

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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-0059	I	FROM 1/ 1/2010	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/25/2011 TIME 13:33

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:

RIVERVIEW HOSPITAL 15-0059
FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 5/25/2011 TIME 13:33

ny00gmwFZJvKpCcg1bvns6XN5.ts20
jhvtI0YTPEOZTN7XEFibItbv8kNDmI
9yo:0cqIzz0KqzYH

PI ENCRYPTION INFORMATION
DATE: 5/25/2011 TIME 13:33

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0c.kH0GyGz.bQxt1673m:EnvcGkmd8
083k6L2yo50CNKAM

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2		3	4
1	HOSPITAL	0	220,281	50,647	663,063
2	SUBPROVIDER	0	58,996	0	211,724
5	HOSPITAL-BASED SNF	0	0	0	0
100	TOTAL	0	279,277	50,647	874,787

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 & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET S-2
 I I TO 12/31/2010 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 395 WESTFIELD ROAD P.O. BOX:
 1.01 CITY: NOBLESVILLE STATE: IN ZIP CODE: 46060- COUNTY: HAMILTON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	RIVERVIEW HOSPITAL	15-0059		7/ 7/1966	N	P	O
03.00 SUBPROVIDER	RIVERVIEW HOSPITAL REHAB	15-T059		1/ 1/1994	N	P	O
06.00 HOSPITAL-BASED SNF	RIVERVIEW HOSPITAL SNF	15-5669		10/26/1999	N	P	N

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

18 TYPE OF CONTROL 1 2 9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 5

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 26900
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION)OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO.(SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 or MMEA §108? ENTER IN COLUMN 2 "y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET S-2
 I I TO 12/31/2010 I

MISCELLANEOUS COST REPORT INFORMATION

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

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

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y

40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -

- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
I 15-0059 I FROM 1/ 1/2010 I WORKSHEET S-2
I I TO 12/31/2010 I

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

MISCELLANEOUS DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
I 15-0059 I FROM 1/ 1/2010 I WORKSHEET S-3
I I TO 12/31/2010 I PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	90	32,850	2.01	3	4	8,157	1,179
2 HMO						2	1,933
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	90	32,850				8,157	1,179
6 INTENSIVE CARE UNIT	15	5,475				1,527	
11 NURSERY							
12 TOTAL	105	38,325				9,684	1,179
13 RPCH VISITS							
14 SUBPROVIDER	24	8,760				3,945	354
15 SKILLED NURSING FACILITY	25	9,125				4,432	
25 TOTAL	154						
26 OBSERVATION BED DAYS							178
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS						4,745	
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							447

COMPONENT	TITLE XIX OBSERVATION ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS / TOTAL OBSERVATION ADMITTED	DISCHARGES / TOTAL OBSERVATION NOT ADMITTED	INTERNS & RES. FTES / TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			17,211				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			17,211				
6 INTENSIVE CARE UNIT			3,223				
11 NURSERY							
12 TOTAL			20,434				
13 RPCH VISITS							
14 SUBPROVIDER			5,967				
15 SKILLED NURSING FACILITY			5,615				
25 TOTAL							
26 OBSERVATION BED DAYS			951				
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			877				

COMPONENT	I & R FTES NET	--- FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					2,041	318	4,854
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		873.40			2,041	318	4,854
13 RPCH VISITS							
14 SUBPROVIDER		24.03			305	11	454
15 SKILLED NURSING FACILITY							
25 TOTAL		897.43					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET S-3
 I I TO 12/31/2010 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	55,247,720	2,758,259	58,005,979	1,921,597.00	30.19	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	16,796,880	52,516	16,849,396	445,928.00	37.79	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	43,592		43,592	1,144.00	38.10	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	344,034		344,034	1,536.00	223.98	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	10,450,744		10,450,744			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	3,185,130		3,185,130			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	575,034		575,034	17,922.00	32.09	
22 ADMINISTRATIVE & GENERAL	6,833,493		6,833,493	276,685.00	24.70	
22.01 A & G UNDER CONTRACT	716,674		716,674	3,349.50	213.96	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,619,050		1,619,050	71,097.00	22.77	
25 LAUNDRY & LINEN SERVICE	76,941		76,941	6,102.00	12.61	
26 HOUSEKEEPING	973,486		973,486	75,151.00	12.95	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	966,979	-667,495	299,484	21,555.00	13.89	
27.01 DIETARY UNDER CONTRACT	369,968		369,968	11,700.00	31.62	
28 CAFETERIA		614,979	614,979	44,169.00	13.92	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	750,611		750,611	17,012.00	44.12	
31 CENTRAL SERVICE AND SUPPLY	374,762	217,431	592,193	26,615.00	22.25	
32 PHARMACY	1,713,479		1,713,479	43,148.00	39.71	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	727,737		727,737	36,813.00	19.77	
34 SOCIAL SERVICE	287,300		287,300	8,790.00	32.68	
35 OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	56,334,362	2,758,259	59,092,621	1,936,646.50	30.51	
2 EXCLUDED AREA SALARIES	16,796,880	52,516	16,849,396	445,928.00	37.79	
3 SUBTOTAL SALARIES	39,537,482	2,705,743	42,243,225	1,490,718.50	28.34	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	387,626		387,626	2,680.00	144.64	
5 SUBTOTAL WAGE-RELATED COSTS	10,450,744		10,450,744		24.74	
6 TOTAL	50,375,852	2,705,743	53,081,595	1,493,398.50	35.54	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

HOSPITAL WAGE INDEX INFORMATION

IN LIEU OF FORM CMS-2552-96 (05/2004)
 I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET S-3
 I I TO 12/31/2010 I PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
13	TOTAL OVERHEAD COSTS	15,985,514	164,915	16,150,429	660,108.50	24.47	

