224	61,442,207	3,811,833	2,690,770
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	18,915	65			172,340	11,593	10,457
098 PHYSICIANS' PRIVATE OFFIC	68,565	13,694	411	919	11,930,285	802,490	426,590
098 01 SOUTH CLINIC		779			499,307	33,587	
098 02 WEST CLINIC							
098 03 DIABETES CENTER	7,093	32			87,262	5,870	5,896
099 NONPAID WORKERS							
099 01 ADULT/CHILD CARE	21,279	199			468,510	31,515	57,327
099 02 PHYSICIAN OFFICE BUILDING					869,287	58,474	
099 03 OPTIFAST/FOUNDATION		9			10,205	686	
100 PARTNERSHIP HFC					121,212	8,154	19,138
100 01 TRAFALGAR CLINIC		178			859	58	
100 02 EDINBURGH							
100 03 JAIL					159,730	10,745	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,515,634	501,449	910,676	2,038,143	75,761,204	4,775,005	3,210,178

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	LAUNDRY & LIN HOUSEKEEPING EN SERVICE		DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 COMMUNICATIONS							
005 02 DATA PROCESSING							
005 03 MATERIALS MANAGEMENT							
005 04 ADMITTING							
005 05 PATIENT ACCOUNTING							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	342,401						
010 HOUSEKEEPING	40,535	1,099,450					
011 DIETARY	4,978	19,005	1,052,878				
012 CAFETERIA		21,054		612,867			
014 NURSING ADMINISTRATION		51,673		14,886	2,033,819		
015 CENTRAL SERVICES & SUPPLY		8,704		4,584		288,245	
016 PHARMACY		10,481		10,024			6,031,024
017 MEDICAL RECORDS & LIBRARY		23,662		26,828			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	131,445	227,690	779,001	126,142	888,952		
031 INTENSIVE CARE UNIT	25,435	12,110	86,320	28,622	201,709		
033 SUBPROVIDER	13,756	41,412	187,557	21,207	149,453		
034 NURSERY		3,202		5,072	35,745		
037 SKILLED NURSING FACILITY							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	44,416	104,442		46,149	325,223		
044 ANESTHESIOLOGY		2,018					
049 RADIOLOGY-DIAGNOSTIC	24,759	84,689		58,313			
050 LABORATORY		34,599		44,176			
051 RESPIRATORY THERAPY		13,570		22,549			
052 PHYSICAL THERAPY	3,867	36,551					
053 OCCUPATIONAL THERAPY		8,391					
054 SPEECH PATHOLOGY		3,033					
055 ELECTROCARDIOLOGY	4,323	23,360		10,261			
056 ELECTROENCEPHALOGRAPHY		1,127		1,306			
059 30 MEDICAL SUPPLIES CHARGED						288,245	
059 97 IMPL. DEV. CHARGED TO PAT							
059 97 DRUGS CHARGED TO PATIENTS							
059 97 ONCOLOGY		55,535		12,723			6,031,024
059 97 CARDIAC REHABILITATION		6,839		2,327			
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	4,656	58,993		16,120	113,605		
062 EMERGENCY	38,888	54,465		45,285	319,132		
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		11,413		13,077			
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	337,058	918,018	1,052,878	509,651	2,033,819	288,245	6,031,024
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		3,653		2,313			
098 01 PHYSICIANS' PRIVATE OFFIC	5,343	149,010		73,977			
098 01 SOUTH CLINIC							
098 02 WEST CLINIC							
098 03 DIABETES CENTER		2,059		1,261			
099 NONPAID WORKERS							
099 01 ADULT/CHILD CARE		20,025		18,457			
099 02 PHYSICIAN OFFICE BUILDING							
099 03 OPTIFAST/FOUNDATION							
100 PARTNERSHIP HFC		6,685		5,621			
100 01 TRAFALGAR CLINIC							
100 02 EDINBURGH							
100 03 JAIL				1,587			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	342,401	1,099,450	1,052,878	612,867	2,033,819	288,245	6,031,024

COST ALLOCATION - GENERAL SERVICE COSTS

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PROVIDER NO:
15-0001

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

I PREPARED 5/20/2011
I WORKSHEET B
I PART I

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	17	25	26	27
001 GENERAL SERVICE COST CNTR				
001 01 OLD CAP REL COSTS-BLDG &				
003 NEW CAP REL COSTS-TOWER				
004 NEW CAP REL COSTS-MVBLE E				
005 EMPLOYEE BENEFITS				
005 01 COMMUNICATIONS				
005 02 DATA PROCESSING				
005 03 MATERIALS MANAGEMENT				
005 04 ADMITTING				
005 05 PATIENT ACCOUNTING				
006 ADMINISTRATIVE & GENERAL				
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	1,559,781			
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	130,040	10,269,838		10,269,838
026 INTENSIVE CARE UNIT	20,471	2,414,574		2,414,574
031 SUBPROVIDER	18,282	1,875,474		1,875,474
033 NURSERY	5,556	356,689		356,689
034 SKILLED NURSING FACILITY				
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	164,254	5,239,465		5,239,465
040 ANESTHESIOLOGY	23,109	83,566		83,566
041 RADIOLOGY-DIAGNOSTIC	310,896	6,203,733		6,203,733
044 LABORATORY	248,786	5,037,449		5,037,449
049 RESPIRATORY THERAPY	50,053	1,633,705		1,633,705
050 PHYSICAL THERAPY	39,882	1,607,568		1,607,568
051 OCCUPATIONAL THERAPY	20,409	495,316		495,316
052 SPEECH PATHOLOGY	7,617	193,274		193,274
053 ELECTROCARDIOLOGY	47,917	1,531,645		1,531,645
054 ELECTROENCEPHALOGRAPHY	978	93,212		93,212
055 MEDICAL SUPPLIES CHARGED	109,503	3,714,524		3,714,524
055 30 IMPL. DEV. CHARGED TO PAT		2,232,226		2,232,226
056 DRUGS CHARGED TO PATIENTS	153,197	6,493,325		6,493,325
059 ONCOLOGY	30,584	1,541,668		1,541,668
059 97 CARDIAC REHABILITATION	1,511	429,107		429,107
OUTPAT SERVICE COST CNTRS				
060 CLINIC	45,772	2,967,109		2,967,109
061 EMERGENCY	116,208	3,970,874		3,970,874
062 OBSERVATION BEDS (NON-DIS				
OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY	14,053	1,284,592		1,284,592
SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	1,559,078	59,668,933		59,668,933
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		200,356		200,356
098 PHYSICIANS' PRIVATE OFFIC	703	13,388,398		13,388,398
098 01 SOUTH CLINIC		532,894		532,894
098 02 WEST CLINIC				
098 03 DIABETES CENTER		102,348		102,348
099 NONPAID WORKERS				
099 01 ADULT/CHILD CARE		595,834		595,834
099 02 PHYSICIAN OFFICE BUILDING		927,761		927,761
099 03 OPTIFAST/FOUNDATION		10,891		10,891
100 PARTNERSHIP HFC		160,810		160,810
100 01 TRAFALGAR CLINIC		917		917
100 02 EDINBURGH				
100 03 JAIL		172,062		172,062
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	1,559,781	75,761,204		75,761,204

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART II

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-TOWER	C NEW CAP REL C OSTS-BLDG &	C NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
	0	1	1.01	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		546				546	546
005 01 COMMUNICATIONS		53				53	3
005 02 DATA PROCESSING		372				372	12
005 03 MATERIALS MANAGEMENT		519				519	4
005 04 ADMITTING		375	1,751			2,126	10
005 05 PATIENT ACCOUNTING		366				366	13
006 ADMINISTRATIVE & GENERAL		1,278				1,278	31
008 OPERATION OF PLANT		1,959	12,051			14,010	13
009 LAUNDRY & LINEN SERVICE		326				326	2
010 HOUSEKEEPING		140	893			1,033	11
011 DIETARY		473	241			714	7
012 CAFETERIA		558				558	8
014 NURSING ADMINISTRATION		1,369				1,369	18
015 CENTRAL SERVICES & SUPPLY		231				231	2
016 PHARMACY		278				278	7
017 MEDICAL RECORDS & LIBRARY		553	578			1,131	12
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		2,878	24,878			27,756	72
031 INTENSIVE CARE UNIT						2,531	20
033 SUBPROVIDER			8,657			8,657	12
034 NURSERY		85				85	3
037 SKILLED NURSING FACILITY							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		2,678	692			3,370	29
044 ANESTHESIOLOGY		53				53	
049 RADIOLOGY-DIAGNOSTIC		787	11,495			12,282	37
050 LABORATORY		80	6,598			6,678	21
051 RESPIRATORY THERAPY		312	371			683	14
052 PHYSICAL THERAPY		913	433			1,346	
053 OCCUPATIONAL THERAPY			1,754			1,754	
054 SPEECH PATHOLOGY			634			634	
055 ELECTROCARDIOLOGY		508	872			1,380	8
056 ELECTROENCEPHALOGRAPHY			236			236	1
059 MEDICAL SUPPLIES CHARGED							
059 30 IMPL. DEV. CHARGED TO PAT							
059 97 DRUGS CHARGED TO PATIENTS		1,471				1,471	8
060 ONCOLOGY		181				181	2
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC		1,502	472			1,974	8
062 EMERGENCY			11,385			11,385	31
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		302				302	7
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		21,146	86,522			107,668	426
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		97				97	1
098 PHYSICIANS' PRIVATE OFFIC		3,949				3,949	110
098 01 SOUTH CLINIC							
098 02 WEST CLINIC							
098 03 DIABETES CENTER			430			430	1
099 NONPAID WORKERS							
099 01 ADULT/CHILD CARE		530				530	5
099 02 PHYSICIAN OFFICE BUILDING							
099 03 OPTIFAST/FOUNDATION							
100 PARTNERSHIP HFC		177				177	1
100 01 TRAFALGAR CLINIC							
100 02 EDINBURGH							
100 03 JAIL							2
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		25,899	86,952			112,851	546

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART II

COST CENTER DESCRIPTION	COMMUNICATION S	DATA PROCESSING	MATERIALS MANAGEMENT	MAN ADMITTING	PATIENT ACCOUNTING	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	5.01	5.02	5.03	5.04	5.05	6	8
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-TOWER							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 COMMUNICATIONS	56						
005 02 DATA PROCESSING	7	391					
005 03 MATERIALS MANAGEMENT	1	5	529				
005 04 ADMITTING	1	16	2	2,155			
005 05 PATIENT ACCOUNTING	4	41	3		427		
006 ADMINISTRATIVE & GENERAL	4	43	9			1,365	
008 OPERATION OF PLANT	2	2				57	14,084
009 LAUNDRY & LINEN SERVICE		1	1			5	155
010 HOUSEKEEPING			6			18	120
011 DIETARY	1	16	1			17	239
012 CAFETERIA						9	264
014 NURSING ADMINISTRATION	2	5	2			32	649
015 CENTRAL SERVICES & SUPPLY			3			4	109
016 PHARMACY	1	4	6			106	132
017 MEDICAL RECORDS & LIBRARY	2	15	1			26	297
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		46	11	183	42	131	2,860
031 INTENSIVE CARE UNIT		6	2	29	7	36	152
033 SUBPROVIDER		14	1	26	6	24	520
034 NURSERY				8	2	5	40
037 SKILLED NURSING FACILITY							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	4	40	21	231	53	76	1,312
044 ANESTHESIOLOGY				33	8	1	25
049 RADIOLOGY-DIAGNOSTIC	3	27	27	397	20	98	1,064
050 LABORATORY	3	11	75	350	81	82	435
051 RESPIRATORY THERAPY	1	6	6	70	16	27	170
052 PHYSICAL THERAPY	1	8	1	56	13	25	459
053 OCCUPATIONAL THERAPY		3	1	29	7	8	105
054 SPEECH PATHOLOGY	1	1		11	2	3	38
055 ELECTROCARDIOLOGY	2		3	67	16	25	293
056 ELECTROENCEPHALOGRAPHY		2		1		2	14
059 MEDICAL SUPPLIES CHARGED			310	154	36	59	
060 30 IMPL. DEV. CHARGED TO PAT						40	
061 DRUGS CHARGED TO PATIENTS				216	50	6	
062 ONCOLOGY	2	11	4	43	10	23	698
071 97 CARDIAC REHABILITATION		17		2		7	86
071 OUTPAT SERVICE COST CNTRS							
071 CLINIC	1	7	12	64	15	46	741
061 EMERGENCY	3	22	4	164	38	58	684
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	1	4	2	20	5	22	143
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	47	373	514	2,154	427	1,078	11,804
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1	3				3	46
098 PHYSICIANS' PRIVATE OFFIC	6	11	14	1		242	1,872
098 01 SOUTH CLINIC			1			9	
098 02 WEST CLINIC							
098 03 DIABETES CENTER		1				2	26
099 NONPAID WORKERS							
099 01 ADULT/CHILD CARE	1	3				9	252
099 02 PHYSICIAN OFFICE BUILDING						17	
099 03 OPTIFAST/FOUNDATION	1						
100 PARTNERSHIP HFC						2	84
100 01 TRAFALGAR CLINIC							
100 02 EDINBURGH							
100 03 JAIL						3	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	56	391	529	2,155	427	1,365	14,084

