

**RENAISSANCE SPECIALTY HOSPITAL OF CENTRAL INDIANA D.B.A.  
INTEGRA SPECIALTY HOSPITAL  
MUNCIE, INDIANA**

**PROVIDER NO. 15-2025 AND AIM NO. 200509740A**

**HOSPITAL STATEMENTS OF REIMBURSABLE COSTS  
(MEDICARE AND MEDICAID PROGRAMS)**

**SEPTEMBER 1, 2009 TO AUGUST 31, 2010**

RENAISSANCE SPECIALTY HOSPITAL OF CENTRAL INDIANA D.B.A. INTEGRA  
SPECIALTY HOSPITAL  
MUNCIE, INDIANA

PROVIDER NO. 15-2025 AND AIM NO. 200509740A

TABLE OF CONTENTS

Accounts' Disclaimer

Hospital Statements of Reimbursable Costs



Board of Directors  
Integra Specialty Hospital  
Muncie, Indiana

We have compiled the Hospital Statements of Reimbursable Costs (Title XVIII and XIX) of Integra Specialty Hospital for the year ended August 31, 2010 in the accompanying prescribed form in accordance with Statements on Standards for Accounting Review Services issued by the American Institute of Certified Public Accountants.

Our compilation was limited to presenting in the form prescribed by the Centers for Medicare and Medicaid Services, information that is the representation of management. We have not audited or reviewed the report referred to above and, accordingly; do not express an opinion or any other form of assurance on it.

The report is presented in accordance with the requirements of the Centers for Medicare and Medicaid Services, which differ from generally accepted accounting principles. Accordingly, this report is not designed for those who are not informed about such differences.

This report is intended to be filed with the Centers for Medicare and Medicaid Services and should not be used for any other purposes.

*Bradley Associates, Inc.*

January 18, 2011

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).  
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE  
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
(42 USC 1395g).

FORM APPROVED  
OMB NO. 0938-0050

WORKSHEET S  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-2025	I	FROM 9/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 8/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 1/18/2011 TIME 14:36

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:  
INTEGRA SPECIALTY HOSPITAL 15-2025  
FOR THE COST REPORTING PERIOD BEGINNING 9/ 1/2009 AND ENDING 8/31/2010 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: 1/18/2011 TIME 14:36

qpfbNe5KIOcirCAPzAZ0xo67icDv20  
mMqOP036kHP51c3jdyvry1Jyqi7dio  
ihGO00wz5d0yU9x7

-----  
PI ENCRYPTION INFORMATION  
DATE: 1/18/2011 TIME 14:36

E1d2ip:2JETO7G8HFU4cqdsUUTenS0  
2PgW80JdkXocgah1iYD56PEUoprHAb  
n6H93RqMk90kwITT

\_\_\_\_\_  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

PART II - SETTLEMENT SUMMARY

		TITLE V			TITLE XVIII			TITLE XIX
		1	A	B	3	4		
1	HOSPITAL	0	2	3	0	4		0
100	TOTAL	0	-144,361	3	0	4		0
		0	-144,361		0	4		0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS  
 1 STREET: 2401 W. UNIVERSITY AVE., 8TH FLOOR N P.O. BOX:  
 1.01 CITY: MUNCIE STATE: IN ZIP CODE: 47303- COUNTY: DELAWARE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	15-2025	2.01	2/16/2005	N	P	P

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 9/ 1/2009 TO: 8/31/2010  
 18 TYPE OF CONTROL 1 2  
 4

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 2  
 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. N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y 34620
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.
- 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. N

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

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

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

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

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

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

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

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

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

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

	1	2	3	4
28.02	0	0.0000	0.0000	
28.02	0.00	0		

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 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

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)

	%	Y/N
28.03 STAFFING	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 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

V XVIII XIX  
 1 2 3  
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N  
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N 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: TENDER LOVING CARE MANAGEMENT, INC. FI/CONTRACTOR NAME ADMINSTAR FEDERAL FI/CONTRACTOR #  
 40.02 STREET: 1800 N. WABASH AVE., SUITE 300 P.O. BOX:  
 40.03 CITY: MARION STATE: IN ZIP CODE: 46952-  
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y  
 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 NCMQ 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	6	7
47.00 HOSPITAL	N	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		FEES
	0	1	2	3	4	5	6		
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0									
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0									
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0									
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0									

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. 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) Y
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(c)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTICAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NON COVERED MEDICARE DAYS 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	32	11,680			3,654		89
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	32	11,680			3,654		89
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
12 TOTAL	32	11,680			3,654		89
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
25 TOTAL	32						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED 5.01	I/P DAYS / NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			4,704				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			4,704				
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
12 TOTAL			4,704				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					146	4	192
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
12 TOTAL		47.99			146	4	192
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
25 TOTAL		47.99					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							

HOSPITAL AND HOSPITAL HEALTH CARE  
 COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET S-3  
 I I TO 8/31/2010 I PART I

COMPONENT	I & R FTES	--- FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
	NET						
28 01 EMP DISCOUNT DAYS -IRF	9	10	11	12	13	14	15
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET S-3  
 I I TO 8/31/2010 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
2 TOTAL SALARY	2,377,477		2,377,477	85,953.62	27.66	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
5 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES						
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						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	381,061		381,061			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS						CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
18 NON-PHYS ANESTHETIST PART B						CMS 339
19 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
21 OVERHEAD COSTS - DIRECT SALARIES						
22 EMPLOYEE BENEFITS						
22 ADMINISTRATIVE & GENERAL	476,084		476,084	20,302.25	23.45	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY						
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	87,669		87,669	2,160.00	40.59	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	130,923		130,923	3,788.75	34.56	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	2,377,477		2,377,477	85,953.62	27.66	
2 EXCLUDED AREA SALARIES						
3 SUBTOTAL SALARIES	2,377,477		2,377,477	85,953.62	27.66	
4 SUBTOTAL OTHER WAGES & RELATED COSTS						
5 SUBTOTAL WAGE-RELATED COSTS	381,061		381,061		16.03	
6 TOTAL	2,758,538		2,758,538	85,953.62	32.09	
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	694,676		694,676	26,251.00	26.46	

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET S-10  
 I TO 8/31/2010 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) .547874
- 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

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/18/2011
I	15-2025	I	FROM 9/ 1/2009	I	WORKSHEET	S-10
I		I	TO 8/31/2010	I		
I		I		I		

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 PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET A  
 I I TO 8/31/2010 I

	COST CENTER	COST CENTER DESCRIPTION	SALARIES		OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2				
		GENERAL SERVICE COST CNTR						
1	0100	OLD CAP REL COSTS-BLDG & FIXT						
2	0200	OLD CAP REL COSTS-MVBLE EQUIP						
3	0300	NEW CAP REL COSTS-BLDG & FIXT						
4	0400	NEW CAP REL COSTS-MVBLE EQUIP			424,981	424,981		424,981
5	0500	EMPLOYEE BENEFITS			391,057	391,057		391,057
6	0600	ADMINISTRATIVE & GENERAL	476,084		775,109	1,251,193		1,251,193
7	0700	MAINTENANCE & REPAIRS						
8	0800	OPERATION OF PLANT			49,696	49,696		49,696
9	0900	LAUNDRY & LINEN SERVICE			10,996	10,996		10,996
10	1000	HOUSEKEEPING			74,496	74,496		74,496
11	1100	DIETARY			172,712	172,712		172,712
12	1200	CAFETERIA						
13	1300	MAINTENANCE OF PERSONNEL						
14	1400	NURSING ADMINISTRATION	87,669		119,093	206,762		206,762
15	1500	CENTRAL SERVICES & SUPPLY						
16	1600	PHARMACY						
17	1700	MEDICAL RECORDS & LIBRARY	130,923		16,416	147,339		147,339
18	1800	SOCIAL SERVICE						
		INPAT ROUTINE SRVC CNTRS						
25	2500	ADULTS & PEDIATRICS	1,682,801		800,078	2,482,879	-315,847	2,167,032
26	2600	INTENSIVE CARE UNIT						
27	2700	CORONARY CARE UNIT						
31	3100	SUBPROVIDER						
34	3400	SKILLED NURSING FACILITY						
35	3500	NURSING FACILITY						
35.01	3510	ICF/MR						
36	3600	OTHER LONG TERM CARE						
		ANCILLARY SRVC COST CNTRS						
37	3700	OPERATING ROOM						
38	3800	RECOVERY ROOM						
39	3900	DELIVERY ROOM & LABOR ROOM						
40	4000	ANESTHESIOLOGY						
41	4100	RADIOLOGY-DIAGNOSTIC			22,505	22,505	111,283	133,788
42	4200	RADIOLOGY-THERAPEUTIC						
43	4300	RADIOISOTOPE						
44	4400	LABORATORY			140,094	140,094		140,094
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY						
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS						
47	4700	BLOOD STORING, PROCESSING & TRANS.						
48	4800	INTRAVENOUS THERAPY						
49	4900	RESPIRATORY THERAPY			1,005,416	1,005,416		1,005,416
50	5000	PHYSICAL THERAPY			36,853	36,853		36,853
51	5100	OCCUPATIONAL THERAPY			31,767	31,767		31,767
52	5200	SPEECH PATHOLOGY			18,788	18,788		18,788
53	5300	ELECTROCARDIOLOGY						
54	5400	ELECTROENCEPHALOGRAPHY						
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS			366,851	366,851	-218,465	148,386
56	5600	DRUGS CHARGED TO PATIENTS			1,124,007	1,124,007	218,465	1,342,472
57	5700	RENAL DIALYSIS			75,495	75,495	19,317	94,812
58	5800	ASC (NON-DISTINCT PART)						
		OUTPAT SERVICE COST CNTRS						
60	6000	CLINIC						
61	6100	EMERGENCY			133,406	133,406	185,247	318,653
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)						
		OTHER REIMBURS COST CNTRS						
64	6400	HOME PROGRAM DIALYSIS						
65	6500	AMBULANCE SERVICES						
71	7100	HOME HEALTH AGENCY						
		SPEC PURPOSE COST CENTERS						
85	8500	HEART ACQUISITION						
86	8600	OTHER ORGAN ACQUISITION						
88	8800	INTEREST EXPENSE						
89	8900	UTILIZATION REVIEW-SNF						
90	9000	OTHER CAPITAL RELATED COSTS						
92	9200	AMBULATORY SURGICAL CENTER (D.P.)						
93	9300	HOSPICE						
95		SUBTOTALS	2,377,477		5,789,816	8,167,293	-0-	8,167,293
		NONREIMBURS COST CENTERS						
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN						
97	9700	RESEARCH						
98	9800	PHYSICIANS' PRIVATE OFFICES						
99	9900	NONPAID WORKERS						
101		TOTAL	2,377,477		5,789,816	8,167,293	-0-	8,167,293