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET S-7
 I I TO 12/31/2010 I

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

GROUP(1) 1	M3PI REVENUE CODE 2	SERVICES RATE 3	PRIOR TO 10/1 DAYS 3.01	SERVICES RATE 4	ON/AFTER 10/1 DAYS 4.01	SRVCS 4/1/01 TO 9/30/01 RATE 4.02	DAYS 4.03
1	RUC						
2	RUB		27				
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC		87				
5	RVB		237				
6	RVA		63				
6 .01	RVX		154				
6 .02	RVL		269				
7	RHC		280				
8	RHB		245				
9	RHA		543				
9 .01	RHX						
9 .02	RHL		23				
10	RMC		17				
11	RMB		27				
12	RMA		55				
12 .01	RMX		810				
12 .02	RML		1,572				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3		3				
16	SE2		6				
17	SE1						
18	SSC						
19	SSB						
20	SSA		9				
21	CC2						
22	CC1						
23	CB2						
24	CB1		3				
25	CA2						
26	CA1		1				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45 .01	ES3						
45 .02	ES2						
45 .03	ES1						
45 .04	HE2						
45 .05	HE1						
45 .06	HD2						
45 .07	HD1						
45 .08	HC2						
45 .09	HC1						
45 .10	HB2						
45 .11	HB1		1				
45 .12	LE2						
45 .13	LE1						
45 .14	LD2						
45 .15	LD1						
45 .16	LC2						
45 .17	LC1						
45 .18	LB2						
45 .19	LB1						
45 .20	CE2						
45 .21	CE1						
45 .22	CD2						
45 .23	CD1						
46	TOTAL		4,432				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
I 15-0059 I FROM 1/ 1/2010 I WORKSHEET S-7
I I TO 12/31/2010 I

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	SERVICES ON/AFTER 10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	SERVICES ON/AFTER 10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	SRVCS 4/1/01 TO 9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03

agree with the days reported on wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:

Transition Period : 100% Federal
Wage Index Factor (before 10/01): 0.9742
Wage Index Factor (after 10/01): 0.9672
SNF Facility Specific Rate : 0.00
Urban/Rural Designation : URBAN
SNF MSA Code : 3480
SNF CBSA Code : 26900

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGS DAYS	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3 .01	RUX			
3 .02	RUL			
4	RVC			
5	RVB			
6	RVA			
6 .01	RVX			
6 .02	RVL			
7	RHC			
8	RHB			
9	RHA			
9 .01	RHX			
9 .02	RHL			
10	RMC			
11	RMB			
12	RMA			
12 .01	RMX			
12 .02	RML			
13	RLB			
14	RLA			
14 .01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45 .01	ES3			
45 .02	ES2			
45 .03	ES1			
45 .04	HE2			
45 .05	HE1			
45 .06	HD2			
45 .07	HD1			
45 .08	HC2			
45 .09	HC1			
45 .10	HB2			
45 .11	HB1			
45 .12	LE2			
45 .13	LE1			
45 .14	LD2			
45 .15	LD1			

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
I 15-0059 I FROM 1/ 1/2010 I WORKSHEET S-7
I I TO 12/31/2010 I

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF DAYS	TOTAL
			RUGS	DAYS		
	1	2	4.05		4.06	5
45	.16	LC2				
45	.17	LC1				
45	.18	LB2				
45	.19	LB1				
45	.20	CE2				
45	.21	CE1				
45	.22	CD2				
45	.23	CD1				
46		TOTAL				

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.
- (4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11,2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9742
 Wage Index Factor (after 10/01) : 0.9672
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 3480
 SNF CBSA Code : 26900

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET S-10
 I I TO 12/31/2010 I
 I I I

DESCRIPTION

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

- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .326655
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/25/2011
I	15-0059	I	FROM 1/ 1/2010	I	WORKSHEET S-10
I		I	TO 12/31/2010	I	
I		I		I	

DESCRIPTION

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET A
 I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
3	0300 GENERAL SERVICE COST CNTR					
4	0400 NEW CAP REL COSTS-BLDG & FIXT		7,183,916	7,183,916	-63,728	7,120,188
5	0500 NEW CAP REL COSTS-MVBLE EQUIP		4,849,130	4,849,130		4,849,130
6	0600 EMPLOYEE BENEFITS	575,034	7,469,662	8,044,696	589,269	8,633,965
8	0800 ADMINISTRATIVE & GENERAL	6,833,493	11,257,475	18,090,968	-2,336,559	15,754,409
9	0900 OPERATION OF PLANT	1,619,050	3,664,542	5,283,592		5,283,592
10	1000 LAUNDRY & LINEN SERVICE	76,941	345,206	422,147		422,147
11	1100 HOUSEKEEPING	973,486	313,379	1,286,865		1,286,865
12	1200 DIETARY	966,979	1,496,775	2,463,754	-1,700,048	763,706
14	1400 CAFETERIA				1,566,243	1,566,243
15	1500 NURSING ADMINISTRATION	750,611	66,008	816,619		816,619
16	1600 CENTRAL SERVICES & SUPPLY	374,762	10,113,254	10,488,016	569,995	11,058,011
17	1700 PHARMACY	1,713,479	4,693,157	6,406,636		6,406,636
18	1800 MEDICAL RECORDS & LIBRARY	727,737	695,068	1,422,805		1,422,805
	1800 SOCIAL SERVICE	287,300	21,540	308,840		308,840
25	2500 INPAT ROUTINE SRVC CNTRS					
26	2600 ADULTS & PEDIATRICS	7,132,268	917,919	8,050,187	480,500	8,530,687
31	3100 INTENSIVE CARE UNIT	2,086,375	239,893	2,326,268		2,326,268
33	3300 SUBPROVIDER	1,279,312	902,749	2,182,061		2,182,061
34	3400 NURSERY					
	3400 SKILLED NURSING FACILITY		1,921,173	1,921,173	-28,725	1,892,448
	3700 ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	787,909	4,591,005	5,378,914	729,150	6,108,064
39	3900 DELIVERY ROOM & LABOR ROOM					
41	4100 RADIOLOGY-DIAGNOSTIC	1,332,291	596,055	1,928,346	9,300	1,937,646
41.01	4101 RENAL DIALYSIS		377,820	377,820		377,820
42	4200 RADIOLOGY-THERAPEUTIC	381,222	419,254	800,476	-1,170	799,306
42.01	4201 MRI	153,868	45,702	199,570		199,570
44	4400 LABORATORY	1,765,866	2,181,978	3,947,844	54,637	4,002,481
47	4700 BLOOD STORING, PROCESSING & TRANS.		635,038	635,038		635,038
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	1,059,057	152,175	1,211,232		1,211,232
50	5000 PHYSICAL THERAPY	3,523,803	1,343,642	4,867,445	-391	4,867,054
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	618,388	67,506	685,894	105,280	791,174
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		1,908,500	1,908,500		1,908,500
56	5600 DRUGS CHARGED TO PATIENTS					
56.01	5601 CAT SCAN	255,384	40,817	296,201		296,201
56.02	5602 ULTRASOUND	154,321	83,474	237,795		237,795
56.03	5603 CARDIAC CATH LAB	793,829	93,013	886,842	133,500	1,020,342
56.04	5604 CARDIAC REHAB	489,135	107,115	596,250		596,250
56.05	5605 WOMENS CENTER	349,515	54,796	404,311		404,311
56.06	5606 ENDOSCOPY	548,036	111,180	659,216		659,216
60	6000 OUTPAT SERVICE COST CNTRS					
60.01	6001 CLINIC					
61	6100 OUTPATIENT	238,799	27,059	265,858	9,000	274,858
61.01	6101 EMERGENCY	1,881,902	498,033	2,379,935	65,000	2,444,935
62	6200 SHORT STAY					
	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
65	6500 OTHER REIMBURS COST CNTRS					
	6500 AMBULANCE SERVICES	85,052	318,108	403,160	-20,933	382,227
	6500 SPEC PURPOSE COST CENTERS					
95	9500 SUBTOTALS	39,815,204	69,803,116	109,618,320	160,320	109,778,640
	9500 NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	87,007	104,923	191,930		191,930
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 FOUNDATION	216,497	15,941	232,438		232,438
98.02	9802 CLINICS	14,406,964	9,820,986	24,227,950	-294,125	23,933,825
98.05	9805 PRACTICE MANAGEMENT	337,713	161,188	498,901		498,901
98.06	9806 MOB - NOBLESVILLE SQUARE		456,460	456,460		456,460
98.08	9808 RIVERVIEW MEDICAL ARTS		466,158	466,158		466,158
99	9900 NONPAID WORKERS					
100	9900 WORKMED	384,335	212,768	597,103		597,103
100.01	7951 MEALS ON WHEELS				133,805	133,805
101	TOTAL	55,247,720	81,041,540	136,289,260	-0-	136,289,260