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART II

COST CENTER DESCRIPTION		LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
		9	10	11	12	14	15	16
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
003	NEW CAP REL COSTS-TOWER							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
005	01 COMMUNICATIONS							
005	02 DATA PROCESSING							
005	03 MATERIALS MANAGEMENT							
005	04 ADMITTING							
005	05 PATIENT ACCOUNTING							
006	ADMINISTRATIVE & GENERAL							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE	490						
010	HOUSEKEEPING	58	1,246					
011	DIETARY	7		1,024				
012	CAFETERIA				863			
014	NURSING ADMINISTRATION				21	2,157		
015	CENTRAL SERVICES & SUPPLY				6		365	
016	PHARMACY				14			560
017	MEDICAL RECORDS & LIBRARY				38			
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	187	257	758	179	943		
026	INTENSIVE CARE UNIT	36	14	84	40	214		
031	SUBPROVIDER	20	47	182	30	159		
033	NURSERY		4		7	38		
034	SKILLED NURSING FACILITY							
037	ANCILLARY SRVC COST CNTRS							
040	OPERATING ROOM	64	118		65	345		
040	ANESTHESIOLOGY		2					
041	RADIOLOGY-DIAGNOSTIC	35	96		82			
044	LABORATORY		39		62			
049	RESPIRATORY THERAPY		15		32			
050	PHYSICAL THERAPY	6	41					
051	OCCUPATIONAL THERAPY		10					
052	SPEECH PATHOLOGY		3					
053	ELECTROCARDIOLOGY	6	26		14			
054	ELECTROENCEPHALOGRAPHY		1		2			
055	MEDICAL SUPPLIES CHARGED						365	
055	30 IMPL. DEV. CHARGED TO PAT							
056	DRUGS CHARGED TO PATIENTS							560
059	ONCOLOGY		63		18			
059	97 CARDIAC REHABILITATION		8		3			
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC	7	67		23	120		
061	EMERGENCY	56	62		64	338		
062	OBSERVATION BEDS (NON-DIS							
071	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY		13		18			
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	482	1,040	1,024	718	2,157	365	560
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		4		3			
098	PHYSICIANS' PRIVATE OFFIC	8	169		104			
098	01 SOUTH CLINIC							
098	02 WEST CLINIC							
098	03 DIABETES CENTER		2		2			
099	NONPAID WORKERS							
099	01 ADULT/CHILD CARE		23		26			
099	02 PHYSICIAN OFFICE BUILDING							
099	03 OPTIFAST/FOUNDATION							
100	PARTNERSHIP HFC		8		8			
100	01 TRAFALGAR CLINIC							
100	02 EDINBURGH							
100	03 JAIL				2			
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	490	1,246	1,024	863	2,157	365	560

ALLOCATION OF OLD CAPITAL RELATED COSTS

I
I
IPROVIDER NO:
15-0001

I PERIOD:

I FROM 1/ 1/2010
I TO 12/31/2010I PREPARED 5/20/2011
I WORKSHEET B
I PART II

	COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		17	25	26	27
	GENERAL SERVICE COST CNTR				
001	OLD CAP REL COSTS-BLDG &				
001	01 OLD CAP REL COSTS-TOWER				
003	NEW CAP REL COSTS-BLDG &				
004	NEW CAP REL COSTS-MVBLE E				
005	EMPLOYEE BENEFITS				
005	01 COMMUNICATIONS				
005	02 DATA PROCESSING				
005	03 MATERIALS MANAGEMENT				
005	04 ADMITTING				
005	05 PATIENT ACCOUNTING				
006	ADMINISTRATIVE & GENERAL				
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	1,549			
	INPAT ROUTINE SRVC CNTRS				
025	ADULTS & PEDIATRICS	127	33,552		33,552
026	INTENSIVE CARE UNIT	20	3,191		3,191
031	SUBPROVIDER	18	9,716		9,716
033	NURSERY	5	197		197
034	SKILLED NURSING FACILITY				
	ANCILLARY SRVC COST CNTRS				
037	OPERATING ROOM	160	5,888		5,888
040	ANESTHESIOLOGY	23	145		145
041	RADIOLOGY-DIAGNOSTIC	331	14,499		14,499
044	LABORATORY	242	8,079		8,079
049	RESPIRATORY THERAPY	49	1,089		1,089
050	PHYSICAL THERAPY	39	1,995		1,995
051	OCCUPATIONAL THERAPY	20	1,937		1,937
052	SPEECH PATHOLOGY	7	700		700
053	ELECTROCARDIOLOGY	47	1,887		1,887
054	ELECTROENCEPHALOGRAPHY	1	260		260
055	MEDICAL SUPPLIES CHARGED	107	1,031		1,031
055	30 IMPL. DEV. CHARGED TO PAT		40		40
056	DRUGS CHARGED TO PATIENTS	149	981		981
059	ONCOLOGY	30	2,381		2,381
059	97 CARDIAC REHABILITATION	1	307		307
	OUTPAT SERVICE COST CNTRS				
060	CLINIC	45	3,130		3,130
061	EMERGENCY	113	13,022		13,022
062	OBSERVATION BEDS (NON-DIS				
	OTHER REIMBURS COST CNTRS				
071	HOME HEALTH AGENCY	14	551		551
	SPEC PURPOSE COST CENTERS				
095	SUBTOTALS	1,548	104,578		104,578
	NONREIMBURS COST CENTERS				
096	GIFT, FLOWER, COFFEE SHOP		158		158
098	PHYSICIANS' PRIVATE OFFIC	1	6,487		6,487
098	01 SOUTH CLINIC		10		10
098	02 WEST CLINIC				
098	03 DIABETES CENTER		464		464
099	NONPAID WORKERS				
099	01 ADULT/CHILD CARE		849		849
099	02 PHYSICIAN OFFICE BUILDING		17		17
099	03 OPTIFAST/FOUNDATION		1		1
100	PARTNERSHIP HFC		280		280
100	01 TRAFALGAR CLINIC				
100	02 EDINBURGH				
100	03 JAIL		7		7
101	CROSS FOOT ADJUSTMENTS				
102	NEGATIVE COST CENTER				
103	TOTAL	1,549	112,851		112,851

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-TOWER	C NEW CAP REL C OSTS-BLDG &	C NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
	0	1	1.01	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				25,053	915	25,968	25,968
005 01 COMMUNICATIONS				2,448	6,436	8,884	120
005 02 DATA PROCESSING				17,099	1,121,310	1,138,409	580
005 03 MATERIALS MANAGEMENT				23,832	11,443	35,275	201
005 04 ADMITTING				27,420	461	27,881	464
005 05 PATIENT ACCOUNTING				16,793	1,290	18,083	630
006 ADMINISTRATIVE & GENERAL				58,683	10,975	69,658	1,468
008 OPERATION OF PLANT				160,054	37,520	197,574	606
009 LAUNDRY & LINEN SERVICE				14,974	4,708	19,682	104
010 HOUSEKEEPING				11,630	2,564	14,194	529
011 DIETARY				23,110	42,552	65,662	350
012 CAFETERIA				25,601		25,601	388
014 NURSING ADMINISTRATION				62,832	87,038	149,870	826
015 CENTRAL SERVICES & SUPPLY				10,583	26,076	36,659	78
016 PHARMACY				12,745	2,780	15,525	351
017 MEDICAL RECORDS & LIBRARY				28,772	7,545	36,317	558
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				276,858	156,777	433,635	3,367
031 INTENSIVE CARE UNIT				14,725	80,599	95,324	943
033 SUBPROVIDER				50,355	12,604	62,959	560
034 NURSERY				3,893		3,893	156
037 SKILLED NURSING FACILITY							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM				126,997	225,205	352,202	1,386
044 ANESTHESIOLOGY				2,454		2,454	
049 RADIOLOGY-DIAGNOSTIC				102,978	265,616	368,594	1,738
050 LABORATORY				42,071	29,006	71,077	979
051 RESPIRATORY THERAPY				16,501	29,666	46,167	678
052 PHYSICAL THERAPY				44,444	10,472	54,916	
053 OCCUPATIONAL THERAPY				10,203	3,065	13,268	
054 SPEECH PATHOLOGY				3,688	333	4,021	
055 ELECTROCARDIOLOGY				28,404	47,467	75,871	372
056 ELECTROENCEPHALOGRAPHY				1,370	3,178	4,548	35
059 MEDICAL SUPPLIES CHARGED					64,065	64,065	
059 30 IMPL. DEV. CHARGED TO PAT							
059 97 DRUGS CHARGED TO PATIENTS							
059 ONCOLOGY				67,529	68,338	135,867	354
059 97 CARDIAC REHABILITATION				8,316	9,638	17,954	73
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC				71,733	42,471	114,204	370
062 EMERGENCY				66,227	41,232	107,459	1,464
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY				13,878	651	14,529	352
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				1,474,253	2,453,996	3,928,249	20,080
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP				4,441	446	4,887	43
098 PHYSICIANS' PRIVATE OFFIC				181,189	53,949	235,138	5,408
098 01 SOUTH CLINIC							
098 02 WEST CLINIC							
098 03 DIABETES CENTER				2,504		2,504	44
099 NONPAID WORKERS							
099 01 ADULT/CHILD CARE				24,349	87	24,436	237
099 02 PHYSICIAN OFFICE BUILDING							
099 03 OPTIFAST/FOUNDATION							
100 PARTNERSHIP HFC				8,129		8,129	59
100 01 TRAFALGAR CLINIC					681	681	
100 02 EDINBURGH							
100 03 JAIL							97
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				1,694,865	2,509,159	4,204,024	25,968

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART III

COST CENTER DESCRIPTION	COMMUNICATION	DATA PROCESSI	MATERIALS MAN	ADMITTING	PATIENT ACCOU	ADMINISTRATIV	OPERATION OF
	S	NG	AGEMENT		NTING	E & GENERAL	PLANT
	5.01	5.02	5.03	5.04	5.05	6	8
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 COMMUNICATIONS	9,004						
005 02 DATA PROCESSING	1,083	1,140,072					
005 03 MATERIALS MANAGEMENT	155	13,929	49,560				
005 04 ADMITTING	180	45,539	217	74,281			
005 05 PATIENT ACCOUNTING	670	120,543	275		140,201		
006 ADMINISTRATIVE & GENERAL	662	124,829	861			197,478	
008 OPERATION OF PLANT	309	6,429	9			8,368	213,295
009 LAUNDRY & LINEN SERVICE	43	3,750	122			801	2,343
010 HOUSEKEEPING	77		596			2,689	1,819
011 DIETARY	198	46,610	53			2,540	3,615
012 CAFETERIA						1,386	4,005
014 NURSING ADMINISTRATION	292	15,537	174			4,742	9,829
015 CENTRAL SERVICES & SUPPLY			256			652	1,656
016 PHARMACY	129	11,786	574			15,589	1,994
017 MEDICAL RECORDS & LIBRARY	335	44,467	73			3,758	4,501
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		128,584	991	6,196	11,687	19,119	43,309
031 INTENSIVE CARE UNIT		18,215	181	975	1,840	5,227	2,304
033 SUBPROVIDER		40,717	103	871	1,643	3,454	7,877
034 NURSERY				265	499	777	609
037 SKILLED NURSING FACILITY							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	601	115,186	1,992	7,826	14,762	11,094	19,867
044 ANESTHESIOLOGY			5	1,101	2,077	137	384
049 RADIOLOGY-DIAGNOSTIC	507	78,219	2,577	14,777	27,956	14,291	16,109
050 LABORATORY	447	33,216	7,051	11,853	22,360	12,019	6,581
051 RESPIRATORY THERAPY	120	18,751	597	2,385	4,499	3,933	2,581
052 PHYSICAL THERAPY	129	23,037	77	1,900	3,584	3,708	6,953
053 OCCUPATIONAL THERAPY	52	10,179	92	972	1,834	1,153	1,596
054 SPEECH PATHOLOGY	86	3,750	7	363	685	453	577
055 ELECTROCARDIOLOGY	258		312	2,283	4,307	3,594	4,443
055 ELECTROENCEPHALOGRAPHY	17	4,822	6	47	88	226	214
055 MEDICAL SUPPLIES CHARGED			28,796	5,217	9,842	8,646	
055 30 IMPL. DEV. CHARGED TO PAT						5,819	
056 DRUGS CHARGED TO PATIENTS						806	
059 ONCOLOGY	318	33,216	421	1,457	2,749	3,347	10,564
059 97 CARDIAC REHABILITATION		48,217	14	72	136	1,040	1,301
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	155	20,894	1,131	2,181	4,114	6,671	11,221
062 EMERGENCY	481	64,290	367	5,537	10,444	8,448	10,360
071 OBSERVATION BEDS (NON-DIS							
095 OTHER REIMBURS COST CNTRS							
095 01 HOME HEALTH AGENCY	163	12,858	152	670	1,263	3,163	2,171
095 02 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	7,467	1,087,570	48,082	74,247	140,138	157,650	178,783
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	95	8,572	6			479	695
098 PHYSICIANS' PRIVATE OFFIC	1,166	31,073	1,353	34	63	33,185	28,344
098 01 SOUTH CLINIC			77			1,389	
098 02 WEST CLINIC							
098 03 DIABETES CENTER	26	3,214	3			243	392
099 NONPAID WORKERS							
099 01 ADULT/CHILD CARE	129	9,643	20			1,303	3,809
099 02 PHYSICIAN OFFICE BUILDING						2,418	
099 03 OPTIFAST/FOUNDATION	95		1			28	
100 PARTNERSHIP HFC	26					337	1,272
100 01 TRAFALGAR CLINIC			18			2	
100 02 EDINBURGH							
100 03 JAIL						444	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	9,004	1,140,072	49,560	74,281	140,201	197,478	213,295

