

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	15-0011	I	FROM 7/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 6/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/24/2010 TIME 16:03

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:
MARION GENERAL HOSPITAL 15-0011

FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 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: 11/24/2010 TIME 16:03

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PI ENCRYPTION INFORMATION
DATE: 11/24/2010 TIME 16:03

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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	86,851	-1,393,409	2,939,373
2	SUBPROVIDER	0	114,653	0	71,581
100	TOTAL	0	201,504	-1,393,409	3,010,954

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: 441 WABASH AVENUE P.O. BOX:
 1.01 CITY: MARION STATE: IN ZIP CODE: 46952- COUNTY: GRANT

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	15-0011	2.01	7/ 1/1966	4	5	6
03.00	SUBPROVIDER	MARION GENERAL HOSPITAL REHAB	15-T011	7/ 1/2005	N	P	O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2009 TO: 6/30/2010

18 TYPE OF CONTROL 1 2

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. 2 Y
- 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
- 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. 2 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 2
- 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 2
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRU) ENTER "Y" FOR YES, AND "N" FOR NO. Y
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) Y Y
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? Y
- 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 AND "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 AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N

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. 1

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: 7/ 1/2009 ENDING: 6/30/2010

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

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

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

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

 0 0.0000 0.0000

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0 0

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

28.03 STAFFING % Y/N
0.00%

28.04 RECRUITMENT 0.00%

28.05 RETENTION 0.00%

28.06 TRAINING 0.00%

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 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 FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 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 NHCQM DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE
 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 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

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.

	DATE	Y	OR	N	LIMIT	Y	OR	N	FEES
	0	1	2	3	4	5	6	7	8
56.01					0.00				0
56.02					0.00				0
56.03					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.
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.

- 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
60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

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). / /

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS		78	28,470			7,192	3,301
2 HMO						68	1,121
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		78	28,470			7,192	3,301
6 INTENSIVE CARE UNIT		19	6,935			2,296	
12 TOTAL		97	35,405			9,488	3,301
13 RPCH VISITS							
14 SUBPROVIDER		18	6,570			1,794	206
25 TOTAL		115					
26 OBSERVATION BED DAYS							1,319
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS						963	
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			16,033				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			16,033				
6 INTENSIVE CARE UNIT			3,579				
12 TOTAL			19,612				
13 RPCH VISITS							
14 SUBPROVIDER			2,466				
25 TOTAL							
26 OBSERVATION BED DAYS		283	1,036	592	2,029		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS							
2 HMO					2,346	485	5,096
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							
12 TOTAL		792.90			2,346	485	5,096
13 RPCH VISITS							
14 SUBPROVIDER		18.33			162	7	220
25 TOTAL		811.23					
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
1	SALARIES						
1	TOTAL SALARY	40,040,830		40,040,830	1,680,147.00	23.83	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A	178,313		178,313	1,859.00	95.92	
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	3,276,785	275,761	3,552,546	198,645.00	17.88	
9	OTHER WAGES & RELATED COSTS						
9.01	CONTRACT LABOR: PHARMACY SERVICES UNDER CONTRACT	599,754		599,754	8,471.00	70.80	
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A						
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS						
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13	WAGE RELATED COSTS						
14	WAGE-RELATED COSTS (CORE)	13,230,760		13,230,760			CMS 339
15	WAGE-RELATED COSTS (OTHER)						CMS 339
16	EXCLUDED AREAS	1,762,927		1,762,927			CMS 339
17	NON-PHYS ANESTHETIST PART A						CMS 339
18	NON-PHYS ANESTHETIST PART B						CMS 339
19	PHYSICIAN PART A						CMS 339
19.01	PART A TEACHING PHYSICIANS						CMS 339
20	PHYSICIAN PART B						CMS 339
21	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
22	INTERNS & RESIDENTS (APPRVD)						CMS 339
23	OVERHEAD COSTS - DIRECT SALARIES						
24	EMPLOYEE BENEFITS	865,170	37,949	903,119	35,962.00	25.11	
25	ADMINISTRATIVE & GENERAL	6,549,922	-190,526	6,359,396	265,476.00	23.95	
26	A & G UNDER CONTRACT	744,755		744,755	4,848.00	153.62	
27	MAINTENANCE & REPAIRS						
28	OPERATION OF PLANT	530,950	-23,840	507,110	33,517.00	15.13	
29	LAUNDRY & LINEN SERVICE						
30	HOUSEKEEPING						
31	HOUSEKEEPING UNDER CONTRACT	1,050,651		1,050,651	85,180.00	12.33	
32	DIETARY						
33	DIETARY UNDER CONTRACT	1,287,275		1,287,275	81,900.00	15.72	
34	CAFETERIA						
35	MAINTENANCE OF PERSONNEL						
36	NURSING ADMINISTRATION	1,165,069	-439,764	725,305	21,981.00	33.00	
37	CENTRAL SERVICE AND SUPPLY	237,981	29,479	267,460	15,668.00	17.07	
38	PHARMACY	1,518,654		1,518,654	46,022.00	33.00	
39	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY						
40	SOCIAL SERVICE						
41	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	43,123,511		43,123,511	1,852,075.00	23.28	
2	EXCLUDED AREA SALARIES	3,276,785	275,761	3,552,546	198,645.00	17.88	
3	SUBTOTAL SALARIES	39,846,726	-275,761	39,570,965	1,653,430.00	23.93	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	599,754		599,754	8,471.00	70.80	
5	SUBTOTAL WAGE-RELATED COSTS	13,230,760		13,230,760		33.44	
6	TOTAL	53,677,240	-275,761	53,401,479	1,661,901.00	32.13	
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 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET S-3
 I I TO 6/30/2010 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	13,950,427	-586,702	13,363,725	590,554.00	22.63	

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2010
I	15-0011	I	FROM 7/ 1/2009	I	WORKSHEET S-10
I		I	TO 6/30/2010	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) .351713
- 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 11/24/2010
I	15-0011	I	FROM 7/ 1/2009	I	WORKSHEET S-10
I		I	TO 6/30/2010	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 15-0011
I

I PERIOD:
I FROM 7/ 1/2009
I TO 6/30/2010

I PREPARED 11/24/2010
I WORKSHEET A
I

COST CENTER			SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT		12,755,314	12,755,314	-604,543	12,150,771
3	0300	NEW CAP REL COSTS-BLDG & FIXT					
5	0500	EMPLOYEE BENEFITS	865,170	12,077,637	12,942,807	58,582	13,001,389
6	0600	ADMINISTRATIVE & GENERAL	6,549,922	10,969,368	17,519,290	-188,510	17,330,780
7	0700	MAINTENANCE & REPAIRS					
7.01	0701	CAFETERIA				1,072,517	1,072,517
7.02	0702	CAFETERIA					
8	0800	OPERATION OF PLANT	530,950	3,399,526	3,930,476	270,959	4,201,435
9	0900	LAUNDRY & LINEN SERVICE		342,049	342,049		342,049
10	1000	HOUSEKEEPING		2,004,984	2,004,984	3,442	2,008,426
11	1100	DIETARY		1,802,888	1,802,888	-1,108,838	694,050
14	1400	NURSING ADMINISTRATION	1,165,069	14,856	1,179,925	-439,764	740,161
15	1500	CENTRAL SERVICES & SUPPLY	237,981	339,585	577,566	29,479	607,045
16	1600	PHARMACY	1,518,654	9,513,963	11,032,617	-9,093,272	1,939,345
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	7,468,332	673,723	8,142,055	111,365	8,253,420
26	2600	INTENSIVE CARE UNIT	2,552,490	188,452	2,740,942	-19,542	2,721,400
31	3100	SUBPROVIDER	872,517	627,735	1,500,252		1,500,252
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,838,492	4,788,530	6,627,022	85,369	6,712,391
38	3800	RECOVERY ROOM					
41	4100	RADIOLOGY-DIAGNOSTIC	2,816,835	2,741,803	5,558,638	22,346	5,580,984
44	4400	LABORATORY	2,397,922	3,583,493	5,981,415	8,393	5,989,808
44.01	4401	ONCOLOGY	925,089	413,556	1,338,645		1,338,645
44.02	4402	RADIATION ONCOLOGY					
49	4900	RESPIRATORY THERAPY	1,177,831	836,447	2,014,278	59,253	2,073,531
50	5000	PHYSICAL THERAPY	1,179,496	483,590	1,663,086		1,663,086
53	5300	ELECTROCARDIOLOGY	530,872	97,174	628,046	71,582	699,628
53.01	5301	CARDIAC REHAB	88,515	5,853	94,368	26,133	120,501
53.03	5303	CARDIAC CATH	415,680	2,008,435	2,424,115	45,255	2,469,370
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600	DRUGS CHARGED TO PATIENTS				9,093,272	9,093,272
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	161,792	80,026	241,818	47,816	289,634
61	6100	EMERGENCY	3,202,689	547,268	3,749,957	-67,246	3,682,711
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
62.01	6201	OBSERVATION BEDS (DISTINCT PART)	1,140,264	56,376	1,196,640		1,196,640
		OTHER REIMBURS COST CNTRS					
65	6500	AMBULANCE SERVICES	778,536	156,202	934,738	37,843	972,581
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE					
95		AMBULANCE SERVICES (07/01/2003 LIMIT NONREIMBURS COST CENTERS	38,415,098	70,508,833	108,923,931	-478,109	108,445,822
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		11,884	11,884	14,014	25,898
96.01	9601	PHYSICIAN OFFICES	1,419,971	5,867,652	7,287,623	264,692	7,552,315
96.02	9602	VISITOR MEALS					
96.03	9603	GREAT BEGINNINGS/MATERNAL	111,881	2,084	113,965	7,228	121,193
96.04	9604	LIFELINE	66,071	46,353	112,424	5,596	118,020
96.05	9605	LEASED PROPERTIES		1,006,428	1,006,428	-117,882	888,546
96.06	9606	OCCUPATIONAL HEALTH					
96.07	9607	PROFESSIONAL ARTS PHARMACY					
96.08	9608	PARISH NURSING	27,619	22,185	49,804	12,115	61,919
96.09	9609	BIOTERRORISM GRANT	190	28,557	28,747	23,840	52,587
96.10	9610	BREAST PUMPS		2,798	2,798	1,179	3,977
96.11	9611	MEALS ON WHEELS					
96.12	9612	MENTAL HEALTH MEALS					
96.13	9613	ADVERTISING				267,327	267,327
101		TOTAL	40,040,830	77,496,774	117,537,604	-0-	117,537,604

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
I 15-0011 I FROM 7/ 1/2009 I WORKSHEET A
I I TO 6/30/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT	-318,700	11,832,071
3 0300	NEW CAP REL COSTS-BLDG & FIXT		
5 0500	EMPLOYEE BENEFITS	3,164,767	16,166,156
6 0600	ADMINISTRATIVE & GENERAL	-3,569,169	13,761,611
7 0700	MAINTENANCE & REPAIRS		
7.01 0701	CAFETERIA		1,072,517
7.02 0702	CAFETERIA		
8 0800	OPERATION OF PLANT	-98,409	4,103,026
9 0900	LAUNDRY & LINEN SERVICE	-7,708	334,341
10 1000	HOUSEKEEPING	-4,192	2,004,234
11 1100	DIETARY	-37,405	656,645
14 1400	NURSING ADMINISTRATION	-28	740,133
15 1500	CENTRAL SERVICES & SUPPLY	-14,722	592,323
16 1600	PHARMACY	-103,944	1,835,401
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-37,141	8,216,279
26 2600	INTENSIVE CARE UNIT	-2,662	2,718,738
31 3100	SUBPROVIDER	-71,335	1,428,917
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-54,365	6,658,026
38 3800	RECOVERY ROOM		
41 4100	RADIOLOGY-DIAGNOSTIC	-354,857	5,226,127
44 4400	LABORATORY	-47,624	5,942,184
44.01 4401	ONCOLOGY	-1,426	1,337,219
44.02 4402	RADIATION ONCOLOGY		
49 4900	RESPIRATORY THERAPY	-14,402	2,059,129
50 5000	PHYSICAL THERAPY	-283	1,662,803
53 5300	ELECTROCARDIOLOGY	-53,810	645,818
53.01 5301	CARDIAC REHAB	-18	120,483
53.03 5303	CARDIAC CATH	-23,098	2,446,272
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		
56 5600	DRUGS CHARGED TO PATIENTS	-800	9,092,472
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-524	289,110
61 6100	EMERGENCY	-65,535	3,617,176
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
62.01 6201	OBSERVATION BEDS (DISTINCT PART)		1,196,640
	OTHER REIMBURS COST CNTRS		
65 6500	AMBULANCE SERVICES	-62,645	909,936
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
95 9500	AMBULANCE SERVICES (07/01/2003 LIMIT)	-1,780,035	106,665,787
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		25,898
96.01 9601	PHYSICIAN OFFICES	-335,886	7,216,429
96.02 9602	VISITOR MEALS		
96.03 9603	GREAT BEGINNINGS/MATERNAL		121,193
96.04 9604	LIFELINE		118,020
96.05 9605	LEASED PROPERTIES		888,546
96.06 9606	OCCUPATIONAL HEALTH		
96.07 9607	PROFESSIONAL ARTS PHARMACY		
96.08 9608	PARISH NURSING		61,919
96.09 9609	BIOTERRORISM GRANT		52,587
96.10 9610	BREAST PUMPS		3,977
96.11 9611	MEALS ON WHEELS		
96.12 9612	MENTAL HEALTH MEALS		
96.13 9613	ADVERTISING		267,327
101	TOTAL	-2,115,921	115,421,683