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
I 15-0059 I FROM 1/ 1/2010 I WORKSHEET A
I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-64,456	7,055,732
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4,849,130
5	0500 EMPLOYEE BENEFITS	-105,043	8,528,922
6	0600 ADMINISTRATIVE & GENERAL	-3,235,913	12,518,496
8	0800 OPERATION OF PLANT		5,283,592
9	0900 LAUNDRY & LINEN SERVICE		422,147
10	1000 HOUSEKEEPING		1,286,865
11	1100 DIETARY		763,706
12	1200 CAFETERIA	-499,702	1,066,541
14	1400 NURSING ADMINISTRATION		816,619
15	1500 CENTRAL SERVICES & SUPPLY		11,058,011
16	1600 PHARMACY		6,406,636
17	1700 MEDICAL RECORDS & LIBRARY	-32,059	1,390,746
18	1800 SOCIAL SERVICE		308,840
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-480,500	8,050,187
26	2600 INTENSIVE CARE UNIT		2,326,268
31	3100 SUBPROVIDER		2,182,061
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY	-129,804	1,762,644
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-2,506,605	3,601,459
39	3900 DELIVERY ROOM & LABOR ROOM		
41	4100 RADIOLOGY-DIAGNOSTIC	-1,832	1,935,814
41.01	4101 RENAL DIALYSIS		377,820
42	4200 RADIOLOGY-THERAPEUTIC	-100	799,206
42.01	4201 MRI		199,570
44	4400 LABORATORY	-27,952	3,974,529
47	4700 BLOOD STORING, PROCESSING & TRANS.		635,038
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		1,211,232
50	5000 PHYSICAL THERAPY		4,867,054
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY	-86,258	704,916
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		1,908,500
56	5600 DRUGS CHARGED TO PATIENTS		
56.01	5601 CAT SCAN		296,201
56.02	5602 ULTRASOUND		237,795
56.03	5603 CARDIAC CATH LAB	-114,758	905,584
56.04	5604 CARDIAC REHAB		596,250
56.05	5605 WOMENS CENTER	-1,032	403,279
56.06	5606 ENDOSCOPY		659,216
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 OUTPATIENT	-2,866	271,992
61	6100 EMERGENCY	-44,469	2,400,466
61.01	6101 SHORT STAY		
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-5,196	377,031
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-7,338,545	102,440,095
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		191,930
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 FOUNDATION		232,438
98.02	9802 CLINICS		23,933,825
98.05	9805 PRACTICE MANAGEMENT		498,901
98.06	9806 MOB - NOBLESVILLE SQUARE		456,460
98.08	9808 RIVERVIEW MEDICAL ARTS		466,158
99	9900 NONPAID WORKERS		
100	7950 WORKMED		597,103
100.01	7951 MEALS ON WHEELS		133,805
101	TOTAL	-7,338,545	128,950,715

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	RENAL DIALYSIS	4101	RADIOLOGY-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
42.01	MRI	4201	RADIOLOGY-THERAPEUTIC
44	LABORATORY	4400	
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	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
56.01	CAT SCAN	5601	DRUGS CHARGED TO PATIENTS
56.02	ULTRASOUND	5602	DRUGS CHARGED TO PATIENTS
56.03	CARDIAC CATH LAB	5603	DRUGS CHARGED TO PATIENTS
56.04	CARDIAC REHAB	5604	DRUGS CHARGED TO PATIENTS
56.05	WOMENS CENTER	5605	DRUGS CHARGED TO PATIENTS
56.06	ENDOSCOPY	5606	DRUGS CHARGED TO PATIENTS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	OUTPATIENT	6001	CLINIC
61	EMERGENCY	6100	
61.01	SHORT STAY	6101	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	FOUNDATION	9801	PHYSICIANS' PRIVATE OFFICES
98.02	CLINICS	9802	PHYSICIANS' PRIVATE OFFICES
98.05	PRACTICE MANAGEMENT	9805	PHYSICIANS' PRIVATE OFFICES
98.06	MOB - NOBLESVILLE SQUARE	9806	PHYSICIANS' PRIVATE OFFICES
98.08	RIVERVIEW MEDICAL ARTS	9808	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100	WORKMED	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MEALS ON WHEELS	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA RECLASS	A	CAFETERIA	12	614,979	951,264
2 MEALS ON WHEELS RECLASS	B	MEALS ON WHEELS	100.01	52,516	81,289
3 INSURANCE RECLASS	D	ADMINISTRATIVE & GENERAL	6		63,728
4 MED SUPPLY RECLASS	E	CENTRAL SERVICES & SUPPLY	15		352,564
5					
6					
7					
8					
9					
10 RSMA RECLASS	F	EMPLOYEE BENEFITS	5		589,269
11		CENTRAL SERVICES & SUPPLY	15	217,431	
12		OPERATING ROOM	37	2,540,828	
13 PHYSICIAN PROFESSIONAL FEES	G	ADULTS & PEDIATRICS	25		480,500
14		OPERATING ROOM	37		1,535,850
15		RADIOLOGY-DIAGNOSTIC	41		9,300
16		LABORATORY	44		54,637
17		ELECTROCARDIOLOGY	53		112,500
18		CARDIAC CATH LAB	56.03		133,500
19		OUTPATIENT	60.01		9,000
20		EMERGENCY	61		65,000
36 TOTAL RECLASSIFICATIONS				3,425,754	4,438,401

(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.