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
I 15-2025 I FROM 9/ 1/2009 I WORKSHEET A  
I I TO 8/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	9,904	434,885
5	0500 EMPLOYEE BENEFITS	1,446	392,503
6	0600 ADMINISTRATIVE & GENERAL	-112,800	1,138,393
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	589	50,285
9	0900 LAUNDRY & LINEN SERVICE	224	11,220
10	1000 HOUSEKEEPING	109	74,605
11	1100 DIETARY	46	172,758
12	1200 CAFETERIA		
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	3,628	210,390
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		
17	1700 MEDICAL RECORDS & LIBRARY	1,574	148,913
18	1800 SOCIAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-309,172	1,857,860
26	2600 INTENSIVE CARE UNIT		
27	2700 CORONARY CARE UNIT		
31	3100 SUBPROVIDER		
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC		133,788
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY		140,094
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY	1,196	1,006,612
50	5000 PHYSICAL THERAPY	25	36,878
51	5100 OCCUPATIONAL THERAPY	12	31,779
52	5200 SPEECH PATHOLOGY		18,788
53	5300 ELECTROCARDIOLOGY		
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,617	150,003
56	5600 DRUGS CHARGED TO PATIENTS	586	1,343,058
57	5700 RENAL DIALYSIS		94,812
58	5800 ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY		318,653
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
85	8500 HEART ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
95	SUBTOTALS	-401,016	7,766,277
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
101	TOTAL	-401,016	7,766,277

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
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	
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85	HEART ACQUISITION	8500	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
152025	FROM 9/ 1/2009	1/18/2011
	TO 8/31/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 TRANSPORTATION	A	RADIOLOGY-DIAGNOSTIC	41		57,950
2		RENAL DIALYSIS	57		19,317
3		EMERGENCY	61		19,317
4 PHARMACY	C	DRUGS CHARGED TO PATIENTS	56		218,465
5 PURCHASED SERVICES	D	EMERGENCY	61		165,930
6		RADIOLOGY-DIAGNOSTIC	41		53,333
36 TOTAL RECLASSIFICATIONS					534,312

(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: 152025	PERIOD: FROM 9/ 1/2009 TO 8/31/2010	PREPARED 1/18/2011 WORKSHEET A-6
------------------------	---	-------------------------------------

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY 8	OTHER 9	A-7
			LINE NO 7				REF 10
1 TRANSPORTATION	A	ADULTS & PEDIATRICS	25			96,584	9
2							9
3							
4 PHARMACY	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			218,465	
5 PURCHASED SERVICES	D	ADULTS & PEDIATRICS	25			219,263	
6							
36 TOTAL RECLASSIFICATIONS						534,312	

(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
152025	FROM 9/ 1/2009	1/18/2011
	TO 8/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : TRANSPORTATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC	41	57,950	ADULTS & PEDIATRICS	25	96,584
2.00	RENAL DIALYSIS	57	19,317			0
3.00	EMERGENCY	61	19,317			0
TOTAL RECLASSIFICATIONS FOR CODE A			96,584			96,584

RECLASS CODE: C  
EXPLANATION : PHARMACY

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	218,465	MEDICAL SUPPLIES CHARGED TO PA	55	218,465
TOTAL RECLASSIFICATIONS FOR CODE C			218,465			218,465

RECLASS CODE: D  
EXPLANATION : PURCHASED SERVICES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMERGENCY	61	165,930	ADULTS & PEDIATRICS	25	219,263
2.00	RADIOLOGY-DIAGNOSTIC	41	53,333			0
TOTAL RECLASSIFICATIONS FOR CODE D			219,263			219,263

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
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 DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN	136,948					136,948	
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	40,788	11,349		11,349		52,137	
7 SUBTOTAL	177,736	11,349		11,349		189,085	
8 RECONCILING ITEMS							
9 TOTAL	177,736	11,349		11,349		189,085	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			LEASES 2	CAPITIALIZED GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV	189,085		189,085	1.000000				
5	TOTAL	189,085		189,085	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	434,885						434,885
5	TOTAL	434,885						434,885

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	424,981						424,981
5	TOTAL	424,981						424,981

\* All lines numbers except line 5 are to be consistent with workhseet 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  
I 15-2025  
I

I PERIOD: - I PREPARED 1/18/2011  
I FROM 9/ 1/2009 I WORKSHEET A-8  
I TO 8/31/2010 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-393	ADMINISTRATIVE & GENERAL	6	
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	-318,150			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	37,340			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
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			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MISCELLANEOUS INCOME	B	-7,836	ADMINISTRATIVE & GENERAL	6	
38 ADVERTISING	A	-5,524	ADMINISTRATIVE & GENERAL	6	
39 START UP	A	8,820	NEW CAP REL COSTS-MVBLE E	4	9
40 START UP	A	1,446	EMPLOYEE BENEFITS	5	
41 START UP	A	17,426	ADMINISTRATIVE & GENERAL	6	
42 START UP	A	589	OPERATION OF PLANT	8	
43 START UP	A	224	LAUNDRY & LINEN SERVICE	9	
44 START UP	A	109	HOUSEKEEPING	10	
45 START UP	A	46	DIETARY	11	
46 START UP	A	3,628	NURSING ADMINISTRATION	14	
47 START UP	A	1,574	MEDICAL RECORDS & LIBRARY	17	
48 START UP	A	8,978	ADULTS & PEDIATRICS	25	
49 START UP	A	1,196	RESPIRATORY THERAPY	49	
49.01 START UP	A	25	PHYSICAL THERAPY	50	
49.02 START UP	A	12	OCCUPATIONAL THERAPY	51	
49.03 START UP	A	1,617	MEDICAL SUPPLIES CHARGED	55	
49.04 START UP	A	586	DRUGS CHARGED TO PATIENTS	56	
49.05 KEY EMPLOYEE MEALS	A	-1,809	ADMINISTRATIVE & GENERAL	6	
49.06 CONTRACTED PERSONNEL INCOME	B	-145,500	ADMINISTRATIVE & GENERAL	6	
49.07 PUBLIC RELATIONS	A	-5,420	ADMINISTRATIVE & GENERAL	6	
49.08					
49.09					
50 TOTAL (SUM OF LINES 1 THRU 49)		-401,016			

(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	9
1	4	NEW CAP REL COSTS-MVBLE E HOME OFFICE	563		563	9
2	4	NEW CAP REL COSTS-MVBLE E HOME OFFICE	521		521	9
3	6	ADMINISTRATIVE & GENERAL HOME OFFICE	36,256		36,256	
4						
5		TOTALS	37,340		37,340	