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
7.01	CAFETERIA	0701	MAINTENANCE & REPAIRS
7.02	CAFETERIA	0702	MAINTENANCE & REPAIRS
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
44.01	ONCOLOGY	4401	LABORATORY
44.02	RADIATION ONCOLOGY	4402	LABORATORY
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHAB	5301	ELECTROCARDIOLOGY
53.03	CARDIAC CATH	5303	ELECTROCARDIOLOGY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
62.01	OBSERVATION BEDS (DISTINCT PART)	6201	OBSERVATION BEDS (NON-DISTINCT PART)
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	AMBULANCE SERVICES (07/01/2003 LIMIT		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	PHYSICIAN OFFICES	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	VISITOR MEALS	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	GREAT BEGINNINGS/MATERNAL	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	LIFELINE	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	LEASED PROPERTIES	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	OCCUPATIONAL HEALTH	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.07	PROFESSIONAL ARTS PHARMACY	9607	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.08	PARISH NURSING	9608	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.09	BIOTERRORISM GRANT	9609	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.10	BREAST PUMPS	9610	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.11	MEALS ON WHEELS	9611	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.12	MENTAL HEALTH MEALS	9612	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.13	ADVERTISING	9613	GIFT, FLOWER, COFFEE SHOP & CANTEEN
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150011	FROM 7/ 1/2009	11/24/2010
	TO 6/30/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4 OTHER 5	
1 SATELLITE OFFICE	A	RADIOLOGY-DIAGNOSTIC	41	5,291	15,360
2		ELECTROCARDIOLOGY	53	850	811
3 CAFETERIA	B	ADMINISTRATIVE & GENERAL	6		51,086
4		CAFETERIA	7.01		1,072,517
5 ADMIN DIRECTOR	C	EMPLOYEE BENEFITS	5	37,949	
6		CENTRAL SERVICES & SUPPLY	15	29,479	
7		ADULTS & PEDIATRICS	25	111,365	
8		OPERATING ROOM	37	85,369	
9		RESPIRATORY THERAPY	49	59,253	
10		ELECTROCARDIOLOGY	53	57,701	
11		CARDIAC REHAB	53.01	15,085	
12		CARDIAC CATH	53.03	45,255	
13		CLINIC	60	23,701	
14		AMBULANCE SERVICES	65	37,843	
15		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96	14,014	
16		GREAT BEGINNINGS/MATERNAL	96.03	4,714	
17		LIFELINE	96.04	5,596	
18		PARISH NURSING	96.08	9,203	
19		BIOTERRORISM GRANT	96.09	23,840	
20		BREAST PUMPS	96.10	1,179	
21 ADVERTISING	D	ADVERTISING	96.13	179,372	87,955
22 LEASED PROPERTY	E	EMPLOYEE BENEFITS	5		20,633
23		ADMINISTRATIVE & GENERAL	6		38,885
24		OPERATION OF PLANT	8		294,799
25		HOUSEKEEPING	10		3,442
26		DIETARY	11		14,765
27		RADIOLOGY-DIAGNOSTIC	41		1,695
28		LABORATORY	44		30,705
29		ELECTROCARDIOLOGY	53		12,220
30		CARDIAC REHAB	53.01		11,048
31		CLINIC	60		24,115
32		PHYSICIAN OFFICES	96.01		264,692
33		GREAT BEGINNINGS/MATERNAL	96.03		2,514
34		PARISH NURSING	96.08		2,912
35 PHARMACY RECLASS	F	DRUGS CHARGED TO PATIENTS	56		9,093,272
36 TOTAL RECLASSIFICATIONS				747,059	11,043,426

(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
150011	7/ 1/2009	11/24/2010
	TO	WORKSHEET A-6
	6/30/2010	

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	DECREASE			A-7 REF 10
		LINE NO	SALARY	OTHER	
1 SATELLITE OFFICE	A LABORATORY	44	6,141	16,171	
2					
3 CAFETERIA	B DIETARY	11		1,123,603	
4					
5 ADMIN DIRECTOR	C ADMINISTRATIVE & GENERAL	6	11,154		
6	OPERATION OF PLANT	8	23,840		
7	NURSING ADMINISTRATION	14	439,764		
8	INTENSIVE CARE UNIT	26	19,542		
9	EMERGENCY	61	67,246		
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21 ADVERTISING	D ADMINISTRATIVE & GENERAL	6	179,372	87,955	
22 LEASED PROPERTY	E OLD CAP REL COSTS-BLDG & FIXT	1		604,543	10
23	LEASED PROPERTIES	96.05		117,882	
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35 PHARMACY RECLASS	F PHARMACY	16		9,093,272	
36 TOTAL RECLASSIFICATIONS			747,059	11,043,426	

(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
150011	7/ 1/2009	11/24/2010
	FROM	WORKSHEET
	TO	A-6
	6/30/2010	NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : SATELLITE OFFICE

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC	20,651	LABORATORY	44	22,312
2.00	ELECTROCARDIOLOGY	1,661			0
TOTAL RECLASSIFICATIONS FOR CODE A		22,312			22,312

RECLASS CODE: B
EXPLANATION : CAFETERIA

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	51,086	DIETARY	11	1,123,603
2.00	CAFETERIA	1,072,517			0
TOTAL RECLASSIFICATIONS FOR CODE B		1,123,603			1,123,603

RECLASS CODE: C
EXPLANATION : ADMIN DIRECTOR

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	37,949	ADMINISTRATIVE & GENERAL	6	11,154
2.00	CENTRAL SERVICES & SUPPLY	29,479	OPERATION OF PLANT	8	23,840
3.00	ADULTS & PEDIATRICS	111,365	NURSING ADMINISTRATION	14	439,764
4.00	OPERATING ROOM	85,369	INTENSIVE CARE UNIT	26	19,542
5.00	RESPIRATORY THERAPY	59,253	EMERGENCY	61	67,246
6.00	ELECTROCARDIOLOGY	57,701			0
7.00	CARDIAC REHAB	15,085			0
8.00	CARDIAC CATH	45,255			0
9.00	CLINIC	23,701			0
10.00	AMBULANCE SERVICES	37,843			0
11.00	GIFT, FLOWER, COFFEE SHOP & CA	14,014			0
12.00	GREAT BEGINNINGS/MATERNAL	4,714			0
13.00	LIFELINE	5,596			0
14.00	PARISH NURSING	9,203			0
15.00	BIOTERRORISM GRANT	23,840			0
16.00	BREAST PUMPS	1,179			0
TOTAL RECLASSIFICATIONS FOR CODE C		561,546			561,546

RECLASS CODE: D
EXPLANATION : ADVERTISING

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADVERTISING	267,327	ADMINISTRATIVE & GENERAL	6	267,327
TOTAL RECLASSIFICATIONS FOR CODE D		267,327			267,327

RECLASS CODE: E
EXPLANATION : LEASED PROPERTY

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	20,633	OLD CAP REL COSTS-BLDG & FIXT	1	604,543
2.00	ADMINISTRATIVE & GENERAL	38,885	LEASED PROPERTIES	96.05	117,882
3.00	OPERATION OF PLANT	294,799			0
4.00	HOUSEKEEPING	3,442			0
5.00	DIETARY	14,765			0
6.00	RADIOLOGY-DIAGNOSTIC	1,695			0
7.00	LABORATORY	30,705			0
8.00	ELECTROCARDIOLOGY	12,220			0
9.00	CARDIAC REHAB	11,048			0
10.00	CLINIC	24,115			0
11.00	PHYSICIAN OFFICES	264,692			0
12.00	GREAT BEGINNINGS/MATERNAL	2,514			0
13.00	PARISH NURSING	2,912			0
TOTAL RECLASSIFICATIONS FOR CODE E		722,425			722,425

RECLASS CODE: F
EXPLANATION : PHARMACY RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	9,093,272	PHARMACY	16	9,093,272
TOTAL RECLASSIFICATIONS FOR CODE F		9,093,272			9,093,272

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	247,980				21,926	226,054	
2	LAND IMPROVEMENTS	22,261					22,261	
3	BUILDINGS & FIXTURE	14,478,872				390,981	14,087,891	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	423,778					423,778	
6	MOVABLE EQUIPMENT	730,204				7,166	723,038	
7	SUBTOTAL	15,903,095				420,073	15,483,022	
8	RECONCILING ITEMS							
9	TOTAL	15,903,095				420,073	15,483,022	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	3,162,844	73,220		73,220	178,914	3,057,150	
2	LAND IMPROVEMENTS	1,559,356	157,478		157,478	55,907	1,660,927	
3	BUILDINGS & FIXTURE	76,813,063	3,334,777		3,334,777	923,549	79,224,291	
4	BUILDING IMPROVEMEN	596,671	19,838		19,838		616,509	
5	FIXED EQUIPMENT	674,860					674,860	
6	MOVABLE EQUIPMENT	56,729,293	2,230,400		2,230,400	795,681	58,164,012	
7	SUBTOTAL	139,536,087	5,815,713		5,815,713	1,954,051	143,397,749	
8	RECONCILING ITEMS							
9	TOTAL	139,536,087	5,815,713		5,815,713	1,954,051	143,397,749	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL	
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL	10,411,949	-604,543	1,820,033	165,035		39,597	11,832,071
3	NEW CAP REL COSTS-BL							
5	TOTAL	10,411,949	-604,543	1,820,033	165,035		39,597	11,832,071

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL	
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL	10,408,019		2,142,663	165,035		39,597	12,755,314
3	NEW CAP REL COSTS-BL							
5	TOTAL	10,408,019		2,142,663	165,035		39,597	12,755,314

