

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	I	15-0072	I	FROM 1/ 1/2010	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2011 TIME 17:00

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

MEMORIAL HOSPITAL LOGANSPORT 15-0072

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

 ECR ENCRYPTION INFORMATION
 DATE: 5/27/2011 TIME 17:00

:QTCmnw1N8S1UivRJTmYNP6C7GLY60
 x5CL40O.m6w3jeAavg46.UJh0HzhXe
 yh5X0mea9k0Rjv68

 PI ENCRYPTION INFORMATION
 DATE: 5/27/2011 TIME 17:00

m9cUIFfxc23jgPkhMLAD4go2Zcymo0
 98q8h0Nry5cJAw9CrwIkesUq1ypjuv
 rphE4yR7Fa04DKy:

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2		B 3	4
1	HOSPITAL	0	297,502	114,394	673,224
3	SWING BED - SNF	0	0	0	0
100	TOTAL	0	297,502	114,394	673,224

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: 1101 MICHIGAN AVENUE P.O. BOX:
 1.01 CITY: LOGANSPORT STATE: IN ZIP CODE: 46947- COUNTY: CASS

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	MEMORIAL HOSPITAL LOGANSPORT	15-0072		7/ 1/1966	N	P	O
04.00 SWING BED - SNF	SWING BED - SNF	15-U072		5/14/2008	N	P	P

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2010 TO: 12/31/2010 1 2
 18 TYPE OF CONTROL 9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 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 (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO. Y
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 OR MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) Y N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

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

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

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

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

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

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

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

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

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

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

25.09 0000 0.00

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 1

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: 1/ 1/2010 ENDING: 12/31/2010

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

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0 0.0000 0.0000 0.00 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

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

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 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). Y

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? Y
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 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 NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5

47.00 HOSPITAL

N	N	N	N	N	N
---	---	---	---	---	---

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N

52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N

53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

		DATE	Y OR N	LIMIT	Y OR N	FEEES
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		Y	0.00	N	0
56.01	ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02	THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03	FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

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

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
					0.00

SETTLEMENT DATA

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

MISCELLANEOUS DATA

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

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	1	77	2.01	3	4	2,498	759
2 HMO							1,219
01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	77	28,105			2,498		759
6 INTENSIVE CARE UNIT	6	2,190			341		
11 NURSERY							
12 TOTAL	83	30,295			2,839		759
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
25 TOTAL	83						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS					23,489		
28 EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	/ TRIPS TOTAL ADMITTED	DISCHARGES / OBSERVATION BEDS NOT ADMITTED	INTERNS & RES. FTES / TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			5,290				
01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			5,290				
6 INTENSIVE CARE UNIT			551				
11 NURSERY			1,068				
12 TOTAL			6,909				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
25 TOTAL							
26 OBSERVATION BED DAYS			1,150				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET	--- FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					881	307	2,043
01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		495.07			881	307	2,043
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
25 TOTAL		495.07					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	26,055,055		26,055,055	1,029,740.00	25.30	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	2,674,356		2,674,356	23,467.00	113.96	
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	5,279,001		5,279,001	155,477.00	33.95	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	117,406		117,406	2,319.00	50.63	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	6,190,317		6,190,317			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,133,273		1,133,273			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	15,160		15,160			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	167,020		167,020			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	254,230		254,230	10,739.00	23.67	
22 ADMINISTRATIVE & GENERAL	2,585,338		2,585,338	107,177.00	24.12	
22.01 A & G UNDER CONTRACT	143,994		143,994	889.00	161.97	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	554,953		554,953	23,277.00	23.84	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	431,493		431,493	37,256.00	11.58	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	684,340	-456,057	228,283	19,695.00	11.59	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		456,057	456,057	39,577.00	11.52	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	561,433		561,433	19,551.00	28.72	
31 CENTRAL SERVICE AND SUPPLY	159,849		159,849	11,136.00	14.35	
32 PHARMACY	353,165		353,165	21,902.00	16.12	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	608,844		608,844	36,831.00	16.53	
34 SOCIAL SERVICE	261,733		261,733	9,807.00	26.69	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	23,524,693		23,524,693	1,007,162.00	23.36	
2 EXCLUDED AREA SALARIES	5,279,001		5,279,001	155,477.00	33.95	
3 SUBTOTAL SALARIES	18,245,692		18,245,692	851,685.00	21.42	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	117,406		117,406	2,319.00	50.63	
5 SUBTOTAL WAGE-RELATED COSTS	6,205,477		6,205,477		34.01	
6 TOTAL	24,568,575		24,568,575	854,004.00	28.77	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	6,599,372		6,599,372	337,837.00	19.53	

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0072	I	FROM 1/ 1/2010	I	5/27/2011
I		I	TO 12/31/2010	I	WORKSHEET S-10
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) .341808
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

DESCRIPTION

- 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 15-0072
I

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

I PREPARED 5/27/2011
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,742,773	3,742,773	-248,104	3,494,669
3.01	0301 MOB		252,874	252,874		252,874
3.02	0302 OPS		148,286	148,286		148,286
5	0500 EMPLOYEE BENEFITS	254,230	7,972,421	8,226,651		8,226,651
6	0600 ADMINISTRATIVE & GENERAL	2,585,338	3,151,139	5,736,477	617,944	6,354,421
8	0800 OPERATION OF PLANT	554,953	1,584,970	2,139,923		2,139,923
9	0900 LAUNDRY & LINEN SERVICE		203,230	203,230		203,230
10	1000 HOUSEKEEPING	431,493	212,689	644,182		644,182
11	1100 DIETARY	684,340	404,544	1,088,884	-725,495	363,389
12	1200 CAFETERIA				725,495	725,495
14	1400 NURSING ADMINISTRATION	561,433	17,744	579,177		579,177
15	1500 CENTRAL SERVICES & SUPPLY	159,849	1,362,484	1,522,333	-192,938	1,329,395
16	1600 PHARMACY	353,165	1,033,286	1,386,451		1,386,451
17	1700 MEDICAL RECORDS & LIBRARY	608,844	94,067	702,911		702,911
18	1800 SOCIAL SERVICE	261,733	37,139	298,872		298,872
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	2,736,303	272,445	3,008,748	-663,009	2,345,739
26	2600 INTENSIVE CARE UNIT	577,583	32,516	610,099		610,099
33	3300 NURSERY	269	21,479	21,748	232,015	253,763
34	3400 SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,102,234	563,671	1,665,905		1,665,905
39	3900 DELIVERY ROOM & LABOR ROOM	63,333	338	63,671	430,994	494,665
40	4000 ANESTHESIOLOGY		29,778	29,778		29,778
41	4100 RADIOLOGY-DIAGNOSTIC	1,012,225	950,611	1,962,836		1,962,836
44	4400 LABORATORY	1,003,862	1,506,548	2,510,410		2,510,410
47	4700 BLOOD STORING, PROCESSING & TRANS.	45,414	143,587	189,001		189,001
49	4900 RESPIRATORY THERAPY	499,288	70,417	569,705		569,705
50	5000 PHYSICAL THERAPY	34,904	449,048	483,952		483,952
53	5300 ELECTROCARDIOLOGY	205,104	59,175	264,279		264,279
53.01	5301 CARDIAC REHAB	78,056	16,991	95,047		95,047
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				192,938	192,938
56	5600 DRUGS CHARGED TO PATIENTS					
59	3450 NUCLEAR MEDICINE-DIAGNOSTIC	186,588	390,323	576,911		576,911
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	5,401,450	1,115,154	6,516,604	-102,816	6,413,788
61	6100 EMERGENCY	1,374,063	798,193	2,172,256		2,172,256
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.01	4040 FAMILY PRACTICE					
63.02	4041 FAMILY PRACTICE					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	684,645	101,660	786,305		786,305
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	21,460,699	26,739,580	48,200,279	267,024	48,467,303
	NONREIMBURS COST CENTERS					
100	7950 FOUNDATION	41,684	2,174	43,858		43,858
100.01	7951 MOB	32,839	8,816	41,655		41,655
100.02	7952 OTHER NONREIMBURSABLE COST CENTERS					
100.03	7953 PIH					
100.04	7954 HEALTH COMPANIES	401,153	313,266	714,419		714,419
100.05	7955 PHYSICIANS OFFICE	4,056,331	1,180,442	5,236,773	-267,024	4,969,749
100.06	7956 THE ARBORS		-3,161	-3,161		-3,161
100.07	7957 DIABETES EDUCATION	62,349	5,875	68,224		68,224
100.08	7958 OPS					
101	TOTAL	26,055,055	28,246,992	54,302,047	-0-	54,302,047

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
I 15-0072 I FROM 1/ 1/2010 I WORKSHEET A
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	37,761	3,532,430
3.01 0301	MOB		252,874
3.02 0302	OPS		148,286
5 0500	EMPLOYEE BENEFITS	-2,342	8,224,309
6 0600	ADMINISTRATIVE & GENERAL	-892,350	5,462,071
8 0800	OPERATION OF PLANT	-13,957	2,125,966
9 0900	LAUNDRY & LINEN SERVICE	-11,392	191,838
10 1000	HOUSEKEEPING		644,182
11 1100	DIETARY	-40,288	323,101
12 1200	CAFETERIA	-262,067	463,428
14 1400	NURSING ADMINISTRATION	-21,655	557,522
15 1500	CENTRAL SERVICES & SUPPLY		1,329,395
16 1600	PHARMACY		1,386,451
17 1700	MEDICAL RECORDS & LIBRARY	-35	702,876
18 1800	SOCIAL SERVICE	-30,000	268,872
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-96,000	2,249,739
26 2600	INTENSIVE CARE UNIT		610,099
33 3300	NURSERY		253,763
34 3400	SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		1,665,905
39 3900	DELIVERY ROOM & LABOR ROOM		494,665
40 4000	ANESTHESIOLOGY		29,778
41 4100	RADIOLOGY-DIAGNOSTIC	-50,004	1,912,832
44 4400	LABORATORY		2,510,410
47 4700	BLOOD STORING, PROCESSING & TRANS.		189,001
49 4900	RESPIRATORY THERAPY	-50,205	519,500
50 5000	PHYSICAL THERAPY		483,952
53 5300	ELECTROCARDIOLOGY		264,279
53.01 5301	CARDIAC REHAB		95,047
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		192,938
56 5600	DRUGS CHARGED TO PATIENTS		
59 3450	NUCLEAR MEDICINE-DIAGNOSTIC		576,911
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-3,942,575	2,471,213
61 6100	EMERGENCY		2,172,256
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63 4950	OTHER OUTPATIENT SERVICE COST CENTER		
63.01 4040	FAMILY PRACTICE		
63.02 4041	FAMILY PRACTICE		
	OTHER REIMBURS COST CNTRS		
65 6500	AMBULANCE SERVICES		786,305
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-5,375,109	43,092,194
	NONREIMBURS COST CENTERS		
100 7950	FOUNDATION		43,858
100.01 7951	MOB		41,655
100.02 7952	OTHER NONREIMBURSABLE COST CENTERS		
100.03 7953	PIH		
100.04 7954	HEALTH COMPANIES		714,419
100.05 7955	PHYSICIANS OFFICE		4,969,749
100.06 7956	THE ARBORS		-3,161
100.07 7957	DIABETES EDUCATION		68,224
100.08 7958	OPS		
101	TOTAL	-5,375,109	48,926,938