\* 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	G	TLC MANAGEMENT		0.00	0.00	MANAGEMENT COMPANY
2				0.00	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.  
HOME OFFICE

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET A-8-2  
 I I TO 8/31/2010 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
25	PHYSICIAN SALARIES	318,150	318,150					
101	TOTAL	318,150	318,150					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I  
I 15-2025  
I

I PERIOD: I  
I FROM 9/ 1/2009 I  
I TO 8/31/2010 I

I PREPARED 1/18/2011  
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								
2								
3								
4								
5								
6								
7								
8								
9								
10	25	PHYSICIAN SALARIES						318,150
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						318,150

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 8/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	NOT ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE FEET	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	9	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	MEALS SERVED	NOT ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	NOT ENTERED
16	PHARMACY	15	COSTED REQUIS.	NOT ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET B  
 I I TO 8/31/2010 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E	434,885				434,885		
006 EMPLOYEE BENEFITS	392,503					392,503	
007 ADMINISTRATIVE & GENERAL	1,138,393				45,161	78,598	1,262,152
008 MAINTENANCE & REPAIRS							50,285
009 OPERATION OF PLANT	50,285						11,220
010 LAUNDRY & LINEN SERVICE	11,220						74,605
011 HOUSEKEEPING	74,605						172,758
012 DIETARY	172,758						
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							14,473
015 NURSING ADMINISTRATION	210,390						224,863
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY	148,913				8,312	21,614	178,839
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	1,857,860				331,182	277,818	2,466,860
031 INTENSIVE CARE UNIT							
034 CORONARY CARE UNIT							
035 SUBPROVIDER							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	133,788						133,788
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	140,094						140,094
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	1,006,612				7,746		1,014,358
051 PHYSICAL THERAPY	36,878				4,194		41,072
052 OCCUPATIONAL THERAPY	31,779				4,194		35,973
053 SPEECH PATHOLOGY	18,788				4,169		22,957
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED	150,003				29,927		179,930
057 DRUGS CHARGED TO PATIENTS	1,343,058						1,343,058
058 RENAL DIALYSIS	94,812						94,812
060 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							
064 EMERGENCY	318,653						318,653
065 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
085 HOME PROGRAM DIALYSIS							
086 AMBULANCE SERVICES							
092 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
095 HEART ACQUISITION							
096 OTHER ORGAN ACQUISITION							
097 AMBULATORY SURGICAL CENTE							
098 HOSPICE							
099 SUBTOTALS	7,766,277				434,885	392,503	7,766,277
101 NONREIMBURS COST CENTERS							
102 GIFT, FLOWER, COFFEE SHOP							
103 RESEARCH							
104 PHYSICIANS' PRIVATE OFFIC							
105 NONPAID WORKERS							
106 CROSS FOOT ADJUSTMENT							
107 NEGATIVE COST CENTER							
108 TOTAL	7,766,277				434,885	392,503	7,766,277

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET B  
 I I TO 8/31/2010 I PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF E. & GENERAL REPAIRS PLANT			LAUNDRY & LINEN SERVICE	DIETARY	CAFETERIA	
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	1,262,152						
008 OPERATION OF PLANT	9,758		60,043				
009 LAUNDRY & LINEN SERVICE	2,177			13,397			
010 HOUSEKEEPING	14,477				89,082		
011 DIETARY	33,524					206,282	
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	43,636						
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	34,704		1,281		1,900		
018 SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	478,705		51,024	13,397	75,700	206,282	
027 INTENSIVE CARE UNIT							
031 CORONARY CARE UNIT							
034 SUBPROVIDER							
035 SKILLED NURSING FACILITY							
036 NURSING FACILITY							
037 01 ICF/MR							
038 OTHER LONG TERM CARE							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM							
041 RECOVERY ROOM							
042 DELIVERY ROOM & LABOR ROO							
043 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC	25,962						
045 RADIOLOGY-THERAPEUTIC							
046 RADIOISOTOPE							
047 LABORATORY	27,186						
048 PBP CLINICAL LAB SERVICES							
049 WHOLE BLOOD & PACKED RED							
050 BLOOD STORING, PROCESSING							
051 INTRAVENOUS THERAPY							
052 RESPIRATORY THERAPY	196,840		1,193		1,770		
053 PHYSICAL THERAPY	7,970		646		959		
054 OCCUPATIONAL THERAPY	6,981		646		959		
055 SPEECH PATHOLOGY	4,455		642		953		
056 ELECTROCARDIOLOGY							
057 ELECTROENCEPHALOGRAPHY							
058 MEDICAL SUPPLIES CHARGED	34,916		4,611		6,841		
060 DRUGS CHARGED TO PATIENTS	260,626						
061 RENAL DIALYSIS	18,399						
062 ASC (NON-DISTINCT PART)							
064 OUTPAT SERVICE COST CNTRS							
065 CLINIC							
066 EMERGENCY	61,836						
067 OBSERVATION BEDS (NON-DIS							
068 OTHER REIMBURS COST CNTRS							
069 HOME PROGRAM DIALYSIS							
070 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
086 HEART ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
096 SUBTOTALS	1,262,152		60,043	13,397	89,082	206,282	
097 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
099 RESEARCH							
101 PHYSICIANS' PRIVATE OFFIC							
102 NONPAID WORKERS							
103 CROSS FOOT ADJUSTMENT							
104 NEGATIVE COST CENTER							
105 TOTAL	1,262,152		60,043	13,397	89,082	206,282	

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET B  
 I I TO 8/31/2010 I PART I

COST CENTER DESCRIPTION	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	SUBTOTAL
	F. PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY		
	13	14	15	16	17	18	25
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		268,499					
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY					216,724		
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		268,499			116,914		3,677,381
031 INTENSIVE CARE UNIT							
034 CORONARY CARE UNIT							
035 SUBPROVIDER							
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM							
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC					12,742		172,492
046 RADIOLOGY-THERAPEUTIC							
047 RADIOISOTOPE							
048 LABORATORY					11,912		179,192
049 PBP CLINICAL LAB SERVICES							
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY					18,399		1,232,560
054 PHYSICAL THERAPY					14,358		65,005
055 OCCUPATIONAL THERAPY					13,149		57,708
056 SPEECH PATHOLOGY					7,303		36,310
057 ELECTROCARDIOLOGY							
058 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED							226,298
061 DRUGS CHARGED TO PATIENTS							1,603,684
062 RENAL DIALYSIS					7,602		120,813
064 ASC (NON-DISTINCT PART)							
066 OUTPAT SERVICE COST CNTRS							
067 CLINIC							
068 EMERGENCY					14,345		394,834
069 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
073 HOME PROGRAM DIALYSIS							
075 AMBULANCE SERVICES							
077 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
086 HEART ACQUISITION							
088 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS		268,499			216,724		7,766,277
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC							
101 NONPAID WORKERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL		268,499			216,724		7,766,277

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET B  
 I I TO 8/31/2010 I PART I

COST CENTER	I&R COST POST STEP-DOWN ADJ	TOTAL
	26	27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
007	ADMINISTRATIVE & GENERAL	
008	MAINTENANCE & REPAIRS	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
013	CAFETERIA	
014	MAINTENANCE OF PERSONNEL	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
018	MEDICAL RECORDS & LIBRARY	
019	SOCIAL SERVICE	
020	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	3,677,381
026	INTENSIVE CARE UNIT	
027	CORONARY CARE UNIT	
031	SUBPROVIDER	
034	SKILLED NURSING FACILITY	
035	NURSING FACILITY	
035	01 ICF/MR	
036	OTHER LONG TERM CARE	
037	ANCILLARY SRVC COST CNTRS	
038	OPERATING ROOM	
039	RECOVERY ROOM	
040	DELIVERY ROOM & LABOR ROO	
041	ANESTHESIOLOGY	
042	RADIOLOGY-DIAGNOSTIC	172,492
043	RADIOLOGY-THERAPEUTIC	
044	RADIOISOTOPE	
045	LABORATORY	179,192
046	PBP CLINICAL LAB SERVICES	
047	WHOLE BLOOD & PACKED RED	
048	BLOOD STORING, PROCESSING	
049	INTRAVENOUS THERAPY	
050	RESPIRATORY THERAPY	1,232,560
051	PHYSICAL THERAPY	65,005
052	OCCUPATIONAL THERAPY	57,708
053	SPEECH PATHOLOGY	36,310
054	ELECTROCARDIOLOGY	
055	ELECTROENCEPHALOGRAPHY	
056	MEDICAL SUPPLIES CHARGED	226,298
057	DRUGS CHARGED TO PATIENTS	1,603,684
058	RENAL DIALYSIS	120,813
059	ASC (NON-DISTINCT PART)	
060	OUTPAT SERVICE COST CNTRS	
061	CLINIC	
062	EMERGENCY	394,834
063	OBSERVATION BEDS (NON-DIS	
064	OTHER REIMBURS COST CNTRS	
065	HOME PROGRAM DIALYSIS	
066	AMBULANCE SERVICES	
067	HOME HEALTH AGENCY	
068	SPEC PURPOSE COST CENTERS	
069	HEART ACQUISITION	
070	OTHER ORGAN ACQUISITION	
071	AMBULATORY SURGICAL CENTE	
072	HOSPICE	
073	SUBTOTALS	7,766,277
074	NONREIMBURS COST CENTERS	
075	GIFT, FLOWER, COFFEE SHOP	
076	RESEARCH	
077	PHYSICIANS' PRIVATE OFFIC	
078	NONPAID WORKERS	
079	CROSS FOOT ADJUSTMENT	
080	NEGATIVE COST CENTER	
081	TOTAL	7,766,277