* 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 PERIOD: I PREPARED 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET A-8
 I I TO 6/30/2010 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-9,792	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-15,233	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-450,229			
13 SALE OF SCRAP, WASTE, ETC.	B	-8,940	ADMINISTRATIVE & GENERAL	6	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-44,487	ADMINISTRATIVE & GENERAL	6	
21 NURSG SCHOOL (TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 PHYSICIAN DINING	B	-22,141	DIETARY	11	
38 RETURNED CHECK FEE	B	-980	ADMINISTRATIVE & GENERAL	6	
39 ITEMIZED BILL FEES	B	-296	ADMINISTRATIVE & GENERAL	6	
40 PHYSICIAN PRIV APPLICATION	B	-8,425	ADMINISTRATIVE & GENERAL	6	
41 MEDICAL STAFF CME	B	-1,000	EMPLOYEE BENEFITS	5	
42 CHILD SEAT SAFETY INSPECTION	B	-2,095	ADMINISTRATIVE & GENERAL	6	
43 HEALTH SCREENING FEES-LAB	B	-6,075	LABORATORY	44	
44 HEALTH SCREENING FEES-RAD	B	-147	RADIOLOGY-DIAGNOSTIC	41	
45 FLU SHOT HEALTH SCREENS	B	-29,160	ADMINISTRATIVE & GENERAL	6	
46 BOD FEE JOINT VENTURE	B	-2,700	ADMINISTRATIVE & GENERAL	6	
47 EMERGENCY DRUG SALES	B	-1,620	PHARMACY	16	
48 REBATE	B	-48,682	ADMINISTRATIVE & GENERAL	6	
49 RENTAL OF PROVIDER SPACE BY SUPPLIER	B	-1,200	ADMINISTRATIVE & GENERAL	6	
49.01 PAGER RENTAL	B	-7,047	ADMINISTRATIVE & GENERAL	6	
49.02 RIVER VIEW RADIOLOGY	B	-16,020	RADIOLOGY-DIAGNOSTIC	41	
49.03 RIVER VIEW TRANSCRIPT	B	-29,898	ADMINISTRATIVE & GENERAL	6	
49.04 RIVER VIEW STERILIZATION	B	-13,201	CENTRAL SERVICES & SUPPLY	15	
49.05 RIVER VIEW INSTATRAK LEASE	B	-5,639	OPERATING ROOM	37	
49.06 RIVER VIEW CONSTL RHIA	B	-263	ADMINISTRATIVE & GENERAL	6	
49.07 RIVER VIEW BADGES	B	-10	ADMINISTRATIVE & GENERAL	6	
49.08 SALE OF RAGS	B	-369	HOUSEKEEPING	10	
49.09 EMPL UNIFORMS	B	-43	ADMINISTRATIVE & GENERAL	6	
49.10 PCC MARKETING AG	B	-1,312	ADMINISTRATIVE & GENERAL	6	
49.11 EDUCATIONAL WORKSHOP	B	-972	ADMINISTRATIVE & GENERAL	6	
49.12 OPT HEALTH LINEN SVC	B	-3,098	LAUNDRY & LINEN SERVICE	9	
49.13 AMBULANCE SVC-ASSISTS	B	-61,000	AMBULANCE SERVICES	65	
49.14 AMBULANCE SVC-CORONER SVC	B	-248	AMBULANCE SERVICES	65	
49.15 AMBULANCE SVC-LINEN SVC	B	-4,608	LAUNDRY & LINEN SERVICE	9	
49.16 PRECEPT OTHER PHARMACY STUDENT	B	-800	DRUGS CHARGED TO PATIENTS	56	
49.17 SICK CHILD CARE PROGRAM	B	-720	ADULTS & PEDIATRICS	25	
49.18 VENDING MACHINES	B	-8,686	DIETARY	11	
49.19 SANITARY NAPKIN SALES	B	-18	HOUSEKEEPING	10	
49.20 PHYSICIAN RECRUITMENT	A	-503,330	ADMINISTRATIVE & GENERAL	6	
49.21 ED ANESTHESIOLOGIST	A	-1,084,764	ADMINISTRATIVE & GENERAL	6	
49.22 LOSS ON DISPOSAL	A	52,910	ADMINISTRATIVE & GENERAL	6	
49.23 HEALTH SCREENING FEES-MEDSTAFF	A	4,904	ADMINISTRATIVE & GENERAL	6	
49.24 TELEPHONE SERVICE	A	-82,817	OPERATION OF PLANT	8	
49.25 MISC REV	B	-94	ADMINISTRATIVE & GENERAL	6	
49.26 MISC REV	B	-10	OPERATING ROOM	37	
49.27 MISC REV	B	-200	LABORATORY	44	
49.28 CONTRACT SVC OTHER STAFF ASSIS	B	-2,444	ADULTS & PEDIATRICS	25	
49.29 CONTRACT ARU OTHER ARU MEDICAL	B	-60,000	SUBPROVIDER	31	
49.30 ENTERTAINMENT EXP	A	-94	EMPLOYEE BENEFITS	5	
49.31 ENTERTAINMENT EXP	A	-729	ADMINISTRATIVE & GENERAL	6	
49.32 EMPLOYEE USE OF AUTO	A	-4,040	ADMINISTRATIVE & GENERAL	6	
49.33 DONATIONS	A	-225,781	ADMINISTRATIVE & GENERAL	6	
49.34 VHA OPPORTUNITY	A	-104	EMPLOYEE BENEFITS	5	

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 15-0011
I

I PERIOD:
I FROM 7/ 1/2009 I
I TO 6/30/2010 I
I PREPARED 11/24/2010
I WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	
49.35 VHA OPPORTUNITY	A	-7,777	ADMINISTRATIVE & GENERAL	6	
49.36 VHA OPPORTUNITY	A	-359	OPERATION OF PLANT	8	
49.37 VHA OPPORTUNITY	A	-2	LAUNDRY & LINEN SERVICE	9	
49.38 VHA OPPORTUNITY	A	-3,805	HOUSEKEEPING	10	
49.39 VHA OPPORTUNITY	A	-6,578	DIETARY	11	
49.40 VHA OPPORTUNITY	A	-5	NURSING ADMINISTRATION	14	
49.41 VHA OPPORTUNITY	A	-1,521	CENTRAL SERVICES & SUPPLY	15	
49.42 VHA OPPORTUNITY	A	-102,036	PHARMACY	16	
49.43 VHA OPPORTUNITY	A	-33,977	ADULTS & PEDIATRICS	25	
49.44 VHA OPPORTUNITY	A	-2,662	INTENSIVE CARE UNIT	26	
49.45 VHA OPPORTUNITY	A	-1,897	SUBPROVIDER	31	
49.46 VHA OPPORTUNITY	A	-48,716	OPERATING ROOM	37	
49.47 VHA OPPORTUNITY	A	-27,700	RADIOLOGY-DIAGNOSTIC	41	
49.48 VHA OPPORTUNITY	A	-35,249	LABORATORY	44	
49.49 VHA OPPORTUNITY	A	-1,044	ONCOLOGY	44.01	
49.50 VHA OPPORTUNITY	A	-6,290	RESPIRATORY THERAPY	49	
49.51 VHA OPPORTUNITY	A	-274	PHYSICAL THERAPY	50	
49.52 VHA OPPORTUNITY	A	-131	ELECTROCARDIOLOGY	53	
49.53 VHA OPPORTUNITY	A	-18	CARDIAC REHAB	53.01	
49.54 VHA OPPORTUNITY	A	-23,098	CARDIAC CATH	53.03	
49.55 VHA OPPORTUNITY	A	-24	ELECTROCARDIOLOGY	53	
49.56 VHA OPPORTUNITY	A	-524	CLINIC	60	
49.57 VHA OPPORTUNITY	A	-3,601	EMERGENCY	61	
49.58 VHA OPPORTUNITY	A	-461	AMBULANCE SERVICES	65	
49.59 FINANCE BANK SERVICE CHARGES	A	-33,551	ADMINISTRATIVE & GENERAL	6	
49.60 FINANCE DISCOUNT PAYMENTS	A	8,512	ADMINISTRATIVE & GENERAL	6	
49.61 NONALLOW INTEREST EXPENSE	A	-307,177	OLD CAP REL COSTS-BLDG &	1	11
49.62 INTERIOR PARTITIONS DEPR	A	-786	OLD CAP REL COSTS-BLDG &	1	9
49.63 1991 ADDITIONS	A	3,948	OLD CAP REL COSTS-BLDG &	1	9
49.64 BLDG COSTS	A	789	OLD CAP REL COSTS-BLDG &	1	9
49.65 1992 ASSETS	A	-21	OLD CAP REL COSTS-BLDG &	1	9
49.66 AMB SVC OTHER COMMUNITY EVENT STAFF	B	-936	AMBULANCE SERVICES	65	
49.67 OPERATING INTEREST INCOME	B	-15,453	OLD CAP REL COSTS-BLDG &	1	11
49.68 LOBBYING COSTS	A	-24	EMPLOYEE BENEFITS	5	
49.69 LOBBYING COSTS	A	-29,552	ADMINISTRATIVE & GENERAL	6	
49.70 LOBBYING COSTS	A	-23	NURSING ADMINISTRATION	14	
49.71 LOBBYING COSTS	A	-288	PHARMACY	16	
49.72 LOBBYING COSTS	A	-382	ONCOLOGY	44.01	
49.73 LOBBYING COSTS	A	-9	PHYSICAL THERAPY	50	
49.74 ED ON CALL SVC	A	-1,549,575	ADMINISTRATIVE & GENERAL	6	
49.75 POSTRETIREMENT HEALTH INS BENEFIT	A	3,165,989	EMPLOYEE BENEFITS	5	
49.76 ELIMINATING ENTRIES	A	-335,886	PHYSICIAN OFFICES	96.01	
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,115,921			

(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 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET A-8-2
 I I TO 6/30/2010 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 31	REHAB UNIT	9,438	9,438					
2 53	CARDIOVASCULAR	53,655	53,655					
3 49	RESPIRATORY	8,112	8,112					
4 61	EMERGENCY	61,934	61,934					
5 44	LAB	6,100	6,100					
6 41	RADIOLOGY	310,990	310,990					
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	450,229	450,229					

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 6/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE	FEET	ENTERED
7.01	CAFETERIA	71	MEALS SERVED		ENTERED
7.02	CAFETERIA	72	HOURS	WORKED	ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
	0	1	3	5	5a.00	6	7
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG & NEW CAP REL COSTS-BLDG &	11,832,071	11,832,071					
005 EMPLOYEE BENEFITS	16,166,156	460,451		16,626,607			
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	13,761,611	1,821,578		2,701,618	18,284,807	18,284,807	
007 01 CAFETERIA	1,072,517	172,736			1,245,253	234,404	
007 02 CAFETERIA							
008 OPERATION OF PLANT	4,103,026	2,897,238		215,432	7,215,696	1,358,268	
009 LAUNDRY & LINEN SERVICE	334,341	75,416			409,757	77,132	
010 HOUSEKEEPING	2,004,234	113,160			2,117,394	398,574	
011 DIETARY	656,645	231,849			888,494	167,248	
014 NURSING ADMINISTRATION	740,133	24,972		308,126	1,073,231	202,023	
015 CENTRAL SERVICES & SUPPLY	592,323	85,048			790,994	148,895	
016 PHARMACY	1,835,401	108,986		645,159	2,589,546	487,451	
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	8,216,279	1,384,315		3,220,038	12,820,632	2,413,285	
026 INTENSIVE CARE UNIT	2,718,738	357,102		1,076,055	4,151,895	781,544	
031 SUBPROVIDER	1,428,917	340,621		370,665	2,140,203	402,868	
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	6,658,026	693,656		817,300	8,168,982	1,537,713	
038 RECOVERY ROOM							
041 RADIOLOGY-DIAGNOSTIC	5,226,127	859,007		1,198,904	7,284,038	1,371,133	
044 LABORATORY	5,942,184	400,447		1,016,084	7,358,715	1,385,190	
044 01 ONCOLOGY	1,337,219			392,999	1,730,218	325,693	
044 02 RADIATION ONCOLOGY							
049 RESPIRATORY THERAPY	2,059,129	163,853		525,542	2,748,524	517,377	
050 PHYSICAL THERAPY	1,662,803	245,940			2,409,820	453,620	
053 ELECTROCARDIOLOGY	645,818	306,980		250,400	1,203,198	226,488	
053 01 CARDIAC REHAB	120,483	46,270		44,012	210,765	39,674	
053 03 CARDIAC CATH	2,446,272	165,423		195,816	2,807,511	528,480	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	9,092,472				9,092,472	1,711,549	
060 CLINIC	289,110	101,030		78,802	468,942	88,273	
061 EMERGENCY	3,617,176	393,740		1,332,008	5,342,924	1,005,741	
062 OBSERVATION BEDS (NON-DIS)							
062 01 OBSERVATION BEDS (DISTINC OTHER REIMBURS COST CNTRS)	1,196,640	185,829		484,410	1,866,879	351,418	
065 AMBULANCE SERVICES	909,936	148,156		346,817	1,404,909	264,457	
095 SPEC PURPOSE COST CENTERS AMBULANCE SERVICES (07/01 NONREIMBURS COST CENTERS)	106,665,787	11,783,803		15,834,887	105,825,799	16,478,498	
096 GIFT, FLOWER, COFFEE SHOP	25,898	48,054		5,953	79,905	15,041	
096 01 PHYSICIAN OFFICES	7,216,429			603,236	7,819,665	1,471,958	
096 02 VISITOR MEALS							
096 03 GREAT BEGINNINGS/MATERNAL	121,193			49,532	170,725	32,137	
096 04 LIFELINE	118,020			30,446	148,466	27,947	
096 05 LEASED PROPERTIES	888,546				888,546	167,258	
096 06 OCCUPATIONAL HEALTH							
096 07 PROFESSIONAL ARTS PHARMAC							
096 08 PARISH NURSING	61,919			15,643	77,562	14,600	
096 09 BIOTERROISM GRANT	52,587			10,208	62,795	11,820	
096 10 BREAST PUMPS	3,977	214		501	4,692	883	
096 11 MEALS ON WHEELS							
096 12 MENTAL HEALTH MEALS							
096 13 ADVERTISING	267,327			76,201	343,528	64,665	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	115,421,683	11,832,071		16,626,607	115,421,683	18,284,807	