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	MOB	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	OPS	0302	NEW CAP REL COSTS-BLDG & FIXT
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHAB	5301	ELECTROCARDIOLOGY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
59	NUCLEAR MEDICINE-DIAGNOSTIC	3450	NUCLEAR MEDICINE-DIAGNOSTIC
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.01	FAMILY PRACTICE	4040	FAMILY PRACTICE
63.02	FAMILY PRACTICE	4041	FAMILY PRACTICE
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
100	FOUNDATION	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MOB	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OTHER NONREIMBURSABLE COST CENTERS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	PIH	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	HEALTH COMPANIES	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	PHYSICIANS OFFICE	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	THE ARBORS	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	DIABETES EDUCATION	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	OPS	7958	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150072	FROM 1/ 1/2010	5/27/2011
	TO 12/31/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA RECLASS	A	CAFETERIA	12	456,057	269,438
2 OB RECLASS	B	NURSERY	33	212,189	19,826
3		DELIVERY ROOM & LABOR ROOM	39	350,814	80,180
4 MALPRACTICE INS. RECLASS	C	ADMINISTRATIVE & GENERAL	6		617,944
5					
6					
7 IMPLANT RECLASS	D	IMPL. DEV. CHARGED TO PATIENT	55.30		192,938
36 TOTAL RECLASSIFICATIONS				1,019,060	1,180,326

(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
150072	FROM 1/ 1/2010	5/27/2011
	TO 12/31/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF 10
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 CAFETERIA RECLASS	A	DIETARY	11	456,057	269,438	
2 OB RECLASS	B	ADULTS & PEDIATRICS	25	563,003	100,006	
3						
4 MALPRACTICE INS. RECLASS	C	NEW CAP REL COSTS-BLDG & FIXT	3		248,104	12
5		CLINIC	60		102,816	
6		PHYSICIANS OFFICE	100.05		267,024	
7 IMPLANT RECLASS	D	CENTRAL SERVICES & SUPPLY	15		192,938	
36 TOTAL RECLASSIFICATIONS				1,019,060	1,180,326	

(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:
150072

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

PREPARED 5/27/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	CAFETERIA	725,495
TOTAL RECLASSIFICATIONS FOR CODE A		725,495

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
DIETARY	11	725,495
TOTAL RECLASSIFICATIONS FOR CODE A		725,495

RECLASS CODE: B
EXPLANATION : OB RECLASS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	NURSERY	232,015
2.00	DELIVERY ROOM & LABOR ROOM	430,994
TOTAL RECLASSIFICATIONS FOR CODE B		663,009

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ADULTS & PEDIATRICS	25	663,009
TOTAL RECLASSIFICATIONS FOR CODE B		663,009

RECLASS CODE: C
EXPLANATION : MALPRACTICE INS. RECLASS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	617,944
2.00		0
3.00		0
TOTAL RECLASSIFICATIONS FOR CODE C		617,944

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
NEW CAP REL COSTS-BLDG & FIXT	3	248,104
CLINIC	60	102,816
PHYSICIANS OFFICE	100.05	267,024
TOTAL RECLASSIFICATIONS FOR CODE C		617,944

RECLASS CODE: D
EXPLANATION : IMPLANT RECLASS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	IMPL. DEV. CHARGED TO PATIENT	192,938
TOTAL RECLASSIFICATIONS FOR CODE D		192,938

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
CENTRAL SERVICES & SUPPLY	15	192,938
TOTAL RECLASSIFICATIONS FOR CODE D		192,938

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	137,562						137,562	
2 LAND IMPROVEMENTS	399,814	31,896			31,896		431,710	
3 BUILDINGS & FIXTURE	57,131,469	1,682,114			1,682,114		58,813,583	
4 BUILDING IMPROVEMEN								
5 FIXED EQUIPMENT								
6 MOVABLE EQUIPMENT	25,188,116	349,734			349,734	39,259	25,498,591	
7 SUBTOTAL	82,856,961	2,063,744			2,063,744	39,259	84,881,446	
8 RECONCILING ITEMS								
9 TOTAL	82,856,961	2,063,744			2,063,744	39,259	84,881,446	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITLIZED GROSS ASSETS		RATIO 4	ALLOCATION OF OTHER CAPITAL OTHER CAPITAL			TOTAL 8
		LEASES 2	FOR RATIO 3		INSURANCE 5	TAXES 6	RELATED COSTS 7	
* NEW CAP REL COSTS-BL								
3 01 MOB								
3 02 OPS								
5 TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL	
						RELATED COST 14	TOTAL (1) 15
* NEW CAP REL COSTS-BL	2,907,623		768,396	-143,589			3,532,430
3 01 MOB	252,874						252,874
3 02 OPS	148,286						148,286
5 TOTAL	3,308,783		768,396	-143,589			3,933,590

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL	
						RELATED COST 14	TOTAL (1) 15
* NEW CAP REL COSTS-BL	2,869,862		768,396	104,515			3,742,773
3 01 MOB	252,874						252,874
3 02 OPS	148,286						148,286
5 TOTAL	3,271,022		768,396	104,515			4,143,933

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 15-0072
I

I PERIOD: I PREPARED 5/27/2011
I FROM 1/ 1/2010 I WORKSHEET A-8
I TO 12/31/2010 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF. 5
			COST CENTER	3		
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1		
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2		
3 INVST INCOME-NEW BLDGS AND FIXTURES			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 PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-4,333,308				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	57,512				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	A	-262,067	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS						
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP						
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		89	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**		1	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**		2	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-BLDG &		3	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		4	
34 PHYSICIANS' ASSISTANT			**COST CENTER DELETED**		20	
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**		52	
37 OTHER REVENUE - CPR TRAINING	B	-457	NURSING ADMINISTRATION		14	
38 OTHER REVENUE - MISCELLANEOUS	B	-21,198	NURSING ADMINISTRATION		14	
39 OTHER REVENUE - VENDING COMMISSIO	B	-4,004	ADMINISTRATIVE & GENERAL		6	
40 OTHER REVENUE - NUTRITIONALS	B	-689	DIETARY		11	
41 OTHER REVENUE - REBATES	B	-1,506	DIETARY		11	
42 OTHER REVENUE - CASH OVER/SHORT	B	25	ADMINISTRATIVE & GENERAL		6	
43 OTHER REVENUE - MISCELLAN	B	-15,419	ADMINISTRATIVE & GENERAL		6	
44 OTHER REVENUE - BAD DEBT	B	-313	ADMINISTRATIVE & GENERAL		6	
45 OTHER REVENUE - MEDICARE	B	-107	ADMINISTRATIVE & GENERAL		6	
46 OTHER REVENUE - BLUE CROS	B	-52	ADMINISTRATIVE & GENERAL		6	
47 OTHER REVENUE - MEDICAID	B	-356	ADMINISTRATIVE & GENERAL		6	
48 OTHER REVENUE - SCRAP SAL	B	-920	ADMINISTRATIVE & GENERAL		6	
49 OTHER REVENUE - RCC WELLN	B	-261	ADMINISTRATIVE & GENERAL		6	
49.01 OTHER REVENUE - CASH OVER	B	-38	ADMINISTRATIVE & GENERAL		6	
49.02 OTHER REVENUE - REBATES (B	-23,354	ADMINISTRATIVE & GENERAL		6	
49.03 OTHER REVENUE - VEHICLE	B	-3,600	ADMINISTRATIVE & GENERAL		6	
49.04 MHL A/P DISCOUNTS	B	-3,858	ADMINISTRATIVE & GENERAL		6	
49.05 MHL TELEPHONE-PAY PHONES	B	-114	ADMINISTRATIVE & GENERAL		6	
49.06 MHL TELEPHONE SERVICE	B	-13,200	ADMINISTRATIVE & GENERAL		6	
49.07 OTHER REVENUE - DI	B	-13,638	ADMINISTRATIVE & GENERAL		6	
49.08 OTHER REVENUE - MEDICAL RECORDS	B	-35	MEDICAL RECORDS & LIBRARY		17	
49.09 MEALS ON WHEELS	B	-38,093	DIETARY		11	
49.10 PATIENT TELEVISIONS	A	-577	OPERATION OF PLANT		8	
49.11 PATIENT TELEVISIONS	A	-457	NEW CAP REL COSTS-BLDG &		3	9
49.12 PATIENT TELEPHONES	A	-2,342	EMPLOYEE BENEFITS		5	
49.13 PATIENT TELEPHONES	A	-3,082	NEW CAP REL COSTS-BLDG &		3	9
49.14 PATIENT TELEPHONES	A	-1,427	ADMINISTRATIVE & GENERAL		6	
49.15 IHA & AHA LOBBYING FEES	A	-6,462	ADMINISTRATIVE & GENERAL		6	
49.16 GIFT SHOP	A	-18,219	NEW CAP REL COSTS-BLDG &		3	9
49.17 GIFT SHOP	A	-11,331	OPERATION OF PLANT		8	
49.18 ADVERTISING	A	-421,099	ADMINISTRATIVE & GENERAL		6	
49.19 TAXES	A	-29,231	ADMINISTRATIVE & GENERAL		6	
49.20 DONATION EXPENSE	A	-24,447	ADMINISTRATIVE & GENERAL		6	
49.21 PHYSICIAN RECRUITMENT	A	-165,951	ADMINISTRATIVE & GENERAL		6	
49.22 CAPITALIZED INTEREST	A	-6,091	NEW CAP REL COSTS-BLDG &		3	9
49.23 VENDING	A	-2,049	OPERATION OF PLANT		8	
49.24 VENDING	A	-3,294	NEW CAP REL COSTS-BLDG &		3	9
50 TOTAL (SUM OF LINES 1 THRU 49)		-5,375,109				