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET B  
 I I TO 8/31/2010 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL COSTS-BLDG & OSTS-1	OLD CAP REL COSTS-MVBLE E OSTS-2	NEW CAP REL COSTS-BLDG & OSTS-3	NEW CAP REL COSTS-MVBLE E OSTS-4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL					45,161	45,161	
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY					8,312	8,312	
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS					331,182	331,182	
031 INTENSIVE CARE UNIT							
034 CORONARY CARE UNIT							
035 SUBPROVIDER							
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM							
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC							
046 RADIOLOGY-THERAPEUTIC							
047 RADIOISOTOPE							
048 LABORATORY							
049 PBP CLINICAL LAB SERVICES							
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY					7,746	7,746	
054 PHYSICAL THERAPY					4,194	4,194	
055 OCCUPATIONAL THERAPY					4,194	4,194	
056 SPEECH PATHOLOGY					4,169	4,169	
057 ELECTROCARDIOLOGY							
058 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED					29,927	29,927	
061 DRUGS CHARGED TO PATIENTS							
062 RENAL DIALYSIS							
064 ASC (NON-DISTINCT PART)							
065 OUTPAT SERVICE COST CNTRS							
066 CLINIC							
067 EMERGENCY							
068 OBSERVATION BEDS (NON-DIS							
069 OTHER REIMBURS COST CNTRS							
071 HOME PROGRAM DIALYSIS							
085 AMBULANCE SERVICES							
086 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
093 HEART ACQUISITION							
095 OTHER ORGAN ACQUISITION							
096 AMBULATORY SURGICAL CENTE							
097 HOSPICE							
098 SUBTOTALS					434,885	434,885	
099 NONREIMBURS COST CENTERS							
101 GIFT, FLOWER, COFFEE SHOP							
102 RESEARCH							
103 PHYSICIANS' PRIVATE OFFIC							
104 NONPAID WORKERS							
105 CROSS FOOT ADJUSTMENTS							
106 NEGATIVE COST CENTER							
107 TOTAL					434,885	434,885	

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET B  
 I I TO 8/31/2010 I PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	E & GENERAL	REPAIRS	PLANT				
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	45,161						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	349		349				
010 LAUNDRY & LINEN SERVICE	78			78			
011 HOUSEKEEPING	518				518		
012 DIETARY	1,199					1,199	
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	1,561						
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY	1,242		7		11		
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	17,131		296	78	439	1,199	
031 INTENSIVE CARE UNIT							
034 CORONARY CARE UNIT							
035 SUBPROVIDER							
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM							
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC	929						
046 RADIOLOGY-THERAPEUTIC							
047 RADIOISOTOPE							
048 LABORATORY	973						
049 PBP CLINICAL LAB SERVICES							
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY	7,043		7		10		
054 PHYSICAL THERAPY	285		4		6		
055 OCCUPATIONAL THERAPY	250		4		6		
056 SPEECH PATHOLOGY	159		4		6		
057 ELECTROCARDIOLOGY							
058 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED	1,249		27		40		
061 DRUGS CHARGED TO PATIENTS	9,325						
062 RENAL DIALYSIS	658						
064 ASC (NON-DISTINCT PART)							
066 OUTPAT SERVICE COST CNTRS							
067 CLINIC							
068 EMERGENCY	2,212						
069 OBSERVATION BEDS (NON-DIS							
070 OTHER REIMBURS COST CNTRS							
072 HOME PROGRAM DIALYSIS							
073 AMBULANCE SERVICES							
074 HOME HEALTH AGENCY							
075 SPEC PURPOSE COST CENTERS							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	45,161		349	78	518	1,199	
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC							
101 NONPAID WORKERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	45,161		349	78	518	1,199	

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET B  
 I I TO 8/31/2010 I PART III

COST CENTER DESCRIPTION	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	SUBTOTAL
	F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	E	
	13	14	15	16	17	18	25
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		1,561					
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY					9,572		
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		1,561			5,165		357,051
031 INTENSIVE CARE UNIT							
034 CORONARY CARE UNIT							
035 SUBPROVIDER							
036 SKILLED NURSING FACILITY							
035 01 NURSING FACILITY							
035 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC					563		1,492
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY					526		1,499
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY					812		15,618
051 PHYSICAL THERAPY					634		5,123
052 OCCUPATIONAL THERAPY					581		5,035
053 SPEECH PATHOLOGY					322		4,660
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED							31,243
057 DRUGS CHARGED TO PATIENTS							9,325
058 RENAL DIALYSIS					336		994
060 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							
064 EMERGENCY					633		2,845
065 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
085 HOME PROGRAM DIALYSIS							
086 AMBULANCE SERVICES							
092 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
095 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS		1,561			9,572		434,885
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC							
101 NONPAID WORKERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL		1,561			9,572		434,885

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET B  
 I I TO 8/31/2010 I PART III

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
001 GENERAL SERVICE COST CNTR		
002 OLD CAP REL COSTS-BLDG &		
003 OLD CAP REL COSTS-MVBLE E		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
007 ADMINISTRATIVE & GENERAL		
008 MAINTENANCE & REPAIRS		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
013 CAFETERIA		
014 MAINTENANCE OF PERSONNEL		
015 NURSING ADMINISTRATION		
016 CENTRAL SERVICES & SUPPLY		
017 PHARMACY		
018 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
025 INPAT ROUTINE SRVC CNTRS		357,051
026 ADULTS & PEDIATRICS		
027 INTENSIVE CARE UNIT		
027 CORONARY CARE UNIT		
031 SUBPROVIDER		
034 SKILLED NURSING FACILITY		
035 NURSING FACILITY		
035 01 ICF/MR		
036 OTHER LONG TERM CARE		
037 ANCILLARY SRVC COST CNTRS		
038 OPERATING ROOM		
038 RECOVERY ROOM		
039 DELIVERY ROOM & LABOR ROO		
040 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC		1,492
042 RADIOLOGY-THERAPEUTIC		
043 RADIOISOTOPE		
044 LABORATORY		1,499
045 PBP CLINICAL LAB SERVICES		
046 WHOLE BLOOD & PACKED RED		
047 BLOOD STORING, PROCESSING		
048 INTRAVENOUS THERAPY		
049 RESPIRATORY THERAPY		15,618
050 PHYSICAL THERAPY		5,123
051 OCCUPATIONAL THERAPY		5,035
052 SPEECH PATHOLOGY		4,660
053 ELECTROCARDIOLOGY		
054 ELECTROENCEPHALOGRAPHY		
055 MEDICAL SUPPLIES CHARGED		31,243
056 DRUGS CHARGED TO PATIENTS		9,325
057 RENAL DIALYSIS		994
058 ASC (NON-DISTINCT PART)		
060 OUTPUT SERVICE COST CNTRS		
061 CLINIC		
061 EMERGENCY		2,845
062 OBSERVATION BEDS (NON-DIS		
062 OTHER REIMBURS COST CNTRS		
064 HOME PROGRAM DIALYSIS		
065 AMBULANCE SERVICES		
071 HOME HEALTH AGENCY		
071 SPEC PURPOSE COST CENTERS		
085 HEART ACQUISITION		
086 OTHER ORGAN ACQUISITION		
092 AMBULATORY SURGICAL CENTE		
093 HOSPICE		
095 SUBTOTALS		434,885
096 NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		
097 RESEARCH		
098 PHYSICIANS' PRIVATE OFFIC		
099 NONPAID WORKERS		
101 CROSS FOOT ADJUSTMENTS		
102 NEGATIVE COST CENTER		
103 TOTAL		434,885

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET B-1  
 I I TO 8/31/2010 I