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART III

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 COMMUNICATIONS							
005 02 DATA PROCESSING							
005 03 MATERIALS MANAGEMENT							
005 04 ADMITTING							
005 05 PATIENT ACCOUNTING							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	26,845						
010 HOUSEKEEPING	3,178	23,082					
011 DIETARY	390		119,817				
012 CAFETERIA				31,822			
014 NURSING ADMINISTRATION		1,085		773	183,128		
015 CENTRAL SERVICES & SUPPLY		183		238		39,722	
016 PHARMACY		220		520			46,688
017 MEDICAL RECORDS & LIBRARY		497		1,393			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	10,306	4,781	88,650	6,551	80,042		
031 INTENSIVE CARE UNIT	1,994	254	9,823	1,486	18,162		
033 SUBPROVIDER	1,079	869	21,344	1,101	13,457		
034 NURSERY		67		263	3,219		
037 SKILLED NURSING FACILITY							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	3,482	2,193		2,396	29,284		
044 ANESTHESIOLOGY		42					
049 RADIOLOGY-DIAGNOSTIC	1,941	1,778		3,028			
050 LABORATORY		726		2,294			
051 RESPIRATORY THERAPY		285		1,171			
052 PHYSICAL THERAPY	303	767					
053 OCCUPATIONAL THERAPY		176					
054 SPEECH PATHOLOGY		64					
055 ELECTROCARDIOLOGY	339	490		533			
056 ELECTROENCEPHALOGRAPHY		24		68			
059 MEDICAL SUPPLIES CHARGED						39,722	
061 30 IMPL. DEV. CHARGED TO PAT							
062 DRUGS CHARGED TO PATIENTS							46,688
065 ONCOLOGY		1,166		661			
068 97 CARDIAC REHABILITATION		144		121			
071 OUTPAT SERVICE COST CNTRS							
081 CLINIC	365	1,239		837	10,229		
084 EMERGENCY	3,049	1,143		2,351	28,735		
087 OBSERVATION BEDS (NON-DIS							
090 OTHER REIMBURS COST CNTRS							
093 HOME HEALTH AGENCY		240		679			
095 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS	26,426	19,274	119,817	26,464	183,128	39,722	46,688
099 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		77		120			
101 PHYSICIANS' PRIVATE OFFIC	419	3,128		3,841			
102 01 SOUTH CLINIC							
102 02 WEST CLINIC							
102 03 DIABETES CENTER		43		65			
103 01 NONPAID WORKERS							
103 02 ADULT/CHILD CARE		420		958			
103 03 PHYSICIAN OFFICE BUILDING							
104 01 OPTIFAST/FOUNDATION							
104 02 PARTNERSHIP HFC		140		292			
104 03 01 TRAFALGAR CLINIC							
104 03 02 EDINBURGH							
104 03 03 JAIL				82			
105 CROSS FOOT ADJUSTMENTS							
106 NEGATIVE COST CENTER							
107 TOTAL	26,845	23,082	119,817	31,822	183,128	39,722	46,688

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART III

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	25	26	27
001 GENERAL SERVICE COST CNTR				
001 01 OLD CAP REL COSTS-BLDG &				
003 NEW CAP REL COSTS-BLDG &				
004 NEW CAP REL COSTS-MVBLE E				
005 EMPLOYEE BENEFITS				
005 01 COMMUNICATIONS				
005 02 DATA PROCESSING				
005 03 MATERIALS MANAGEMENT				
005 04 ADMITTING				
005 05 PATIENT ACCOUNTING				
006 ADMINISTRATIVE & GENERAL				
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	91,899			
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	7,660	844,878		844,878
026 INTENSIVE CARE UNIT	1,206	157,934		157,934
031 SUBPROVIDER	1,077	157,111		157,111
033 NURSERY	327	10,075		10,075
034 SKILLED NURSING FACILITY				
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	9,676	571,947		571,947
040 ANESTHESIOLOGY	1,361	7,561		7,561
041 RADIOLOGY-DIAGNOSTIC	18,333	549,848		549,848
044 LABORATORY	14,655	183,258		183,258
049 RESPIRATORY THERAPY	2,948	84,115		84,115
050 PHYSICAL THERAPY	2,349	97,723		97,723
051 OCCUPATIONAL THERAPY	1,202	30,524		30,524
052 SPEECH PATHOLOGY	449	10,455		10,455
053 ELECTROCARDIOLOGY	2,823	95,625		95,625
054 ELECTROENCEPHALOGRAPHY	58	10,153		10,153
055 MEDICAL SUPPLIES CHARGED	6,450	162,738		162,738
055 30 IMPL. DEV. CHARGED TO PAT		5,819		5,819
056 DRUGS CHARGED TO PATIENTS	9,024	77,586		77,586
059 ONCOLOGY	1,802	191,922		191,922
059 97 CARDIAC REHABILITATION	89	69,161		69,161
OUTPAT SERVICE COST CNTRS				
060 CLINIC	2,696	176,307		176,307
061 EMERGENCY	6,845	250,973		250,973
062 OBSERVATION BEDS (NON-DIS				
OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY	828	37,068		37,068
SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	91,858	3,782,781		3,782,781
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		14,974		14,974
098 PHYSICIANS' PRIVATE OFFIC	41	343,193		343,193
098 01 SOUTH CLINIC		1,466		1,466
098 02 WEST CLINIC				
098 03 DIABETES CENTER		6,534		6,534
099 NONPAID WORKERS				
099 01 ADULT/CHILD CARE		40,955		40,955
099 02 PHYSICIAN OFFICE BUILDING		2,418		2,418
099 03 OPTIFAST/FOUNDATION		124		124
100 PARTNERSHIP HFC		10,255		10,255
100 01 TRAFALGAR CLINIC		701		701
100 02 EDINBURGH				
100 03 JAIL		623		623
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL	91,899	4,204,024		4,204,024

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET B-1
 I I TO 12/31/2010 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	COMMUNICATION
	OSTS-BLDG &	OSTS-TOWER	OSTS-BLDG &	OSTS-MVBLE E	FITS	S
	(SQUARE FEET)	(TOWER)Q FT	S(TOTAL) FEET	(DOLLAR)VALUE	(GROSS) SALARIES	(# NON PT)HONES
	1	1.01	3	4	5	5.01
001 GENERAL SERVICE COST						
001 01 OLD CAP REL COSTS-BLD	190,890					
003 NEW CAP REL COSTS-TOW		81,201				
004 NEW CAP REL COSTS-BLD			272,093			
005 NEW CAP REL COSTS-MVB				2,431,738		
005 EMPLOYEE BENEFITS	4,022		4,022	887	32,499,847	
005 01 COMMUNICATIONS	393		393	6,237	149,796	1,048
005 02 DATA PROCESSING	2,745		2,745	1,086,714	726,328	126
005 03 MATERIALS MANAGEMENT	3,826		3,826	11,090	251,211	18
005 04 ADMITTING	2,766	1,635	4,402	447	581,001	21
005 05 PATIENT ACCOUNTING	2,696		2,696	1,250	788,494	78
006 ADMINISTRATIVE & GENE	9,421		9,421	10,636	1,837,419	77
008 OPERATION OF PLANT	14,441	11,254	25,695	36,362	758,353	36
009 LAUNDRY & LINEN SERVI	2,404		2,404	4,563	130,025	5
010 HOUSEKEEPING	1,034	834	1,867	2,485	661,566	9
011 DIETARY	3,485	225	3,710	41,239	438,567	23
012 CAFETERIA	4,110		4,110		485,962	
014 NURSING ADMINISTRATIO	10,087		10,087	84,352	1,033,976	34
015 CENTRAL SERVICES & SU	1,699		1,699	25,271	97,349	
016 PHARMACY	2,046		2,046	2,694	439,009	15
017 MEDICAL RECORDS & LIB	4,079	540	4,619	7,312	698,027	39
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	21,214	23,233	44,447	151,940	4,214,072	
031 INTENSIVE CARE UNIT		2,364	2,364	78,112	1,179,829	
033 SUBPROVIDER		8,084	8,084	12,215	700,430	
034 NURSERY	625		625		195,864	
037 SKILLED NURSING FACIL						
040 ANCILLARY SRVC COST C						
041 OPERATING ROOM	19,742	646	20,388	218,256	1,734,373	70
044 ANESTHESIOLOGY	394		394			
049 RADIOLOGY-DIAGNOSTIC	5,797	10,735	16,532	257,420	2,174,992	59
050 LABORATORY	591	6,162	6,754	28,111	1,225,532	52
051 RESPIRATORY THERAPY	2,303	346	2,649	28,751	848,584	14
052 PHYSICAL THERAPY	6,731	404	7,135	10,149		15
053 OCCUPATIONAL THERAPY		1,638	1,638	2,970		6
052 SPEECH PATHOLOGY		592	592	323		10
053 ELECTROCARDIOLOGY	3,746	814	4,560	46,002	466,167	30
054 ELECTROENCEPHALOGRAPH		220	220	3,080	44,372	2
055 MEDICAL SUPPLIES CHAR				62,088		
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
059 ONCOLOGY	10,841		10,841	66,229	442,951	37
059 97 CARDIAC REHABILITATIO	1,335		1,335	9,341	90,858	
060 OUTPAT SERVICE COST C						
061 CLINIC	11,074	441	11,516	41,161	463,679	18
062 EMERGENCY		10,632	10,632	39,960	1,832,612	56
071 OBSERVATION BEDS (NON						
095 OTHER REIMBURS COST C						
098 HOME HEALTH AGENCY	2,228		2,228	631	440,974	19
095 SPEC PURPOSE COST CEN						
096 SUBTOTALS	155,875	80,799	236,676	2,378,278	25,132,372	869
098 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE	713		713	432	53,487	11
098 PHYSICIANS' PRIVATE O	29,088		29,088	52,284	6,766,698	136
098 01 SOUTH CLINIC						
098 02 WEST CLINIC						
098 03 DIABETES CENTER		402	402		55,015	3
099 NONPAID WORKERS						
099 01 ADULT/CHILD CARE	3,909		3,909	84	297,191	15
099 02 PHYSICIAN OFFICE BUIL						
099 03 OPTIFAST/FOUNDATION						11
100 PARTNERSHIP HFC	1,305		1,305		73,492	3
100 01 TRAFALGAR CLINIC				660		
100 02 EDINBURGH						
100 03 JAIL					121,592	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	25,899	86,952	1,694,865	2,509,159	8,590,152	385,027
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.135675		6.228992		.264314	
105 (WRKSHT B, PT I)		1.070824		1.031838		367.392176
105 COST TO BE ALLOCATED					546	56
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000017	.053435
107 (WRKSHT B, PT II)						9,004
107 COST TO BE ALLOCATED					25,968	
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000799	8.591603
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

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 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET B-1
 I I TO 12/31/2010 I

COST CENTER DESCRIPTION	DATA PROCESSING	MATERIALS MANAGEMENT	MAN ADMITTING	PATIENT ACCOUNTING	ADMINISTRATIVE OPERATION OF E & GENERAL PLANT		
	(WORK RDRERS)	(SUPPLY)USAGE	(GROSS)EVENUE	(GROSS)EVENUE	(ACCUM.) COST	(TOTAL) FEET	
	5.02	5.03	5.04	5.05	6a.00	6	8
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-TOW							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
005 01 COMMUNICATIONS							
005 02 DATA PROCESSING	2,128						
005 03 MATERIALS MANAGEMENT	26	7,879,311					
005 04 ADMITTING	85	34,480	168,905,155				
005 05 PATIENT ACCOUNTING	225	43,710		168,905,155			
006 ADMINISTRATIVE & GENE	233	136,841			-4,775,005	70,986,199	
008 OPERATION OF PLANT	12	1,401				3,007,849	218,893
009 LAUNDRY & LINEN SERVI	7	19,413				287,786	2,404
010 HOUSEKEEPING		94,831				966,519	1,867
011 DIETARY	87	8,376				913,067	3,710
012 CAFETERIA						498,037	4,110
014 NURSING ADMINISTRATIO	29	27,735				1,704,662	10,087
015 CENTRAL SERVICES & SU		40,706				234,281	1,699
016 PHARMACY	22	91,243				5,603,577	2,046
017 MEDICAL RECORDS & LIB	83	11,675				1,350,694	4,619
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	240	157,474	14,081,241	14,081,241		6,872,441	44,447
026 INTENSIVE CARE UNIT	34	28,757	2,216,722	2,216,722		1,878,853	2,364
031 SUBPROVIDER	76	16,396	1,979,616	1,979,616		1,241,724	8,084
033 NURSERY			601,631	601,631		279,169	625
034 SKILLED NURSING FACIL							
034 ANCILLARY SRVC COST C							
037 OPERATING ROOM	215	316,617	17,786,003	17,786,003		3,987,738	20,388
040 ANESTHESIOLOGY		848	2,502,347	2,502,347		49,342	394
041 RADIOLOGY-DIAGNOSTIC	146	409,772	33,671,233	33,671,233		5,137,071	16,532
044 LABORATORY	62	1,120,941	26,939,426	26,939,426		4,320,228	6,754
049 RESPIRATORY THERAPY	35	94,944	5,419,884	5,419,884		1,413,596	2,649
050 PHYSICAL THERAPY	43	12,288	4,318,561	4,318,561		1,332,965	7,135
051 OCCUPATIONAL THERAPY	19	14,661	2,210,004	2,210,004		414,605	1,638
052 SPEECH PATHOLOGY	7	1,099	824,808	824,808		162,979	592
053 ELECTROCARDIOLOGY		49,652	5,188,577	5,188,577		1,292,000	4,560
054 ELECTROENCEPHALOGRAPH	9	921	105,877	105,877		81,118	220
055 MEDICAL SUPPLIES CHAR		4,578,105	11,857,432	11,857,432		3,107,728	
055 30 IMPL. DEV. CHARGED TO						2,091,535	
056 DRUGS CHARGED TO PATI			16,588,708	16,588,708		289,622	
059 ONCOLOGY	62	66,994	3,311,770	3,311,770		1,202,920	10,841
059 97 CARDIAC REHABILITATIO	90	2,269	163,664	163,664		373,713	1,335
060 OUTPAT SERVICE COST C							
060 CLINIC	39	179,747	4,956,359	4,956,359		2,397,783	11,516
061 EMERGENCY	120	58,315	12,583,451	12,583,451		3,036,702	10,632
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY	24	24,106	1,521,666	1,521,666		1,136,898	2,228
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	2,030	7,644,317	168,828,980	168,828,980	-4,775,005	56,667,202	183,476
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	16	1,026				172,340	713
098 PHYSICIANS' PRIVATE O	58	215,168	76,175	76,175		11,930,285	29,088
098 01 SOUTH CLINIC		12,247				499,307	
098 02 WEST CLINIC							
098 03 DIABETES CENTER	6	495				87,262	402
099 NONPAID WORKERS							
099 01 ADULT/CHILD CARE	18	3,129				468,510	3,909
099 02 PHYSICIAN OFFICE BUIL						869,287	
099 03 OPTIFAST/FOUNDATION		139				10,205	
100 PARTNERSHIP HFC						121,212	1,305
100 01 TRAFALGAR CLINIC		2,790				859	
100 02 EDINBURGH							
100 03 JAIL						159,730	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2,515,634	501,449	910,676	2,038,143		4,775,005	3,210,178
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.063641		.012067		.067267	
(WRKSHT B, PT I)	1,182.158835		.005392				14.665512
105 COST TO BE ALLOCATED	391	529	2,155	427		1,365	14,084
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.000067		.000003		.000019	
(WRKSHT B, PT II)	.183741		.000013				.064342
107 COST TO BE ALLOCATED	1,140,072	49,560	74,281	140,201		197,478	213,295
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.006290		.000830		.002782	
(WRKSHT B, PT III)	535.748120		.000440				.974426