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

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & LINEN SERVICE	14,344		14,344	9
2	9	LAUNDRY & LINEN SERVICE	191,838	203,230	-11,392	
3	3	NEW CAP REL COSTS-BLDG & AMBULANCE	54,560		54,560	9
4						
5		TOTALS	260,742	203,230	57,512	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	C	NORTH CENTRAL IN LINEN SE	33.00		0.00
2	G	CASS COUNTY AMBULANCE	100.00		0.00
3			0.00		0.00
4			0.00		0.00
5			0.00		0.00

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I
I 15-0072
I

I PERIOD: I PREPARED 5/27/2011
I FROM 1/ 1/2010 I WORKSHEET A-8-2
I TO 12/31/2010 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 6	ADMIN	164,524	164,524					
2 18	CASE MANAGEMENT	30,000	30,000					
3 25	OBSTETRICS	96,000	96,000					
4 41	IMAGING	50,004	50,004					
5 44	LAB	100,000		100,000	208,000	2,080	208,000	10,400
6 49	RESPIRATORY THERAPY	50,205	50,205					
7 60	CLINIC	3,958,949	3,941,543	17,406	142,500	239	16,374	819
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	4,449,682	4,332,276	117,406		2,319	224,374	11,219

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 15-0072
I

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

I PREPARED 5/27/2011
I WORKSHEET A-8-2
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	6 ADMIN							164,524
2	18 CASE MANAGEMENT							30,000
3	25 OBSTETRICS							96,000
4	41 IMAGING							50,004
5	44 LAB					208,000		
6	49 RESPIRATORY THERAPY							50,205
7	60 CLINIC					16,374	1,032	3,942,575
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					224,374	1,032	4,333,308

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0072 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
3.01	MOB	2	SQUARE	FEET	ENTERED
3.02	OPS	12	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	10	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	3	LAUNDRY		ENTERED
10	HOUSEKEEPING	4	HOURS OF	SERVICE	ENTERED
11	DIETARY	5	PATIENT	DAYS	ENTERED
12	CAFETERIA	6	MAN	HOURS	ENTERED
14	NURSING ADMINISTRATION	7	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	8	100%	SUPPLIES	ENTERED
16	PHARMACY	9	100%	DRUGS	ENTERED
17	MEDICAL RECORDS & LIBRARY	13	REVENUE		ENTERED
18	SOCIAL SERVICE	15	HOURS		ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0072 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & MOB							
003 02 OPS							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT	3,464,507						
009 LAUNDRY & LINEN SERVICE	10,391	245,316					
010 HOUSEKEEPING	31,913		975,707				
011 DIETARY	111,054	1,009	12,550	730,300			
012 CAFETERIA	80,891	2,366	9,158		903,014		
014 NURSING ADMINISTRATION	60,813		3,392		22,291	1,017,249	
015 CENTRAL SERVICES & SUPPLY	115,041	4,984	8,141		12,697		1,885,645
016 PHARMACY	34,943		3,392		24,971		
017 MEDICAL RECORDS & LIBRARY	26,501		4,070		41,992		
018 SOCIAL SERVICE	8,515		1,357		11,181		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	542,571	105,036	331,906	427,686	118,208	419,821	
026 INTENSIVE CARE UNIT	74,523	11,014	54,272	44,547	25,769	91,521	
033 NURSERY	7,144	4,924	3,392		9,386	33,333	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	332,459	33,335	81,408		51,595	183,240	
039 DELIVERY ROOM & LABOR ROO	63,807		31,037		18,297	64,982	
040 ANESTHESIOLOGY	30,127						
041 RADIOLOGY-DIAGNOSTIC	214,568	11,872	64,787		47,520		
044 LABORATORY	84,012	248	18,656		67,689		
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY	55,473		10,176		24,652		
050 PHYSICAL THERAPY	43,621	8,172	15,603		2,498		
053 ELECTROCARDIOLOGY	67,379	1,512	6,784		9,898		
053 01 CARDIAC REHAB					5,450		
055 MEDICAL SUPPLIES CHARGED							1,885,645
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
059 NUCLEAR MEDICINE-DIAGNOST	93,880				7,322		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	256,384		28,493		161,161		
061 EMERGENCY	195,247	40,882	122,112		63,171	224,352	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 FAMILY PRACTICE							
063 02 FAMILY PRACTICE							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	48,221				42,370		
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,589,478	225,354	810,686	472,233	768,118	1,017,249	1,885,645
100 NONREIMBURS COST CENTERS							
100 FOUNDATION	1,299		10,854		2,371		
100 01 MOB	328,472				8,737		
100 02 OTHER NONREIMBURSABLE COS							
100 03 PIH							
100 04 HEALTH COMPANIES			8,141		20,465		
100 05 PHYSICIANS OFFICE					101,308		
100 06 THE ARBORS	169,828	19,962	9,498	258,067			
100 07 DIABETES EDUCATION	1,082				2,015		
100 08 OPS	374,348		136,528				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,464,507	245,316	975,707	730,300	903,014	1,017,249	1,885,645

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0072 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR						
003 01 MOB						
003 02 OPS						
005 EMPLOYEE BENEFITS						
006 ADMINISTRATIVE & GENERAL						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY	1,837,190					
017 MEDICAL RECORDS & LIBRARY		1,141,997				
018 SOCIAL SERVICE			438,580			
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS		202,949	404,758	6,674,809		6,674,809
033 INTENSIVE CARE UNIT		25,592	10,243	1,353,191		1,353,191
034 NURSERY			1,160	439,471		439,471
037 SKILLED NURSING FACILITY						
039 ANCILLARY SRVC COST CNTRS						
040 OPERATING ROOM		579,399		3,958,507		3,958,507
041 DELIVERY ROOM & LABOR ROO				986,264		986,264
044 ANESTHESIOLOGY				104,975		104,975
047 RADIOLOGY-DIAGNOSTIC				3,175,498		3,175,498
053 LABORATORY				3,531,169		3,531,169
055 BLOOD STORING, PROCESSING				234,398		234,398
056 RESPIRATORY THERAPY				947,186		947,186
059 PHYSICAL THERAPY				698,829		698,829
063 ELECTROCARDIOLOGY			1,160	508,363		508,363
065 01 CARDIAC REHAB				143,666		143,666
065 30 MEDICAL SUPPLIES CHARGED				1,885,645		1,885,645
065 30 IMPL. DEV. CHARGED TO PAT				222,204		222,204
065 30 DRUGS CHARGED TO PATIENTS	1,837,190			1,837,190		1,837,190
065 30 NUCLEAR MEDICINE-DIAGNOST				910,313		910,313
065 30 OUTPAT SERVICE COST CNTRS						
065 30 CLINIC				5,370,412		5,370,412
065 30 EMERGENCY		247,452	21,259	4,185,188		4,185,188
065 30 OBSERVATION BEDS (NON-DIS						
065 30 OTHER OUTPATIENT SERVICE						
065 30 01 FAMILY PRACTICE						
065 30 02 FAMILY PRACTICE						
065 30 OTHER REIMBURS COST CNTRS						
065 30 AMBULANCE SERVICES		86,605		1,399,871		1,399,871
065 30 SPEC PURPOSE COST CENTERS						
095 30 SUBTOTALS	1,837,190	1,141,997	438,580	38,567,149		38,567,149
100 30 NONREIMBURS COST CENTERS						
100 30 FOUNDATION				82,137		82,137
100 30 01 MOB				510,921		510,921
100 30 02 OTHER NONREIMBURSABLE COS						
100 30 03 PIH						
100 30 04 HEALTH COMPANIES				999,158		999,158
100 30 05 PHYSICIANS OFFICE				7,319,062		7,319,062
100 30 06 THE ARBORS				682,317		682,317
100 30 07 DIABETES EDUCATION				106,092		106,092
100 30 08 OPS				660,102		660,102
101 30 CROSS FOOT ADJUSTMENT						
102 30 NEGATIVE COST CENTER						
103 30 TOTAL	1,837,190	1,141,997	438,580	48,926,938		48,926,938

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0072 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C MOB OSTS-BLDG &	OPS	SUBTOTAL	EMPLOYEE FITS	BENE	ADMINISTRATIV E & GENERAL
	0	3	3.01	4a	5		6
003 GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
003 01 MOB							
003 02 OPS							
005 EMPLOYEE BENEFITS		27,685		27,685	27,685		
006 ADMINISTRATIVE & GENERAL		126,784	24,782	155,150	2,774		157,924
008 OPERATION OF PLANT		704,743		704,743	595		11,181
009 LAUNDRY & LINEN SERVICE		12,145		12,145			758
010 HOUSEKEEPING		37,299		37,299	463		3,046
011 DIETARY		129,799		129,799	245		1,955
012 CAFETERIA		94,545		94,545	489		2,616
014 NURSING ADMINISTRATION		71,077		71,077	602		3,004
015 CENTRAL SERVICES & SUPPLY		134,459		134,459	172		5,631
016 PHARMACY		40,842		40,842	379		5,725
017 MEDICAL RECORDS & LIBRARY		30,974		30,974	653		3,452
018 SOCIAL SERVICE		9,952		9,952	281		1,348
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		634,152		634,152	2,332		13,303
026 INTENSIVE CARE UNIT		87,102		87,102	620		3,278
033 NURSERY		8,350		8,350	228		1,227
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		300,862	22,544	323,406	1,183		8,705
039 DELIVERY ROOM & LABOR ROO		74,578		74,578	444		2,608
040 ANESTHESIOLOGY		35,212		35,212			242
041 RADIOLOGY-DIAGNOSTIC		216,353		226,550	1,086		9,155
044 LABORATORY		81,536		86,469	1,077		10,846
047 BLOOD STORING, PROCESSING					49		757
049 RESPIRATORY THERAPY		64,836		64,836	536		2,766
050 PHYSICAL THERAPY		50,983		50,983	37		2,030
053 ELECTROCARDIOLOGY		21,507	14,713	36,220	220		1,361
053 01 CARDIAC REHAB					84		446
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							717
056 DRUGS CHARGED TO PATIENTS							
059 NUCLEAR MEDICINE-DIAGNOST		50,815	15,141	65,956	200		2,611
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			77,019	77,019	5,798		15,893
061 EMERGENCY		228,203		228,203	1,474		10,556
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 FAMILY PRACTICE							
063 02 FAMILY PRACTICE							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		56,360		56,360	735		3,946
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		3,331,153	154,199	3,504,066	22,756		129,163
100 NONREIMBURS COST CENTERS							
100 FOUNDATION		1,518		1,518	45		218
100 01 MOB			98,675	98,675	35		561
100 02 OTHER NONREIMBURSABLE COS							
100 03 PIH							
100 04 HEALTH COMPANIES					430		3,132
100 05 PHYSICIANS OFFICE					4,352		23,310
100 06 THE ARBORS		198,494		198,494			726
100 07 DIABETES EDUCATION		1,265		1,265	67		332
100 08 OPS				129,572			482
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		3,532,430	252,874	3,933,590	27,685		157,924