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & OSTS	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	RECONCILIATION
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD						
005 NEW CAP REL COSTS-MVB				16,900		
006 EMPLOYEE BENEFITS					2,377,477	
007 ADMINISTRATIVE & GENE				1,755	476,084	-1,262,152
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVI						
011 HOUSEKEEPING						
012 DIETARY						
013 CAFETERIA						
014 MAINTENANCE OF PERSON						
015 NURSING ADMINISTRATIO					87,669	
016 CENTRAL SERVICES & SU						
017 PHARMACY						
018 MEDICAL RECORDS & LIB				323	130,923	
025 SOCIAL SERVICE						
026 INPAT ROUTINE SRVC CN						
027 ADULTS & PEDIATRICS				12,870	1,682,801	
031 INTENSIVE CARE UNIT						
034 CORONARY CARE UNIT						
035 SUBPROVIDER						
036 SKILLED NURSING FACIL						
037 NURSING FACILITY						
038 01 ICF/MR						
039 OTHER LONG TERM CARE						
040 ANCILLARY SRVC COST C						
041 OPERATING ROOM						
042 RECOVERY ROOM						
043 DELIVERY ROOM & LABOR						
044 ANESTHESIOLOGY						
045 RADIOLOGY-DIAGNOSTIC						
046 RADIOLOGY-THERAPEUTIC						
047 RADIOISOTOPE						
048 LABORATORY						
049 PBP CLINICAL LAB SERV						
050 WHOLE BLOOD & PACKED						
051 BLOOD STORING, PROCES						
052 INTRAVENOUS THERAPY						
053 RESPIRATORY THERAPY					301	
054 PHYSICAL THERAPY					163	
055 OCCUPATIONAL THERAPY					163	
056 SPEECH PATHOLOGY					162	
057 ELECTROCARDIOLOGY						
058 ELECTROENCEPHALOGRAPH						
060 MEDICAL SUPPLIES CHAR				1,163		
061 DRUGS CHARGED TO PATI						
062 RENAL DIALYSIS						
064 ASC (NON-DISTINCT PAR						
065 OUTPAT SERVICE COST C						
066 CLINIC						
067 EMERGENCY						
068 OBSERVATION BEDS (NON						
069 OTHER REIMBURS COST C						
071 HOME PROGRAM DIALYSIS						
085 AMBULANCE SERVICES						
086 HOME HEALTH AGENCY						
088 SPEC PURPOSE COST CEN						
089 HEART ACQUISITION						
092 OTHER ORGAN ACQUISITI						
093 AMBULATORY SURGICAL C						
095 HOSPICE						
096 SUBTOTALS				16,900	2,377,477	-1,262,152
097 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE						
099 RESEARCH						
101 PHYSICIANS' PRIVATE O						
102 NONPAID WORKERS						
103 CROSS FOOT ADJUSTMENT						
104 NEGATIVE COST CENTER						
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART I)				434,885	392,503	
107 UNIT COST MULTIPLIER					.165092	
108 (WRKSHT B, PT I)						
109 COST TO BE ALLOCATED				25.732840		
110 (WRKSHT B, PART II)						
111 UNIT COST MULTIPLIER						
112 (WRKSHT B, PT II)						
113 COST TO BE ALLOCATED						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET B-1  
 I I TO 8/31/2010 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP-REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	S RECONCIL- ) IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR )VALUE	(SQUARE ) FEET	(SQUARE )FEET	(GROSS )ALARIES	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENT (WRKSHT B, PART III UNIT COST MULTIPLIER (WRKSHT B, PT III)						
108						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET B-1  
 I I TO 8/31/2010 I

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		( ACCUM. COST )	( SQUARE FEET )	( SQUARE FEET )	( POUNDS OF LAUNDRY )	( SQUARE FEET )	( MEALS SERVED )	( MEALS SERVED )
		6	7	8	9	10	11	12
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL	6,504,125						
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	50,285		15,145				
010	LAUNDRY & LINEN SERVICE	11,220			100			
011	HOUSEKEEPING	74,605				15,145		
012	DIETARY	172,758					100	
013	CAFETERIA							
014	MAINTENANCE OF PERSON							
015	NURSING ADMINISTRATIO	224,863						
016	CENTRAL SERVICES & SU							
017	PHARMACY							
018	MEDICAL RECORDS & LIB	178,839		323		323		
025	SOCIAL SERVICE							
026	INPAT ROUTINE SRVC CN	2,466,860		12,870	100	12,870	100	
027	ADULTS & PEDIATRICS							
031	INTENSIVE CARE UNIT							
034	CORONARY CARE UNIT							
035	SUBPROVIDER							
036	SKILLED NURSING FACIL							
037	NURSING FACILITY							
038	ICF/MR							
039	OTHER LONG TERM CARE							
040	ANCILLARY SRVC COST C							
041	OPERATING ROOM							
042	RECOVERY ROOM							
043	DELIVERY ROOM & LABOR							
044	ANESTHESIOLOGY							
045	RADIOLOGY-DIAGNOSTIC	133,788						
046	RADIOLOGY-THERAPEUTIC							
047	RADIOISOTOPE							
048	LABORATORY	140,094						
049	PBP CLINICAL LAB SERV							
050	WHOLE BLOOD & PACKED							
051	BLOOD STORING, PROCES							
052	INTRAVENOUS THERAPY							
053	RESPIRATORY THERAPY	1,014,358		301		301		
054	PHYSICAL THERAPY	41,072		163		163		
055	OCCUPATIONAL THERAPY	35,973		163		163		
056	SPEECH PATHOLOGY	22,957		162		162		
057	ELECTROCARDIOLOGY							
058	ELECTROENCEPHALOGRAPH							
059	MEDICAL SUPPLIES CHAR	179,930		1,163		1,163		
060	DRUGS CHARGED TO PATI	1,343,058						
061	RENAL DIALYSIS	94,812						
062	ASC (NON-DISTINCT PAR							
063	OUTPAT SERVICE COST C							
064	CLINIC							
065	EMERGENCY	318,653						
066	OBSERVATION BEDS (NON							
067	OTHER REIMBURS COST C							
068	HOME PROGRAM DIALYSIS							
069	AMBULANCE SERVICES							
070	HOME HEALTH AGENCY							
071	SPEC PURPOSE COST CEN							
072	HEART ACQUISITION							
073	OTHER ORGAN ACQUISITI							
074	AMBULATORY SURGICAL C							
075	HOSPICE							
076	SUBTOTALS	6,504,125		15,145	100	15,145	100	
077	NONREIMBURS COST CENT							
078	GIFT, FLOWER, COFFEE							
079	RESEARCH							
080	PHYSICIANS' PRIVATE O							
081	NONPAID WORKERS							
082	CROSS FOOT ADJUSTMENT							
083	NEGATIVE COST CENTER							
084	COST TO BE ALLOCATED	1,262,152		60,043	13,397	89,082	206,282	
085	(WRKSHT B, PART I)							
086	UNIT COST MULTIPLIER	.194054		3.964543	133.970000	5.881941	2,062.820000	
087	(WRKSHT B, PT I)							
088	COST TO BE ALLOCATED							
089	(WRKSHT B, PART II)							
090	UNIT COST MULTIPLIER							
091	(WRKSHT B, PT II)							
092	COST TO BE ALLOCATED	45,161		349	78	518	1,199	

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET B-1  
 I I TO 8/31/2010 I

COST-CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & REPAIRS	OPERATION-OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	( ACCUM. COST	(SQUARE ) FEET	(SQUARE ) FEET	(SQUARE ) FEET	(POUNDS OF ) LAUNDRY	(SQUARE ) FEET	(MEALS )ERVED	S(MEALS )ERVED	S )
	6	7		8	9	10	11	12	
108 NONREIMBURS COST CENT (WRKSHT B, PART III UNIT COST MULTIPLIER (WRKSHT B, PT III)	.006943			.023044	.780000	.034203	11.990000		

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET B-1  
 I I TO 8/31/2010 I

COST CENTER DESCRIPTION	MAINTENANCE F PERSONNEL (NUMBER HOUSED)	NURSING ADMIN ISTRATION (DIRECT )SING HRS	CENTRAL SERVI CES & SUPPLY NR(COSTED )EQUIS.	PHARMACY R(COSTED )EQUIS.	MEDICAL RECOR DS & LIBRARY R(GROSS ) REVENUE	SOCIAL SERVI CE (TIME )SPENT
	13	14	15	16	17	18
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 ADMINISTRATIVE & GENE						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO		100				
015 CENTRAL SERVICES & SU						
016 PHARMACY						
017 MEDICAL RECORDS & LIB					8,034,337	
018 SOCIAL SERVICE						
025 INPAT ROUTINE SRVC CN		100			4,334,200	
026 ADULTS & PEDIATRICS						
027 INTENSIVE CARE UNIT						
027 CORONARY CARE UNIT						
031 SUBPROVIDER						
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
ANCILLARY SRVC COST C						
037 OPERATING ROOM						
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC					472,373	
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY					441,599	
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY					682,065	
050 PHYSICAL THERAPY					532,276	
051 OCCUPATIONAL THERAPY					487,459	
052 SPEECH PATHOLOGY					270,743	
053 ELECTROCARDIOLOGY						
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS					281,827	
058 ASC (NON-DISTINCT PAR						
OUTPAT SERVICE COST C						
060 CLINIC						
061 EMERGENCY					531,795	
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
085 HEART ACQUISITION						
086 OTHER ORGAN ACQUISITI						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS			100		8,034,337	
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			268,499		216,724	
(PER WRKSHT B, PART						
UNIT COST MULTIPLIER			2,684.990000		.026975	
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
(PER WRKSHT B, PART						
UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			1,561		9,572	