COST ALLOCATION - STATISTICAL BASIS

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 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET B-1
 I I TO 12/31/2010 I

COST CENTER DESCRIPTION	LAUNDRY & LIN HOUSEKEEPING EN SERVICE		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	R)
	(POUNDS OF LAUNDRY	(TOTAL) FEET	(MEALS)ERVED	S(HOURS)AID	P(DIRECT)SING HRS	NR(COSTED)EQUIS.	R(COSTED)EQUIS.	
	9	10	11	12	14	15	16	
001 GENERAL SERVICE COST								
001 01 OLD CAP REL COSTS-BLD								
003 NEW CAP REL COSTS-BLD								
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
005 01 COMMUNICATIONS								
005 02 DATA PROCESSING								
005 03 MATERIALS MANAGEMENT								
005 04 ADMITTING								
005 05 PATIENT ACCOUNTING								
006 ADMINISTRATIVE & GENE								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVI	632,419							
010 HOUSEKEEPING	74,869	214,622						
011 DIETARY	9,194	3,710	11,929					
012 CAFETERIA		4,110		836,017				
014 NURSING ADMINISTRATIO		10,087		20,306	393,678			
015 CENTRAL SERVICES & SU		1,699		6,253		100		
016 PHARMACY		2,046		13,674			100	
017 MEDICAL RECORDS & LIB		4,619		36,596				
025 INPAT ROUTINE SRVC CN								
026 ADULTS & PEDIATRICS	242,783	44,447	8,826	172,071	172,071			
031 INTENSIVE CARE UNIT	46,978	2,364	978	39,044	39,044			
033 SUBPROVIDER	25,408	8,084	2,125	28,929	28,929			
034 NURSERY		625		6,919	6,919			
037 SKILLED NURSING FACIL								
040 ANESTHESIOLOGY	82,036	20,388		62,952	62,952			
041 RADIOLOGY-DIAGNOSTIC	45,730	16,532		79,545				
044 LABORATORY		6,754		60,261				
049 RESPIRATORY THERAPY		2,649		30,759				
050 PHYSICAL THERAPY	7,143	7,135						
051 OCCUPATIONAL THERAPY		1,638						
052 SPEECH PATHOLOGY		592						
053 ELECTROCARDIOLOGY	7,984	4,560		13,997				
054 ELECTROENCEPHALOGRAPH		220		1,782				
055 MEDICAL SUPPLIES CHAR						100		
055 30 IMPL. DEV. CHARGED TO								
056 DRUGS CHARGED TO PATI								100
059 ONCOLOGY		10,841		17,355				
059 97 CARDIAC REHABILITATIO		1,335		3,174				
060 OUTPAT SERVICE COST C								
061 CLINIC	8,599	11,516		21,990	21,990			
062 EMERGENCY	71,827	10,632		61,773	61,773			
071 OBSERVATION BEDS (NON								
071 01 OTHER REIMBURS COST C								
071 02 HOME HEALTH AGENCY		2,228		17,839				
071 03 SPEC PURPOSE COST CEN								
095 SUBTOTALS	622,551	179,205	11,929	695,219	393,678	100	100	
096 NONREIMBURS COST CENT								
096 01 GIFT, FLOWER, COFFEE		713		3,155				
098 PHYSICIANS' PRIVATE O	9,868	29,088		100,913				
098 01 SOUTH CLINIC								
098 02 WEST CLINIC								
098 03 DIABETES CENTER		402		1,720				
099 NONPAID WORKERS								
099 01 ADULT/CHILD CARE		3,909		25,178				
099 02 PHYSICIAN OFFICE BUIL								
099 03 OPTIFAST/FOUNDATION								
100 PARTNERSHIP HFC		1,305		7,667				
100 01 TRAFALGAR CLINIC								
100 02 EDINBURGH								
100 03 JAIL				2,165				
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	342,401	1,099,450	1,052,878	612,867	2,033,819	288,245	6,031,024	
104 (WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		5.122727		.733080		2,882.450000		
104 (WRKSHT B, PT I)	.541415		88.262050		5.166199		60,310.240000	
105 COST TO BE ALLOCATED	490	1,246	1,024	863	2,157	365	560	
105 (WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER		.005806		.001032		3.650000		
106 (WRKSHT B, PT II)	.000775		.085841		.005479		5.600000	
107 COST TO BE ALLOCATED	26,845	23,082	119,817	31,822	183,128	39,722	46,688	
107 (WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER		.107547		.038064		397.220000		
108 (WRKSHT B, PT III)	.042448		10.044178		.465172		466.880000	

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET B-1
 I I TO 12/31/2010 I

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	(GROSS EVENUE	R)
		17	
001 GENERAL SERVICE COST			
001 01 OLD CAP REL COSTS-BLD			
003 01 OLD CAP REL COSTS-TOW			
004 NEW CAP REL COSTS-BLD			
005 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
005 01 COMMUNICATIONS			
005 02 DATA PROCESSING			
005 03 MATERIALS MANAGEMENT			
005 04 ADMITTING			
005 05 PATIENT ACCOUNTING			
006 ADMINISTRATIVE & GENE			
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	168,905,155		
025 INPAT ROUTINE SRVC CN			
026 ADULTS & PEDIATRICS	14,081,241		
031 INTENSIVE CARE UNIT	2,216,722		
033 SUBPROVIDER	1,979,616		
034 NURSERY	601,631		
037 SKILLED NURSING FACIL			
040 ANCILLARY SRVC COST C			
041 OPERATING ROOM	17,786,003		
044 ANESTHESIOLOGY	2,502,347		
049 RADIOLOGY-DIAGNOSTIC	33,671,233		
050 LABORATORY	26,939,426		
051 RESPIRATORY THERAPY	5,419,884		
052 PHYSICAL THERAPY	4,318,561		
053 OCCUPATIONAL THERAPY	2,210,004		
055 SPEECH PATHOLOGY	824,808		
056 ELECTROCARDIOLOGY	5,188,577		
059 ELECTROENCEPHALOGRAPH	105,877		
059 30 MEDICAL SUPPLIES CHAR	11,857,432		
060 30 IMPL. DEV. CHARGED TO			
061 DRUGS CHARGED TO PATI	16,588,708		
062 ONCOLOGY	3,311,770		
062 97 CARDIAC REHABILITATIO	163,664		
066 OUTPAT SERVICE COST C			
066 CLINIC	4,956,359		
067 EMERGENCY	12,583,451		
068 OBSERVATION BEDS (NON			
068 OTHER REIMBURS COST C			
071 HOME HEALTH AGENCY	1,521,666		
095 SPEC PURPOSE COST CEN			
095 SUBTOTALS	168,828,980		
096 NONREIMBURS COST CENT			
098 GIFT, FLOWER, COFFEE			
098 01 PHYSICIANS' PRIVATE O	76,175		
098 02 SOUTH CLINIC			
098 03 WEST CLINIC			
099 03 DIABETES CENTER			
099 NONPAID WORKERS			
099 01 ADULT/CHILD CARE			
099 02 PHYSICIAN OFFICE BUIL			
099 03 OPTIFAST/FOUNDATION			
100 PARTNERSHIP HFC			
100 01 TRAFALGAR CLINIC			
100 02 EDINBURGH			
100 03 JAIL			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED	1,559,781		
104 (PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER			
104 (WRKSHT B, PT I)	.009235		
105 COST TO BE ALLOCATED	1,549		
106 (PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER			
106 (WRKSHT B, PT II)	.000009		
107 COST TO BE ALLOCATED	91,899		
108 (PER WRKSHT B, PART			
108 UNIT COST MULTIPLIER			
108 (WRKSHT B, PT III)	.000544		

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET C
 I I TO 12/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
	ADULTS & PEDIATRICS	10,269,838		10,269,838		10,269,838
26	INTENSIVE CARE UNIT	2,414,574		2,414,574		2,414,574
31	SUBPROVIDER	1,875,474		1,875,474		1,875,474
33	NURSERY	356,689		356,689		356,689
34	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,239,465		5,239,465		5,239,465
40	ANESTHESIOLOGY	83,566		83,566		83,566
41	RADIOLOGY-DIAGNOSTIC	6,203,733		6,203,733		6,203,733
44	LABORATORY	5,037,449		5,037,449		5,037,449
49	RESPIRATORY THERAPY	1,633,705		1,633,705		1,633,705
50	PHYSICAL THERAPY	1,607,568		1,607,568		1,607,568
51	OCCUPATIONAL THERAPY	495,316		495,316		495,316
52	SPEECH PATHOLOGY	193,274		193,274		193,274
53	ELECTROCARDIOLOGY	1,531,645		1,531,645		1,531,645
54	ELECTROENCEPHALOGRAPHY	93,212		93,212		93,212
55	MEDICAL SUPPLIES CHARGED	3,714,524		3,714,524		3,714,524
55	30 IMPL. DEV. CHARGED TO PAT	2,232,226		2,232,226		2,232,226
56	DRUGS CHARGED TO PATIENTS	6,493,325		6,493,325		6,493,325
59	ONCOLOGY	1,541,668		1,541,668		1,541,668
59	97 CARDIAC REHABILITATION	429,107		429,107		429,107
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,967,109		2,967,109		2,967,109
61	EMERGENCY	3,970,874		3,970,874		3,970,874
62	OBSERVATION BEDS (NON-DIS	2,941,628		2,941,628		2,941,628
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	61,325,969		61,325,969		61,325,969
102	LESS OBSERVATION BEDS	2,941,628		2,941,628		2,941,628
103	TOTAL	58,384,341		58,384,341		58,384,341

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET C
 I I TO 12/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	11,173,399		11,173,399			
26	INTENSIVE CARE UNIT	2,119,261		2,119,261			
31	SUBPROVIDER	1,979,616		1,979,616			
33	NURSERY	601,631		601,631			
34	SKILLED NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,803,540	12,982,463	17,786,003	.294584	.294584	.294584
40	ANESTHESIOLOGY	698,315	1,804,032	2,502,347	.033395	.033395	.033395
41	RADIOLOGY-DIAGNOSTIC	3,966,824	29,704,409	33,671,233	.184244	.184244	.184244
44	LABORATORY	6,479,037	20,460,389	26,939,426	.186992	.186992	.186992
49	RESPIRATORY THERAPY	2,606,657	2,771,596	5,378,253	.303761	.303761	.303761
50	PHYSICAL THERAPY	1,403,145	2,915,416	4,318,561	.372246	.372246	.372246
51	OCCUPATIONAL THERAPY	1,374,556	835,448	2,210,004	.224124	.224124	.224124
52	SPEECH PATHOLOGY	396,172	428,636	824,808	.234326	.234326	.234326
53	ELECTROCARDIOLOGY	1,258,226	3,680,925	4,939,151	.310103	.310103	.310103
54	ELECTROENCEPHALOGRAPHY	37,980	67,897	105,877	.880380	.880380	.880380
55	MEDICAL SUPPLIES CHARGED	5,929,379	1,038,188	6,967,567	.533116	.533116	.533116
55	30 IMPL. DEV. CHARGED TO PAT	3,000	4,886,865	4,889,865	.456501	.456501	.456501
56	DRUGS CHARGED TO PATIENTS	6,738,651	9,850,057	16,588,708	.391430	.391430	.391430
59	ONCOLOGY	47,269	3,264,501	3,311,770	.465512	.465512	.465512
59	97 CARDIAC REHABILITATION	112	163,552	163,664	2.621878	2.621878	2.621878
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	20,962	4,935,397	4,956,359	.598647	.598647	.598647
61	EMERGENCY	1,701,289	10,882,162	12,583,451	.315563	.315563	.315563
62	OBSERVATION BEDS (NON-DIS		3,005,303	3,005,303	.978812	.978812	.978812
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	53,339,021	113,677,236	167,016,257			
102	LESS OBSERVATION BEDS						
103	TOTAL	53,339,021	113,677,236	167,016,257			

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
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	10,269,838		10,269,838		10,269,838
31	INTENSIVE CARE UNIT	2,414,574		2,414,574		2,414,574
33	SUBPROVIDER	1,875,474		1,875,474		1,875,474
34	NURSERY	356,689		356,689		356,689
	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,239,465		5,239,465		5,239,465
40	ANESTHESIOLOGY	83,566		83,566		83,566
41	RADIOLOGY-DIAGNOSTIC	6,203,733		6,203,733		6,203,733
44	LABORATORY	5,037,449		5,037,449		5,037,449
49	RESPIRATORY THERAPY	1,633,705		1,633,705		1,633,705
50	PHYSICAL THERAPY	1,607,568		1,607,568		1,607,568
51	OCCUPATIONAL THERAPY	495,316		495,316		495,316
52	SPEECH PATHOLOGY	193,274		193,274		193,274
53	ELECTROCARDIOLOGY	1,531,645		1,531,645		1,531,645
54	ELECTROENCEPHALOGRAPHY	93,212		93,212		93,212
55	MEDICAL SUPPLIES CHARGED	3,714,524		3,714,524		3,714,524
55	30 IMPL. DEV. CHARGED TO PAT	2,232,226		2,232,226		2,232,226
56	DRUGS CHARGED TO PATIENTS	6,493,325		6,493,325		6,493,325
59	ONCOLOGY	1,541,668		1,541,668		1,541,668
59	97 CARDIAC REHABILITATION	429,107		429,107		429,107
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,967,109		2,967,109		2,967,109
61	EMERGENCY	3,970,874		3,970,874		3,970,874
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,941,628		2,941,628		2,941,628
101	SUBTOTAL	61,325,969		61,325,969		61,325,969
102	LESS OBSERVATION BEDS	2,941,628		2,941,628		2,941,628
103	TOTAL	58,384,341		58,384,341		58,384,341