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO	7			
1 CAFETERIA RECLASS	A	DIETARY	11		614,979	951,264	
2 MEALS ON WHEELS RECLASS	B	DIETARY	11		52,516	81,289	
3 INSURANCE RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3			63,728	12
4 MED SUPPLY RECLASS	E	SKILLED NURSING FACILITY	34			28,725	
5		RADIOLOGY-THERAPEUTIC	42			1,170	
6		PHYSICAL THERAPY	50			391	
7		ELECTROCARDIOLOGY	53			7,220	
8		AMBULANCE SERVICES	65			20,933	
9		CLINICS	98.02			294,125	
10 RSMA RECLASS	F	OPERATING ROOM	37			589,269	
11		OPERATING ROOM	37			2,758,259	
12							
13 PHYSICIAN PROFESSIONAL FEES	G	ADMINISTRATIVE & GENERAL	6			2,400,287	
14							
15							
16							
17							
18							
19							
20							
36 TOTAL RECLASSIFICATIONS					667,495	7,196,660	

(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
150059	FROM 1/ 1/2010	5/25/2011
	TO 12/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CAFETERIA RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	1,566,243	DIETARY	11	1,566,243
TOTAL RECLASSIFICATIONS FOR CODE A		1,566,243			

RECLASS CODE: B
EXPLANATION : MEALS ON WHEELS RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEALS ON WHEELS	133,805	DIETARY	11	133,805
TOTAL RECLASSIFICATIONS FOR CODE B		133,805			

RECLASS CODE: D
EXPLANATION : INSURANCE RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	63,728	NEW CAP REL COSTS-BLDG & FIXT	3	63,728
TOTAL RECLASSIFICATIONS FOR CODE D		63,728			

RECLASS CODE: E
EXPLANATION : MED SUPPLY RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	352,564	SKILLED NURSING FACILITY	34	28,725
2.00		0	RADIOLOGY-THERAPEUTIC	42	1,170
3.00		0	PHYSICAL THERAPY	50	391
4.00		0	ELECTROCARDIOLOGY	53	7,220
5.00		0	AMBULANCE SERVICES	65	20,933
6.00		0	CLINICS	98.02	294,125
TOTAL RECLASSIFICATIONS FOR CODE E		352,564			

RECLASS CODE: F
EXPLANATION : RSMA RECLASS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	589,269	OPERATING ROOM	37	589,269
2.00	CENTRAL SERVICES & SUPPLY	217,431	OPERATING ROOM	37	2,758,259
3.00	OPERATING ROOM	2,540,828			0
TOTAL RECLASSIFICATIONS FOR CODE F		3,347,528			

RECLASS CODE: G
EXPLANATION : PHYSICIAN PROFESSIONAL FEES

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	480,500	ADMINISTRATIVE & GENERAL	6	2,400,287
2.00	OPERATING ROOM	1,535,850			0
3.00	RADIOLOGY-DIAGNOSTIC	9,300			0
4.00	LABORATORY	54,637			0
5.00	ELECTROCARDIOLOGY	112,500			0
6.00	CARDIAC CATH LAB	133,500			0
7.00	OUTPATIENT	9,000			0
8.00	EMERGENCY	65,000			0
TOTAL RECLASSIFICATIONS FOR CODE G		2,400,287			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
	BALANCES		DONATION		AND		BALANCE
	1	2	3	4	5	6	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	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
	BALANCES		DONATION		AND		BALANCE
	1	2	3	4	5	6	7
1 LAND	10,915,010					10,915,010	
2 LAND IMPROVEMENTS	2,058,283	131,408		131,408		2,189,691	
3 BUILDINGS & FIXTURE	83,553,897	1,643,680		1,643,680		85,197,577	
4 BUILDING IMPROVEMEN	1,387,674					1,387,674	
5 FIXED EQUIPMENT	32,362,826	423,125		423,125		32,785,951	
6 MOVABLE EQUIPMENT	71,465,466	5,783,040		5,783,040	8,634,085	68,614,421	
7 SUBTOTAL	201,743,156	7,981,253		7,981,253	8,634,085	201,090,324	
8 RECONCILING ITEMS							
9 TOTAL	201,743,156	7,981,253		7,981,253	8,634,085	201,090,324	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
3	NEW CAP REL COSTS-BL	4,459,060		2,465,257	131,415			7,055,732
4	NEW CAP REL COSTS-MV	4,849,130						4,849,130
5	TOTAL	9,308,190		2,465,257	131,415			11,904,862

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
3	NEW CAP REL COSTS-BL	4,457,706		2,531,067	195,143			7,183,916
4	NEW CAP REL COSTS-MV	4,849,130						4,849,130
5	TOTAL	9,306,836		2,531,067	195,143			12,033,046

* 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 PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET A-8
 I I TO 12/31/2010 I