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET B-1  
 I I TO 8/31/2010 I

COST-CENTER DESCRIPTION	MAINTENANCE	NURSING	ADMIN.	CENTRAL	SERVI.	PHARMACY	MEDICAL RECOR.	SOCIAL	SERVIC
	F PERSONNEL	ISTRATION		ES & SUPPLY			DS & LIBRARY	E	
	(NUMBER HOUSED	(DIRECT )SING HRS	NR(COSTED )EQUIS.	R(COSTED )EQUIS.	R(GROSS ) REVENUE	(TIME )SPENT			
NONREIMBURS COST CENT (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III)	13	14	15	16	17	18			
108		15.610000			.001191				

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET C  
 I I TO 8/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3,677,381		3,677,381		3,677,381
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
31	SUBPROVIDER					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	172,492		172,492		172,492
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	179,192		179,192		179,192
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,232,560		1,232,560		1,232,560
50	PHYSICAL THERAPY	65,005		65,005		65,005
51	OCCUPATIONAL THERAPY	57,708		57,708		57,708
52	SPEECH PATHOLOGY	36,310		36,310		36,310
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	226,298		226,298		226,298
56	DRUGS CHARGED TO PATIENTS	1,603,684		1,603,684		1,603,684
57	RENAL DIALYSIS	120,813		120,813		120,813
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	394,834		394,834		394,834
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
101	SUBTOTAL	7,766,277		7,766,277		7,766,277
102	LESS OBSERVATION BEDS					
103	TOTAL	7,766,277		7,766,277		7,766,277

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	4,334,200		4,334,200			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
31	SUBPROVIDER						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	472,373		472,373	.365161	.365161	.365161
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	441,599		441,599	.405780	.405780	.405780
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	682,065		682,065	1.807100	1.807100	1.807100
50	PHYSICAL THERAPY	532,276		532,276	.122126	.122126	.122126
51	OCCUPATIONAL THERAPY	487,459		487,459	.118385	.118385	.118385
52	SPEECH PATHOLOGY	270,743		270,743	.134112	.134112	.134112
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	2,483,938		2,483,938	.091105	.091105	.091105
56	DRUGS CHARGED TO PATIENTS	3,657,021		3,657,021	.438522	.438522	.438522
57	RENAL DIALYSIS	281,827		281,827	.428678	.428678	.428678
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	531,795		531,795	.742455	.742455	.742455
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	14,175,296		14,175,296			
102	LESS OBSERVATION BEDS						
103	TOTAL	14,175,296		14,175,296			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
I 15-2025 I FROM 9/ 1/2009 I WORKSHEET C  
I I TO 8/31/2010 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	3,677,381		3,677,381		3,677,381
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
31	SUBPROVIDER					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	172,492		172,492		172,492
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	179,192		179,192		179,192
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,232,560		1,232,560		1,232,560
50	PHYSICAL THERAPY	65,005		65,005		65,005
51	OCCUPATIONAL THERAPY	57,708		57,708		57,708
52	SPEECH PATHOLOGY	36,310		36,310		36,310
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	226,298		226,298		226,298
56	DRUGS CHARGED TO PATIENTS	1,603,684		1,603,684		1,603,684
57	RENAL DIALYSIS	120,813		120,813		120,813
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	394,834		394,834		394,834
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
101	SUBTOTAL	7,766,277		7,766,277		7,766,277
102	LESS OBSERVATION BEDS					
103	TOTAL	7,766,277		7,766,277		7,766,277

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	4,334,200		4,334,200			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
31	SUBPROVIDER						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	472,373		472,373	.365161	.365161	.365161
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	441,599		441,599	.405780	.405780	.405780
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	682,065		682,065	1.807100	1.807100	1.807100
50	PHYSICAL THERAPY	532,276		532,276	.122126	.122126	.122126
51	OCCUPATIONAL THERAPY	487,459		487,459	.118385	.118385	.118385
52	SPEECH PATHOLOGY	270,743		270,743	.134112	.134112	.134112
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	2,483,938		2,483,938	.091105	.091105	.091105
56	DRUGS CHARGED TO PATIENTS	3,657,021		3,657,021	.438522	.438522	.438522
57	RENAL DIALYSIS	281,827		281,827	.428678	.428678	.428678
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	531,795		531,795	.742455	.742455	.742455
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	14,175,296		14,175,296			
102	LESS OBSERVATION BEDS						
103	TOTAL	14,175,296		14,175,296			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT. I COL. 27	CAPITAL COST WKST B PT. II & III, COL. 27	OPERATING COST NET OF CAPITAL COST	CAPITAL REDUCTION	OPERATING COST REDUCTION AMOUNT	COST NET OF CAP. AND OPER COST REDUCTION
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	172,492	1,492	171,000			172,492
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	179,192	1,499	177,693			179,192
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	1,232,560	15,618	1,216,942			1,232,560
51	PHYSICAL THERAPY	65,005	5,123	59,882			65,005
52	OCCUPATIONAL THERAPY	57,708	5,035	52,673			57,708
53	SPEECH PATHOLOGY	36,310	4,660	31,650			36,310
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	226,298	31,243	195,055			226,298
57	DRUGS CHARGED TO PATIENTS	1,603,684	9,325	1,594,359			1,603,684
58	RENAL DIALYSIS	120,813	994	119,819			120,813
60	ASC (NON-DISTINCT PART)						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
64	EMERGENCY	394,834	2,845	391,989			394,834
65	OBSERVATION BEDS (NON-DIS						
101	OTHER REIMBURS COST CNTRS						
102	HOME PROGRAM DIALYSIS						
103	AMBULANCE SERVICES						
	SUBTOTAL	4,088,896	77,834	4,011,062			4,088,896
	LESS OBSERVATION BEDS						
	TOTAL	4,088,896	77,834	4,011,062			4,088,896

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	472,373	.365161	.365161
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	441,599	.405780	.405780
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	682,065	1.807100	1.807100
50	PHYSICAL THERAPY	532,276	.122126	.122126
51	OCCUPATIONAL THERAPY	487,459	.118385	.118385
52	SPEECH PATHOLOGY	270,743	.134112	.134112
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	2,483,938	.091105	.091105
56	DRUGS CHARGED TO PATIENTS	3,657,021	.438522	.438522
57	RENAL DIALYSIS	281,827	.428678	.428678
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	531,795	.742455	.742455
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	9,841,096		
102	LESS OBSERVATION BEDS			
103	TOTAL	9,841,096		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, -PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	172,492	1,492	171,000	149	9,918	162,425
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	179,192	1,499	177,693	150	10,306	168,736
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	1,232,560	15,618	1,216,942	1,562	70,583	1,160,415
51	PHYSICAL THERAPY	65,005	5,123	59,882	512	3,473	61,020
52	OCCUPATIONAL THERAPY	57,708	5,035	52,673	504	3,055	54,149
53	SPEECH PATHOLOGY	36,310	4,660	31,650	466	1,836	34,008
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	226,298	31,243	195,055	3,124	11,313	211,861
57	DRUGS CHARGED TO PATIENTS	1,603,684	9,325	1,594,359	933	92,473	1,510,278
58	RENAL DIALYSIS	120,813	994	119,819	99	6,950	113,764
60	ASC (NON-DISTINCT PART)						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY	394,834	2,845	391,989	285	22,735	371,814
64	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
101	HOME PROGRAM DIALYSIS						
102	AMBULANCE SERVICES						
103	SUBTOTAL	4,088,896	77,834	4,011,062	7,784	232,642	3,848,470
	LESS OBSERVATION BEDS						
	TOTAL	4,088,896	77,834	4,011,062	7,784	232,642	3,848,470