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0072 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
003 01 MOB							
003 02 OPS							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT	716,519						
009 LAUNDRY & LINEN SERVICE	2,149	15,052					
010 HOUSEKEEPING	6,600		47,408				
011 DIETARY	22,968	62	610	155,639			
012 CAFETERIA	16,730	145	445		114,970		
014 NURSING ADMINISTRATION	12,577		165		2,838	90,263	
015 CENTRAL SERVICES & SUPPLY	23,792	306	396		1,617		166,373
016 PHARMACY	7,227		165		3,179		
017 MEDICAL RECORDS & LIBRARY	5,481		198		5,346		
018 SOCIAL SERVICE	1,761		66		1,424		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	112,214	6,446	16,127	91,147	15,050	37,252	
026 INTENSIVE CARE UNIT	15,413	676	2,637	9,494	3,281	8,121	
033 NURSERY	1,477	302	165		1,195	2,958	
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	68,758	2,045	3,955		6,569	16,259	
039 DELIVERY ROOM & LABOR ROO	13,196		1,508		2,330	5,766	
040 ANESTHESIOLOGY	6,231						
041 RADIOLOGY-DIAGNOSTIC	44,376	728	3,148		6,050		
044 LABORATORY	17,375	15	906		8,618		
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY	11,473		494		3,139		
050 PHYSICAL THERAPY	9,021	501	758		318		
053 ELECTROCARDIOLOGY	13,935	93	330		1,260		
053 01 CARDIAC REHAB					694		
055 MEDICAL SUPPLIES CHARGED							166,373
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
059 NUCLEAR MEDICINE-DIAGNOST	19,416				932		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	53,025		1,384		20,519		
061 EMERGENCY	40,380	2,508	5,933		8,043	19,907	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 FAMILY PRACTICE							
063 02 FAMILY PRACTICE							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	9,973				5,394		
095 SUBTOTALS	535,548	13,827	39,390	100,641	97,796	90,263	166,373
100 FOUNDATION	269		527		302		
100 01 MOB	67,934				1,112		
100 02 OTHER NONREIMBURSABLE COS							
100 03 PIH							
100 04 HEALTH COMPANIES			396		2,606		
100 05 PHYSICIANS OFFICE					12,898		
100 06 THE ARBORS	35,123	1,225	461	54,998			
100 07 DIABETES EDUCATION	224				256		
100 08 OPS	77,421		6,634				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	716,519	15,052	47,408	155,639	114,970	90,263	166,373

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003 GENERAL SERVICE COST CNTR						
003 01 MOB NEW CAP REL COSTS-BLDG &						
003 02 OPS						
005 EMPLOYEE BENEFITS						
006 ADMINISTRATIVE & GENERAL						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY	57,517					
017 MEDICAL RECORDS & LIBRARY		46,104				
018 SOCIAL SERVICE			14,832			
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS		8,191	13,689	949,903		949,903
026 INTENSIVE CARE UNIT		1,033	346	132,001		132,001
033 NURSERY			39	15,941		15,941
034 SKILLED NURSING FACILITY						
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM		23,398		454,278		454,278
039 DELIVERY ROOM & LABOR ROO				100,430		100,430
040 ANESTHESIOLOGY				41,685		41,685
041 RADIOLOGY-DIAGNOSTIC				291,093		291,093
044 LABORATORY				125,306		125,306
047 BLOOD STORING, PROCESSING				806		806
049 RESPIRATORY THERAPY				83,244		83,244
050 PHYSICAL THERAPY				63,648		63,648
053 ELECTROCARDIOLOGY			39	53,458		53,458
053 01 CARDIAC REHAB				1,224		1,224
055 MEDICAL SUPPLIES CHARGED				166,373		166,373
055 30 IMPL. DEV. CHARGED TO PAT				717		717
056 DRUGS CHARGED TO PATIENTS	57,517			57,517		57,517
059 NUCLEAR MEDICINE-DIAGNOST				89,115		89,115
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC				173,638		173,638
061 EMERGENCY		9,987	719	327,710		327,710
062 OBSERVATION BEDS (NON-DIS						
063 OTHER OUTPATIENT SERVICE						
063 01 FAMILY PRACTICE						
063 02 FAMILY PRACTICE						
065 OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES		3,495		79,903		79,903
065 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	57,517	46,104	14,832	3,207,990		3,207,990
100 NONREIMBURS COST CENTERS						
100 FOUNDATION				2,879		2,879
100 01 MOB				168,317		168,317
100 02 OTHER NONREIMBURSABLE COS						
100 03 PIH						
100 04 HEALTH COMPANIES				6,564		6,564
100 05 PHYSICIANS OFFICE				40,560		40,560
100 06 THE ARBORS				291,027		291,027
100 07 DIABETES EDUCATION				2,144		2,144
100 08 OPS				214,109		214,109
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL	57,517	46,104	14,832	3,933,590		3,933,590

COST CENTER DESCRIPTION	NEW CAP REL C MOB	OPS	EMPLOYEE BENE	ADMINISTRATIV		
	OSTS-BLDG &		FITS	E & GENERAL		
	(SQUARE FEET	(SQUARE FEET	F(SQUARE FEET	(ACCUM. COST)		
GENERAL SERVICE COST	3	3.01	3.02	5	6a.00	6
003 NEW CAP REL COSTS-BLD	167,533					
003 01 MOB		46,662				
003 02 OPS			23,748			
005 EMPLOYEE BENEFITS	1,313			25,800,825		
006 ADMINISTRATIVE & GENE	6,013	4,573	574	2,585,338	-6,444,103	42,482,835
008 OPERATION OF PLANT	33,424			554,953		3,008,202
009 LAUNDRY & LINEN SERVI	576					203,983
010 HOUSEKEEPING	1,769			431,493		819,488
011 DIETARY	6,156			228,283		525,913
012 CAFETERIA	4,484			456,057		703,836
014 NURSING ADMINISTRATIO	3,371			561,433		808,165
015 CENTRAL SERVICES & SU	6,377			159,849		1,514,979
016 PHARMACY	1,937			353,165		1,540,248
017 MEDICAL RECORDS & LIB	1,469			608,844		928,580
018 SOCIAL SERVICE	472			261,733		362,535
025 INPAT ROUTINE SRVC CN						
ADULTS & PEDIATRICS	30,076			2,173,300		3,578,988
026 INTENSIVE CARE UNIT	4,131			577,583		881,932
033 NURSERY	396			212,458		330,065
034 SKILLED NURSING FACIL						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	14,269	4,160		1,102,234		2,341,844
039 DELIVERY ROOM & LABOR	3,537			414,147		701,702
040 ANESTHESIOLOGY	1,670					64,990
041 RADIOLOGY-DIAGNOSTIC	10,261		1,633	1,012,225		2,463,127
044 LABORATORY	3,867		790	1,003,862		2,917,949
047 BLOOD STORING, PROCES				45,414		203,526
049 RESPIRATORY THERAPY	3,075			499,288		744,026
050 PHYSICAL THERAPY	2,418			34,904		546,099
053 ELECTROCARDIOLOGY	1,020	2,715		205,104		366,098
053 01 CARDIAC REHAB				78,056		120,012
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						192,938
056 DRUGS CHARGED TO PATI						
059 NUCLEAR MEDICINE-DIAG	2,410	2,794		186,588		702,544
060 OUTPAT SERVICE COST C						
CLINIC						
061 EMERGENCY	10,823	14,212		5,401,450		4,275,792
062 OBSERVATION BEDS (NON				1,374,063		2,839,932
063 OTHER OUTPATIENT SERV						
063 01 FAMILY PRACTICE						
063 02 FAMILY PRACTICE						
065 OTHER REIMBURS COST C						
AMBULANCE SERVICES	2,673			684,645		1,061,638
095 SPEC PURPOSE COST CEN						
SUBTOTALS	157,987	28,454	2,997	21,206,469	-6,444,103	34,749,131
100 NONREIMBURS COST CENT						
FOUNDATION	72			41,684		58,708
100 01 MOB		18,208		32,839		150,833
100 02 OTHER NONREIMBURSABLE						
100 03 PIH						
100 04 HEALTH COMPANIES				401,153		842,722
100 05 PHYSICIANS OFFICE				4,056,331		6,267,106
100 06 THE ARBORS	9,414					195,333
100 07 DIABETES EDUCATION	60			62,349		89,430
100 08 OPS			20,751			129,572
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	3,532,430	252,874	148,286	8,251,994		6,444,103
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	21.084980		6.244147			
(WRKSHT B, PT I)		5.419270		.319835		.151687
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED				27,685		157,924
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.001073	.003717
(WRKSHT B, PT III)						