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
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	11,173,399		11,173,399			
31	INTENSIVE CARE UNIT	2,119,261		2,119,261			
33	SUBPROVIDER	1,979,616		1,979,616			
34	NURSERY	601,631		601,631			
34	SKILLED NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,803,540	12,982,463	17,786,003	.294584	.294584	.294584
40	ANESTHESIOLOGY	698,315	1,804,032	2,502,347	.033395	.033395	.033395
41	RADIOLOGY-DIAGNOSTIC	3,966,824	29,704,409	33,671,233	.184244	.184244	.184244
44	LABORATORY	6,479,037	20,460,389	26,939,426	.186992	.186992	.186992
49	RESPIRATORY THERAPY	2,606,657	2,771,596	5,378,253	.303761	.303761	.303761
50	PHYSICAL THERAPY	1,403,145	2,915,416	4,318,561	.372246	.372246	.372246
51	OCCUPATIONAL THERAPY	1,374,556	835,448	2,210,004	.224124	.224124	.224124
52	SPEECH PATHOLOGY	396,172	428,636	824,808	.234326	.234326	.234326
53	ELECTROCARDIOLOGY	1,258,226	3,680,925	4,939,151	.310103	.310103	.310103
54	ELECTROENCEPHALOGRAPHY	37,980	67,897	105,877	.880380	.880380	.880380
55	MEDICAL SUPPLIES CHARGED	5,929,379	1,038,188	6,967,567	.533116	.533116	.533116
55	30 IMPL. DEV. CHARGED TO PAT	3,000	4,886,865	4,889,865	.456501	.456501	.456501
56	DRUGS CHARGED TO PATIENTS	6,738,651	9,850,057	16,588,708	.391430	.391430	.391430
59	ONCOLOGY	47,269	3,264,501	3,311,770	.465512	.465512	.465512
59	97 CARDIAC REHABILITATION	112	163,552	163,664	2.621878	2.621878	2.621878
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	20,962	4,935,397	4,956,359	.598647	.598647	.598647
61	EMERGENCY	1,701,289	10,882,162	12,583,451	.315563	.315563	.315563
62	OBSERVATION BEDS (NON-DIS		3,005,303	3,005,303	.978812	.978812	.978812
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	53,339,021	113,677,236	167,016,257			
102	LESS OBSERVATION BEDS						
103	TOTAL	53,339,021	113,677,236	167,016,257			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST		OPERATING COST NET OF CAPITAL COST	CAPITAL REDUCTION	OPERATING COST REDUCTION AMOUNT	COST NET OF CAP AND OPER COST REDUCTION
		WKST B, PT I COL. 27 1	WKST B PT II & III, COL. 27 2				
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	5,239,465	577,835	4,661,630			5,239,465
40	ANESTHESIOLOGY	83,566	7,706	75,860			83,566
41	RADIOLOGY-DIAGNOSTIC	6,203,733	564,347	5,639,386			6,203,733
44	LABORATORY	5,037,449	191,337	4,846,112			5,037,449
49	RESPIRATORY THERAPY	1,633,705	85,204	1,548,501			1,633,705
50	PHYSICAL THERAPY	1,607,568	99,718	1,507,850			1,607,568
51	OCCUPATIONAL THERAPY	495,316	32,461	462,855			495,316
52	SPEECH PATHOLOGY	193,274	11,155	182,119			193,274
53	ELECTROCARDIOLOGY	1,531,645	97,512	1,434,133			1,531,645
54	ELECTROENCEPHALOGRAPHY	93,212	10,413	82,799			93,212
55	MEDICAL SUPPLIES CHARGED	3,714,524	163,769	3,550,755			3,714,524
55	30 IMPL. DEV. CHARGED TO PAT	2,232,226	5,859	2,226,367			2,232,226
56	DRUGS CHARGED TO PATIENTS	6,493,325	78,567	6,414,758			6,493,325
59	ONCOLOGY	1,541,668	194,303	1,347,365			1,541,668
59	97 CARDIAC REHABILITATION	429,107	69,468	359,639			429,107
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,967,109	179,437	2,787,672			2,967,109
61	EMERGENCY	3,970,874	263,995	3,706,879			3,970,874
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,941,628	251,612	2,690,016			2,941,628
101	SUBTOTAL	46,409,394	2,884,698	43,524,696			46,409,394
102	LESS OBSERVATION BEDS	2,941,628	251,612	2,690,016			2,941,628
103	TOTAL	43,467,766	2,633,086	40,834,680			43,467,766

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	17,786,003	.294584	.294584
40	ANESTHESIOLOGY	2,502,347	.033395	.033395
41	RADIOLOGY-DIAGNOSTIC	33,671,233	.184244	.184244
44	LABORATORY	26,939,426	.186992	.186992
49	RESPIRATORY THERAPY	5,378,253	.303761	.303761
50	PHYSICAL THERAPY	4,318,561	.372246	.372246
51	OCCUPATIONAL THERAPY	2,210,004	.224124	.224124
52	SPEECH PATHOLOGY	824,808	.234326	.234326
53	ELECTROCARDIOLOGY	4,939,151	.310103	.310103
54	ELECTROENCEPHALOGRAPHY	105,877	.880380	.880380
55	MEDICAL SUPPLIES CHARGED	6,967,567	.533116	.533116
55	30 IMPL. DEV. CHARGED TO PAT	4,889,865	.456501	.456501
56	DRUGS CHARGED TO PATIENTS	16,588,708	.391430	.391430
59	ONCOLOGY	3,311,770	.465512	.465512
59	97 CARDIAC REHABILITATION	163,664	2.621878	2.621878
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	4,956,359	.598647	.598647
61	EMERGENCY	12,583,451	.315563	.315563
62	OBSERVATION BEDS (NON-DIS	3,005,303	.978812	.978812
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	151,142,350		
102	LESS OBSERVATION BEDS	3,005,303		
103	TOTAL	148,137,047		

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	5,239,465	577,835	4,661,630	57,784	270,375	4,911,306
40	ANESTHESIOLOGY	83,566	7,706	75,860	771	4,400	78,395
41	RADIOLOGY-DIAGNOSTIC	6,203,733	564,347	5,639,386	56,435	327,084	5,820,214
44	LABORATORY	5,037,449	191,337	4,846,112	19,134	281,074	4,737,241
49	RESPIRATORY THERAPY	1,633,705	85,204	1,548,501	8,520	89,813	1,535,372
50	PHYSICAL THERAPY	1,607,568	99,718	1,507,850	9,972	87,455	1,510,141
51	OCCUPATIONAL THERAPY	495,316	32,461	462,855	3,246	26,846	465,224
52	SPEECH PATHOLOGY	193,274	11,155	182,119	1,116	10,563	181,595
53	ELECTROCARDIOLOGY	1,531,645	97,512	1,434,133	9,751	83,180	1,438,714
54	ELECTROENCEPHALOGRAPHY	93,212	10,413	82,799	1,041	4,802	87,369
55	MEDICAL SUPPLIES CHARGED	3,714,524	163,769	3,550,755	16,377	205,944	3,492,203
55	30 IMPL. DEV. CHARGED TO PAT	2,232,226	5,859	2,226,367	586	129,129	2,102,511
56	DRUGS CHARGED TO PATIENTS	6,493,325	78,567	6,414,758	7,857	372,056	6,113,412
59	ONCOLOGY	1,541,668	194,303	1,347,365	19,430	78,147	1,444,091
59	97 CARDIAC REHABILITATION	429,107	69,468	359,639	6,947	20,859	401,301
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,967,109	179,437	2,787,672	17,944	161,685	2,787,480
61	EMERGENCY	3,970,874	263,995	3,706,879	26,400	214,999	3,729,475
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,941,628	251,612	2,690,016	25,161	156,021	2,760,446
101	SUBTOTAL	46,409,394	2,884,698	43,524,696	288,472	2,524,432	43,596,490
102	LESS OBSERVATION BEDS	2,941,628	251,612	2,690,016	25,161	156,021	2,760,446
103	TOTAL	43,467,766	2,633,086	40,834,680	263,311	2,368,411	40,836,044

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	17,786,003	.276133	.291335
40	ANESTHESIOLOGY	2,502,347	.031329	.033087
41	RADIOLOGY-DIAGNOSTIC	33,671,233	.172854	.182568
44	LABORATORY	26,939,426	.175848	.186281
49	RESPIRATORY THERAPY	5,378,253	.285478	.302177
50	PHYSICAL THERAPY	4,318,561	.349686	.369937
51	OCCUPATIONAL THERAPY	2,210,004	.210508	.222656
52	SPEECH PATHOLOGY	824,808	.220166	.232973
53	ELECTROCARDIOLOGY	4,939,151	.291288	.308129
54	ELECTROENCEPHALOGRAPHY	105,877	.825193	.870548
55	MEDICAL SUPPLIES CHARGED	6,967,567	.501208	.530766
55	30 IMPL. DEV. CHARGED TO PAT	4,889,865	.429973	.456381
56	DRUGS CHARGED TO PATIENTS	16,588,708	.368529	.390957
59	ONCOLOGY	3,311,770	.436048	.459645
59	97 CARDIAC REHABILITATION	163,664	2.451981	2.579431
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	4,956,359	.562405	.595027
61	EMERGENCY	12,583,451	.296379	.313465
62	OBSERVATION BEDS (NON-DIS	3,005,303	.918525	.970440
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	151,142,350		
102	LESS OBSERVATION BEDS	3,005,303		
103	TOTAL	148,137,047		

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	11,692	4,768	2.87	13,684	72.26	344,536
26	INTENSIVE CARE UNIT	978	519	3.26	1,692	161.49	83,813
31	SUBPROVIDER	2,125	1,426	4.57	6,517	73.93	105,424
33	NURSERY	893		.22		11.28	
101	TOTAL	15,688	6,713		21,893		533,773

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	5,888	571,947	17,786,003	1,896,955	.000331	628
40	ANESTHESIOLOGY	145	7,561	2,502,347		.000058	
41	RADIOLOGY-DIAGNOSTIC	14,499	549,848	33,671,233	2,396,708	.000431	1,033
44	LABORATORY	8,079	183,258	26,939,426	3,949,337	.000300	1,185
49	RESPIRATORY THERAPY	1,089	84,115	5,378,253	1,120,694	.000202	226
50	PHYSICAL THERAPY	1,995	97,723	4,318,561	446,414	.000462	206
51	OCCUPATIONAL THERAPY	1,937	30,524	2,210,004	399,059	.000876	350
52	SPEECH PATHOLOGY	700	10,455	824,808	140,579	.000849	119
53	ELECTROCARDIOLOGY	1,887	95,625	4,939,151	924,803	.000382	353
54	ELECTROENCEPHALOGRAPHY	260	10,153	105,877		.002456	
55	MEDICAL SUPPLIES CHARGED	1,031	162,738	6,967,567	2,491,690	.000148	369
55	30 IMPL. DEV. CHARGED TO PAT	40	5,819	4,889,865		.000008	
56	DRUGS CHARGED TO PATIENTS	981	77,586	16,588,708	3,914,590	.000059	231
59	ONCOLOGY	2,381	191,922	3,311,770	9,825	.000719	7
59	97 CARDIAC REHABILITATION	307	69,161	163,664		.001876	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,130	176,307	4,956,359	4,537	.000632	3
61	EMERGENCY	13,022	250,973	12,583,451	874,450	.001035	905
62	OBSERVATION BEDS (NON-DIS	9,610	242,002	3,005,303		.003198	
	OTHER REIMBURS COST CNTRS						
101	TOTAL	66,981	2,817,717	151,142,350	18,569,641		5,615

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-0001 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.032157	61,000
40	ANESTHESIOLOGY	.003022	
41	RADIOLOGY-DIAGNOSTIC	.016330	39,138
44	LABORATORY	.006803	26,867
49	RESPIRATORY THERAPY	.015640	17,528
50	PHYSICAL THERAPY	.022629	10,102
51	OCCUPATIONAL THERAPY	.013812	5,512
52	SPEECH PATHOLOGY	.012676	1,782
53	ELECTROCARDIOLOGY	.019361	17,905
54	ELECTROENCEPHALOGRAPHY	.095894	
55	MEDICAL SUPPLIES CHARGED	.023357	58,198
55 30	IMPL. DEV. CHARGED TO PAT	.001190	
56	DRUGS CHARGED TO PATIENTS	.004677	18,309
59	ONCOLOGY	.057951	569
59 97	CARDIAC REHABILITATION	.422579	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.035572	161
61	EMERGENCY	.019945	17,441
62	OBSERVATION BEDS (NON-DIS	.080525	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		274,512

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

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 12/31/2010 I PART III
 PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
LINE NO.		1	2	3	4	5	6
25	INPAT ROUTINE SRVC CNTRS					11,692	
	ADULTS & PEDIATRICS					978	
26	INTENSIVE CARE UNIT					2,125	
31	SUBPROVIDER					893	
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL					15,688	

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

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 12/31/2010 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	4,768
26	INTENSIVE CARE UNIT		519
31	SUBPROVIDER		1,426
33	NURSERY		
34	SKILLED NURSING FACILITY		
101	TOTAL		6,713