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM			
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	472,373	.343849	.364845
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	441,599	.382102	.405440
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	682,065	1.701326	1.804810
51	PHYSICAL THERAPY	532,276	.114640	.121165
52	OCCUPATIONAL THERAPY	487,459	.111084	.117351
53	SPEECH PATHOLOGY	270,743	.125610	.132391
54	ELECTROCARDIOLOGY			
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	2,483,938	.085292	.089847
57	DRUGS CHARGED TO PATIENTS	3,657,021	.412980	.438267
58	RENAL DIALYSIS	281,827	.403666	.428327
60	ASC (NON-DISTINCT PART)			
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC			
64	EMERGENCY	531,795	.699168	.741919
65	OBSERVATION BEDS (NON-DIS			
101	OTHER REIMBURS COST CNTRS			
102	HOME PROGRAM DIALYSIS			
103	AMBULANCE SERVICES			
	SUBTOTAL	9,841,096		
	LESS OBSERVATION BEDS			
	TOTAL	9,841,096		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET D  
 I I TO 8/31/2010 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				357,051		357,051
27	INTENSIVE CARE UNIT						
31	CORONARY CARE UNIT						
31	SUBPROVIDER						
101	TOTAL				357,051		357,051

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET D  
 I I TO 8/31/2010 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT. ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	4,704	3,654			75.90	277,339
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
31	SUBPROVIDER						
101	TOTAL	4,704	3,654				277,339

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 8/31/2010 I PART II  
 I 15-2025 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER-DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		1,492	472,373	345,723		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY		1,499	441,599	317,975		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		15,618	682,065	500,290		
50	PHYSICAL THERAPY		5,123	532,276	388,978		
51	OCCUPATIONAL THERAPY		5,035	487,459	357,251		
52	SPEECH PATHOLOGY		4,660	270,743	219,147		
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		31,243	2,483,938	1,747,105		
56	DRUGS CHARGED TO PATIENTS		9,325	3,657,021	2,778,359		
57	RENAL DIALYSIS		994	281,827	155,639		
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY		2,845	531,795	375,496		
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
101	TOTAL		77,834	9,841,096	7,185,963		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 8/31/2010 I PART II  
 I 15-2025 I PPS

TITLE XVIII, PART A HOSPITAL

WKST A - LINE NO.	COST CENTER-DESCRIPTION	NEW CAPITAL CST/CHRG 7	RATIO	COSTS 8
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.003159		1,092
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.003394		1,079
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.022898		11,456
50	PHYSICAL THERAPY	.009625		3,744
51	OCCUPATIONAL THERAPY	.010329		3,690
52	SPEECH PATHOLOGY	.017212		3,772
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	.012578		21,975
56	DRUGS CHARGED TO PATIENTS	.002550		7,085
57	RENAL DIALYSIS	.003527		549
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.005350		2,009
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
101	TOTAL			56,451

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

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET D  
 I I TO 8/31/2010 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						
26	ADULTS & PEDIATRICS					4,704	
27	INTENSIVE CARE UNIT						
31	CORONARY CARE UNIT						
34	SUBPROVIDER						
35	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
101	TOTAL					4,704	

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

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET D  
 I I TO 8/31/2010 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT-PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	3,654
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
31	SUBPROVIDER		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35 01	ICF/MR		
101	TOTAL		3,654

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT-FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
101	TOTAL						

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 8/31/2010 I PART IV  
 I 15-2025 I I

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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM							
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			472,373			345,723	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			441,599			317,975	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			682,065			500,290	
50	PHYSICAL THERAPY			532,276			388,978	
51	OCCUPATIONAL THERAPY			487,459			357,251	
52	SPEECH PATHOLOGY			270,743			219,147	
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			2,483,938			1,747,105	
56	DRUGS CHARGED TO PATIENTS			3,657,021			2,778,359	
57	RENAL DIALYSIS			281,827			155,639	
58	ASC (NON-DISTINCT PART)							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC							
61	EMERGENCY			531,795			375,496	
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
101	TOTAL			9,841,096			7,185,963	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER	DESCRIPTION	OUTPAT. PROG	OUTPAT. PROG	OUTPAT. PROG	OUTPAT. PROG	COL 8.01	COL 8.02
LINE NO.			CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
			8	8.01	8.02	9	9.01	9.02
37		ANCILLARY SRVC COST CNTRS						
38		OPERATING ROOM						
39		RECOVERY ROOM						
40		DELIVERY ROOM & LABOR ROO						
41		ANESTHESIOLOGY						
42		RADIOLOGY-DIAGNOSTIC						
43		RADIOLOGY-THERAPEUTIC						
44		RADIOISOTOPE						
45		LABORATORY						
46		PBP CLINICAL LAB SERVICES						
47		WHOLE BLOOD & PACKED RED						
48		BLOOD STORING, PROCESSING						
49		INTRAVENOUS THERAPY						
50		RESPIRATORY THERAPY						
51		PHYSICAL THERAPY						
52		OCCUPATIONAL THERAPY						
53		SPEECH PATHOLOGY						
54		ELECTROCARDIOLOGY						
55		ELECTROENCEPHALOGRAPHY						
56		MEDICAL SUPPLIES CHARGED						
57		DRUGS CHARGED TO PATIENTS						
58		RENAL DIALYSIS						
60		ASC (NON-DISTINCT PART)						
61		OUTPAT SERVICE COST CNTRS						
62		CLINIC						
64		EMERGENCY						
65		OBSERVATION BEDS (NON-DIS						
101		OTHER REIMBURS COST CNTRS						
		HOME PROGRAM DIALYSIS						
		AMBULANCE SERVICES						
		TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET D  
 I I TO 8/31/2010 I PART I

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				357,051		357,051
27	INTENSIVE CARE UNIT						
31	CORONARY CARE UNIT						
101	SUBPROVIDER						
	TOTAL				357,051		357,051

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET D  
 I I TO 8/31/2010 I PART I

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT- PROGRAM DAYS 8	OLD CAPITAL- PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	4,704	89			75.90	6,755
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
31	SUBPROVIDER						
101	TOTAL	4,704	89				6,755

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 8/31/2010 I PART II  
 I 15-2025 I I

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT. PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		1,492	472,373	6,372		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY		1,499	441,599	4,462		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		15,618	682,065	17,909		
50	PHYSICAL THERAPY		5,123	532,276	6,192		
51	OCCUPATIONAL THERAPY		5,035	487,459	5,351		
52	SPEECH PATHOLOGY		4,660	270,743	4,553		
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		31,243	2,483,938	62,480		
56	DRUGS CHARGED TO PATIENTS		9,325	3,657,021	48,902		
57	RENAL DIALYSIS		994	281,827			
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY		2,845	531,795			
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
101	TOTAL		77,834	9,841,096	156,221		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 8/31/2010 I PART II  
 I 15-2025 I

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.003159	20
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY	.003394	15
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.022898	410
50	PHYSICAL THERAPY	.009625	60
51	OCCUPATIONAL THERAPY	.010329	55
52	SPEECH PATHOLOGY	.017212	78
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.012578	786
56	DRUGS CHARGED TO PATIENTS	.002550	125
57	RENAL DIALYSIS	.003527	
58	ASC (NON-DISTINCT PART)		
60	OUTPAT SERVICE COST CNTRS		
61	CLINIC		
62	EMERGENCY	.005350	
62	OBSERVATION BEDS (NON-DIS		
64	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
101	TOTAL		1,549

APPORTIONMENT OF INPATIENT ROUTINE  
 SERVICE OTHER PASS THROUGH COSTS  
 TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET D  
 I I TO 8/31/2010 I PART III  
 PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
LINE NO.		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					4,704	
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
31	SUBPROVIDER						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					4,704	

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
I 15-2025 I FROM 9/ 1/2009 I WORKSHEET D  
I I TO 8/31/2010 I PART III

WKST A	COST CENTER	DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
LINE NO.			7	8
25		ADULTS & PEDIATRICS		89
26		INTENSIVE CARE UNIT		
27		CORONARY CARE UNIT		
31		SUBPROVIDER		
34		SKILLED NURSING FACILITY		
35		NURSING FACILITY		
35 01		ICF/MR		
101		TOTAL		89

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER-DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT-PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM							
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			472,373			6,372	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			441,599			4,462	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			682,065			17,909	
50	PHYSICAL THERAPY			532,276			6,192	
51	OCCUPATIONAL THERAPY			487,459			5,351	
52	SPEECH PATHOLOGY			270,743			4,553	
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			2,483,938			62,480	
56	DRUGS CHARGED TO PATIENTS			3,657,021			48,902	
57	RENAL DIALYSIS			281,827				
58	ASC (NON-DISTINCT PART)							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC							
62	EMERGENCY			531,795				
64	OBSERVATION BEDS (NON-DIS							
65	OTHER REIMBURS COST CNTRS							
101	HOME PROGRAM DIALYSIS							
	AMBULANCE SERVICES							
	TOTAL			9,841,096			156,221	