I PROVIDER NO:
I 15-0072
I

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

I PREPARED 5/27/2011
I WORKSHEET B-1
I

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		(SQUARE FEET)	(LAUNDRY)	(HOURS OF)SERVICE	S(PATIENT)AYS	D(MAN)OURS	H(DIRECT)SING HRS	NR(100%)IES
		8	9	10	11	12	14	15
003	GENERAL SERVICE COST							
003	01 MOB							
003	02 OPS							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENE							
008	OPERATION OF PLANT	192,046						
009	LAUNDRY & LINEN SERVI	576	256,309					
010	HOUSEKEEPING	1,769		5,753				
011	DIETARY	6,156	1,054	74	9,033			
012	CAFETERIA	4,484	2,472	54		792,021		
014	NURSING ADMINISTRATIO	3,371		20		19,551	251,220	
015	CENTRAL SERVICES & SU	6,377	5,207	48		11,136		100
016	PHARMACY	1,937		20		21,902		
017	MEDICAL RECORDS & LIB	1,469		24		36,831		
018	SOCIAL SERVICE	472		8		9,807		
025	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	30,076	109,742	1,957	5,290	103,679	103,679	
026	INTENSIVE CARE UNIT	4,131	11,508	320	551	22,602	22,602	
033	NURSERY	396	5,145	20		8,232	8,232	
034	SKILLED NURSING FACIL							
037	ANCILLARY SRVC COST C							
037	OPERATING ROOM	18,429	34,829	480		45,253	45,253	
039	DELIVERY ROOM & LABOR	3,537		183		16,048	16,048	
040	ANESTHESIOLOGY	1,670						
041	RADIOLOGY-DIAGNOSTIC	11,894	12,404	382		41,679		
044	LABORATORY	4,657	259	110		59,369		
047	BLOOD STORING, PROCES							
049	RESPIRATORY THERAPY	3,075		60		21,622		
050	PHYSICAL THERAPY	2,418	8,538	92		2,191		
053	ELECTROCARDIOLOGY	3,735	1,580	40		8,681		
053	01 CARDIAC REHAB					4,780		
055	MEDICAL SUPPLIES CHAR							100
055	30 IMPL. DEV. CHARGED TO							
056	DRUGS CHARGED TO PATI							
059	NUCLEAR MEDICINE-DIAG	5,204				6,422		
060	OUTPAT SERVICE COST C							
060	CLINIC	14,212		168		141,352		
061	EMERGENCY	10,823	42,714	720		55,406	55,406	
062	OBSERVATION BEDS (NON							
063	OTHER OUTPATIENT SERV							
063	01 FAMILY PRACTICE							
063	02 FAMILY PRACTICE							
065	OTHER REIMBURS COST C							
065	AMBULANCE SERVICES	2,673				37,162		
095	SPEC PURPOSE COST CEN							
095	SUBTOTALS	143,541	235,452	4,780	5,841	673,705	251,220	100
100	NONREIMBURS COST CENT							
100	FOUNDATION	72		64		2,080		
100	01 MOB	18,208				7,663		
100	02 OTHER NONREIMBURSABLE							
100	03 PIH							
100	04 HEALTH COMPANIES			48		17,950		
100	05 PHYSICIANS OFFICE					88,856		
100	06 THE ARBORS	9,414	20,857	56	3,192			
100	07 DIABETES EDUCATION	60				1,767		
100	08 OPS	20,751		805				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	3,464,507	245,316	975,707	730,300	903,014	1,017,249	1,885,645
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		.957110		80.848002		4.049236	
105	(WRKSHT B, PT I)	18.039985		169.599687		1.140139		18,856.450000
105	COST TO BE ALLOCATED							
106	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
106	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	716,519	15,052	47,408	155,639	114,970	90,263	166,373
107	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.058726		17.230045		.359299	
108	(WRKSHT B, PT III)	3.730976		8.240570		.145160		1,663.730000

COST ALLOCATION - STATISTICAL BASIS

I 15-0072

I FROM 1/ 1/2010

I WORKSHEET B-1

I

I TO 12/31/2010

I

COST CENTER DESCRIPTION		PHARMACY (100% RUGS	MEDICAL RECOR DS & LIBRARY D(REVENUE)	SOCIAL SERVIC E (HOURS)
		16	17	18
003	GENERAL SERVICE COST			
003	01 NEW CAP REL COSTS-BLD			
003	02 MOB			
005	02 OPS			
006	EMPLOYEE BENEFITS			
008	ADMINISTRATIVE & GENE			
009	OPERATION OF PLANT			
010	LAUNDRY & LINEN SERVI			
011	HOUSEKEEPING			
012	DIETARY			
014	CAFETERIA			
015	NURSING ADMINISTRATIO			
016	CENTRAL SERVICES & SU			
017	PHARMACY	100		
018	MEDICAL RECORDS & LIB		39,061,902	
025	SOCIAL SERVICE			22,693
026	INPAT ROUTINE SRVC CN			
033	ADULTS & PEDIATRICS		6,941,750	20,943
034	INTENSIVE CARE UNIT		875,355	530
037	NURSERY			60
039	SKILLED NURSING FACIL			
040	ANCILLARY SRVC COST C			
041	OPERATING ROOM		19,818,563	
044	DELIVERY ROOM & LABOR			
047	ANESTHESIOLOGY			
049	RADIOLOGY-DIAGNOSTIC			
050	LABORATORY			
053	BLOOD STORING, PROCES			
055	RESPIRATORY THERAPY			
056	PHYSICAL THERAPY			
059	ELECTROCARDIOLOGY			60
060	01 CARDIAC REHAB			
061	MEDICAL SUPPLIES CHAR			
062	30 IMPL. DEV. CHARGED TO			
063	DRUGS CHARGED TO PATI	100		
065	NUCLEAR MEDICINE-DIAG			
066	OUTPAT SERVICE COST C			
067	CLINIC			
068	EMERGENCY		8,463,954	1,100
069	OBSERVATION BEDS (NON			
070	OTHER OUTPATIENT SERV			
071	01 FAMILY PRACTICE			
072	02 FAMILY PRACTICE			
073	OTHER REIMBURS COST C			
074	AMBULANCE SERVICES		2,962,280	
075	SPEC PURPOSE COST CEN			
076	095 SUBTOTALS	100	39,061,902	22,693
077	NONREIMBURS COST CENT			
078	FOUNDATION			
079	01 MOB			
080	02 OTHER NONREIMBURSABLE			
081	03 PIH			
082	04 HEALTH COMPANIES			
083	05 PHYSICIANS OFFICE			
084	06 THE ARBORS			
085	07 DIABETES EDUCATION			
086	08 OPS			
087	CROSS FOOT ADJUSTMENT			
088	NEGATIVE COST CENTER			
089	COST TO BE ALLOCATED	1,837,190	1,141,997	438,580
090	(PER WRKSHT B, PART			
091	UNIT COST MULTIPLIER		.029236	
092	(WRKSHT B, PT I)	18,371.900000		19.326665
093	COST TO BE ALLOCATED			
094	(PER WRKSHT B, PART			
095	UNIT COST MULTIPLIER			
096	(WRKSHT B, PT II)			
097	COST TO BE ALLOCATED	57,517	46,104	14,832
098	(PER WRKSHT B, PART			
099	UNIT COST MULTIPLIER		.001180	
100	(WRKSHT B, PT III)	575.170000		.653594

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0072 I FROM 1/ 1/2010 I WORKSHEET C
 I I TO 12/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	6,674,809		6,674,809		6,674,809
26	INTENSIVE CARE UNIT	1,353,191		1,353,191		1,353,191
33	NURSERY	439,471		439,471		439,471
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,958,507		3,958,507		3,958,507
39	DELIVERY ROOM & LABOR ROO	986,264		986,264		986,264
40	ANESTHESIOLOGY	104,975		104,975		104,975
41	RADIOLOGY-DIAGNOSTIC	3,175,498		3,175,498		3,175,498
44	LABORATORY	3,531,169		3,531,169		3,531,169
47	BLOOD STORING, PROCESSING	234,398		234,398		234,398
49	RESPIRATORY THERAPY	947,186		947,186		947,186
50	PHYSICAL THERAPY	698,829		698,829		698,829
53	ELECTROCARDIOLOGY	508,363		508,363		508,363
53	01 CARDIAC REHAB	143,666		143,666		143,666
55	MEDICAL SUPPLIES CHARGED	1,885,645		1,885,645		1,885,645
55	30 IMPL. DEV. CHARGED TO PAT	222,204		222,204		222,204
56	DRUGS CHARGED TO PATIENTS	1,837,190		1,837,190		1,837,190
59	NUCLEAR MEDICINE-DIAGNOST OUTPAT SERVICE COST CNTRS	910,313		910,313		910,313
60	CLINIC	5,370,412		5,370,412	1,032	5,371,444
61	EMERGENCY	4,185,188		4,185,188		4,185,188
62	OBSERVATION BEDS (NON-DIS	1,191,929		1,191,929		1,191,929
63	OTHER OUTPATIENT SERVICE					
63	01 FAMILY PRACTICE					
63	02 FAMILY PRACTICE					
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES	1,399,871		1,399,871		1,399,871
101	SUBTOTAL	39,759,078		39,759,078	1,032	39,760,110
102	LESS OBSERVATION BEDS	1,191,929		1,191,929		1,191,929
103	TOTAL	38,567,149		38,567,149	1,032	38,568,181