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	WKST. A-7 REF. 5
	BASIS/CODE	AMOUNT			
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,409,215			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-314,773			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			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 OTHER OPERATING INCOME	B	-12,997	ADMINISTRATIVE & GENERAL	6	
38 MEDICAL RECORDS	B	-32,059	MEDICAL RECORDS & LIBRARY	17	
39 PURCHASE DISCOUNTS & REBATES	B	-9,478	ADMINISTRATIVE & GENERAL	6	
40 VHA DIVIDENDS: OTHER	B	-104,031	ADMINISTRATIVE & GENERAL	6	
41 TRANSITIONAL CARE ->OTHER REVENUE	B	-3,685	SKILLED NURSING FACILITY	34	
42 AMBULANCE -> OTHER REV	B	-5,196	AMBULANCE SERVICES	65	
43 LABORATORY -> OTHER REV	B	-27,952	LABORATORY	44	
44 PHYSICIAN BILLING -> BILLING FEES	B	-1,329,230	ADMINISTRATIVE & GENERAL	6	
45 ORG IMPROVEMENT -> OTHER REV	B	-6,475	ADMINISTRATIVE & GENERAL	6	
46 205 CONNER STREET - RENTAL INCOME	B	-21,072	ADMINISTRATIVE & GENERAL	6	
47 RADIOLOGY-OTHER REVENUE-SILVER RECOV	B	-1,089	RADIOLOGY-DIAGNOSTIC	41	
48 RADIATION THERAPY ->OTHER REVENUE	B	-100	RADIOLOGY-THERAPEUTIC	42	
49 EMPLOYEE WELLNESS- OTHER REVENUE	B	-11,100	EMPLOYEE BENEFITS	5	
49.01 WOMEN'S CTR.-OTHER REVENUE-SILVER RE	B	-1,032	WOMENS CENTER	56.05	
49.02 OTHER REVENUES-MHS-PAY FOR PERFORMAN	B	-55,704	ADMINISTRATIVE & GENERAL	6	
49.03 OTHER REVENUES-OTHER REV-FITNESS	B	-7,852	ADMINISTRATIVE & GENERAL	6	
49.04 MISC. INCOME - NON OPERATING	B	-180	ADMINISTRATIVE & GENERAL	6	
49.05 INVESTMENT FEES EXPENSE	A	124,400	ADMINISTRATIVE & GENERAL	6	
49.06 MISC. INCOME - OTHER OPERATING	B	-3,787	ADMINISTRATIVE & GENERAL	6	
49.07 MISCELLANEOUS INTEREST INCOME	B	-42,664	ADMINISTRATIVE & GENERAL	6	
49.08 INTEREST INCOME - BOND FUNDS	B	-65,810	NEW CAP REL COSTS-BLDG &	3	11
49.09 INTEREST INCOME - OPERATING	B	-6,917	ADMINISTRATIVE & GENERAL	6	
49.10 RENTAL INCOME - TCU	B	-108,438	SKILLED NURSING FACILITY	34	
49.11 RENTAL INCOME - INFECTIOUS DISEASES	B	-200	EMPLOYEE BENEFITS	5	
49.12 COMMUNITY RELATIONS	A	-1,626,301	ADMINISTRATIVE & GENERAL	6	
49.13 COMMUNITY RELATIONS BENEFITS	A	-23,112	EMPLOYEE BENEFITS	5	
49.14 CRNA	A	-654,039	OPERATING ROOM	37	
49.15 CRNA BENFITS	A	-70,631	EMPLOYEE BENEFITS	5	
49.16 CAFETERIA REVENUE	B	-454,199	CAFETERIA	12	
49.17 GUEST MEAL REVENUE	B	-45,503	CAFETERIA	12	
49.18 AHA LOBBYING EXPENSE	A	-6,189	ADMINISTRATIVE & GENERAL	6	
49.19 IHA LOBBYING EXPENSE	A	-3,289	ADMINISTRATIVE & GENERAL	6	
49.20 SINUS SURGERY	A	1,354	NEW CAP REL COSTS-BLDG &	3	9
50 TOTAL (SUM OF LINES 1 THRU 49)		-7,338,545			

(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

Health Financial Systems MCRIF32
 STATEMENT OF COSTS OF SERVICES
 FROM RELATED ORGANIZATIONS AND
 HOME OFFICE COSTS

FOR RIVERVIEW HOSPITAL

IN LIEU OF FORM CMS-2552-96(09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I
 I I TO 12/31/2010 I WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	37	OPERATING ROOM	3,582,296	3,897,069	-314,773	
2						
3						
4						
5		TOTALS	3,582,296	3,897,069	-314,773	

* 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	B RSMA	100.00		0.00	
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.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET A-8-2
 I I TO 12/31/2010 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1	37	ANESTHESIA OB	1,943	1,943					
2	25	ADULTS & PEDI	480,500	480,500					
3	37	SURGERY	1,535,850	1,535,850					
4	56	3 CARDIAC REHAB	133,500	61,500	72,000	177,200	220	18,742	
5	41	RADIOLOGY	9,300		9,300	225,300	79	8,557	
6	44	LAB	54,637		54,637	215,700	534	55,377	
7	53	ELECTROCARDIOLOGY	105,000		105,000	177,200	220	18,742	
8	53	SLEEP LAB	7,500		7,500	177,200	124	10,564	
9	60	1 WOUND CARE	9,000		9,000	177,200	72	6,134	
10	61	EMERGENCY ROOM	65,000		65,000	177,200	241	20,531	
11	34	TCU	21,600		21,600	177,200	46	3,919	
12	6	ADMINISTRATION	124,147	124,147					
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	2,547,977	2,203,940	344,037		1,536	142,566	7,129

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET A-8-2
 I I TO 12/31/2010 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	37 ANESTHESIA OB							1,943
2	25 ADULTS & PEDS							480,500
3	37 SURGERY							1,535,850
4	56 3 CARDIAC REHAB					18,742	53,258	114,758
5	41 RADIOLOGY					8,557	743	743
6	44 LAB					55,377		
7	53 ELECTROCARDIOLOGY					18,742	86,258	86,258
8	53 SLEEP LAB					10,564		
9	60 1 WOUND CARE					6,134	2,866	2,866
10	61 EMERGENCY ROOM					20,531	44,469	44,469
11	34 TCU					3,919	17,681	17,681
12	6 ADMINISTRATION							124,147
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					142,566	205,275	2,409,215