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMIN ISTRATION
	7.01	7.02	8	9	10	11	14
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
007 01 CAFETERIA	1,479,657						
007 02 CAFETERIA	1,255,473	1,255,473					
008 OPERATION OF PLANT		33,569	8,607,533				
009 LAUNDRY & LINEN SERVICE			100,176	587,065			
010 HOUSEKEEPING			150,311		2,666,279		
011 DIETARY			307,967	39,748	36,083	1,439,540	
014 NURSING ADMINISTRATION		21,772	33,171		18,042		1,348,239
015 CENTRAL SERVICES & SUPPLY		15,378	112,970	9,404	54,125		
016 PHARMACY		45,274	144,767		54,125		
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		308,178	1,838,800	177,725	623,719	876,378	479,297
026 INTENSIVE CARE UNIT		82,290	474,342	40,070	164,951	104,331	127,983
031 SUBPROVIDER		37,413	452,449	16,925	118,559	84,597	58,186
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM		75,701	921,389	53,658	296,396		117,734
038 RECOVERY ROOM							
041 RADIOLOGY-DIAGNOSTIC		120,444	1,141,027	56,927	146,910		
044 LABORATORY		115,216	531,917	54	144,332		
044 01 ONCOLOGY				10,157			55,169
044 02 RADIATION ONCOLOGY							
049 RESPIRATORY THERAPY		48,503	217,648	411	164,951		75,435
050 PHYSICAL THERAPY		34,590	326,685	17,379			
053 ELECTROCARDIOLOGY		25,733	407,764	3,993	77,321		40,022
053 01 CARDIAC REHAB		4,357	61,461	31	64,434		6,776
053 03 CARDIAC CATH		17,581	219,733	6,297	77,321		27,343
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS CLINIC		7,025	134,199	4,593	51,547		10,926
061 EMERGENCY		125,380	523,008	87,139	432,996	13,579	194,998
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC		45,856	246,838	20,610	90,208	84,289	71,318
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		44,072	196,797	31,653	18,042		68,543
095 SPEC PURPOSE COST CENTERS							
095 AMBULANCE SERVICES (07/01	1,255,473	1,208,332	8,543,419	576,774	2,634,062	1,163,174	1,333,730
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		510	63,830		10,309		
096 01 PHYSICIAN OFFICES		35,752		1,265			
096 02 VISITOR MEALS	224,184						
096 03 GREAT BEGINNINGS/MATERNAL							7,408
096 04 LIFELINE		3,226			9,021		5,017
096 05 LEASED PROPERTIES				9,026			
096 06 OCCUPATIONAL HEALTH							
096 07 PROFESSIONAL ARTS PHARMAC					12,887		
096 08 PARISH NURSING		1,319					2,052
096 09 BIOTERROISM GRANT							
096 10 BREAST PUMPS		21	284				32
096 11 MEALS ON WHEELS						175,065	
096 12 MENTAL HEALTH MEALS						101,301	
096 13 ADVERTISING		6,313					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,479,657	1,255,473	8,607,533	587,065	2,666,279	1,439,540	1,348,239

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY		SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	CES & SUPPLY				
	15	16	25	26	27
001 GENERAL SERVICE COST CNTR					
003 OLD CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-BLDG &					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENERAL					
007 MAINTENANCE & REPAIRS					
007 01 CAFETERIA					
007 02 CAFETERIA					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY	1,131,766				
016 PHARMACY		3,321,163			
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS	160,711		19,698,725		19,698,725
026 INTENSIVE CARE UNIT	50,929		5,978,335		5,978,335
031 SUBPROVIDER	2,264		3,313,464		3,313,464
037 ANCILLARY SRVC COST CNTRS					
038 OPERATING ROOM	668,873		11,840,446		11,840,446
041 RECOVERY ROOM					
044 RADIOLOGY-DIAGNOSTIC	11,318		10,131,797		10,131,797
044 LABORATORY	33,953		9,569,377		9,569,377
044 01 ONCOLOGY	3,395		2,124,632		2,124,632
044 02 RADIATION ONCOLOGY					
049 RESPIRATORY THERAPY	19,240		3,792,089		3,792,089
050 PHYSICAL THERAPY			3,242,094		3,242,094
053 ELECTROCARDIOLOGY	11,318		1,995,837		1,995,837
053 01 CARDIAC REHAB			387,498		387,498
053 03 CARDIAC CATH	16,976		3,701,242		3,701,242
055 MEDICAL SUPPLIES CHARGED					
056 DRUGS CHARGED TO PATIENTS		3,321,163	14,125,184		14,125,184
060 OUTPAT SERVICE COST CNTRS					
061 CLINIC			765,505		765,505
062 EMERGENCY	67,906		7,793,671		7,793,671
062 01 OBSERVATION BEDS (NON-DIS	1,132		2,778,548		2,778,548
062 01 OBSERVATION BEDS (DISTINC					
065 OTHER REIMBURS COST CNTRS	4,527		2,033,000		2,033,000
095 AMBULANCE SERVICES					
095 SPEC PURPOSE COST CENTERS	1,052,542	3,321,163	103,271,444		103,271,444
096 AMBULANCE SERVICES (07/01					
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			169,595		169,595
096 01 PHYSICIAN OFFICES	45,271		9,373,911		9,373,911
096 02 VISITOR MEALS			224,184		224,184
096 03 GREAT BEGINNINGS/MATERNAL			210,270		210,270
096 04 LIFELINE			193,677		193,677
096 05 LEASED PROPERTIES	33,953		1,098,783		1,098,783
096 06 OCCUPATIONAL HEALTH					
096 07 PROFESSIONAL ARTS PHARMAC			12,887		12,887
096 08 PARISH NURSING			95,533		95,533
096 09 BIOTERRORISM GRANT			74,615		74,615
096 10 BREAST PUMPS			5,912		5,912
096 11 MEALS ON WHEELS			175,065		175,065
096 12 MENTAL HEALTH MEALS			101,301		101,301
096 13 ADVERTISING			414,506		414,506
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	1,131,766	3,321,163	115,421,683		115,421,683

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: 15-0011
 I PERIOD: FROM 7/ 1/2009 TO 6/30/2010
 I PREPARED 11/24/2010
 I WORKSHEET B
 I PART II

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	SUBTOTAL	EMPLOYEE BENE FITS	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
	0	1	3				
				4a	5	6	7
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG & NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS		460,451		460,451	460,451		
006 ADMINISTRATIVE & GENERAL		1,821,578		1,821,578	74,818	1,896,396	
007 MAINTENANCE & REPAIRS							
007 01 CAFETERIA		172,736		172,736		24,311	
007 02 CAFETERIA							
008 OPERATION OF PLANT		2,897,238		2,897,238	5,966	140,872	
009 LAUNDRY & LINEN SERVICE		75,416		75,416		8,000	
010 HOUSEKEEPING		113,160		113,160		41,338	
011 DIETARY		231,849		231,849		17,346	
014 NURSING ADMINISTRATION		24,972		24,972	8,533	20,953	
015 CENTRAL SERVICES & SUPPLY		85,048		85,048	3,147	15,443	
016 PHARMACY		108,986		108,986	17,867	50,556	
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,384,315		1,384,315	89,172	250,290	
026 INTENSIVE CARE UNIT		357,102		357,102	29,800	81,057	
031 SUBPROVIDER		340,621		340,621	10,265	41,783	
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM		693,656		693,656	22,634	159,483	
038 RECOVERY ROOM							
041 RADIOLOGY-DIAGNOSTIC		859,007		859,007	33,202	142,206	
044 LABORATORY		400,447		400,447	28,139	143,664	
044 01 ONCOLOGY					10,884	33,779	
044 02 RADIATION ONCOLOGY							
049 RESPIRATORY THERAPY		163,853		163,853	14,554	53,659	
050 PHYSICAL THERAPY		245,940		245,940	13,877	47,047	
053 ELECTROCARDIOLOGY		306,980		306,980	6,935	23,490	
053 01 CARDIAC REHAB		46,270		46,270	1,219	4,115	
053 03 CARDIAC CATH		165,423		165,423	5,423	54,811	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS						177,512	
060 OUTPAT SERVICE COST CNTRS CLINIC		101,030		101,030	2,182	9,155	
061 EMERGENCY		393,740		393,740	36,888	104,310	
062 OBSERVATION BEDS (NON-DIS)							
062 01 OBSERVATION BEDS (DISTINC OTHER REIMBURS COST CNTRS)		185,829		185,829	13,415	36,447	
065 AMBULANCE SERVICES		148,156		148,156	9,605	27,428	
095 SPEC PURPOSE COST CENTERS AMBULANCE SERVICES (07/01 NONREIMBURS COST CENTERS)		11,783,803		11,783,803	438,525	1,709,055	
096 GIFT, FLOWER, COFFEE SHOP		48,054		48,054	165	1,560	
096 01 PHYSICIAN OFFICES					16,706	152,663	
096 02 VISITOR MEALS							
096 03 GREAT BEGINNINGS/MATERNAL					1,372	3,333	
096 04 LIFELINE					843	2,899	
096 05 LEASED PROPERTIES						17,347	
096 06 OCCUPATIONAL HEALTH							
096 07 PROFESSIONAL ARTS PHARMAC							
096 08 PARISH NURSING					433	1,514	
096 09 BIOTERROISM GRANT					283	1,226	
096 10 BREAST PUMPS		214		214	14	92	
096 11 MEALS ON WHEELS							
096 12 MENTAL HEALTH MEALS							
096 13 ADVERTISING					2,110	6,707	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		11,832,071		11,832,071	460,451	1,896,396	

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART II

COST CENTER DESCRIPTION	CAFETERIA 7.01	CAFETERIA 7.02	OPERATION OF PLANT 8	LAUNDRY & LIN EN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	NURSING ADMIN ISTRATION 14
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 CAFETERIA	197,047						
007 02 CAFETERIA	167,192	167,192					
008 OPERATION OF PLANT		4,470	3,048,546				
009 LAUNDRY & LINEN SERVICE			35,479	118,895			
010 HOUSEKEEPING			53,236		207,734		
011 DIETARY			109,073	8,050	2,811	369,129	
014 NURSING ADMINISTRATION		2,899	11,748		1,406		70,511
015 CENTRAL SERVICES & SUPPLY		2,048	40,011	1,904	4,217		
016 PHARMACY		6,029	51,272		4,217		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		41,040	651,250	35,994	48,595	224,723	25,069
026 INTENSIVE CARE UNIT		10,959	167,999	8,115	12,852	26,753	6,693
031 SUBPROVIDER		4,982	160,245	3,428	9,237	21,692	3,043
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		10,081	326,330	10,867	23,093		6,157
041 RECOVERY ROOM							
044 RADIOLOGY-DIAGNOSTIC		16,040	404,120	11,529	11,446		
044 LABORATORY		15,343	188,390	11	11,245		
044 01 ONCOLOGY				2,057			2,885
044 02 RADIATION ONCOLOGY							
049 RESPIRATORY THERAPY		6,459	77,085	83	12,852		3,945
050 PHYSICAL THERAPY		4,606	115,703	3,520			
053 ELECTROCARDIOLOGY		3,427	144,418	809	6,024		2,093
053 01 CARDIAC REHAB		580	21,768	6	5,020		354
053 03 CARDIAC CATH		2,341	77,823	1,275	6,024		1,430
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		936	47,530	930	4,016		571
062 EMERGENCY		16,697	185,235	17,648	33,735	3,482	10,198
062 01 OBSERVATION BEDS (NON-DIS		6,107	87,423	4,174	7,028	21,613	3,730
062 01 OBSERVATION BEDS (DISTINC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		5,869	69,700	6,411	1,406		3,585
095 SPEC PURPOSE COST CENTERS							
095 AMBULANCE SERVICES (07/01	167,192	160,913	3,025,838	116,811	205,224	298,263	69,753
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		68	22,607		803		
096 01 PHYSICIAN OFFICES		4,761		256			
096 02 VISITOR MEALS	29,855						
096 03 GREAT BEGINNINGS/MATERNAL							387
096 04 LIFELINE		430			703		262
096 05 LEASED PROPERTIES				1,828			
096 06 OCCUPATIONAL HEALTH							
096 07 PROFESSIONAL ARTS PHARMAC					1,004		
096 08 PARISH NURSING		176					107
096 09 BIOTERROISM GRANT							
096 10 BREAST PUMPS		3	101				2
096 11 MEALS ON WHEELS						44,890	
096 12 MENTAL HEALTH MEALS						25,976	
096 13 ADVERTISING		841					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	197,047	167,192	3,048,546	118,895	207,734	369,129	70,511

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: 15-0011
 I PERIOD: FROM 7/ 1/2009 TO 6/30/2010
 I PREPARED 11/24/2010
 I WORKSHEET B
 I PART II

COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY		SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	15	16			
001 GENERAL SERVICE COST CNTR					
003 OLD CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-BLDG &					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENERAL					
007 MAINTENANCE & REPAIRS					
007 01 CAFETERIA					
007 02 CAFETERIA					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY	151,818				
016 PHARMACY		238,927			
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS	21,558		2,772,006		2,772,006
026 INTENSIVE CARE UNIT	6,832		708,162		708,162
031 SUBPROVIDER	304		595,600		595,600
037 ANCILLARY SRVC COST CNTRS					
038 OPERATING ROOM	89,724		1,342,025		1,342,025
041 RECOVERY ROOM					
041 RADIOLOGY-DIAGNOSTIC	1,518		1,479,068		1,479,068
044 LABORATORY	4,555		791,794		791,794
044 01 ONCOLOGY	455		50,060		50,060
044 02 RADIATION ONCOLOGY					
049 RESPIRATORY THERAPY	2,581		335,071		335,071
050 PHYSICAL THERAPY			430,693		430,693
053 ELECTROCARDIOLOGY	1,518		495,694		495,694
053 01 CARDIAC REHAB			79,332		79,332
053 03 CARDIAC CATH	2,277		316,827		316,827
055 MEDICAL SUPPLIES CHARGED					
056 DRUGS CHARGED TO PATIENTS		238,927	416,439		416,439
060 OUTPAT SERVICE COST CNTRS					
061 CLINIC			166,350		166,350
061 EMERGENCY	9,109		811,042		811,042
062 OBSERVATION BEDS (NON-DIS					
062 01 OBSERVATION BEDS (DISTINC	152		365,918		365,918
062 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES	607		272,767		272,767
095 SPEC PURPOSE COST CENTERS					
095 AMBULANCE SERVICES (07/01	141,190	238,927	11,428,848		11,428,848
095 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			73,257		73,257
096 01 PHYSICIAN OFFICES	6,073		180,459		180,459
096 02 VISITOR MEALS			29,855		29,855
096 03 GREAT BEGINNINGS/MATERNAL			5,092		5,092
096 04 LIFELINE			5,137		5,137
096 05 LEASED PROPERTIES	4,555		23,730		23,730
096 06 OCCUPATIONAL HEALTH					
096 07 PROFESSIONAL ARTS PHARMAC			1,004		1,004
096 08 PARISH NURSING			2,230		2,230
096 09 BIOTERROISM GRANT			1,509		1,509
096 10 BREAST PUMPS			426		426
096 11 MEALS ON WHEELS			44,890		44,890
096 12 MENTAL HEALTH MEALS			25,976		25,976
096 13 ADVERTISING			9,658		9,658
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	151,818	238,927	11,832,071		11,832,071

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET B-1
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION
	(MEALS SERVED)	(HOURS WORKED)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(DIRECT HRS)
	7.01	7.02	8	9	10	11	14
001 GENERAL SERVICE COST							
003 OLD CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-BLD							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
007 01 CAFETERIA	191,993						
007 02 CAFETERIA	162,904	1,279,177					
008 OPERATION OF PLANT		34,203	181,644				
009 LAUNDRY & LINEN SERVICE			2,114	594,203			
010 HOUSEKEEPING			3,172		53,794		
011 DIETARY			6,499	40,231	728	121,600	
014 NURSING ADMINISTRATION		22,183	700				883,258
015 CENTRAL SERVICES & SUPPLY		15,668	2,384	9,518	1,092		
016 PHARMACY		46,129	3,055		1,092		
025 INPAT ROUTINE SRVCS							
026 ADULTS & PEDIATRICS		313,997	38,804	179,885	12,584	74,029	313,997
031 INTENSIVE CARE UNIT		83,844	10,010	40,557	3,328	8,813	83,844
037 SUBPROVIDER		38,119	9,548	17,131	2,392	7,146	38,119
038 ANCILLARY SRVCS COST CENTER							
041 OPERATING ROOM		77,130	19,444	54,310	5,980		77,130
044 RECOVERY ROOM							
044 01 RADIOLOGY-DIAGNOSTIC LABORATORY		122,718	24,079	57,619	2,964		
044 02 ONCOLOGY		117,391	11,225	55	2,912		
049 RADIATION ONCOLOGY				10,281			36,142
050 RESPIRATORY THERAPY		49,419	4,593	416	3,328		49,419
053 PHYSICAL THERAPY		35,243	6,894	17,590			
053 ELECTROCARDIOLOGY		26,219	8,605	4,042	1,560		26,219
055 01 CARDIAC REHAB		4,439	1,297	31	1,300		4,439
055 03 CARDIAC CATH		17,913	4,637	6,374	1,560		17,913
056 MEDICAL SUPPLIES CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CENTER							
061 CLINIC		7,158	2,832	4,649	1,040		7,158
062 EMERGENCY		127,747	11,037	88,199	8,736	1,147	127,747
062 01 OBSERVATION BEDS (NON-REIMBURSABLE)		46,722	5,209	20,861	1,820	7,120	46,722
065 OTHER REIMBURSABLE COST CENTER							
065 AMBULANCE SERVICES		44,904	4,153	32,038	364		44,904
095 SPEC PURPOSE COST CENTER							
095 AMBULANCE SERVICES (NON-REIMBURSABLE)	162,904	1,231,146	180,291	583,787	53,144	98,255	873,753
096 GIFT, FLOWER, COFFEE		520	1,347		208		
096 01 PHYSICIAN OFFICES		36,427		1,280			
096 02 VISITOR MEALS	29,089						
096 03 GREAT BEGINNINGS/MATERIALS							4,853
096 04 LIFELINE		3,287			182		3,287
096 05 LEASED PROPERTIES				9,136			
096 06 OCCUPATIONAL HEALTH							
096 07 PROFESSIONAL ARTS PHARMACY					260		
096 08 PARISH NURSING		1,344					1,344
096 09 BIOTERRORISM GRANT							
096 10 BREAST PUMPS		21	6				21
096 11 MEALS ON WHEELS						14,788	
096 12 MENTAL HEALTH MEALS						8,557	
096 13 ADVERTISING		6,432					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WORKSHEET B, PART I)	1,479,657	1,255,473	8,607,533	587,065	2,666,279	1,439,540	1,348,239
104 UNIT COST MULTIPLIER (WORKSHEET B, PT I)		.981469		.987987		11.838322	
105 COST TO BE ALLOCATED (WORKSHEET B, PART II)	197,047	167,192	3,048,546	118,895	207,734	369,129	70,511
106 UNIT COST MULTIPLIER (WORKSHEET B, PT II)	1.026324	.130703	16.783081	.200092	3.861657	3.035600	.079831
107 COST TO BE ALLOCATED (WORKSHEET B, PART III)							
108 UNIT COST MULTIPLIER (WORKSHEET B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET B-1
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY	
	(COSTED EQUIS.	R(COSTED)EQUIS. R)
	15	16
001 GENERAL SERVICE COST		
003 OLD CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-BLD		
006 EMPLOYEE BENEFITS		
007 ADMINISTRATIVE & GENE		
007 MAINTENANCE & REPAIRS		
007 01 CAFETERIA		
007 02 CAFETERIA		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
014 NURSING ADMINISTRATIO		
015 CENTRAL SERVICES & SU	1,000	
016 PHARMACY		100
025 INPAT ROUTINE SRVC CN		
026 ADULTS & PEDIATRICS	142	
026 INTENSIVE CARE UNIT	45	
031 SUBPROVIDER	2	
037 ANCILLARY SRVC COST C		
038 OPERATING ROOM	591	
041 RECOVERY ROOM		
041 RADIOLOGY-DIAGNOSTIC	10	
044 LABORATORY	30	
044 01 ONCOLOGY	3	
044 02 RADIATION ONCOLOGY		
049 RESPIRATORY THERAPY	17	
050 PHYSICAL THERAPY		
053 ELECTROCARDIOLOGY	10	
053 01 CARDIAC REHAB		
053 03 CARDIAC CATH	15	
055 MEDICAL SUPPLIES CHAR		
056 DRUGS CHARGED TO PATI		100
060 OUTPAT SERVICE COST C		
061 CLINIC		
061 EMERGENCY	60	
062 OBSERVATION BEDS (NON		
062 01 OBSERVATION BEDS (DIS	1	
065 OTHER REIMBURS COST C		
065 AMBULANCE SERVICES	4	
095 SPEC PURPOSE COST CEN		
095 AMBULANCE SERVICES (O	930	100
096 NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
096 01 PHYSICIAN OFFICES	40	
096 02 VISITOR MEALS		
096 03 GREAT BEGINNINGS/MATE		
096 04 LIFELINE		
096 05 LEASED PROPERTIES	30	
096 06 OCCUPATIONAL HEALTH		
096 07 PROFESSIONAL ARTS PHA		
096 08 PARISH NURSING		
096 09 BIOTERROISM GRANT		
096 10 BREAST PUMPS		
096 11 MEALS ON WHEELS		
096 12 MENTAL HEALTH MEALS		
096 13 ADVERTISING		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	1,131,766	3,321,163
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		33,211.630000
(WRKSHT B, PT I)	1,131.766000	
105 COST TO BE ALLOCATED	151,818	238,927
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		2,389.270000
(WRKSHT B, PT II)	151.818000	
107 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		
(WRKSHT B, PT III)		

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET C
 I I TO 6/30/2010 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
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	19,698,725		19,698,725		19,698,725
26	INTENSIVE CARE UNIT	5,978,335		5,978,335		5,978,335
31	SUBPROVIDER	3,313,464		3,313,464		3,313,464
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	11,840,446		11,840,446		11,840,446
38	RECOVERY ROOM					
41	RADIOLOGY-DIAGNOSTIC	10,131,797		10,131,797		10,131,797
44	LABORATORY	9,569,377		9,569,377		9,569,377
44	01 ONCOLOGY	2,124,632		2,124,632		2,124,632
44	02 RADIATION ONCOLOGY					
49	RESPIRATORY THERAPY	3,792,089		3,792,089		3,792,089
50	PHYSICAL THERAPY	3,242,094		3,242,094		3,242,094
53	ELECTROCARDIOLOGY	1,995,837		1,995,837		1,995,837
53	01 CARDIAC REHAB	387,498		387,498		387,498
53	03 CARDIAC CATH	3,701,242		3,701,242		3,701,242
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	14,125,184		14,125,184		14,125,184
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	765,505		765,505		765,505
61	EMERGENCY	7,793,671		7,793,671		7,793,671
62	OBSERVATION BEDS (NON-DIS	2,767,802		2,767,802		2,767,802
62	01 OBSERVATION BEDS (DISTINC	2,778,548		2,778,548		2,778,548
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	2,033,000		2,033,000		2,033,000
101	SUBTOTAL	106,039,246		106,039,246		106,039,246
102	LESS OBSERVATION BEDS	2,767,802		2,767,802		2,767,802
103	TOTAL	103,271,444		103,271,444		103,271,444

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET C
 I I TO 6/30/2010 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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	15,498,653		15,498,653			
26	INTENSIVE CARE UNIT	6,747,591		6,747,591			
31	SUBPROVIDER	2,560,096		2,560,096			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	27,700,925	19,556,270	47,257,195	.250553	.250553	.250553
38	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC	6,336,462	53,229,305	59,565,767	.170094	.170094	.170094
44	LABORATORY	9,299,727	28,472,251	37,771,978	.253346	.253346	.253346
44	01 ONCOLOGY	23,235	7,381,141	7,404,376	.286943	.286943	.286943
44	02 RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY	1,020,190	4,540,949	5,561,139	.681891	.681891	.681891
50	PHYSICAL THERAPY	2,857,452	4,433,366	7,290,818	.444682	.444682	.444682
53	ELECTROCARDIOLOGY	3,002,128	4,640,577	7,642,705	.261143	.261143	.261143
53	01 CARDIAC REHAB		342,069	342,069	1.132807	1.132807	1.132807
53	03 CARDIAC CATH	1,321,605	4,084,538	5,406,143	.684636	.684636	.684636
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	7,772,509	38,650,793	46,423,302	.304269	.304269	.304269
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		570,250	570,250	1.342402	1.342402	1.342402
61	EMERGENCY	4,381,793	27,315,990	31,697,783	.245874	.245874	.245874
62	OBSERVATION BEDS (NON-DIS		3,649,996	3,649,996	.758303	.758303	.758303
62	01 OBSERVATION BEDS (DISTINC		3,645,722	3,645,722	.762139	.762139	.762139
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		4,588,562	4,588,562	.443058	.443058	.443058
101	SUBTOTAL	88,522,366	205,101,779	293,624,145			
102	LESS OBSERVATION BEDS						
103	TOTAL	88,522,366	205,101,779	293,624,145			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	19,698,725		19,698,725		19,698,725
26	INTENSIVE CARE UNIT	5,978,335		5,978,335		5,978,335
31	SUBPROVIDER	3,313,464		3,313,464		3,313,464
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	11,840,446		11,840,446		11,840,446
38	RECOVERY ROOM					
41	RADIOLOGY-DIAGNOSTIC	10,131,797		10,131,797		10,131,797
44	LABORATORY	9,569,377		9,569,377		9,569,377
44	01 ONCOLOGY	2,124,632		2,124,632		2,124,632
44	02 RADIATION ONCOLOGY					
49	RESPIRATORY THERAPY	3,792,089		3,792,089		3,792,089
50	PHYSICAL THERAPY	3,242,094		3,242,094		3,242,094
53	ELECTROCARDIOLOGY	1,995,837		1,995,837		1,995,837
53	01 CARDIAC REHAB	387,498		387,498		387,498
53	03 CARDIAC CATH	3,701,242		3,701,242		3,701,242
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	14,125,184		14,125,184		14,125,184
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	765,505		765,505		765,505
61	EMERGENCY	7,793,671		7,793,671		7,793,671
62	OBSERVATION BEDS (NON-DIS	2,767,802		2,767,802		2,767,802
62	01 OBSERVATION BEDS (DISTINC	2,778,548		2,778,548		2,778,548
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	2,033,000		2,033,000		2,033,000
101	SUBTOTAL	106,039,246		106,039,246		106,039,246
102	LESS OBSERVATION BEDS	2,767,802		2,767,802		2,767,802
103	TOTAL	103,271,444		103,271,444		103,271,444