TITLE XIX HOSPITAL PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT. PROG.	OUTPAT. PROG.	OUTPAT. PROG.	OUTPAT. PROG.	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY						
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS						
58	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
64	EMERGENCY						
65	OBSERVATION BEDS (NON-DIS						
101	OTHER REIMBURS COST CNTRS						
	HOME PROGRAM DIALYSIS						
	AMBULANCE SERVICES						
	TOTAL						

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,704
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,704
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,704
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,654
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 TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,677,381
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,677,381

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,334,200
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,334,200
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.848457
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	921.39
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,677,381

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 781.76  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,856,551  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,856,551

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					3,001,584
49 TOTAL PROGRAM INPATIENT COSTS					5,858,135

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 277,339  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 56,451  
 52 TOTAL PROGRAM EXCLUDABLE COST 333,790  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 5,524,345

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

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET D-1  
 I COMPONENT NO: I TO 8/31/2010 I PART III  
 I 15-2025 I I

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A

HOSPITAL

PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 781.76
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		3,677,381			
87 NEW CAPITAL-RELATED COST	357,051	3,677,381	.097094		
88 NON PHYSICIAN ANESTHETIST		3,677,381			
89 MEDICAL EDUCATION		3,677,381			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,704
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,704
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,704
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)	89
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,677,381
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,677,381

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,334,200
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,334,200
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.848457
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	921.39
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,677,381

TITLE XIX - I/P 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 781.76  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 69,577  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 69,577

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					65,638
49 TOTAL PROGRAM INPATIENT COSTS					135,215

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 6,755  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 1,549  
 52 TOTAL PROGRAM EXCLUDABLE COST 8,304  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 126,911

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 PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	781.76
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	3,677,381			
87	NEW CAPITAL-RELATED COST	357,051	3,677,381		
88	NON PHYSICIAN ANESTHETIST		3,677,381		
89	MEDICAL EDUCATION		3,677,381		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET D-4  
 I COMPONENT NO: I TO 8/31/2010 I  
 I 15-2025 I

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		3,471,160	
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.365161	345,723	126,245
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.405780	317,975	129,028
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	1.807100	500,290	904,074
50	PHYSICAL THERAPY	.122126	388,978	47,504
51	OCCUPATIONAL THERAPY	.118385	357,251	42,293
52	SPEECH PATHOLOGY	.134112	219,147	29,390
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.091105	1,747,105	159,170
56	DRUGS CHARGED TO PATIENTS	.438522	2,778,359	1,218,372
57	RENAL DIALYSIS	.428678	155,639	66,719
58	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS CLINIC			
61	EMERGENCY	.742455	375,496	278,789
62	OBSERVATION BEDS (NON-DISTINCT PART)			
64	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
101	TOTAL		7,185,963	3,001,584
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		7,185,963	

TITLE XIX 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		54,533	
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.365161	6,372	2,327
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.405780	4,462	1,811
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	1.807100	17,909	32,363
50	PHYSICAL THERAPY	.122126	6,192	756
51	OCCUPATIONAL THERAPY	.118385	5,351	633
52	SPEECH PATHOLOGY	.134112	4,553	611
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.091105	62,480	5,692
56	DRUGS CHARGED TO PATIENTS	.438522	48,902	21,445
57	RENAL DIALYSIS	.428678		
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.742455		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
101	TOTAL		156,221	65,638
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		156,221	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/18/2011
I	15-2025	I	FROM 9/ 1/2009	I	WORKSHEET E	
I	COMPONENT NO:	I	TO 8/31/2010	I	PART B	
I	15-2025	I		I		

PART B - MEDICAL AND OTHER HEALTH SERVICES  
HOSPITAL

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
- 2 INTERNS AND RESIDENTS
- 3 ORGAN ACQUISITIONS
- 4 COST OF TEACHING PHYSICIANS
- 5 TOTAL COST (SEE INSTRUCTIONS)

COMPUTATION OF LESSER OF COST OR CHARGES

- REASONABLE CHARGES
- 6 ANCILLARY SERVICE CHARGES
- 7 INTERNS AND RESIDENTS SERVICE CHARGES
- 8 ORGAN ACQUISITION CHARGES
- 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 10 TOTAL REASONABLE CHARGES
- CUSTOMARY CHARGES
- 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
- 13 RATIO OF LINE 11 TO LINE 12
- 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
- 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

TO BE COMPLETED BY CONTRACTOR

- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
- 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
- 54 TOTAL (SUM OF LINES 51 AND 53)

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

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		5,919,153		
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	8/31/2010	62,280		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		62,280		NONE
4 TOTAL INTERIM PAYMENTS		5,981,433		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02		144,361		
7 TOTAL MEDICARE PROGRAM LIABILITY		5,837,072		

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 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET E-3  
 I COMPONENT NO: I TO 8/31/2010 I PART I  
 I 15-2025 I I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	5,645,879
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	339,454
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	5,985,333
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	5,985,333
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	5,985,333
7	DEDUCTIBLES	16,244
8	SUBTOTAL	5,969,089
9	COINSURANCE	163,612
10	SUBTOTAL	5,805,477
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)S	45,135
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	31,595
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	45,135
12	SUBTOTAL	5,837,072
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/18/2011
I	15-2025	I	FROM 9/ 1/2009	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 8/31/2010	I	PART I	
I	15-2025	I		I		

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,837,072
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	5,981,433
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-144,361
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET E-3  
 I COMPONENT NO: I TO 8/31/2010 I PART III  
 I - I I

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

TITLE XIX	HOSPITAL	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
		1	2
COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		
2	MEDICAL AND OTHER SERVICES		
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL		
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL		
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES	54,533	
11	ANCILLARY SERVICE CHARGES	156,221	
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES	210,754	
CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	210,754	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	210,754	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES		
PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS		
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL		
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	156,221	
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL		
36	COINSURANCE		
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)		
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL		
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/18/2011
I	15-2025	I	FROM 9/ 1/2009	I	WORKSHEET E-3	
I	COMPONENT NO:	I	TO 8/31/2010	I	PART III	
I	-	I		I		

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

TITLE XIX

HOSPITAL

PPS  
 TITLE V OR  
 TITLE XIX  
 1

TITLE XVIII  
 SNF PPS  
 2

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

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	338,654			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	1,538,487			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY				
8 PREPAID EXPENSES	15,155			
9 OTHER CURRENT ASSETS	8,600			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	1,900,896			
FIXED ASSETS				
12 LAND				
12.01				
13 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS				
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS	136,948			
15.01 LESS ACCUMULATED DEPRECIATION	-24,702			
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	52,137			
18.01 LESS ACCUMULATED DEPRECIATION	-30,439			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	133,944			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS				
27 TOTAL ASSETS	2,034,840			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,639,658			
29 SALARIES, WAGES & FEES PAYABLE	70,454			
30 PAYROLL TAXES PAYABLE	15,381			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	69,007			
36 TOTAL CURRENT LIABILITIES	1,794,500			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	2,502,105			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	2,502,105			
43 TOTAL LIABILITIES	4,296,605			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-2,261,765			
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	-2,261,765			
52 TOTAL LIABILITIES AND FUND BALANCES	2,034,840			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		-1,720,327		
2 OF PERIOD				
3 NET INCOME (LOSS)		-540,437		
4 TOTAL		-2,260,764		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7 ROUNDING				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		-2,260,764		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 ROUNDING	1			
15 TREASURY STOCK	1,000			
16				
17				
18 TOTAL DEDUCTIONS		1,001		
19 FUND BALANCE AT END OF		-2,261,765		
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 ROUNDING				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 ROUNDING				
15 TREASURY STOCK				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF				
PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	4,334,200		4,334,200
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	4,334,200		4,334,200
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
11 00 CORONARY CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	4,334,200		4,334,200
17 00 ANCILLARY SERVICES	9,841,096		9,841,096
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	14,175,296		14,175,296

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	8,167,293
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	8,167,293

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2011  
 I 15-2025 I FROM 9/ 1/2009 I WORKSHEET G-3  
 I I TO 8/31/2010 I

DESCRIPTION		
1	TOTAL PATIENT REVENUES	14,175,296
2	LESS: ALLOWANCES AND DISCOUNTS ON	6,847,889
3	NET PATIENT REVENUES	7,327,407
4	LESS: TOTAL OPERATING EXPENSES	8,167,293
5	NET INCOME FROM SERVICE TO PATIENT	-839,886
OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	393
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS INCOME	7,836
24.01	CONTRACTED PERSONNEL INCOME	145,500
24.02	PHYSICIAN INCOME	145,720
24.03		
24.04		
25	TOTAL OTHER INCOME	299,449
26	TOTAL	-540,437
OTHER EXPENSES		
27	ROUNDING	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	-540,437

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI 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	

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)	

TITLE XIX HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI 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	

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)	