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	6,941,750		6,941,750			
26	INTENSIVE CARE UNIT	875,355		875,355			
33	NURSERY	1,056,818		1,056,818			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,120,289	15,698,274	19,818,563	.199737	.199737	.199737
39	DELIVERY ROOM & LABOR ROO	1,630,246	429,830	2,060,076	.478751	.478751	.478751
40	ANESTHESIOLOGY	244,608	827,857	1,072,465	.097882	.097882	.097882
41	RADIOLOGY-DIAGNOSTIC	956,814	11,450,163	12,406,977	.255945	.255945	.255945
44	LABORATORY	2,917,951	14,020,151	16,938,102	.208475	.208475	.208475
47	BLOOD STORING, PROCESSING	312,187	329,005	641,192	.365566	.365566	.365566
49	RESPIRATORY THERAPY	1,899,358	1,808,714	3,708,072	.255439	.255439	.255439
50	PHYSICAL THERAPY	258,046	1,828,409	2,086,455	.334936	.334936	.334936
53	ELECTROCARDIOLOGY	587,277	2,576,372	3,163,649	.160689	.160689	.160689
53	01 CARDIAC REHAB	133	231,686	231,819	.619733	.619733	.619733
55	MEDICAL SUPPLIES CHARGED	1,556,563	4,527,566	6,084,129	.309929	.309929	.309929
55	30 IMPL. DEV. CHARGED TO PAT	121,101	905,330	1,026,431	.216482	.216482	.216482
56	DRUGS CHARGED TO PATIENTS	3,206,538	2,977,620	6,184,158	.297080	.297080	.297080
59	NUCLEAR MEDICINE-DIAGNOST OUTPAT SERVICE COST CNTRS	1,820,397	11,715,755	13,536,152	.067251	.067251	.067251
60	CLINIC	1,008	2,027,934	2,028,942	2.646903	2.646903	2.647411
61	EMERGENCY	1,142,359	7,321,595	8,463,954	.494472	.494472	.494472
62	OBSERVATION BEDS (NON-DIS		1,545,396	1,545,396	.771277	.771277	.771277
63	OTHER OUTPATIENT SERVICE						
63	01 FAMILY PRACTICE						
63	02 FAMILY PRACTICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	713,612	2,248,668	2,962,280	.472565	.472565	.472565
101	SUBTOTAL	30,362,410	82,470,325	112,832,735			
102	LESS OBSERVATION BEDS						
103	TOTAL	30,362,410	82,470,325	112,832,735			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
I 15-0072 I FROM 1/ 1/2010 I WORKSHEET C
I I TO 12/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	6,674,809		6,674,809		6,674,809
26	INTENSIVE CARE UNIT	1,353,191		1,353,191		1,353,191
33	NURSERY	439,471		439,471		439,471
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,958,507		3,958,507		3,958,507
39	DELIVERY ROOM & LABOR ROO	986,264		986,264		986,264
40	ANESTHESIOLOGY	104,975		104,975		104,975
41	RADIOLOGY-DIAGNOSTIC	3,175,498		3,175,498		3,175,498
44	LABORATORY	3,531,169		3,531,169		3,531,169
47	BLOOD STORING, PROCESSING	234,398		234,398		234,398
49	RESPIRATORY THERAPY	947,186		947,186		947,186
50	PHYSICAL THERAPY	698,829		698,829		698,829
53	ELECTROCARDIOLOGY	508,363		508,363		508,363
53	01 CARDIAC REHAB	143,666		143,666		143,666
55	MEDICAL SUPPLIES CHARGED	1,885,645		1,885,645		1,885,645
55	30 IMPL. DEV. CHARGED TO PAT	222,204		222,204		222,204
56	DRUGS CHARGED TO PATIENTS	1,837,190		1,837,190		1,837,190
59	NUCLEAR MEDICINE-DIAGNOST OUTPAT SERVICE COST CNTRS	910,313		910,313		910,313
60	CLINIC	5,370,412		5,370,412	1,032	5,371,444
61	EMERGENCY	4,185,188		4,185,188		4,185,188
62	OBSERVATION BEDS (NON-DIS	1,191,929		1,191,929		1,191,929
63	OTHER OUTPATIENT SERVICE					
63	01 FAMILY PRACTICE					
63	02 FAMILY PRACTICE					
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES	1,399,871		1,399,871		1,399,871
101	SUBTOTAL	39,759,078		39,759,078	1,032	39,760,110
102	LESS OBSERVATION BEDS	1,191,929		1,191,929		1,191,929
103	TOTAL	38,567,149		38,567,149	1,032	38,568,181

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
I 15-0072 I FROM 1/ 1/2010 I WORKSHEET C
I I TO 12/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	6,941,750		6,941,750			
26	INTENSIVE CARE UNIT	875,355		875,355			
33	NURSERY	1,056,818		1,056,818			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,120,289	15,698,274	19,818,563	.199737	.199737	.199737
39	DELIVERY ROOM & LABOR ROO	1,630,246	429,830	2,060,076	.478751	.478751	.478751
40	ANESTHESIOLOGY	244,608	827,857	1,072,465	.097882	.097882	.097882
41	RADIOLOGY-DIAGNOSTIC	956,814	11,450,163	12,406,977	.255945	.255945	.255945
44	LABORATORY	2,917,951	14,020,151	16,938,102	.208475	.208475	.208475
47	BLOOD STORING, PROCESSING	312,187	329,005	641,192	.365566	.365566	.365566
49	RESPIRATORY THERAPY	1,899,358	1,808,714	3,708,072	.255439	.255439	.255439
50	PHYSICAL THERAPY	258,046	1,828,409	2,086,455	.334936	.334936	.334936
53	ELECTROCARDIOLOGY	587,277	2,576,372	3,163,649	.160689	.160689	.160689
53	01 CARDIAC REHAB	133	231,686	231,819	.619733	.619733	.619733
55	MEDICAL SUPPLIES CHARGED	1,556,563	4,527,566	6,084,129	.309929	.309929	.309929
55	30 IMPL. DEV. CHARGED TO PAT	121,101	905,330	1,026,431	.216482	.216482	.216482
56	DRUGS CHARGED TO PATIENTS	3,206,538	2,977,620	6,184,158	.297080	.297080	.297080
59	NUCLEAR MEDICINE-DIAGNOST OUTPAT SERVICE COST CNTRS	1,820,397	11,715,755	13,536,152	.067251	.067251	.067251
60	CLINIC	1,008	2,027,934	2,028,942	2.646903	2.646903	2.647411
61	EMERGENCY	1,142,359	7,321,595	8,463,954	.494472	.494472	.494472
62	OBSERVATION BEDS (NON-DIS		1,545,396	1,545,396	.771277	.771277	.771277
63	OTHER OUTPATIENT SERVICE						
63	01 FAMILY PRACTICE						
63	02 FAMILY PRACTICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	713,612	2,248,668	2,962,280	.472565	.472565	.472565
101	SUBTOTAL	30,362,410	82,470,325	112,832,735			
102	LESS OBSERVATION BEDS						
103	TOTAL	30,362,410	82,470,325	112,832,735			

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	3,958,507	454,278	3,504,229			3,958,507
39	DELIVERY ROOM & LABOR ROO	986,264	100,430	885,834			986,264
40	ANESTHESIOLOGY	104,975	41,685	63,290			104,975
41	RADIOLOGY-DIAGNOSTIC	3,175,498	291,093	2,884,405			3,175,498
44	LABORATORY	3,531,169	125,306	3,405,863			3,531,169
47	BLOOD STORING, PROCESSING	234,398	806	233,592			234,398
49	RESPIRATORY THERAPY	947,186	83,244	863,942			947,186
50	PHYSICAL THERAPY	698,829	63,648	635,181			698,829
53	ELECTROCARDIOLOGY	508,363	53,458	454,905			508,363
53	01 CARDIAC REHAB	143,666	1,224	142,442			143,666
55	MEDICAL SUPPLIES CHARGED	1,885,645	166,373	1,719,272			1,885,645
55	30 IMPL. DEV. CHARGED TO PAT	222,204	717	221,487			222,204
56	DRUGS CHARGED TO PATIENTS	1,837,190	57,517	1,779,673			1,837,190
59	NUCLEAR MEDICINE-DIAGNOST OUTPAT SERVICE COST CNTRS	910,313	89,115	821,198			910,313
60	CLINIC	5,370,412	173,638	5,196,774			5,370,412
61	EMERGENCY	4,185,188	327,710	3,857,478			4,185,188
62	OBSERVATION BEDS (NON-DIS	1,191,929	169,626	1,022,303			1,191,929
63	OTHER OUTPATIENT SERVICE						
63	01 FAMILY PRACTICE						
63	02 FAMILY PRACTICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,399,871	79,903	1,319,968			1,399,871
101	SUBTOTAL	31,291,607	2,279,771	29,011,836			31,291,607
102	LESS OBSERVATION BEDS	1,191,929	169,626	1,022,303			1,191,929
103	TOTAL	30,099,678	2,110,145	27,989,533			30,099,678

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES 7	OUTPAT COST TO CHRGRATIO 8	I/P PT B COST TO CHRGRATIO 9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	19,818,563	.199737	.199737
39	DELIVERY ROOM & LABOR ROO	2,060,076	.478751	.478751
40	ANESTHESIOLOGY	1,072,465	.097882	.097882
41	RADIOLOGY-DIAGNOSTIC	12,406,977	.255945	.255945
44	LABORATORY	16,938,102	.208475	.208475
47	BLOOD STORING, PROCESSING	641,192	.365566	.365566
49	RESPIRATORY THERAPY	3,708,072	.255439	.255439
50	PHYSICAL THERAPY	2,086,455	.334936	.334936
53	ELECTROCARDIOLOGY	3,163,649	.160689	.160689
53	01 CARDIAC REHAB	231,819	.619733	.619733
55	MEDICAL SUPPLIES CHARGED	6,084,129	.309929	.309929
55	30 IMPL. DEV. CHARGED TO PAT	1,026,431	.216482	.216482
56	DRUGS CHARGED TO PATIENTS	6,184,158	.297080	.297080
59	NUCLEAR MEDICINE-DIAGNOST	13,536,152	.067251	.067251
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,028,942	2.646903	2.646903
61	EMERGENCY	8,463,954	.494472	.494472
62	OBSERVATION BEDS (NON-DIS	1,545,396	.771277	.771277
63	OTHER OUTPATIENT SERVICE			
63	01 FAMILY PRACTICE			
63	02 FAMILY PRACTICE			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	2,962,280	.472565	.472565
101	SUBTOTAL	103,958,812		
102	LESS OBSERVATION BEDS	1,545,396		
103	TOTAL	102,413,416		

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	3,958,507	454,278	3,504,229			3,958,507
39	DELIVERY ROOM & LABOR ROO	986,264	100,430	885,834			986,264
40	ANESTHESIOLOGY	104,975	41,685	63,290			104,975
41	RADIOLOGY-DIAGNOSTIC	3,175,498	291,093	2,884,405			3,175,498
44	LABORATORY	3,531,169	125,306	3,405,863			3,531,169
47	BLOOD STORING, PROCESSING	234,398	806	233,592			234,398
49	RESPIRATORY THERAPY	947,186	83,244	863,942			947,186
50	PHYSICAL THERAPY	698,829	63,648	635,181			698,829
53	ELECTROCARDIOLOGY	508,363	53,458	454,905			508,363
53	01 CARDIAC REHAB	143,666	1,224	142,442			143,666
55	MEDICAL SUPPLIES CHARGED	1,885,645	166,373	1,719,272			1,885,645
55	30 IMPL. DEV. CHARGED TO PAT	222,204	717	221,487			222,204
56	DRUGS CHARGED TO PATIENTS	1,837,190	57,517	1,779,673			1,837,190
59	NUCLEAR MEDICINE-DIAGNOST	910,313	89,115	821,198			910,313
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	5,370,412	173,638	5,196,774			5,370,412
61	EMERGENCY	4,185,188	327,710	3,857,478			4,185,188
62	OBSERVATION BEDS (NON-DIS	1,191,929	169,626	1,022,303			1,191,929
63	OTHER OUTPATIENT SERVICE						
63	01 FAMILY PRACTICE						
63	02 FAMILY PRACTICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,399,871	79,903	1,319,968			1,399,871
101	SUBTOTAL	31,291,607	2,279,771	29,011,836			31,291,607
102	LESS OBSERVATION BEDS	1,191,929	169,626	1,022,303			1,191,929
103	TOTAL	30,099,678	2,110,145	27,989,533			30,099,678