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
I 15-0011 I FROM 7/ 1/2009 I WORKSHEET C
I I TO 6/30/2010 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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	15,498,653		15,498,653			
26	INTENSIVE CARE UNIT	6,747,591		6,747,591			
31	SUBPROVIDER	2,560,096		2,560,096			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	27,700,925	19,556,270	47,257,195	.250553	.250553	.250553
38	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC	6,336,462	53,229,305	59,565,767	.170094	.170094	.170094
44	LABORATORY	9,299,727	28,472,251	37,771,978	.253346	.253346	.253346
44	01 ONCOLOGY	23,235	7,381,141	7,404,376	.286943	.286943	.286943
44	02 RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY	1,020,190	4,540,949	5,561,139	.681891	.681891	.681891
50	PHYSICAL THERAPY	2,857,452	4,433,366	7,290,818	.444682	.444682	.444682
53	ELECTROCARDIOLOGY	3,002,128	4,640,577	7,642,705	.261143	.261143	.261143
53	01 CARDIAC REHAB		342,069	342,069	1.132807	1.132807	1.132807
53	03 CARDIAC CATH	1,321,605	4,084,538	5,406,143	.684636	.684636	.684636
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	7,772,509	38,650,793	46,423,302	.304269	.304269	.304269
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		570,250	570,250	1.342402	1.342402	1.342402
61	EMERGENCY	4,381,793	27,315,990	31,697,783	.245874	.245874	.245874
62	OBSERVATION BEDS (NON-DIS		3,649,996	3,649,996	.758303	.758303	.758303
62	01 OBSERVATION BEDS (DISTINC		3,645,722	3,645,722	.762139	.762139	.762139
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		4,588,562	4,588,562	.443058	.443058	.443058
101	SUBTOTAL	88,522,366	205,101,779	293,624,145			
102	LESS OBSERVATION BEDS						
103	TOTAL	88,522,366	205,101,779	293,624,145			

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						
38	OPERATING ROOM	11,840,446	1,342,025	10,498,421			11,840,446
	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC	10,131,797	1,479,068	8,652,729			10,131,797
44	LABORATORY	9,569,377	791,794	8,777,583			9,569,377
44 01	ONCOLOGY	2,124,632	50,060	2,074,572			2,124,632
44 02	RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY	3,792,089	335,071	3,457,018			3,792,089
50	PHYSICAL THERAPY	3,242,094	430,693	2,811,401			3,242,094
53	ELECTROCARDIOLOGY	1,995,837	495,694	1,500,143			1,995,837
53 01	CARDIAC REHAB	387,498	79,332	308,166			387,498
53 03	CARDIAC CATH	3,701,242	316,827	3,384,415			3,701,242
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	14,125,184	416,439	13,708,745			14,125,184
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	765,505	166,350	599,155			765,505
61	EMERGENCY	7,793,671	811,042	6,982,629			7,793,671
62	OBSERVATION BEDS (NON-DIS	2,767,802	389,485	2,378,317			2,767,802
62 01	OBSERVATION BEDS (DISTINC	2,778,548	365,918	2,412,630			2,778,548
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	2,033,000	272,767	1,760,233			2,033,000
101	SUBTOTAL	77,048,722	7,742,565	69,306,157			77,048,722
102	LESS OBSERVATION BEDS	2,767,802	389,485	2,378,317			2,767,802
103	TOTAL	74,280,920	7,353,080	66,927,840			74,280,920

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	47,257,195	.250553	.250553
38	RECOVERY ROOM			
41	RADIOLOGY-DIAGNOSTIC	59,565,767	.170094	.170094
44	LABORATORY	37,771,978	.253346	.253346
44	01 ONCOLOGY	7,404,376	.286943	.286943
44	02 RADIATION ONCOLOGY			
49	RESPIRATORY THERAPY	5,561,139	.681891	.681891
50	PHYSICAL THERAPY	7,290,818	.444682	.444682
53	ELECTROCARDIOLOGY	7,642,705	.261143	.261143
53	01 CARDIAC REHAB	342,069	1.132807	1.132807
53	03 CARDIAC CATH	5,406,143	.684636	.684636
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	46,423,302	.304269	.304269
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	570,250	1.342402	1.342402
61	EMERGENCY	31,697,783	.245874	.245874
62	OBSERVATION BEDS (NON-DIS	3,649,996	.758303	.758303
62	01 OBSERVATION BEDS (DISTINC	3,645,722	.762139	.762139
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	4,588,562	.443058	.443058
101	SUBTOTAL	268,817,805		
102	LESS OBSERVATION BEDS	3,649,996		
103	TOTAL	265,167,809		

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	11,840,446	1,342,025	10,498,421			11,840,446
38	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC	10,131,797	1,479,068	8,652,729			10,131,797
44	LABORATORY	9,569,377	791,794	8,777,583			9,569,377
44	01 ONCOLOGY	2,124,632	50,060	2,074,572			2,124,632
44	02 RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY	3,792,089	335,071	3,457,018			3,792,089
50	PHYSICAL THERAPY	3,242,094	430,693	2,811,401			3,242,094
53	ELECTROCARDIOLOGY	1,995,837	495,694	1,500,143			1,995,837
53	01 CARDIAC REHAB	387,498	79,332	308,166			387,498
53	03 CARDIAC CATH	3,701,242	316,827	3,384,415			3,701,242
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	14,125,184	416,439	13,708,745			14,125,184
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	765,505	166,350	599,155			765,505
61	EMERGENCY	7,793,671	811,042	6,982,629			7,793,671
62	OBSERVATION BEDS (NON-DIS	2,767,802	389,485	2,378,317			2,767,802
62	01 OBSERVATION BEDS (DISTINC	2,778,548	365,918	2,412,630			2,778,548
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	2,033,000	272,767	1,760,233			2,033,000
101	SUBTOTAL	77,048,722	7,742,565	69,306,157			77,048,722
102	LESS OBSERVATION BEDS	2,767,802	389,485	2,378,317			2,767,802
103	TOTAL	74,280,920	7,353,080	66,927,840			74,280,920

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	47,257,195	.250553	.250553
38	RECOVERY ROOM			
41	RADIOLOGY-DIAGNOSTIC	59,565,767	.170094	.170094
44	LABORATORY	37,771,978	.253346	.253346
44	01 ONCOLOGY	7,404,376	.286943	.286943
44	02 RADIATION ONCOLOGY			
49	RESPIRATORY THERAPY	5,561,139	.681891	.681891
50	PHYSICAL THERAPY	7,290,818	.444682	.444682
53	ELECTROCARDIOLOGY	7,642,705	.261143	.261143
53	01 CARDIAC REHAB	342,069	1.132807	1.132807
53	03 CARDIAC CATH	5,406,143	.684636	.684636
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	46,423,302	.304269	.304269
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	570,250	1.342402	1.342402
61	EMERGENCY	31,697,783	.245874	.245874
62	OBSERVATION BEDS (NON-DIS	3,649,996	.758303	.758303
62	01 OBSERVATION BEDS (DISTINC	3,645,722	.762139	.762139
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	4,588,562	.443058	.443058
101	SUBTOTAL	268,817,805		
102	LESS OBSERVATION BEDS	3,649,996		
103	TOTAL	265,167,809		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET D
 I I TO 6/30/2010 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS			2,772,006			
	ADULTS & PEDIATRICS	2,772,006					
26	INTENSIVE CARE UNIT	708,162		708,162			
	INTENSIVE CARE UNIT						
31	SUBPROVIDER	595,600		595,600			
	SUBPROVIDER						
101	TOTAL	4,075,768		4,075,768			

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	18,654	7,192	148.60	1,068,731		
26	INTENSIVE CARE UNIT	3,579	2,296	197.87	454,310		
31	SUBPROVIDER	2,466	1,794	241.52	433,287		
101	TOTAL	24,699	11,282		1,956,328		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2010 I PART II
 I 15-0011 I I

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						
38	OPERATING ROOM	1,342,025		47,257,195	12,779,668	.028398	362,917
41	RECOVERY ROOM						
44	RADIOLOGY-DIAGNOSTIC	1,479,068		59,565,767	4,194,229	.024831	104,147
44	LABORATORY	791,794		37,771,978	5,863,702	.020962	122,915
44	01 ONCOLOGY	50,060		7,404,376	20,582	.006761	139
44	02 RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY	335,071		5,561,139	676,588	.060252	40,766
50	PHYSICAL THERAPY	430,693		7,290,818	829,711	.059073	49,014
53	ELECTROCARDIOLOGY	495,694		7,642,705	2,167,564	.064858	140,584
53	01 CARDIAC REHAB	79,332		342,069		.231918	
53	03 CARDIAC CATH	316,827		5,406,143	861,428	.058605	50,484
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	416,439		46,423,302	4,668,058	.008970	41,872
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	166,350		570,250		.291714	
61	EMERGENCY	811,042		31,697,783	2,612,533	.025587	66,847
62	OBSERVATION BEDS (NON-DIS	389,485		3,649,996		.106708	
62	01 OBSERVATION BEDS (DISTINC	365,918		3,645,722		.100369	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	7,469,798		264,229,243	34,674,063		979,685

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2010 I PART II
 I 15-0011 I

TITLE XVIII, PART A HOSPITAL

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
38	RECOVERY ROOM		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
44	01 ONCOLOGY		
44	02 RADIATION ONCOLOGY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY		
53	01 CARDIAC REHAB		
53	03 CARDIAC CATH		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
62	01 OBSERVATION BEDS (DISTINC		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		

PPS

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

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET D
 I I TO 6/30/2010 I PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					18,654	
26	INTENSIVE CARE UNIT					3,579	
31	SUBPROVIDER					2,466	
101	TOTAL					24,699	

Health Financial Systems MCRIF32

FOR MARION GENERAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(11/1998)

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

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
I 15-0011 I FROM 7/ 1/2009 I WORKSHEET D
I I TO 6/30/2010 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	8
26	INTENSIVE CARE UNIT	7,192	
31	SUBPROVIDER	2,296	
101	TOTAL	1,794	11,282

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
44	01 ONCOLOGY						
44	02 RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
53	03 CARDIAC CATH						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	01 OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
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 TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			47,257,195			12,779,668	
38	RECOVERY ROOM							
41	RADIOLOGY-DIAGNOSTIC			59,565,767			4,194,229	
44	LABORATORY			37,771,978			5,863,702	
44	01 ONCOLOGY			7,404,376			20,582	
44	02 RADIATION ONCOLOGY							
49	RESPIRATORY THERAPY			5,561,139			676,588	
50	PHYSICAL THERAPY			7,290,818			829,711	
53	ELECTROCARDIOLOGY			7,642,705			2,167,564	
53	01 CARDIAC REHAB			342,069				
53	03 CARDIAC CATH			5,406,143			861,428	
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS			46,423,302			4,668,058	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			570,250				
61	EMERGENCY			31,697,783			2,612,533	
62	OBSERVATION BEDS (NON-DIS			3,649,996				
62	01 OBSERVATION BEDS (DISTINC			3,645,722				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			264,229,243			34,674,063	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,548,789	1,976,220				
38	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC	7,669,215	7,474,967				
44	LABORATORY	847,044	582,575				
44 01	ONCOLOGY	2,175,676	1,783,785				
44 02	RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY	55,086	54,017				
50	PHYSICAL THERAPY	442	367				
53	ELECTROCARDIOLOGY	1,577,465	1,553,497				
53 01	CARDIAC REHAB	92,400	77,490				
53 03	CARDIAC CATH	1,180,501	926,335				
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	10,334,293	9,469,479				
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	122,745	124,361				
61	EMERGENCY	2,831,967	2,818,300				
62	OBSERVATION BEDS (NON-DIS	302,563	242,864				
62 01	OBSERVATION BEDS (DISTINC	946,351	756,679				
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	30,684,537	27,840,936				