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

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

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &	7,055,732	7,055,732					
004 NEW CAP REL COSTS-MVBLE E	4,849,130		4,849,130				
005 EMPLOYEE BENEFITS	8,528,922	35,681		7,306	8,571,909		
006 ADMINISTRATIVE & GENERAL	12,518,496	530,479		2,085,126	1,019,940	16,154,041	16,154,041
008 OPERATION OF PLANT	5,283,592	2,787,244		148,357	241,653	8,460,846	1,211,712 9,672,558
009 LAUNDRY & LINEN SERVICE	422,147	28,798		1,499	11,484	463,928	66,441 75,236
010 HOUSEKEEPING	1,286,865	16,502		13,153	145,299	1,461,819	209,353 43,111
011 DIETARY	763,706	48,064		16,618	44,700	873,088	125,038 125,570
012 CAFETERIA	1,066,541	85,433			91,789	1,243,763	178,124 223,198
014 NURSING ADMINISTRATION	816,619			227	112,033	928,879	133,028
015 CENTRAL SERVICES & SUPPLY	11,058,011	54,205		79,107	88,388	11,279,711	1,615,413 141,613
016 PHARMACY	6,406,636	29,904		7,552	255,747	6,699,839	959,511 78,125
017 MEDICAL RECORDS & LIBRARY	1,390,746	58,687		21,213	108,619	1,579,265	226,173 153,323
018 SOCIAL SERVICE	308,840			590	42,881	352,311	50,456
INPUT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,050,187	1,167,811	240,674		1,064,534	10,523,206	1,507,070 3,050,981
026 INTENSIVE CARE UNIT	2,326,268	80,689	139,477		311,404	2,857,838	409,282 210,804
031 SUBPROVIDER	2,182,061	195,181	9,555		190,945	2,577,742	369,169 509,922
033 NURSERY							
034 SKILLED NURSING FACILITY	1,762,644	134,675	12,878			1,910,197	273,567 351,848
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,601,459	470,789	324,090		496,834	4,893,172	700,771 1,229,965
039 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC	1,935,814	204,319	31,501		198,852	2,370,486	339,487 533,797
041 01 RENAL DIALYSIS	377,820	7,727	81			385,628	55,227 20,187
042 RADIOLOGY-THERAPEUTIC	799,206	103,331	254,021		56,900	1,213,458	173,784 269,959
042 01 MRI	199,570		17,456			239,992	34,370
044 LABORATORY	3,974,529	108,701	203,741		263,566	4,550,537	651,701 283,987
047 BLOOD STORING, PROCESSING	635,038	53,317	4,010			692,365	99,156 139,294
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,211,232	15,119	35,594		158,071	1,420,016	203,366 39,500
050 PHYSICAL THERAPY	4,867,054		73,385		525,949	5,466,388	782,863
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	704,916	266,877	309,147		92,298	1,373,238	196,667 697,232
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT	1,908,500					1,908,500	273,324
056 DRUGS CHARGED TO PATIENTS							
056 01 CAT SCAN	296,201		37,975		38,118	372,294	53,318
056 02 ULTRASOUND	237,795		1,005		23,033	261,833	37,498
056 03 CARDIAC CATH LAB	905,584	41,894	210,349		118,484	1,276,311	182,786 109,451
056 04 CARDIAC REHAB	596,250		7,612		73,006	676,868	96,937
056 05 WOMENS CENTER	403,279	118,407	211,344		52,167	785,197	112,451 309,345
056 06 ENDOSCOPY	659,216	102,938	169,421		81,798	1,013,373	145,129 268,932
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 OUTPATIENT	271,992	15,890	7,145		35,642	330,669	47,356 41,515
061 EMERGENCY	2,400,466	232,797	154,384		280,885	3,068,532	439,457 608,196
061 01 SHORT STAY			3,558			3,558	510
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	377,031				12,695	389,726	55,814
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	102,440,095	6,995,459	4,839,151	6,260,680	100,058,614	12,016,309	9,515,091
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	191,930	60,273	8,373		12,986	273,562	39,178 157,467
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION	232,438		1,606		32,313	266,357	38,146
098 02 CLINICS	23,933,825				2,150,322	26,084,147	3,735,595
098 05 PRACTICE MANAGEMENT	498,901				50,406	549,307	78,668
098 06 MOB - NOBLESVILLE SQUARE	456,460					456,460	65,371
098 08 RIVERVIEW MEDICAL ARTS	466,158					466,158	66,760
099 NONPAID WORKERS							
100 WORKMED	597,103				57,364	654,467	93,729
100 01 MEALS ON WHEELS	133,805				7,838	141,643	20,285
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	128,950,715	7,055,732	4,849,130	8,571,909	128,950,715	16,154,041	9,672,558

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART I

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	605,605						
011 HOUSEKEEPING		1,714,283					
012 DIETARY		5,205	1,128,901				
014 CAFETERIA		36,437		1,681,522			
015 NURSING ADMINISTRATION				29,632	1,091,539		
016 CENTRAL SERVICES & SUPPLY	13,238	52,053		46,359		13,148,387	
017 PHARMACY		17,351		75,157			7,829,983
018 MEDICAL RECORDS & LIBRARY		8,676		64,123			
025 SOCIAL SERVICE				15,311			
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	292,963	603,818	581,483	255,978	502,718		
031 INTENSIVE CARE UNIT	47,074	79,815	83,425	107,723	211,559		
033 SUBPROVIDER	40,377	116,252	242,179	87,073	171,005		
034 NURSERY							
037 SKILLED NURSING FACILITY	6,513		221,814				
039 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	47,635	262,001		144,525			
041 DELIVERY ROOM & LABOR ROO							
042 RADIOLOGY-DIAGNOSTIC	27,822	76,345		82,865			
042 01 RENAL DIALYSIS							
044 RADIOLOGY-THERAPEUTIC	5,607	17,351		20,329			
047 MRI		6,940		8,293			
048 LABORATORY		32,967		123,125			
049 BLOOD STORING, PROCESSING							
050 INTRAVENOUS THERAPY		12,146		59,488			
051 RESPIRATORY THERAPY				212,015			
052 PHYSICAL THERAPY	41						
053 OCCUPATIONAL THERAPY							
055 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY	12,014	55,523		34,076			
056 MEDICAL SUPPLIES CHARGED						13,148,387	
056 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							7,829,983
056 01 CAT SCAN				14,682			
056 02 ULTRASOUND		6,940		5,335			
056 03 CARDIAC CATH LAB				37,948			
056 04 CARDIAC REHAB		55,523		28,455			
056 05 WOMENS CENTER	7,365	17,351		24,456			
056 06 ENDOSCOPY	12,034	34,702		29,382			
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 01 OUTPATIENT	647	13,881		13,740			
061 EMERGENCY	61,409	156,159		105,023	206,257		
062 01 SHORT STAY							
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES				5,245			
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	574,739	1,667,436	1,128,901	1,630,338	1,091,539	13,148,387	7,829,983
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		6,940		7,345			
098 01 PHYSICIANS' PRIVATE OFFIC							
098 FOUNDATION				13,426			
098 02 CLINICS	30,413	39,907					
098 05 PRACTICE MANAGEMENT							
098 06 MOB - NOBLESVILLE SQUARE							
098 08 RIVERVIEW MEDICAL ARTS							
099 NONPAID WORKERS							
100 WORKMED	453			23,839			
100 01 MEALS ON WHEELS				6,574			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	605,605	1,714,283	1,128,901	1,681,522	1,091,539	13,148,387	7,829,983