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	ONCOLOGY						
59	97 CARDIAC REHABILITATION						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P CST 5.01	RATIO OF TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM			17,786,003				1,896,955	
40	ANESTHESIOLOGY			2,502,347					
41	RADIOLOGY-DIAGNOSTIC			33,671,233				2,396,708	
44	LABORATORY			26,939,426				3,949,337	
49	RESPIRATORY THERAPY			5,378,253				1,120,694	
50	PHYSICAL THERAPY			4,318,561				446,414	
51	OCCUPATIONAL THERAPY			2,210,004				399,059	
52	SPEECH PATHOLOGY			824,808				140,579	
53	ELECTROCARDIOLOGY			4,939,151				924,803	
54	ELECTROENCEPHALOGRAPHY			105,877					
55	MEDICAL SUPPLIES CHARGED			6,967,567				2,491,690	
55	30 IMPL. DEV. CHARGED TO PAT			4,889,865					
56	DRUGS CHARGED TO PATIENTS			16,588,708				3,914,590	
59	ONCOLOGY			3,311,770				9,825	
59	97 CARDIAC REHABILITATION			163,664					
	OUTPAT SERVICE COST CNTRS								
60	CLINIC			4,956,359				4,537	
61	EMERGENCY			12,583,451				874,450	
62	OBSERVATION BEDS (NON-DIS			3,005,303					
	OTHER REIMBURS COST CNTRS								
101	TOTAL			151,142,350				18,569,641	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	OUTPUT PROG	OUTPUT PROG	OUTPUT PROG	OUTPUT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,151,051					
40	ANESTHESIOLOGY	261,472					
41	RADIOLOGY-DIAGNOSTIC	7,229,734					
44	LABORATORY	389,086					
49	RESPIRATORY THERAPY	203,497					
50	PHYSICAL THERAPY	733					
51	OCCUPATIONAL THERAPY	1,288					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,870,698					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	718,312					
55	30 IMPL. DEV. CHARGED TO PAT	336,487					
56	DRUGS CHARGED TO PATIENTS	4,902,443					
59	ONCOLOGY	1,109,143					
59	97 CARDIAC REHABILITATION	80,192					
	OUTPUT SERVICE COST CNTRS						
60	CLINIC	1,324,626					
61	EMERGENCY	1,754,683					
62	OBSERVATION BEDS (NON-DIS	850,663					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	24,184,108					

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	.294584	.294584			
40 ANESTHESIOLOGY	.033395	.033395			
41 RADIOLOGY-DIAGNOSTIC	.184244	.184244			
44 LABORATORY	.186992	.186992			
49 RESPIRATORY THERAPY	.303761	.303761			
50 PHYSICAL THERAPY	.372246	.372246			
51 OCCUPATIONAL THERAPY	.224124	.224124			
52 SPEECH PATHOLOGY	.234326	.234326			
53 ELECTROCARDIOLOGY	.310103	.310103			
54 ELECTROENCEPHALOGRAPHY	.880380	.880380			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.533116	.533116			
55 30 IMPL. DEV. CHARGED TO PATIENT	.456501	.456501			
56 DRUGS CHARGED TO PATIENTS	.391430	.391430			
59 ONCOLOGY	.465512	.465512			
59 97 CARDIAC REHABILITATION	2.621878	2.621878			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.598647	.598647			
61 EMERGENCY	.315563	.315563			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.978812	.978812			
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)

TITLE XVIII, PART B

HOSPITAL

All Other (1)

PPS Services
FYB to 12/31

Non-PPS
Services

PPS Services
1/1 to FYE

Outpatient
Ambulatory
Surgical Ctr

Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		3,151,051			
40 ANESTHESIOLOGY		261,472			
41 RADIOLOGY-DIAGNOSTIC		7,229,734			
44 LABORATORY		389,086			
49 RESPIRATORY THERAPY		203,497			
50 PHYSICAL THERAPY		733			
51 OCCUPATIONAL THERAPY		1,288			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		1,870,698			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		718,312			
55 30 IMPL. DEV. CHARGED TO PATIENT		336,487			
56 DRUGS CHARGED TO PATIENTS		4,902,443			
59 ONCOLOGY		1,109,143			
59 97 CARDIAC REHABILITATION		80,192			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		1,324,626			
61 EMERGENCY		1,754,683			
62 OBSERVATION BEDS (NON-DISTINCT PART)		850,663			
101 SUBTOTAL		24,184,108			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		24,184,108			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				928,249	
40 ANESTHESIOLOGY				8,732	
41 RADIOLOGY-DIAGNOSTIC				1,332,035	
44 LABORATORY				72,756	
49 RESPIRATORY THERAPY				61,814	
50 PHYSICAL THERAPY				273	
51 OCCUPATIONAL THERAPY				289	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				580,109	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				382,944	
55 30 IMPL. DEV. CHARGED TO PATIENT				153,607	
56 DRUGS CHARGED TO PATIENTS				1,918,963	
59 ONCOLOGY				516,319	
59 97 CARDIAC REHABILITATION				210,254	
OUTPAT SERVICE COST CNTRS					
60 CLINIC				792,983	
61 EMERGENCY				553,713	
62 OBSERVATION BEDS (NON-DISTINCT PART)				832,639	
101 SUBTOTAL				8,345,679	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				8,345,679	

(A) WORKSHEET A LINE NUMBERS

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

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) 37 ANCILLARY SRVC COST CNTRS
- 40 OPERATING ROOM
- 41 ANESTHESIOLOGY
- 44 RADIOLOGY-DIAGNOSTIC
- 49 LABORATORY
- 50 RESPIRATORY THERAPY
- 51 PHYSICAL THERAPY
- 52 OCCUPATIONAL THERAPY
- 53 SPEECH PATHOLOGY
- 54 ELECTROCARDIOLOGY
- 55 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 30 IMPL. DEV. CHARGED TO PATIENT
- 56 DRUGS CHARGED TO PATIENTS
- 59 ONCOLOGY
- 59 97 CARDIAC REHABILITATION
- 60 OUTPAT SERVICE COST CNTRS
- 61 CLINIC
- 62 EMERGENCY
- 101 OBSERVATION BEDS (NON-DISTINCT PART)
- 102 SUBTOTAL
- 103 CRNA CHARGES
- 104 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)

Health Financial Systems MCRIF32 FOR JOHNSON MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(08/2000) CONTD

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/20/2011
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST	I	15-0001	I	FROM 1/ 1/2010	I	WORKSHEET D	
	I	COMPONENT NO:	I	TO 12/31/2010	I	PART VI	
	I	15-0001	I		I		

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.391430
2	PROGRAM VACCINE CHARGES		9,406
3	PROGRAM COSTS		3,682

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	5,888	571,947	17,786,003	23,648	.000331	8
40	ANESTHESIOLOGY	145	7,561	2,502,347	2,942	.000058	
41	RADIOLOGY-DIAGNOSTIC	14,499	549,848	33,671,233	219,124	.000431	94
44	LABORATORY	8,079	183,258	26,939,426	352,794	.000300	106
49	RESPIRATORY THERAPY	1,089	84,115	5,378,253	88,814	.000202	18
50	PHYSICAL THERAPY	1,995	97,723	4,318,561	525,201	.000462	243
51	OCCUPATIONAL THERAPY	1,937	30,524	2,210,004	560,503	.000876	491
52	SPEECH PATHOLOGY	700	10,455	824,808	142,095	.000849	121
53	ELECTROCARDIOLOGY	1,887	95,625	4,939,151	47,938	.000382	18
54	ELECTROENCEPHALOGRAPHY	260	10,153	105,877		.002456	
55	MEDICAL SUPPLIES CHARGED	1,031	162,738	6,967,567	86,613	.000148	13
55	30 IMPL. DEV. CHARGED TO PAT	40	5,819	4,889,865	2,884	.000008	
56	DRUGS CHARGED TO PATIENTS	981	77,586	16,588,708	281,955	.000059	17
59	ONCOLOGY	2,381	191,922	3,311,770	6,500	.000719	5
59	97 CARDIAC REHABILITATION	307	69,161	163,664		.001876	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,130	176,307	4,956,359	390	.000632	
61	EMERGENCY	13,022	250,973	12,583,451	14,389	.001035	15
62	OBSERVATION BEDS (NON-DIS	9,610	242,002	3,005,303		.003198	
	OTHER REIMBURS COST CNTRS						
101	TOTAL	66,981	2,817,717	151,142,350	2,355,790		1,149

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I 15-0001 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-T001 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.032157	760
40	ANESTHESIOLOGY	.003022	9
41	RADIOLOGY-DIAGNOSTIC	.016330	3,578
44	LABORATORY	.006803	2,400
49	RESPIRATORY THERAPY	.015640	1,389
50	PHYSICAL THERAPY	.022629	11,885
51	OCCUPATIONAL THERAPY	.013812	7,742
52	SPEECH PATHOLOGY	.012676	1,801
53	ELECTROCARDIOLOGY	.019361	928
54	ELECTROENCEPHALOGRAPHY	.095894	
55	MEDICAL SUPPLIES CHARGED	.023357	2,023
55	30 IMPL. DEV. CHARGED TO PAT	.001190	3
56	DRUGS CHARGED TO PATIENTS	.004677	1,319
59	ONCOLOGY	.057951	377
59	97 CARDIAC REHABILITATION	.422579	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.035572	14
61	EMERGENCY	.019945	287
62	OBSERVATION BEDS (NON-DIS	.080525	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		34,515

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
		1.01				
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
55	30 IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS					
59	ONCOLOGY					
59	97 CARDIAC REHABILITATION					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL					

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			17,786,003			23,648	
40	ANESTHESIOLOGY			2,502,347			2,942	
41	RADIOLOGY-DIAGNOSTIC			33,671,233			219,124	
44	LABORATORY			26,939,426			352,794	
49	RESPIRATORY THERAPY			5,378,253			88,814	
50	PHYSICAL THERAPY			4,318,561			525,201	
51	OCCUPATIONAL THERAPY			2,210,004			560,503	
52	SPEECH PATHOLOGY			824,808			142,095	
53	ELECTROCARDIOLOGY			4,939,151			47,938	
54	ELECTROENCEPHALOGRAPHY			105,877				
55	MEDICAL SUPPLIES CHARGED			6,967,567			86,613	
55	30 IMPL. DEV. CHARGED TO PAT			4,889,865			2,884	
56	DRUGS CHARGED TO PATIENTS			16,588,708			281,955	
59	ONCOLOGY			3,311,770			6,500	
59	97 CARDIAC REHABILITATION			163,664				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			4,956,359			390	
61	EMERGENCY			12,583,451			14,389	
62	OBSERVATION BEDS (NON-DIS			3,005,303				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			151,142,350			2,355,790	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPUT PROG	OUTPUT PROG	OUTPUT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	4,827					
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	230					
59	ONCOLOGY						
59	97 CARDIAC REHABILITATION						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	5,057					

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Cost/Charge	Cost/Charge	Outpatient	Outpatient	Other
	Ratio (C, Pt I, col. 9)	Ratio (C, Pt II, col. 9)	Ambulatory Surgical Ctr	Radiology	Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.294584	.294584			
40 ANESTHESIOLOGY	.033395	.033395			
41 RADIOLOGY-DIAGNOSTIC	.184244	.184244			
44 LABORATORY	.186992	.186992			
49 RESPIRATORY THERAPY	.303761	.303761			
50 PHYSICAL THERAPY	.372246	.372246			
51 OCCUPATIONAL THERAPY	.224124	.224124			
52 SPEECH PATHOLOGY	.234326	.234326			
53 ELECTROCARDIOLOGY	.310103	.310103			
54 ELECTROENCEPHALOGRAPHY	.880380	.880380			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.533116	.533116			
55 30 IMPL. DEV. CHARGED TO PATIENT	.456501	.456501			
56 DRUGS CHARGED TO PATIENTS	.391430	.391430			
59 ONCOLOGY	.465512	.465512			
59 97 CARDIAC REHABILITATION	2.621878	2.621878			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.598647	.598647			
61 EMERGENCY	.315563	.315563			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.978812	.978812			
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)

TITLE XVIII, PART B

SUBPROVIDER 1

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		4,827			
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL 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		230			
59	ONCOLOGY					
59	97 CARDIAC REHABILITATION					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
101	SUBTOTAL		5,057			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
104	PROGRAM ONLY CHARGES					
104	NET CHARGES		5,057			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

SUBPROVIDER 1

	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				889	
44 LABORATORY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL 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				90	
59 ONCOLOGY					
59 97 CARDIAC REHABILITATION					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL				979	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
104 PROGRAM ONLY CHARGES					
104 NET CHARGES				979	

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

SUBPROVIDER 1

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

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
44 LABORATORY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL 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			
59 ONCOLOGY			
59 97 CARDIAC REHABILITATION			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

(A) WORKSHEET A LINE NUMBERS

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

Health Financial Systems MCRIF32 FOR JOHNSON MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(08/2000) CONTD

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/20/2011
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST	I	15-0001	I	FROM 1/ 1/2010	I	WORKSHEET D
	I	COMPONENT NO:	I	TO 12/31/2010	I	PART VI
	I	15-T001	I		I	

TITLE XVIII, PART B SUBPROVIDER 1

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.391430
2	PROGRAM VACCINE CHARGES		997
3	PROGRAM COSTS		390

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)	11,692
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	11,692
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11,692
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)	4,768
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	10,269,838
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	10,269,838

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	11,173,399
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11,173,399
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.919133
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	955.64
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	10,269,838

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 878.36
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 4,188,020
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 4,188,020

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	2,414,574	978	2,468.89	519	1,281,354
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 5,798,531
49 TOTAL PROGRAM INPATIENT COSTS					11,267,905

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 443,725
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 280,127
 52 TOTAL PROGRAM EXCLUDABLE COST 723,852
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 10,544,053

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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	3,349
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	878.36
85	OBSERVATION BED COST	2,941,628

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	33,552	10,269,838	.003267	2,941,628	9,610
87	NEW CAPITAL-RELATED COST	844,878	10,269,838	.082268	2,941,628	242,002
88	NON PHYSICIAN ANESTHETIST		10,269,838		2,941,628	
89	MEDICAL EDUCATION		10,269,838		2,941,628	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