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGR RATIO	I/P PT B COST TO CHRGR RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	19,818,563	.199737	.199737
39	DELIVERY ROOM & LABOR ROO	2,060,076	.478751	.478751
40	ANESTHESIOLOGY	1,072,465	.097882	.097882
41	RADIOLOGY-DIAGNOSTIC	12,406,977	.255945	.255945
44	LABORATORY	16,938,102	.208475	.208475
47	BLOOD STORING, PROCESSING	641,192	.365566	.365566
49	RESPIRATORY THERAPY	3,708,072	.255439	.255439
50	PHYSICAL THERAPY	2,086,455	.334936	.334936
53	ELECTROCARDIOLOGY	3,163,649	.160689	.160689
53	01 CARDIAC REHAB	231,819	.619733	.619733
55	MEDICAL SUPPLIES CHARGED	6,084,129	.309929	.309929
55	30 IMPL. DEV. CHARGED TO PAT	1,026,431	.216482	.216482
56	DRUGS CHARGED TO PATIENTS	6,184,158	.297080	.297080
59	NUCLEAR MEDICINE-DIAGNOST	13,536,152	.067251	.067251
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,028,942	2.646903	2.646903
61	EMERGENCY	8,463,954	.494472	.494472
62	OBSERVATION BEDS (NON-DIS	1,545,396	.771277	.771277
63	OTHER OUTPATIENT SERVICE			
63	01 FAMILY PRACTICE			
63	02 FAMILY PRACTICE			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	2,962,280	.472565	.472565
101	SUBTOTAL	103,958,812		
102	LESS OBSERVATION BEDS	1,545,396		
103	TOTAL	102,413,416		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		454,278	19,818,563	994,510		
39	DELIVERY ROOM & LABOR ROO		100,430	2,060,076			
40	ANESTHESIOLOGY		41,685	1,072,465	42,752		
41	RADIOLOGY-DIAGNOSTIC		291,093	12,406,977	557,369		
44	LABORATORY		125,306	16,938,102	1,884,355		
47	BLOOD STORING, PROCESSING		806	641,192	121,252		
49	RESPIRATORY THERAPY		83,244	3,708,072	1,140,741		
50	PHYSICAL THERAPY		63,648	2,086,455	206,208		
53	ELECTROCARDIOLOGY		53,458	3,163,649	269,574		
53	01 CARDIAC REHAB		1,224	231,819	133		
55	MEDICAL SUPPLIES CHARGED		166,373	6,084,129	756,158		
55	30 IMPL. DEV. CHARGED TO PAT		717	1,026,431	77,566		
56	DRUGS CHARGED TO PATIENTS		57,517	6,184,158	1,852,770		
59	NUCLEAR MEDICINE-DIAGNOST		89,115	13,536,152	1,036,649		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		173,638	2,028,942			
61	EMERGENCY		327,710	8,463,954	684,881		
62	OBSERVATION BEDS (NON-DIS		169,626	1,545,396			
63	OTHER OUTPATIENT SERVICE						
63	01 FAMILY PRACTICE						
63	02 FAMILY PRACTICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		2,199,868	100,996,532	9,624,918		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0072 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-0072 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO	COSTS 8
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.022922		22,796
39	DELIVERY ROOM & LABOR ROO	.048751		
40	ANESTHESIOLOGY	.038868		1,662
41	RADIOLOGY-DIAGNOSTIC	.023462		13,077
44	LABORATORY	.007398		13,940
47	BLOOD STORING, PROCESSING	.001257		152
49	RESPIRATORY THERAPY	.022449		25,608
50	PHYSICAL THERAPY	.030505		6,290
53	ELECTROCARDIOLOGY	.016898		4,555
53	01 CARDIAC REHAB	.005280		1
55	MEDICAL SUPPLIES CHARGED	.027345		20,677
55	30 IMPL. DEV. CHARGED TO PAT	.000699		54
56	DRUGS CHARGED TO PATIENTS	.009301		17,233
59	NUCLEAR MEDICINE-DIAGNOST	.006583		6,824
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.085581		
61	EMERGENCY	.038718		26,517
62	OBSERVATION BEDS (NON-DIS	.109762		
63	OTHER OUTPATIENT SERVICE			
63	01 FAMILY PRACTICE			
63	02 FAMILY PRACTICE			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL			159,386

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

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0072 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 12/31/2010 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					6,440	
26	INTENSIVE CARE UNIT					551	
33	NURSERY					1,068	
34	SKILLED NURSING FACILITY						
101	TOTAL					8,059	

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0072 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 12/31/2010 I PART III

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		2,498
26	INTENSIVE CARE UNIT		341
33	NURSERY		
34	SKILLED NURSING FACILITY		
101	TOTAL		2,839

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						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	NUCLEAR MEDICINE-DIAGNOST						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	01 FAMILY PRACTICE						
63	02 FAMILY PRACTICE						
	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 RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			19,818,563			994,510	
39	DELIVERY ROOM & LABOR ROO			2,060,076				
40	ANESTHESIOLOGY			1,072,465			42,752	
41	RADIOLOGY-DIAGNOSTIC			12,406,977			557,369	
44	LABORATORY			16,938,102			1,884,355	
47	BLOOD STORING, PROCESSING			641,192			121,252	
49	RESPIRATORY THERAPY			3,708,072			1,140,741	
50	PHYSICAL THERAPY			2,086,455			206,208	
53	ELECTROCARDIOLOGY			3,163,649			269,574	
53	01 CARDIAC REHAB			231,819			133	
55	MEDICAL SUPPLIES CHARGED			6,084,129			756,158	
55	30 IMPL. DEV. CHARGED TO PAT			1,026,431			77,566	
56	DRUGS CHARGED TO PATIENTS			6,184,158			1,852,770	
59	NUCLEAR MEDICINE-DIAGNOST			13,536,152			1,036,649	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			2,028,942				
61	EMERGENCY			8,463,954			684,881	
62	OBSERVATION BEDS (NON-DIS			1,545,396				
63	OTHER OUTPATIENT SERVICE							
63	01 FAMILY PRACTICE							
63	02 FAMILY PRACTICE							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			100,996,532			9,624,918	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	4,641,028					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	127,513					
41	RADIOLOGY-DIAGNOSTIC	2,971,374					
44	LABORATORY	254,888					
47	BLOOD STORING, PROCESSING	69,579					
49	RESPIRATORY THERAPY	1,037,410					
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	732,569					
53	01 CARDIAC REHAB	100,415					
55	MEDICAL SUPPLIES CHARGED	882,387					
55	30 IMPL. DEV. CHARGED TO PAT	304,304					
56	DRUGS CHARGED TO PATIENTS	1,319,093					
59	NUCLEAR MEDICINE-DIAGNOST	3,534,294					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	845					
61	EMERGENCY	1,803,681					
62	OBSERVATION BEDS (NON-DIS	375,917					
63	OTHER OUTPATIENT SERVICE						
63	01 FAMILY PRACTICE						
63	02 FAMILY PRACTICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	18,155,297					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.199737	.199737			
39 DELIVERY ROOM & LABOR ROOM	.478751	.478751			
40 ANESTHESIOLOGY	.097882	.097882			
41 RADIOLOGY-DIAGNOSTIC	.255945	.255945			
44 LABORATORY	.208475	.208475			
47 BLOOD STORING, PROCESSING & TRANS.	.365566	.365566			
49 RESPIRATORY THERAPY	.255439	.255439			
50 PHYSICAL THERAPY	.334936	.334936			
53 ELECTROCARDIOLOGY	.160689	.160689			
53 01 CARDIAC REHAB	.619733	.619733			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.309929	.309929			
55 30 IMPL. DEV. CHARGED TO PATIENT	.216482	.216482			
56 DRUGS CHARGED TO PATIENTS	.297080	.297080			
59 NUCLEAR MEDICINE-DIAGNOSTIC	.067251	.067251			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	2.646903	2.646903			
61 EMERGENCY	.494472	.494472			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.771277	.771277			
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 01 FAMILY PRACTICE					
63 02 FAMILY PRACTICE					
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.472565	.472565			
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 FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		4,641,028			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		127,513			
41	RADIOLOGY-DIAGNOSTIC		2,971,374	1,848		
44	LABORATORY		254,888			
47	BLOOD STORING, PROCESSING & TRANS.		69,579			
49	RESPIRATORY THERAPY		1,037,410			
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY		732,569			
53	01 CARDIAC REHAB		100,415			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		882,387			
55	30 IMPL. DEV. CHARGED TO PATIENT		304,304			
56	DRUGS CHARGED TO PATIENTS		1,319,093			
59	NUCLEAR MEDICINE-DIAGNOSTIC		3,534,294			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		845			
61	EMERGENCY		1,803,681			
62	OBSERVATION BEDS (NON-DISTINCT PART)		375,917			
63	OTHER OUTPATIENT SERVICE COST CENTER					
63	01 FAMILY PRACTICE					
63	02 FAMILY PRACTICE					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL		18,155,297	1,848		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		18,155,297	1,848		

TITLE XVIII, PART B

HOSPITAL

		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				926,985	
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY				12,481	
41	RADIOLOGY-DIAGNOSTIC				760,508	473
44	LABORATORY				53,138	
47	BLOOD STORING, PROCESSING & TRANS.				25,436	
49	RESPIRATORY THERAPY				264,995	
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY				117,716	
53	01 CARDIAC REHAB				62,230	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				273,477	
55	30 IMPL. DEV. CHARGED TO PATIENT				65,876	
56	DRUGS CHARGED TO PATIENTS				391,876	
59	NUCLEAR MEDICINE-DIAGNOSTIC				237,685	
	OUTPAT SERVICE COST CNTRS					
60	CLINIC				2,237	
61	EMERGENCY				891,870	
62	OBSERVATION BEDS (NON-DISTINCT PART)				289,936	
63	OTHER OUTPATIENT SERVICE COST CENTER					
63	01 FAMILY PRACTICE					
63	02 FAMILY PRACTICE					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL				4,376,446	473
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES				4,376,446	473