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	17	18	25	26	27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
008 ADMINISTRATIVE & GENERAL					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPLY					
017 PHARMACY					
018 MEDICAL RECORDS & LIBRARY	2,031,560				
018 SOCIAL SERVICE		418,078			
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS	510,368	331,800	18,160,385		18,160,385
031 INTENSIVE CARE UNIT	113,966	25,566	4,147,052		4,147,052
033 SUBPROVIDER		28,241	4,141,960		4,141,960
034 NURSERY					
034 SKILLED NURSING FACILITY	19,820	32,471	2,816,230		2,816,230
037 ANCILLARY SRVC COST CNTRS					
039 OPERATING ROOM	510,368		7,788,437		7,788,437
041 DELIVERY ROOM & LABOR ROO					
041 RADIOLOGY-DIAGNOSTIC	19,820		3,450,622		3,450,622
041 01 RENAL DIALYSIS			461,042		461,042
042 RADIOLOGY-THERAPEUTIC	29,730		1,730,218		1,730,218
042 01 MRI			289,595		289,595
044 LABORATORY	19,820		5,662,137		5,662,137
047 BLOOD STORING, PROCESSING			930,815		930,815
048 INTRAVENOUS THERAPY					
049 RESPIRATORY THERAPY			1,734,516		1,734,516
050 PHYSICAL THERAPY	232,886		6,694,193		6,694,193
051 OCCUPATIONAL THERAPY					
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY	24,775		2,393,525		2,393,525
055 MEDICAL SUPPLIES CHARGED			13,148,387		13,148,387
055 30 IMPL. DEV. CHARGED TO PAT			2,181,824		2,181,824
056 DRUGS CHARGED TO PATIENTS			7,829,983		7,829,983
056 01 CAT SCAN			440,294		440,294
056 02 ULTRASOUND			311,606		311,606
056 03 CARDIAC CATH LAB			1,606,496		1,606,496
056 04 CARDIAC REHAB			857,783		857,783
056 05 WOMENS CENTER			1,256,165		1,256,165
056 06 ENDOSCOPY			1,503,552		1,503,552
060 OUTPAT SERVICE COST CNTRS					
060 01 OUTPATIENT			447,808		447,808
061 EMERGENCY	530,187		5,175,220		5,175,220
061 01 SHORT STAY			4,068		4,068
062 OBSERVATION BEDS (NON-DIS					
062 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES			450,785		450,785
095 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	2,011,740	418,078	95,614,698		95,614,698
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			484,492		484,492
098 PHYSICIANS' PRIVATE OFFIC					
098 01 FOUNDATION			317,929		317,929
098 02 CLINICS	19,820		29,909,882		29,909,882
098 05 PRACTICE MANAGEMENT			627,975		627,975
098 06 MOB - NOBLESVILLE SQUARE			521,831		521,831
098 08 RIVERVIEW MEDICAL ARTS			532,918		532,918
099 NONPAID WORKERS					
100 WORKMED			772,488		772,488
100 01 MEALS ON WHEELS			168,502		168,502
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	2,031,560	418,078	128,950,715		128,950,715

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIV E & GENERAL 6	OPERATION OF PLANT 8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		35,681	7,306	42,987	42,987		
006 ADMINISTRATIVE & GENERAL		530,479	2,085,126	2,615,605	5,111	2,620,716	
008 OPERATION OF PLANT		2,787,244	148,357	2,935,601	1,211	196,579	3,133,391
009 LAUNDRY & LINEN SERVICE		28,798	1,499	30,297	58	10,779	24,372
010 HOUSEKEEPING		16,502	13,153	29,655	728	33,964	13,966
011 DIETARY		48,064	16,618	64,682	224	20,285	40,678
012 CAFETERIA		85,433		85,433	460	28,898	72,304
014 NURSING ADMINISTRATION			227	227	561	21,582	
015 CENTRAL SERVICES & SUPPLY		54,205	79,107	133,312	443	262,073	45,875
016 PHARMACY		29,904	7,552	37,456	1,282	155,664	25,308
017 MEDICAL RECORDS & LIBRARY		58,687	21,213	79,900	544	36,693	49,668
018 SOCIAL SERVICE			590	590	215	8,186	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		1,167,811	240,674	1,408,485	5,335	244,496	988,353
026 INTENSIVE CARE UNIT		80,689	139,477	220,166	1,561	66,399	68,289
031 SUBPROVIDER		195,181	9,555	204,736	957	59,891	165,188
033 NURSERY							
034 SKILLED NURSING FACILITY		134,675	12,878	147,553		44,382	113,980
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		470,789	324,090	794,879	2,490	113,688	398,443
039 DELIVERY ROOM & LABOR ROO							
041 RADIOLOGY-DIAGNOSTIC		204,319	31,501	235,820	997	55,076	172,922
041 01 RENAL DIALYSIS		7,727	81	7,808		8,960	6,540
042 RADIOLOGY-THERAPEUTIC		103,331	254,021	357,352	285	28,193	87,452
042 01 MRI			17,456	17,456	115	5,576	
044 LABORATORY		108,701	203,741	312,442	1,321	105,727	91,997
047 BLOOD STORING, PROCESSING		53,317	4,010	57,327		16,086	45,124
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		15,119	35,594	50,713	792	32,993	12,796
050 PHYSICAL THERAPY			73,385	73,385	2,636	127,006	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		266,877	309,147	576,024	463	31,906	225,866
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT						44,342	
056 DRUGS CHARGED TO PATIENTS							
056 01 CAT SCAN			37,975	37,975	191	8,650	
056 02 ULTRASOUND			1,005	1,005	115	6,083	
056 03 CARDIAC CATH LAB		41,894	210,349	252,243	594	29,654	35,456
056 04 CARDIAC REHAB			7,612	7,612	366	15,726	
056 05 WOMENS CENTER		118,407	211,344	329,751	261	18,243	100,211
056 06 ENDOSCOPY		102,938	169,421	272,359	410	23,545	87,120
060 OUTPAT SERVICE COST CNTRS							
060 01 OUTPATIENT		15,890	7,145	23,035	179	7,683	13,449
061 EMERGENCY		232,797	154,384	387,181	1,408	71,294	197,023
061 01 SHORT STAY			3,558	3,558		83	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					64	9,055	
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		6,995,459	4,839,151	11,834,610	31,377	1,949,440	3,082,380
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		60,273	8,373	68,646	65	6,356	51,011
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION			1,606	1,606	162	6,189	
098 02 CLINICS					10,804	606,035	
098 05 PRACTICE MANAGEMENT					253	12,763	
098 06 MOB - NOBLESVILLE SQUARE						10,605	
098 08 RIVERVIEW MEDICAL ARTS						10,831	
099 NONPAID WORKERS							
100 WORKMED					287	15,206	
100 01 MEALS ON WHEELS					39	3,291	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		7,055,732	4,849,130	11,904,862	42,987	2,620,716	3,133,391