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.250553	.250553			
38 RECOVERY ROOM					
41 RADIOLOGY-DIAGNOSTIC	.170094	.170094			
44 LABORATORY	.253346	.253346			
44 01 ONCOLOGY	.286943	.286943			
44 02 RADIATION ONCOLOGY					
49 RESPIRATORY THERAPY	.681891	.681891			
50 PHYSICAL THERAPY	.444682	.444682			
53 ELECTROCARDIOLOGY	.261143	.261143			
53 01 CARDIAC REHAB	1.132807	1.132807			
53 03 CARDIAC CATH	.684636	.684636			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS	.304269	.304269			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.342402	1.342402			
61 EMERGENCY	.245874	.245874			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.758303	.758303			
62 01 OBSERVATION BEDS (DISTINCT PART)	.762139	.762139			
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.443058	.443058			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

All Other (1)

PPS Services
RURAL SCH

Non-PPS
Services

PPS Serv
NON-RURAL SCH

Outpatient
Ambulatory
Surgical Ctr

Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		2,548,789		1,976,220	
38 RECOVERY ROOM					
41 RADIOLOGY-DIAGNOSTIC		7,669,215		7,474,967	
44 LABORATORY		847,044		582,575	
44 01 ONCOLOGY		2,175,676		1,783,785	
44 02 RADIATION ONCOLOGY					
49 RESPIRATORY THERAPY		55,086		54,017	
50 PHYSICAL THERAPY		442		367	
53 ELECTROCARDIOLOGY		1,577,465		1,553,497	
53 01 CARDIAC REHAB		92,400		77,490	
53 03 CARDIAC CATH		1,180,501		926,335	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		10,334,293		9,469,479	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		122,745		124,361	
61 EMERGENCY		2,831,967		2,818,300	
62 OBSERVATION BEDS (NON-DISTINCT PART)		302,563		242,864	
62 01 OBSERVATION BEDS (DISTINCT PART)		946,351		756,679	
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		30,684,537		27,840,936	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		30,684,537		27,840,936	

(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 RURAL SCH	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				638,607	
38 RECOVERY ROOM					
41 RADIOLOGY-DIAGNOSTIC				1,304,487	
44 LABORATORY				214,595	
44 01 ONCOLOGY				624,295	
44 02 RADIATION ONCOLOGY					
49 RESPIRATORY THERAPY				37,563	
50 PHYSICAL THERAPY				197	
53 ELECTROCARDIOLOGY				411,944	
53 01 CARDIAC REHAB				104,671	
53 03 CARDIAC CATH				808,213	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS				3,144,405	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				164,773	
61 EMERGENCY				696,307	
62 OBSERVATION BEDS (NON-DISTINCT PART)				229,434	
62 01 OBSERVATION BEDS (DISTINCT PART)				721,251	
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				9,100,742	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
104 PROGRAM ONLY CHARGES					
104 NET CHARGES				9,100,742	

(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	PPS Serv NON-RURAL SCH	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	495,148		
38 RECOVERY ROOM			
41 RADIOLOGY-DIAGNOSTIC	1,271,447		
44 LABORATORY	147,593		
44 01 ONCOLOGY	511,845		
44 02 RADIATION ONCOLOGY			
49 RESPIRATORY THERAPY	36,834		
50 PHYSICAL THERAPY	163		
53 ELECTROCARDIOLOGY	405,685		
53 01 CARDIAC REHAB	87,781		
53 03 CARDIAC CATH	634,202		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS	2,881,269		
60 OUTPAT SERVICE COST CNTRS			
60 CLINIC	166,942		
61 EMERGENCY	692,947		
62 OBSERVATION BEDS (NON-DISTINCT PART)	184,164		
62 01 OBSERVATION BEDS (DISTINCT PART)	576,695		
65 OTHER REIMBURS COST CNTRS			
101 AMBULANCE SERVICES			
101 SUBTOTAL	8,092,715		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
104 PROGRAM ONLY CHARGES			
104 NET CHARGES	8,092,715		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2010
I	15-0011	I	FROM 7/ 1/2009	I	WORKSHEET D
I	COMPONENT NO:	I	TO 6/30/2010	I	PART VI
I	15-0011	I		I	

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.304269
2	PROGRAM VACCINE CHARGES		21,888
3	PROGRAM COSTS		6,660

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0011
 I PERIOD: FROM 7/ 1/2009 TO 6/30/2010
 I COMPONENT NO: 15-T011
 I PREPARED 11/24/2010
 I WORKSHEET D
 I PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	1,342,025		47,257,195	17,770	.028398	505
41	RECOVERY ROOM						
44	RADIOLOGY-DIAGNOSTIC	1,479,068		59,565,767	136,203	.024831	3,382
44	LABORATORY	791,794		37,771,978	194,415	.020962	4,075
44	01 ONCOLOGY	50,060		7,404,376	266	.006761	2
44	02 RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY	335,071		5,561,139	25,985	.060252	1,566
50	PHYSICAL THERAPY	430,693		7,290,818	1,177,555	.059073	69,562
53	ELECTROCARDIOLOGY	495,694		7,642,705	28,118	.064858	1,824
53	01 CARDIAC REHAB	79,332		342,069		.231918	
53	03 CARDIAC CATH	316,827		5,406,143	2,422	.058605	142
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	416,439		46,423,302	226,139	.008970	2,028
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	166,350		570,250		.291714	
61	EMERGENCY	811,042		31,697,783	35,859	.025587	918
62	OBSERVATION BEDS (NON-DIS	389,485		3,649,996		.106708	
62	01 OBSERVATION BEDS (DISTINC	365,918		3,645,722		.100369	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	7,469,798		264,229,243	1,844,732		84,004

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2010 I PART II
 I 15-T011 I
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO	COSTS 8
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
38	RECOVERY ROOM			
41	RADIOLOGY-DIAGNOSTIC			
44	LABORATORY			
44 01	ONCOLOGY			
44 02	RADIATION ONCOLOGY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
53	ELECTROCARDIOLOGY			
53 01	CARDIAC REHAB			
53 03	CARDIAC CATH			
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DIS			
62 01	OBSERVATION BEDS (DISTINC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL			

I PROVIDER NO: 15-0011 I PERIOD: FROM 7/ 1/2009 I PREPARED 11/24/2010
 I COMPONENT NO: 15-T011 I TO 6/30/2010 I WORKSHEET D
 I I I PART IV

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			47,257,195			17,770	
41	RECOVERY ROOM							
44	RADIOLOGY-DIAGNOSTIC			59,565,767			136,203	
44	LABORATORY			37,771,978			194,415	
44	01 ONCOLOGY			7,404,376			266	
44	02 RADIATION ONCOLOGY							
49	RESPIRATORY THERAPY			5,561,139			25,985	
50	PHYSICAL THERAPY			7,290,818			1,177,555	
53	ELECTROCARDIOLOGY			7,642,705			28,118	
53	01 CARDIAC REHAB			342,069				
53	03 CARDIAC CATH			5,406,143			2,422	
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS			46,423,302			226,139	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			570,250				
61	EMERGENCY			31,697,783			35,859	
62	OBSERVATION BEDS (NON-DIS			3,649,996				
62	01 OBSERVATION BEDS (DISTINC			3,645,722				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			264,229,243			1,844,732	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
44	01 ONCOLOGY						
44	02 RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
53	03 CARDIAC CATH						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	01 OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

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)	18,654
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	18,654
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	18,654
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)	7,192
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	19,698,725
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	19,698,725

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	15,498,653
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	15,498,653
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.270996
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	830.85
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	19,698,725

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					1,056.01
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					7,594,824
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					7,594,824

	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	5,978,335	3,579	1,670.39	2,296	3,835,215
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 9,455,673
49	TOTAL PROGRAM INPATIENT COSTS					20,885,712

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					1,523,041
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					979,685
52	TOTAL PROGRAM EXCLUDABLE COST					2,502,726
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					18,382,986

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2010 I PART III
 I 15-0011 I I

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	2,621
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,056.01
85	OBSERVATION BED COST	2,767,802

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	1	2	3	4	5
	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
86	OLD CAPITAL-RELATED COST	19,698,725	.140720	2,767,802	389,485
87	NEW CAPITAL-RELATED COST	19,698,725		2,767,802	
88	NON PHYSICIAN ANESTHETIST	19,698,725		2,767,802	
89	MEDICAL EDUCATION	19,698,725		2,767,802	
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)	2,466
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,466
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,466
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)	1,794
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,313,464
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,313,464

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,560,096
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,560,096
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.294273
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,038.16
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,313,464

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	1,343.66
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,410,526
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,410,526

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				1 704,931
49	TOTAL PROGRAM INPATIENT COSTS				3,115,457

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	433,287
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	84,004
52	TOTAL PROGRAM EXCLUDABLE COST	517,291
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	2,598,166

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	1,343.66
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	1	2	3	4	5
	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
86	OLD CAPITAL-RELATED COST	595,600	.179751		
87	NEW CAPITAL-RELATED COST	3,313,464			
88	NON PHYSICIAN ANESTHETIST	3,313,464			
89	MEDICAL EDUCATION	3,313,464			
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)	18,654
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	18,654
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	18,654
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,301
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	19,698,725
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	19,698,725

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	15,498,653
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	15,498,653
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.270996
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	830.85
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	19,698,725

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 1,056.01
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,485,889
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,485,889

	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	5,978,335	3,579	1,670.39		
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1,235,379
49 TOTAL PROGRAM INPATIENT COSTS					4,721,268

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	2,621
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,056.01
85	OBSERVATION BED COST	2,767,802

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)	2,466
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,466
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,466
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)	206
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,313,464
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,313,464

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,560,096
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,560,096
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.294273
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,038.16
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,313,464

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 1,343.66
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 276,794
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 276,794

	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					66,791
49 TOTAL PROGRAM INPATIENT COSTS					343,585

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	1,343.66
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 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		6,627,822	
26	INTENSIVE CARE UNIT		4,528,243	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.250553	12,779,668	3,201,984
38	RECOVERY ROOM			
41	RADIOLOGY-DIAGNOSTIC	.170094	4,194,229	713,413
44	LABORATORY	.253346	5,863,702	1,485,545
44	01 ONCOLOGY	.286943	20,582	5,906
44	02 RADIATION ONCOLOGY			
49	RESPIRATORY THERAPY	.681891	676,588	461,359
50	PHYSICAL THERAPY	.444682	829,711	368,958
53	ELECTROCARDIOLOGY	.261143	2,167,564	566,044
53	01 CARDIAC REHAB	1.132807		
53	03 CARDIAC CATH	.684636	861,428	589,765
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.304269	4,668,058	1,420,345
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.342402		
61	EMERGENCY	.245874	2,612,533	642,354
62	OBSERVATION BEDS (NON-DISTINCT PART)	.758303		
62	01 OBSERVATION BEDS (DISTINCT PART)	.762139		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		34,674,063	9,455,673
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		34,674,063	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,868,062	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.250553	17,770	4,452
38	RECOVERY ROOM			
41	RADIOLOGY-DIAGNOSTIC	.170094	136,203	23,167
44	LABORATORY	.253346	194,415	49,254
44 01	ONCOLOGY	.286943	266	76
44 02	RADIATION ONCOLOGY			
49	RESPIRATORY THERAPY	.681891	25,985	17,719
50	PHYSICAL THERAPY	.444682	1,177,555	523,638
53	ELECTROCARDIOLOGY	.261143	28,118	7,343
53 01	CARDIAC REHAB	1.132807		
53 03	CARDIAC CATH	.684636	2,422	1,658
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.304269	226,139	68,807
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.342402		
61	EMERGENCY	.245874	35,859	8,817
62	OBSERVATION BEDS (NON-DISTINCT PART)	.758303		
62 01	OBSERVATION BEDS (DISTINCT PART)	.762139		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		1,844,732	704,931
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,844,732	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL RATIO COST TO CHARGES 1	OTHER INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,570,392	
26	INTENSIVE CARE UNIT		664,439	
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.250553	1,706,688	427,616
38	RECOVERY ROOM			
41	RADIOLOGY-DIAGNOSTIC	.170094	549,614	93,486
44	LABORATORY	.253346	858,459	217,487
44 01	ONCOLOGY	.286943	2,126	610
44 02	RADIATION ONCOLOGY			
49	RESPIRATORY THERAPY	.681891	98,869	67,418
50	PHYSICAL THERAPY	.444682	56,784	25,251
53	ELECTROCARDIOLOGY	.261143	206,868	54,022
53 01	CARDIAC REHAB	1.132807		
53 03	CARDIAC CATH	.684636	68,838	47,129
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.304269	716,077	217,880
60	CLINIC	1.342402		
61	EMERGENCY	.245874	343,590	84,480
62	OBSERVATION BEDS (NON-DISTINCT PART)	.758303		
62 01	OBSERVATION BEDS (DISTINCT PART)	.762139		
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
101	TOTAL		4,607,913	1,235,379
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,607,913	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2010 I
 I 15-T011 I I