TITLE XVIII, PART B

HOSPITAL

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

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
44 LABORATORY			
47 BLOOD STORING, PROCESSING & TRANS.			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
53 01 CARDIAC REHAB			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30 IMPL. DEV. CHARGED TO PATIENT			
56 DRUGS CHARGED TO PATIENTS			
59 NUCLEAR MEDICINE-DIAGNOSTIC			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
63 OTHER OUTPATIENT SERVICE COST CENTER			
63 01 FAMILY PRACTICE			
63 02 FAMILY PRACTICE			
OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.297080
2	PROGRAM VACCINE CHARGES		38
3	PROGRAM COSTS		11

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)	6,440
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,440
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,440
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,498
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	184.15
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	6,674,809
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	6,674,809

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,817,105
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,817,105
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.853872
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,213.84
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	6,674,809

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					1,036.46
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,589,077
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,589,077

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42					
43	1,353,191	551	2,455.88	341	837,455
44					
45					
46					
47					
48					1
49					2,396,442
					5,822,974

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES				450,148
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				159,386
52	TOTAL PROGRAM EXCLUDABLE COST				609,534
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				5,213,440

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,150
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,036.46
85	OBSERVATION BED COST	1,191,929

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	6,674,809		1,191,929	
87	NEW CAPITAL-RELATED COST	949,903	.142312	1,191,929	169,626
88	NON PHYSICIAN ANESTHETIST	6,674,809		1,191,929	
89	MEDICAL EDUCATION	6,674,809		1,191,929	
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)	6,440
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,440
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	759
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,681
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)	759
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)	1,068
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	6,674,809
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	6,674,809

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,817,105
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,817,105
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.853872
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,376.01
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	6,674,809

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					1,036.46
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					786,673
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					786,673

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)	439,471	1,068	411.49	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT	1,353,191	551	2,455.88	
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
49	TOTAL PROGRAM INPATIENT COSTS				577,192
					1,363,865

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	1,150
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,036.46
85	OBSERVATION BED COST	1,191,929

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		3,360,440	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		516,730	
37	OPERATING ROOM	.199737	994,510	198,640
39	DELIVERY ROOM & LABOR ROOM	.478751		
40	ANESTHESIOLOGY	.097882	42,752	4,185
41	RADIOLOGY-DIAGNOSTIC	.255945	557,369	142,656
44	LABORATORY	.208475	1,884,355	392,841
47	BLOOD STORING, PROCESSING & TRANS.	.365566	121,252	44,326
49	RESPIRATORY THERAPY	.255439	1,140,741	291,390
50	PHYSICAL THERAPY	.334936	206,208	69,066
53	ELECTROCARDIOLOGY	.160689	269,574	43,318
53	01 CARDIAC REHAB	.619733	133	82
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.309929	756,158	234,355
55	30 IMPL. DEV. CHARGED TO PATIENT	.216482	77,566	16,792
56	DRUGS CHARGED TO PATIENTS	.297080	1,852,770	550,421
59	NUCLEAR MEDICINE-DIAGNOSTIC	.067251	1,036,649	69,716
60	OUTPAT SERVICE COST CNTRS CLINIC	2.647411		
61	EMERGENCY	.494472	684,881	338,654
62	OBSERVATION BEDS (NON-DISTINCT PART)	.771277		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	01 FAMILY PRACTICE			
63	02 FAMILY PRACTICE			
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
101	TOTAL		9,624,918	2,396,442
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		9,624,918	

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		866,067	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		30,482	
37	OPERATING ROOM	.199737	541,825	108,223
39	DELIVERY ROOM & LABOR ROOM	.478751	441,918	211,569
40	ANESTHESIOLOGY	.097882	36,012	3,525
41	RADIOLOGY-DIAGNOSTIC	.255945	37,386	9,569
44	LABORATORY	.208475	168,342	35,095
47	BLOOD STORING, PROCESSING & TRANS.	.365566	27,290	9,976
49	RESPIRATORY THERAPY	.255439	99,671	25,460
50	PHYSICAL THERAPY	.334936	1,976	662
53	ELECTROCARDIOLOGY	.160689	11,668	1,875
53	01 CARDIAC REHAB	.619733		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.309929	207,054	64,172
55	30 IMPL. DEV. CHARGED TO PATIENT	.216482		
56	DRUGS CHARGED TO PATIENTS	.297080	268,149	79,662
59	NUCLEAR MEDICINE-DIAGNOSTIC	.067251	69,459	4,671
60	OUTPAT SERVICE COST CNTRS CLINIC	2.646903		
61	EMERGENCY	.494472	50,538	24,990
62	OBSERVATION BEDS (NON-DISTINCT PART)	.771277	-2,926	-2,257
63	01 OTHER OUTPATIENT SERVICE COST CENTER			
63	02 FAMILY PRACTICE			
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
101	TOTAL		1,958,362	577,192
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,958,362	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0072 I FROM 1/ 1/2010 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2010 I PART A
 I 15-0072 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	3,015,482	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	911,927	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	15,208	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	79.85	
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)		4.30
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		28.63
4.02 SUM OF LINES 4 AND 4.01		32.93
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		12.00
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		471,289
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0072 I FROM 1/ 1/2010 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2010 I PART A
 I 15-0072 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1

1.01

5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)	
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRU	
5.06	TOTAL ADDITIONAL PAYMENT	
6	SUBTOTAL (SEE INSTRUCTIONS)	4,413,906
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	5,902,697
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)	5,902,697
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	321,976
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	6,224,673
17	PRIMARY PAYER PAYMENTS	8,444
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	6,216,229
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	691,772
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,100
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	179,626
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	125,738
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	146,386
22	SUBTOTAL	5,649,095
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
24	OTHER ADJUSTMENTS (SPECIFY)	
24.94	LOW VOLUME ADJUSTMENT PAYMENT-1	191,382
24.95	LOW VOLUME ADJUSTMENT PAYMENT-2	
24.96	LOW VOLUME ADJUSTMENT PAYMENT-3	
24.97		
24.98	CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES	
24.99	OUTLIER RECONCILIATION ADJUSTMENT	
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
26	AMOUNT DUE PROVIDER	5,840,477
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	5,542,975
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	297,502
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	
----- FI ONLY -----		
50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01	
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01	
52	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)	
53	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)	
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0072 I FROM 1/ 1/2010 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2010 I
 I 15-0072 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		5,197,059		3,457,758
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01 8/12/2010	270,399	12/31/2010	130,983
ADJUSTMENTS TO PROVIDER	.02 12/31/2010	75,517		
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROVIDER	.49			
ADJUSTMENTS TO PROGRAM	.50		8/12/2010	9,078
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	345,916		121,905
4 TOTAL INTERIM PAYMENTS		5,542,975		3,579,663
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)		297,502		114,394
7 TOTAL MEDICARE PROGRAM LIABILITY		5,840,477		3,694,057

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0072 I FROM 1/ 1/2010 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2010 I PART III
 I - I I

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1			1,363,865	
2				
3				
4				
5				
6			1,363,865	
7				
8				
9			1,363,865	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10			896,549	
11			1,958,362	
12				
13				
14				
15				
16			2,854,911	
	CUSTOMARY CHARGES			
17				
18				
19				
20			2,854,911	
21			1,491,046	
22				
23			1,363,865	
	PROSPECTIVE PAYMENT AMOUNT			
24				
25				
26				
27				
28				
29				
30			1,363,865	
31				
32			1,363,865	
33				
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34				
35			1,363,865	
36				
37				
38				
38.01				
38.02				
38.03				
39				
40			1,363,865	
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52			1,363,865	
53				
54				
55			1,363,865	
56				
57			690,641	
57.01				
58			673,224	
59				

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL LOGANSPORT IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/27/2011
CALCULATION OF REIMBURSEMENT SETTLEMENT	I	15-0072	I	FROM 1/ 1/2010	I	WORKSHEET E-3
	I	COMPONENT NO:	I	TO 12/31/2010	I	PART III
	I	-	I		I	

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	3,232,230			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	8,553,198			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY				
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	1,371,456			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	13,156,884			
FIXED ASSETS				
12 LAND	40,643,868			
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS				
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	40,643,868			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	11,656,539			
26 TOTAL OTHER ASSETS	11,656,539			
27 TOTAL ASSETS	65,457,291			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,878,802			
29 SALARIES, WAGES & FEES PAYABLE	2,446,574			
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	1,656,244			
36 TOTAL CURRENT LIABILITIES	6,981,620			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	18,103,359			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	14,721,173			
42 TOTAL LONG-TERM LIABILITIES	32,824,532			
43 TOTAL LIABILITIES	39,806,152			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	25,651,139			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	25,651,139			
52 TOTAL LIABILITIES AND FUND BALANCES	65,457,291			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		26,765,885		
2 OF PERIOD				
3 NET INCOME (LOSS)		-1,114,746		
4 TOTAL		25,651,139		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		25,651,139		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		25,651,139		
PERIOD PER BALANCE SHEET				

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO:
I 15-0072
I

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

I PREPARED 5/27/2011
I WORKSHEET G-2
I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	7,998,538		7,998,538
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	7,998,538		7,998,538
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	875,355		875,355
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	875,355		875,355
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	8,873,893		8,873,893
17 00 ANCILLARY SERVICES	21,482,156		21,482,156
18 00 OUTPATIENT SERVICES		83,515,137	83,515,137
20 00 AMBULANCE SERVICES		2,248,668	2,248,668
24 00 EXCLUDED AREAS		15,862,127	15,862,127
25 00 TOTAL PATIENT REVENUES	30,356,049	101,625,932	131,981,981

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	54,302,047
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	54,302,047

STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/27/2011
I	15-0072	I	FROM 1/ 1/2010	I	WORKSHEET	G-3
I		I	TO 12/31/2010	I		

DESCRIPTION

1	TOTAL PATIENT REVENUES	131,981,981
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	69,895,410
3	NET PATIENT REVENUES	62,086,571
4	LESS: TOTAL OPERATING EXPENSES	54,302,047
5	NET INCOME FROM SERVICE TO PATIENTS	7,784,524
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	570,503
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 (SPECIFY)	756,476
25	TOTAL OTHER INCOME	1,326,979
26	TOTAL	9,111,503
	OTHER EXPENSES	
27	CHARITY CARE	3,444,102
28	BAD DEBT	6,782,147
29		
30	TOTAL OTHER EXPENSES	10,226,249
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1,114,746

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0072 I FROM 1/ 1/2010 I WORKSHEET L
 I COMPONENT NO: I TO 12/31/2010 I PARTS I-IV
 I 15-0072 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	318,332
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	3,644
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	16.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI 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	321,976

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)	