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)	2,125
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,125
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,125
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)	1,426
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	1,875,474
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	1,875,474

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,979,616
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,979,616
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.947393
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	931.58
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	1,875,474

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 882.58
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,258,559
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,258,559

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT					
44 HOSPITAL UNITS					
45 INTENSIVE CARE UNIT					
46 CORONARY CARE UNIT					
47 BURN INTENSIVE CARE UNIT					
48 SURGICAL INTENSIVE CARE UNIT					
49 OTHER SPECIAL CARE					1
PROGRAM INPATIENT ANCILLARY SERVICE COST					675,331
TOTAL PROGRAM INPATIENT COSTS					1,933,890

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 111,941
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 35,664
 52 TOTAL PROGRAM EXCLUDABLE COST 147,605
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,786,285

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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	882.58
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	9,716	1,875,474	.005181	
87	NEW CAPITAL-RELATED COST	157,111	1,875,474	.083771	
88	NON PHYSICIAN ANESTHETIST		1,875,474		
89	MEDICAL EDUCATION		1,875,474		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	11,692
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	11,692
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11,692
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)	418
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)	893
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	10,269,838
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	10,269,838

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	11,173,399
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11,173,399
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.919133
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	955.64
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	10,269,838

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 878.36
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 367,154
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 367,154

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	356,689	893	399.43		
43 INTENSIVE CARE UNIT	2,414,574	978	2,468.89		
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 348,461
49 TOTAL PROGRAM INPATIENT COSTS					715,615

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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	3,349
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	878.36
85	OBSERVATION BED COST	2,941,628

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				

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)	2,125
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,125
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,125
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)	174
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	1,875,474
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	1,875,474

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,979,616
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,979,616
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.947393
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	931.58
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	1,875,474

TITLE XIX - I/P SUBPROVIDER I OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 882.58
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 153,569
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 153,569

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT					
44 HOSPITAL UNITS					
45 INTENSIVE CARE UNIT					
46 CORONARY CARE UNIT					
47 BURN INTENSIVE CARE UNIT					
48 SURGICAL INTENSIVE CARE UNIT					
49 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					84,907
49 TOTAL PROGRAM INPATIENT COSTS					238,476

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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	882.58
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		4,920,953	
26	INTENSIVE CARE UNIT		812,872	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.294584	1,896,955	558,813
40	ANESTHESIOLOGY	.033395		
41	RADIOLOGY-DIAGNOSTIC	.184244	2,396,708	441,579
44	LABORATORY	.186992	3,949,337	738,494
49	RESPIRATORY THERAPY	.303761	1,120,694	340,423
50	PHYSICAL THERAPY	.372246	446,414	166,176
51	OCCUPATIONAL THERAPY	.224124	399,059	89,439
52	SPEECH PATHOLOGY	.234326	140,579	32,941
53	ELECTROCARDIOLOGY	.310103	924,803	286,784
54	ELECTROENCEPHALOGRAPHY	.880380		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.533116	2,491,690	1,328,360
55	30 IMPL. DEV. CHARGED TO PATIENT	.456501		
56	DRUGS CHARGED TO PATIENTS	.391430	3,914,590	1,532,288
59	ONCOLOGY	.465512	9,825	4,574
59	97 CARDIAC REHABILITATION	2.621878		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.598647	4,537	2,716
61	EMERGENCY	.315563	874,450	275,944
62	OBSERVATION BEDS (NON-DISTINCT PART)	.978812		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		18,569,641	5,798,531
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		18,569,641	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,279,556	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.294584	23,648	6,966
40	ANESTHESIOLOGY	.033395	2,942	98
41	RADIOLOGY-DIAGNOSTIC	.184244	219,124	40,372
44	LABORATORY	.186992	352,794	65,970
49	RESPIRATORY THERAPY	.303761	88,814	26,978
50	PHYSICAL THERAPY	.372246	525,201	195,504
51	OCCUPATIONAL THERAPY	.224124	560,503	125,622
52	SPEECH PATHOLOGY	.234326	142,095	33,297
53	ELECTROCARDIOLOGY	.310103	47,938	14,866
54	ELECTROENCEPHALOGRAPHY	.880380		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.533116	86,613	46,175
55	30 IMPL. DEV. CHARGED TO PATIENT	.456501	2,884	1,317
56	DRUGS CHARGED TO PATIENTS	.391430	281,955	110,366
59	ONCOLOGY	.465512	6,500	3,026
59	97 CARDIAC REHABILITATION	2.621878		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.598647	390	233
61	EMERGENCY	.315563	14,389	4,541
62	OBSERVATION BEDS (NON-DISTINCT PART)	.978812		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		2,355,790	675,331
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,355,790	

WKST A	TITLE XIX	HOSPITAL	RATIO COST	INPATIENT	INPATIENT
LINE NO.	COST CENTER DESCRIPTION		TO CHARGES	CHARGES	COST
			1	2	3
	INPAT ROUTINE SRVC CNTRS				
25	ADULTS & PEDIATRICS			883,031	
26	INTENSIVE CARE UNIT			23,287	
31	SUBPROVIDER				
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.294584	261,919	77,157
40	ANESTHESIOLOGY		.033395	53,064	1,772
41	RADIOLOGY-DIAGNOSTIC		.184244	77,831	14,340
44	LABORATORY		.186992	174,520	32,634
49	RESPIRATORY THERAPY		.303761	44,165	13,416
50	PHYSICAL THERAPY		.372246	5,796	2,158
51	OCCUPATIONAL THERAPY		.224124	5,459	1,223
52	SPEECH PATHOLOGY		.234326	608	142
53	ELECTROCARDIOLOGY		.310103	14,763	4,578
54	ELECTROENCEPHALOGRAPHY		.880380	649	571
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.533116	180,389	96,168
55	30 IMPL. DEV. CHARGED TO PATIENT		.456501		
56	DRUGS CHARGED TO PATIENTS		.391430	225,073	88,100
59	ONCOLOGY		.465512	64	30
59	97 CARDIAC REHABILITATION		2.621878		
	OUTPAT SERVICE COST CNTRS				
60	CLINIC		.598647	82	49
61	EMERGENCY		.315563	51,093	16,123
62	OBSERVATION BEDS (NON-DISTINCT PART)		.978812		
	OTHER REIMBURS COST CNTRS				
101	TOTAL			1,095,475	348,461
102	LESS PBP CLINIC LABORATORY SERVICES -				
	PROGRAM ONLY CHARGES				
103	NET CHARGES			1,095,475	

TITLE XIX SUBPROVIDER 1 OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
25	INTENSIVE CARE UNIT			
26	SUBPROVIDER		2,880	
31	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.294584	8,968	2,642
40	ANESTHESIOLOGY	.033395	983	33
41	RADIOLOGY-DIAGNOSTIC	.184244	35,405	6,523
44	LABORATORY	.186992	45,570	8,521
49	RESPIRATORY THERAPY	.303761	5,524	1,678
50	PHYSICAL THERAPY	.372246	61,197	22,780
51	OCCUPATIONAL THERAPY	.224124	65,018	14,572
52	SPEECH PATHOLOGY	.234326	8,769	2,055
53	ELECTROCARDIOLOGY	.310103	224	69
54	ELECTROENCEPHALOGRAPHY	.880380		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.533116	7,228	3,853
55	30 IMPL. DEV. CHARGED TO PATIENT	.456501		
56	DRUGS CHARGED TO PATIENTS	.391430	56,666	22,181
59	ONCOLOGY	.465512		
59	97 CARDIAC REHABILITATION	2.621878		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.598647		
61	EMERGENCY	.315563		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.978812		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		295,552	84,907
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		295,552	

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		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	7,808,743	
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)	139,953	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		76.82
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 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	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)		2.52
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		16.38
4.02 SUM OF LINES 4 AND 4.01		18.90
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		5.03
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		392,780
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/20/2011
I	15-0001	I	FROM 1/ 1/2010	I	WORKSHEET E
I	COMPONENT NO:	I	TO 12/31/2010	I	PART A
I	15-0001	I		I	

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 INSTRU)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	8,341,476	
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)	8,341,476	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		642,641
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	8,984,117	
17 PRIMARY PAYER PAYMENTS		2,619
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	8,981,498	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		840,988
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		42,350
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		297,349
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		208,144
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		159,256
22 SUBTOTAL	8,306,304	
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	8,306,304	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS		
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	8,234,258	
29 BALANCE DUE PROVIDER (PROGRAM)		72,046
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, 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

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/20/2011
I	15-0001	I	FROM 1/ 1/2010	I	WORKSHEET E
I	COMPONENT NO:	I	TO 12/31/2010	I	PART B
I	15-0001	I		I	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,682
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	8,345,679
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	7,064,601
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)	3,682
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	9,406
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	9,406
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	9,406
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	5,724
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,682
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	7,064,601
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,645,766
19	SUBTOTAL (SEE INSTRUCTIONS)	5,422,517
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	5,422,517
24	PRIMARY PAYER PAYMENTS	139
25	SUBTOTAL	5,422,378
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	301,139
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	210,797
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	162,640
28	SUBTOTAL	5,633,175
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)	-19
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	5,633,194
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,583,953
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	49,241
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
	TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0001	I	FROM 1/ 1/2010	I	5/20/2011
I	COMPONENT NO:	I	TO 12/31/2010	I	WORKSHEET E
I	15-T001	I		I	PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	390
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	979
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	1,286
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)	390
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	997
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	997
	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)	997
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	607
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	390
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	1,286
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	395
19	SUBTOTAL (SEE INSTRUCTIONS)	1,281
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,281
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	1,281
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	1,281
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	1,281
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,250
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	31
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
	TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2010 I
 I 15-0001 I I

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		8,072,448		5,422,363
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	1/ 1/2010	87,316	1/ 1/2010	70,908
ADJUSTMENTS TO PROVIDER .02	7/29/2010	68,098	7/29/2010	77,246
ADJUSTMENTS TO PROVIDER .03	7/29/2010	6,396	7/29/2010	13,436
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		161,810		161,590
4 TOTAL INTERIM PAYMENTS		8,234,258		5,583,953
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)		72,046		49,241
7 TOTAL MEDICARE PROGRAM LIABILITY		8,306,304		5,633,194

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2010 I
 I 15-T001 I I

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,746,846		1,250
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	7/29/2010	6,635		
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				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		6,635		NONE
4 TOTAL INTERIM PAYMENTS		1,753,481		1,250
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		40,980		31
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		1,794,461		1,281

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/20/2011
I	15-0001	I	FROM 1/1/2010	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART	I
I	15-T001	I		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	1,689,540
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0067
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	67,463
1.05	OUTLIER PAYMENTS	72,355
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	1,829,358
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE$ $1.15/1.16))$ RAISED TO THE POWER OF $.5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	5.821918
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)	1,829,358
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,829,358
7	DEDUCTIBLES	31,868
8	SUBTOTAL	1,797,490
9	COINSURANCE	10,175
10	SUBTOTAL	1,787,315
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	10,209
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	7,146
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	1,794,461
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	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/20/2011
I	15-0001	I	FROM 1/ 1/2010	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART I
I	15-T001	I		I	

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,794,461
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,753,481
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	40,980
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/20/2011
I	15-0001	I	FROM 1/ 1/2010	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART III
I	-	I		I	

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1		INPATIENT HOSPITAL/SNF/NF SERVICES	715,615	
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	715,615	
7		INPATIENT PRIMARY PAYER PAYMENTS		
8		OUTPATIENT PRIMARY PAYER PAYMENTS		
9		SUBTOTAL	715,615	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10		ROUTINE SERVICE CHARGES	883,031	
11		ANCILLARY SERVICE CHARGES	1,095,475	
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	1,978,506	
	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)	1,978,506	
21		EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1,262,891	
22		EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23		COST OF COVERED SERVICES	715,615	
	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	715,615	
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	715,615	
33		DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34		EXCESS OF REASONABLE COST		
35		SUBTOTAL	715,615	
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)	715,615	
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	715,615	
53		INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54		DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55		TOTAL AMOUNT PAYABLE TO THE PROVIDER	715,615	
56		SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57		INTERIM PAYMENTS	485,468	
57.01		TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/20/2011
I	15-0001	I	FROM 1/ 1/2010	I	WORKSHEET E-3	
I	COMPONENT NO:	I	TO 12/31/2010	I	PART III	
I	-	I		I		

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
58	BALANCE DUE PROVIDER/PROGRAM		1	2
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		230,147	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2010 I PART III
 I 15-T001 I I

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
1	COMPUTATION OF NET COST OF COVERED SERVICE		
2	INPATIENT HOSPITAL/SNF/NF SERVICES	238,476	
3	MEDICAL AND OTHER SERVICES		
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
7	SUBTOTAL	238,476	
8	INPATIENT PRIMARY PAYER PAYMENTS		
9	OUTPATIENT PRIMARY PAYER PAYMENTS		
	SUBTOTAL	238,476	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES	2,880	
11	ANCILLARY SERVICE CHARGES	295,552	
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	298,432	
	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)	298,432	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	59,956	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	238,476	
	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	238,476	
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	238,476	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	238,476	
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)	238,476	
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	238,476	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	238,476	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS	70,187	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/20/2011
I	15-0001	I	FROM 1/ 1/2010	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART	III
I	15-T001	I		I		

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

TITLE XIX

SUBPROVIDER 1

OTHER
TITLE V OR
TITLE XIX

TITLE XVIII
SNF PPS

58	BALANCE DUE PROVIDER/PROGRAM	1	168,289	2
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

BALANCE SHEET

I
I
IPROVIDER NO:
15-0001I PERIOD:
I FROM 1/ 1/2010
I TO 12/31/2010I PREPARED 5/20/2011
I
I WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	10,326,119			
2	TEMPORARY INVESTMENTS	697,649			
3	NOTES RECEIVABLE	80,556			
4	ACCOUNTS RECEIVABLE	13,173,900			
5	OTHER RECEIVABLES	1,338,070			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	2,814,571			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	25,669,803			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	54,100,668			
FIXED ASSETS					
12	LAND	3,141,963			
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	36,566,887			
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	39,708,850			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	203,570			
26	TOTAL OTHER ASSETS	203,570			
27	TOTAL ASSETS	94,013,088			