TITLE XIX

SUBPROVIDER 1

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		133,868	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.250553		
38	RECOVERY ROOM			
41	RADIOLOGY-DIAGNOSTIC	.170094	2,613	444
44	LABORATORY	.253346	15,309	3,878
44	01 ONCOLOGY	.286943		
44	02 RADIATION ONCOLOGY			
49	RESPIRATORY THERAPY	.681891	2,945	2,008
50	PHYSICAL THERAPY	.444682	107,114	47,632
53	ELECTROCARDIOLOGY	.261143	3,152	823
53	01 CARDIAC REHAB	1.132807		
53	03 CARDIAC CATH	.684636		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.304269	39,457	12,006
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.342402		
61	EMERGENCY	.245874		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.758303		
62	01 OBSERVATION BEDS (DISTINCT PART)	.762139		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		170,590	66,791
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		170,590	

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET E
 I COMPONENT NO: I TO 6/30/2010 I PART A
 I 15-0011 I I

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	3,963,342	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	4,130,403	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	7,733,957	
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	7,162	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	110,633	
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)	194,303	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	91.44	
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)		5.27
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		23.29
4.02 SUM OF LINES 4 AND 4.01		28.56
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		12.78
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		2,022,780
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET E
 I COMPONENT NO: I TO 6/30/2010 I PART A
 I 15-0011 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 INSTRUC)	
5.06	TOTAL ADDITIONAL PAYMENT	
6	SUBTOTAL (SEE INSTRUCTIONS)	18,044,785
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	17,743,467
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)	18,044,785
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,348,470
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	19,393,255
17	PRIMARY PAYER PAYMENTS	3,246
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	19,390,009
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,824,136
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	54,841
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	364,317
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	255,022
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	263,363
22	SUBTOTAL	17,766,054
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
24	OTHER ADJUSTMENTS (SPECIFY)	
24.97	HCERA PAYMENTS	
24.98	CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES	
24.99	OUTLIER RECONCILIATION ADJUSTMENT	
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
26	AMOUNT DUE PROVIDER	17,766,054
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	17,679,203
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	86,851
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 AMOUNT (SEE INSTRUCTIONS)	
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
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 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET E
 I COMPONENT NO: I TO 6/30/2010 I PART B
 I 15-0011 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	6,660	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	9,100,742	8,092,715
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	7,011,740	6,204,801
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.850	.850
1.04	LINE 1.01 TIMES LINE 1.03.	7,735,631	6,878,808
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	90.64	90.20
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	615,307	572,906
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART 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)	6,660	
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES	21,888	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	21,888	
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)	21,888	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	15,228	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	6,660	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	14,404,754	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,952,270	
19	SUBTOTAL (SEE INSTRUCTIONS)	11,459,144	
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	11,459,144	
24	PRIMARY PAYER PAYMENTS	270	
25	SUBTOTAL	11,458,874	
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	583,862	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	408,703	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	371,225	
28	SUBTOTAL	11,867,577	
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)	-10	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	11,867,587	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	13,260,996	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	-1,393,409	
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 AMOUNT (SEE INSTRUCTIONS)		
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
54	TOTAL (SUM OF LINES 51 AND 53)		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET E-1
 I COMPONENT NO: I TO 6/30/2010 I
 I 15-0011 I I

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		17,428,312		10,270,212
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	1/21/2010 41,874	1/21/2010	19,548
ADJUSTMENTS TO PROVIDER	.02	6/30/2010 209,017	6/30/2010	393,369
ADJUSTMENTS TO PROVIDER	.03		6/30/2010	2,577,867
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	250,891		2,990,784
4 TOTAL INTERIM PAYMENTS		17,679,203		13,260,996
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)		86,851		1,393,409
7 TOTAL MEDICARE PROGRAM LIABILITY		17,766,054		11,867,587

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 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET E-1
 I COMPONENT NO: I TO 6/30/2010 I
 I 15-T011 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		2,363,369		
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	1/21/2010	20,994	
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99		20,994	NONE
4 TOTAL INTERIM PAYMENTS			2,384,363	
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)			114,653	
7 TOTAL MEDICARE PROGRAM LIABILITY			2,499,016	

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 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET E-3
 I COMPONENT NO: I TO 6/30/2010 I PART I
 I 15-T011 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	2,298,586
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0514
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	188,567
1.05	OUTLIER PAYMENTS	57,845
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	2,544,998
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	6.756164
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	2,544,998
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	2,544,998
7	DEDUCTIBLES	43,232
8	SUBTOTAL	2,501,766
9	COINSURANCE	2,750
10	SUBTOTAL	2,499,016
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	2,499,016
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)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2010
I	15-0011	I	FROM 7/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2010	I	PART I
I	15-T011	I		I	

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

15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,499,016
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,384,363
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	114,653
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3,I LN 1.05 (IRF) OR 1.09 (IPF).
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
53	ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET E-3
 I COMPONENT NO: I TO 6/30/2010 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	4,721,268	
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	4,721,268	
7		INPATIENT PRIMARY PAYER PAYMENTS		
8		OUTPATIENT PRIMARY PAYER PAYMENTS		
9		SUBTOTAL	4,721,268	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10		ROUTINE SERVICE CHARGES	2,234,831	
11		ANCILLARY SERVICE CHARGES	4,607,913	
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	6,842,744	
	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)	6,842,744	
21		EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	2,121,476	
22		EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23		COST OF COVERED SERVICES	4,721,268	
	PROSPECTIVE PAYMENT AMOUNT			
24		OTHER THAN OUTLIER PAYMENTS		
25		OUTLIER PAYMENTS		
26		PROGRAM CAPITAL PAYMENTS		
27		CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28		ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29		ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30		SUBTOTAL	4,721,268	
31		CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32		TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30	4,721,268	
33		DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34		EXCESS OF REASONABLE COST		
35		SUBTOTAL	4,721,268	
36		COINSURANCE		
37		SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38		REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01		ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02		REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03		ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39		UTILIZATION REVIEW		
40		SUBTOTAL (SEE INSTRUCTIONS)	4,721,268	
41		INPATIENT ROUTINE SERVICE COST		
42		MEDICARE INPATIENT ROUTINE CHARGES		
43		AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44		AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45		RATIO OF LINE 43 TO 44		
46		TOTAL CUSTOMARY CHARGES		
47		EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48		EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49		RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50		OTHER ADJUSTMENTS (SPECIFY)		
51		AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52		SUBTOTAL	4,721,268	
53		INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54		DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55		TOTAL AMOUNT PAYABLE TO THE PROVIDER	4,721,268	
56		SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57		INTERIM PAYMENTS	1,781,895	
57.01		TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2010
I	15-0011	I	FROM 7/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2010	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
 59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

1
2,939,373

2

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET E-3
 I COMPONENT NO: I TO 6/30/2010 I PART III
 I 15-T011 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
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		343,585	
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		343,585	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		343,585	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES		170,590	
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		170,590	
	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)		170,590	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		172,995	
23	COST OF COVERED SERVICES		343,585	
	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		343,585	
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		343,585	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		172,995	
35	SUBTOTAL		170,590	
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)		170,590	
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		170,590	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		170,590	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		99,009	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2010
I	15-0011	I	FROM 7/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2010	I	PART III
I	15-T011	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	71,581	2
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

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

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS
- 5 TOTAL INPATIENT DAYS
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) 352
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.
- 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)
- 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.
- 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)
- 6.07 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) PRIOR TO 422 E-3,6 LN 12
- 6.08 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD

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

- 7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS

Health Financial Systems MCRIF32 FOR MARION GENERAL HOSPITAL
DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL
EDUCATION COSTS

IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)
I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
I 15-0011 I FROM 7/ 1/2009 I WORKSHEET E-3
I I TO 6/30/2010 I PART IV

TITLE XVIII

- 8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

- 12 REASONABLE COST (SEE INSTRUCTIONS)
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST

PART B REASONABLE COST

- 17 REASONABLE COST
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST
- 20 TOTAL REASONABLE COST
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

- 23 TOTAL PROGRAM GME PAYMENT
- 23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97
(SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	16,146,917			
2	TEMPORARY INVESTMENTS	1,153,891			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	38,055,198			
5	OTHER RECEIVABLES	2,277,840			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-19,249,806			
7	INVENTORY	154,502			
8	PREPAID EXPENSES	1,058,429			
9	OTHER CURRENT ASSETS	1,239,678			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	40,836,649			
FIXED ASSETS					
12	LAND	3,283,204			
12.01					
13	LAND IMPROVEMENTS	1,683,188			
13.01	LESS ACCUMULATED DEPRECIATION	-1,150,388			
14	BUILDINGS	93,312,182			
14.01	LESS ACCUMULATED DEPRECIATION	-46,748,551			
15	LEASEHOLD IMPROVEMENTS	616,509			
15.01	LESS ACCUMULATED DEPRECIATION	-170,959			
16	FIXED EQUIPMENT	1,098,638			
16.01	LESS ACCUMULATED DEPRECIATION	-941,677			
17	AUTOMOBILES AND TRUCKS	814,184			
17.01	LESS ACCUMULATED DEPRECIATION	-649,737			
18	MAJOR MOVABLE EQUIPMENT	58,072,867			
18.01	LESS ACCUMULATED DEPRECIATION	-44,404,364			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	2,008,960			
21	TOTAL FIXED ASSETS	66,824,056			
OTHER ASSETS					
22	INVESTMENTS	113,591,559	10,155		
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	9,419,057			
26	TOTAL OTHER ASSETS	123,010,616	10,155		
27	TOTAL ASSETS	230,671,321	10,155		

BALANCE SHEET

I
I
IPROVIDER NO:
15-0011I PERIOD:
I FROM 7/ 1/2009
I TO 6/30/2010I PREPARED 11/24/2010
I
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	3,082,942			
29 SALARIES, WAGES & FEES PAYABLE	7,275,146			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	2,257,051			
36 TOTAL CURRENT LIABILITIES	12,615,139			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	67,935,402			
42 TOTAL LONG-TERM LIABILITIES	67,935,402			
43 TOTAL LIABILITIES	80,550,541			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	150,120,780			
45 SPECIFIC PURPOSE FUND		10,155		
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	150,120,780	10,155		
52 TOTAL LIABILITIES AND FUND BALANCES	230,671,321	10,155		

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		133,622,422		10,155
2	NET INCOME (LOSS)		16,499,317		
3	TOTAL		150,121,739		10,155
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		150,121,739		10,155
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM		959		
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		959		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		150,120,780		10,155

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	13,083,672		13,083,672
2 00 SUBPROVIDER	2,560,096		2,560,096
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	15,643,768		15,643,768
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	6,747,591		6,747,591
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	6,747,591		6,747,591
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	22,391,359		22,391,359
17 00 ANCILLARY SERVICES	65,381,678		65,381,678
18 00 OUTPATIENT SERVICES		201,489,723	201,489,723
20 00 AMBULANCE SERVICES		4,588,562	4,588,562
24 00 PHYSICIAN PRACTICE		11,750,538	11,750,538
25 00 TOTAL PATIENT REVENUES	87,773,037	217,828,823	305,601,860

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	117,537,604
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	117,537,604

STATEMENT OF REVENUES AND EXPENSES

I
I
IPROVIDER NO:
15-0011I PERIOD:
I FROM 7/ 1/2009
I TO 6/30/2010I PREPARED 11/24/2010
I WORKSHEET G-3
I

DESCRIPTION

1	TOTAL PATIENT REVENUES	305,601,860
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	174,774,327
3	NET PATIENT REVENUES	130,827,533
4	LESS: TOTAL OPERATING EXPENSES	117,537,604
5	NET INCOME FROM SERVICE TO PATIENTS	13,289,929
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	13,957,746
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	2,611,898
25	TOTAL OTHER INCOME	16,569,644
26	TOTAL	29,859,573
	OTHER EXPENSES	
27	BAD DEBT EXPENSE	13,360,256
28		
29		
30	TOTAL OTHER EXPENSES	13,360,256
31	NET INCOME (OR LOSS) FOR THE PERIOD	16,499,317

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-0011 I FROM 7/ 1/2009 I WORKSHEET L
 I COMPONENT NO: I TO 6/30/2010 I PARTS I-IV
 I 15-0011 I I

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,299,762
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	48,708
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	53.73
	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	1,348,470
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)	