BALANCE SHEET

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/20/2011
I	15-0001	I	FROM 1/ 1/2010	I		
I		I	TO 12/31/2010	I	WORKSHEET	G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,013,392			
29 SALARIES, WAGES & FEES PAYABLE	4,511,960			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	697,649			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	85,365			
35 OTHER CURRENT LIABILITIES	22,493			
36 TOTAL CURRENT LIABILITIES	7,330,859			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	2,385,554			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	2,385,554			
43 TOTAL LIABILITIES	9,716,413			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	84,296,675			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	84,296,675			
52 TOTAL LIABILITIES AND FUND BALANCES	94,013,088			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		83,109,749		
2 OF PERIOD				
2 NET INCOME (LOSS)		1,186,926		
3 TOTAL		84,296,675		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		84,296,675		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		84,296,675		
PERIOD PER BALANCE SHEET				

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	10,726,699		10,726,699
2 00 SUBPROVIDER	1,979,616		1,979,616
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	12,706,315		12,706,315
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,134,872		2,134,872
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,134,872		2,134,872
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	14,841,187		14,841,187
17 00 ANCILLARY SERVICES	38,061,977	98,586,591	136,648,568
18 00 OUTPATIENT SERVICES		15,817,559	15,817,559
19 00 HOME HEALTH AGENCY		1,521,666	1,521,666
24 00 POB		76,175	76,175
25 00 TOTAL PATIENT REVENUES	52,903,164	116,001,991	168,905,155

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	77,481,808
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	77,481,808

STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/20/2011
I	15-0001	I	FROM 1/ 1/2010	I	WORKSHEET	G-3
I		I	TO 12/31/2010	I		

DESCRIPTION

1	TOTAL PATIENT REVENUES	168,905,155
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	101,425,700
3	NET PATIENT REVENUES	67,479,455
4	LESS: TOTAL OPERATING EXPENSES	77,481,808
5	NET INCOME FROM SERVICE TO PATIENTS	-10,002,353
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	875,341
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 OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	9,580,479
24.01	RENTAL REVENUE	596,971
24.02	OTHER	136,488
25	TOTAL OTHER INCOME	11,189,279
26	TOTAL	1,186,926
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,186,926

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	156,503		57,681	79,032	113,006	406,222
HHA REIMBURSABLE SERVICES						
6	260,746					260,746
7				148,379		148,379
8				97,747		97,747
9				5,172		5,172
10	4,151					4,151
11	19,574					19,574
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	440,974		57,681	330,330	113,006	941,991

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		406,222	67	406,289
HHA REIMBURSABLE SERVICES				
6		260,746		260,746
7		148,379		148,379
8		97,747		97,747
9		5,172		5,172
10		4,151		4,151
11		19,574		19,574
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		941,991	67	942,058

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5	ADMINISTRATIVE & GENERAL	406,289				406,289	406,289
HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	260,746				260,746	197,731
7	PHYSICAL THERAPY	148,379				148,379	112,520
8	OCCUPATIONAL THERAPY	97,747				97,747	74,124
9	SPEECH PATHOLOGY	5,172				5,172	3,922
10	MEDICAL SOCIAL SERVICES	4,151				4,151	3,148
11	HOME HEALTH AIDE	19,574				19,574	14,844
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	942,058				942,058	

TOTAL

6

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	458,477
7	PHYSICAL THERAPY	260,899
8	OCCUPATIONAL THERAPY	171,871
9	SPEECH PATHOLOGY	9,094
10	MEDICAL SOCIAL SERVICES	7,299
11	HOME HEALTH AIDE	34,418
12	SUPPLIES	
13	DRUGS	
13.20	COST ADMINISTERING DRUGS	
14	DME	
HHA NONREIMBURSABLE SERVICES		
15	HOME DIALYSIS AIDE SVCS	
16	RESPIRATORY THERAPY	
17	PRIVATE DUTY NURSING	
18	CLINIC	
19	HEALTH PROM ACTIVITIES	
20	DAY CARE PROGRAM	
21	HOME DEL MEALS PROGRAM	
22	HOMEMAKER SERVICE	
23	ALL OTHERS	
23.50	TELEMEDICINE	
24	TOTAL (SUM OF LINES 1-23)	942,058

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-406,289	535,769
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					260,746
7	PHYSICAL THERAPY					148,379
8	OCCUPATIONAL THERAPY					97,747
9	SPEECH PATHOLOGY					5,172
10	MEDICAL SOCIAL SERVICES					4,151
11	HOME HEALTH AIDE					19,574
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-406,289	535,769
25	COST TO BE ALLOCATED					406,289
26	UNIT COST MULTIPLIER					.758329

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-TOWER 1.01	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5
1 ADMIN & GENERAL		302		13,878	651	116,556
2 SKILLED NURSING CARE	458,477					
3 PHYSICAL THERAPY	260,899					
4 OCCUPATIONAL THERAPY	171,871					
5 SPEECH PATHOLOGY	9,094					
6 MEDICAL SOCIAL SERVICES	7,299					
7 HOME HEALTH AIDE	34,418					
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)	942,058	302		13,878	651	116,556
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	COMMUNICATIO NS 5.01	DATA PROCESS ING 5.02	MATERIALS MA NAGEMENT 5.03	ADMITTING 5.04	PATIENT ACCO UNTING 5.05	SUBTOTAL 5A.05
1 ADMIN & GENERAL	6,980	28,372	1,534	8,205	18,362	194,840
2 SKILLED NURSING CARE						458,477
3 PHYSICAL THERAPY						260,899
4 OCCUPATIONAL THERAPY						171,871
5 SPEECH PATHOLOGY						9,094
6 MEDICAL SOCIAL SERVICES						7,299
7 HOME HEALTH AIDE						34,418
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)	6,980	28,372	1,534	8,205	18,362	1,136,898
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 & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	13,106	32,675		11,413		13,077
2 SKILLED NURSING CARE	30,841					
3 PHYSICAL THERAPY	17,550					
4 OCCUPATIONAL THERAPY	11,561					
5 SPEECH PATHOLOGY	612					
6 MEDICAL SOCIAL SERVICES	491					
7 HOME HEALTH AIDE	2,315					
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)	76,476	32,675		11,413		13,077
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 & LIBRAR 17	SUBTOTAL 25	POST STEP DOWN ADJUST 26
1 ADMIN & GENERAL				14,053	279,164	
2 SKILLED NURSING CARE					489,318	
3 PHYSICAL THERAPY					278,449	
4 OCCUPATIONAL THERAPY					183,432	
5 SPEECH PATHOLOGY					9,706	
6 MEDICAL SOCIAL SERVICES					7,790	
7 HOME HEALTH AIDE					36,733	
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)				14,053	1,284,592	
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	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	279,164		
2 SKILLED NURSING CARE	489,318	135,863	625,181
3 PHYSICAL THERAPY	278,449	77,313	355,762
4 OCCUPATIONAL THERAPY	183,432	50,931	234,363
5 SPEECH PATHOLOGY	9,706	2,695	12,401
6 MEDICAL SOCIAL SERVICES	7,790	2,163	9,953
7 HOME HEALTH AIDE	36,733	10,199	46,932
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)	1,284,592	279,164	1,284,592
21 UNIT COST MULTIPLIER		0.277657	

(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-TOWER (TOWER) Q FT	NEW CAP REL COSTS-BLDG & (TOTAL) FEET	NEW CAP REL COSTS-MVBLE (DOLLAR) VALUE	EMPLOYEE BEN EFITS (GROSS SALARIES)	COMMUNICATIO NS (# NON PT P) HONES
	1	1.01	3	4	5	5.01
1 ADMIN & GENERAL	2,228		2,228	631	440,974	19
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)	2,228		2,228	631	440,974	19
21 COST TO BE ALLOCATED	302		13,878	651	116,556	6,980
22 UNIT COST MULTIPLIER	0.135548		6.228905	1.031696	0.264315	367.368421

HHA COST CENTER	DATA PROCESS ING (WORK RDRS	MATERIALS MA NAGEMENT (SUPPLY) USAGE	ADMITTING (GROSS) REVENUE	PATIENT ACCO UNTING (GROSS) REVENUE	RECONCILIATI ON	ADMINISTRATI VE & GENERAL (ACCUM. COST)
	5.02	5.03	5.04	5.05	6A	6
1 ADMIN & GENERAL	24	24,106	1,521,666	1,521,666		194,840
2 SKILLED NURSING CARE						458,477
3 PHYSICAL THERAPY						260,899
4 OCCUPATIONAL THERAPY						171,871
5 SPEECH PATHOLOGY						9,094
6 MEDICAL SOCIAL SERVICES						7,299
7 HOME HEALTH AIDE						34,418
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)	24	24,106	1,521,666	1,521,666		1,136,898
21 COST TO BE ALLOCATED	28,372	1,534	8,205	18,362		76,476
22 UNIT COST MULTIPLIER	1182.166667	0.063636	0.005392	0.012067		0.067267

HHA 1

HHA COST CENTER	OPERATION OF PLANT (TOTAL FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS AID)	NURSING ADMINISTRATION (DIRECT SING HRS)
	8	9	10	11	12	14
1 ADMIN & GENERAL	2,228		2,228		17,839	
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)	2,228		2,228		17,839	
21 COST TO BE ALLOCATED	32,675		11,413		13,077	
22 UNIT COST MULTIPLIER	14.665619		5.122531		0.733057	

HHA COST CENTER	CENTRAL SERVICES & SUPPLIES (COSTED EQUIP.)	PHARMACY (COSTED EQUIP.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)
	15	16	17
1 ADMIN & GENERAL			1,521,666
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)			1,521,666
21 COST TO BE ALLOCATED			14,053
22 UNIT COST MULTIPLIER			0.009235

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET H-6
 I HHA NO: I TO 12/31/2010 I PARTS I II & III
 I 15-7510 I HHA 1

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							6
1 SKILLED NURSING	2	625,181		625,181	3,699	169.01	927
2 PHYSICAL THERAPY	3	355,762		355,762	2,066	172.20	753
3 OCCUPATIONAL THERAPY	4	234,363		234,363	1,361	172.20	556
4 SPEECH PATHOLOGY	5	12,401		12,401	72	172.24	19
5 MEDICAL SOCIAL SERVICES	6	9,953		9,953	60	165.88	19
6 HOME HEALTH AIDE SERVICE	7	46,932		46,932	1,169	40.15	211
7 TOTAL		1,284,592		1,284,592	8,427		2,485

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
1 SKILLED NURSING		828	156,672	139,940	296,612
2 PHYSICAL THERAPY		536	129,667	92,299	221,966
3 OCCUPATIONAL THERAPY		380	95,743	65,436	161,179
4 SPEECH PATHOLOGY		7	3,273	1,206	4,479
5 MEDICAL SOCIAL SERVICES		23	3,152	3,815	6,967
6 HOME HEALTH AIDE SERVICES		508	8,472	20,396	28,868
7 TOTAL		2,282	396,979	323,092	720,071

LIMITATION COST COMPUTATION					PROGRAM COST LIMITS	PROGRAM VISITS
	1	2	3	4	5	6
PATIENT SERVICES						
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	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
8 SKILLED NURSING					
9 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
14 TOTAL					

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET H-6
 I HHA NO: I TO 12/31/2010 I PARTS I II & III
 I 15-7510 I I HHA 1

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 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						
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----		
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES					
16 COST OF DRUGS					
16.20 COST OF DRUGS					

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST 5-4		
17 PER BENE COST LIMITATION (FRM FI)		
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	.372246			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.224124			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.234326			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.533116			COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.456501			
5 DRUGS CHARGED TO PATIENTS	56	.391430			COL 2, LN 16

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 5
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	
1 PHYSICAL THERAPY	1	172.20	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	3	172.20					
3 SPEECH PATHOLOGY	4	172.24					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT
SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/20/2011
I	15-0001	I	FROM 1/ 1/2010	I	WORKSHEET	H-7
I	HHA NO:	I	TO 12/31/2010	I	PARTS I & II	
I	15-7510	I		I		

TITLE XVIII

HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1	REASONABLE COST OF SERVICES		
2	TOTAL CHARGES		
	CUSTOMARY CHARGES		
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
4	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)		
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)		
6	TOTAL CUSTOMARY CHARGES		
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST		
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
9	PRIMARY PAYOR AMOUNTS	2,230	

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES	
	1	2	
10	TOTAL REASONABLE COST	-2,230	
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	504,539	425,250
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	6,705	6,042
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	11,867	269
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	520,881	431,561
13	EXCESS REASONABLE COST		
14	SUBTOTAL	520,881	431,561
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	520,881	431,561
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	520,881	431,561
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	520,881	431,561
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	520,881	431,561
25	INTERIM PAYMENTS	520,881	431,561
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

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

I PROVIDER NO: 15-0001
I PERIOD: FROM 1/ 1/2010 TO 12/31/2010
I PREPARED 5/20/2011 WORKSHEET H-8
I HHA NO: 15-7510
I

TITLE XVIII HHA 1

Table with columns: DESCRIPTION, P A R T A MM/DD/YYYY AMOUNT, P A R T B MM/DD/YYYY AMOUNT. Rows include: 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER (520,881), 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS (NONE), 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT (various .01-.54), 4 TOTAL INTERIM PAYMENTS (520,881), 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT (various .01-.52), 6 DETERMINED NET SETTLEMENT (NONE), 7 TOTAL MEDICARE PROGRAM LIABILITY (520,881).

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 CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
 I 15-0001 I FROM 1/ 1/2010 I WORKSHEET L
 I COMPONENT NO: I TO 12/31/2010 I PARTS I-IV
 I 15-0001 I I
 FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	639,024
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	3,617
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	25.54
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	642,641
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)	