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	65,506						
011 HOUSEKEEPING		78,313					
012 DIETARY		238	126,107				
014 CAFETERIA		1,665		188,760			
015 NURSING ADMINISTRATION					3,326		
016 CENTRAL SERVICES & SUPPLY	1,432	2,378			25,696		
017 PHARMACY		793				450,717	
018 MEDICAL RECORDS & LIBRARY		396					228,940
018 SOCIAL SERVICE				7,198			
025 INPAT ROUTINE SRVC CNTRS				1,719			
026 ADULTS & PEDIATRICS	31,690	27,583	64,957	28,737	11,834		
031 INTENSIVE CARE UNIT	5,092	3,646	9,319	12,092	4,980		
033 SUBPROVIDER	4,367	5,311	27,053	9,774	4,026		
034 NURSERY							
037 SKILLED NURSING FACILITY	704		24,778				
039 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	5,153	11,969		16,224			
041 DELIVERY ROOM & LABOR ROO							
042 RADIOLOGY-DIAGNOSTIC	3,009	3,488		9,302			
042 01 RENAL DIALYSIS							
044 RADIOLOGY-THERAPEUTIC	606	793		2,282			
047 MRI		317		931			
048 LABORATORY		1,506		13,821			
049 BLOOD STORING, PROCESSING							
050 INTRAVENOUS THERAPY		555		6,678			
051 RESPIRATORY THERAPY				23,800			
052 PHYSICAL THERAPY	4						
053 OCCUPATIONAL THERAPY							
055 SPEECH PATHOLOGY							
055 30 ELECTROCARDIOLOGY	1,299	2,536		3,825			
056 MEDICAL SUPPLIES CHARGED						450,717	
056 01 IMPL. DEV. CHARGED TO PAT							
056 02 DRUGS CHARGED TO PATIENTS							228,940
056 03 CAT SCAN				1,648			
056 04 ULTRASOUND		317		599			
056 05 CARDIAC CATH LAB				4,260			
056 06 CARDIAC REHAB		2,536		3,194			
056 07 WOMENS CENTER	797	793		2,745			
056 08 ENDOSCOPY	1,302	1,585		3,298			
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 02 OUTPATIENT	70	634		1,542			
061 03 EMERGENCY	6,642	7,134		11,789	4,856		
061 04 SHORT STAY							
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 01 AMBULANCE SERVICES				589			
095 02 SPEC PURPOSE COST CENTERS							
095 03 SUBTOTALS	62,167	76,173	126,107	183,014	25,696	450,717	228,940
096 04 NONREIMBURS COST CENTERS							
098 05 GIFT, FLOWER, COFFEE SHOP		317		825			
098 06 PHYSICIANS' PRIVATE OFFIC							
098 07 FOUNDATION				1,507			
098 08 CLINICS	3,290	1,823					
099 09 PRACTICE MANAGEMENT							
100 06 MOB - NOBLESVILLE SQUARE							
100 08 RIVERVIEW MEDICAL ARTS							
101 09 NONPAID WORKERS							
100 01 WORKMED	49			2,676			
101 02 MEALS ON WHEELS				738			
102 03 CROSS FOOT ADJUSTMENTS							
102 04 NEGATIVE COST CENTER							
103 05 TOTAL	65,506	78,313	126,107	188,760	25,696	450,717	228,940

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART III

	COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		17	18	25	26	27
	GENERAL SERVICE COST CNTR					
003	NEW CAP REL COSTS-BLDG &					
004	NEW CAP REL COSTS-MVBLE E					
005	EMPLOYEE BENEFITS					
006	ADMINISTRATIVE & GENERAL					
008	OPERATION OF PLANT					
009	LAUNDRY & LINEN SERVICE					
010	HOUSEKEEPING					
011	DIETARY					
012	CAFETERIA					
014	NURSING ADMINISTRATION					
015	CENTRAL SERVICES & SUPPLY					
016	PHARMACY					
017	MEDICAL RECORDS & LIBRARY	174,399				
018	SOCIAL SERVICE		10,710			
	INPAT ROUTINE SRVC CNTRS					
025	ADULTS & PEDIATRICS	43,812	8,500	2,863,782		2,863,782
026	INTENSIVE CARE UNIT	9,783	655	401,982		401,982
031	SUBPROVIDER		723	482,026		482,026
033	NURSERY					
034	SKILLED NURSING FACILITY	1,701	832	333,930		333,930
	ANCILLARY SRVC COST CNTRS					
037	OPERATING ROOM	43,812		1,386,658		1,386,658
039	DELIVERY ROOM & LABOR ROO					
041	RADIOLOGY-DIAGNOSTIC	1,701		482,315		482,315
041	01 RENAL DIALYSIS			23,308		23,308
042	RADIOLOGY-THERAPEUTIC	2,552		479,515		479,515
042	01 MRI			24,395		24,395
044	LABORATORY	1,701		528,515		528,515
047	BLOOD STORING, PROCESSING			118,537		118,537
048	INTRAVENOUS THERAPY					
049	RESPIRATORY THERAPY			104,527		104,527
050	PHYSICAL THERAPY	19,992		246,823		246,823
051	OCCUPATIONAL THERAPY					
052	SPEECH PATHOLOGY					
053	ELECTROCARDIOLOGY	2,127		844,046		844,046
055	MEDICAL SUPPLIES CHARGED			450,717		450,717
055	30 IMPL. DEV. CHARGED TO PAT			44,342		44,342
056	DRUGS CHARGED TO PATIENTS			228,940		228,940
056	01 CAT SCAN			48,464		48,464
056	02 ULTRASOUND			8,119		8,119
056	03 CARDIAC CATH LAB			322,207		322,207
056	04 CARDIAC REHAB			29,434		29,434
056	05 WOMENS CENTER			452,801		452,801
056	06 ENDOSCOPY			389,619		389,619
	OUTPAT SERVICE COST CNTRS					
060	CLINIC					
060	01 OUTPATIENT			46,592		46,592
061	EMERGENCY	45,517		732,844		732,844
061	01 SHORT STAY			3,641		3,641
062	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
065	AMBULANCE SERVICES			9,708		9,708
	SPEC PURPOSE COST CENTERS					
095	SUBTOTALS	172,698	10,710	11,087,787		11,087,787
	NONREIMBURS COST CENTERS					
096	GIFT, FLOWER, COFFEE SHOP			127,220		127,220
098	PHYSICIANS' PRIVATE OFFIC					
098	01 FOUNDATION			9,464		9,464
098	02 CLINICS	1,701		623,653		623,653
098	05 PRACTICE MANAGEMENT			13,016		13,016
098	06 MOB - NOBLESVILLE SQUARE			10,605		10,605
098	08 RIVERVIEW MEDICAL ARTS			10,831		10,831
099	NONPAID WORKERS					
100	WORKMED			18,218		18,218
100	01 MEALS ON WHEELS			4,068		4,068
101	CROSS FOOT ADJUSTMENTS					
102	NEGATIVE COST CENTER					
103	TOTAL	174,399	10,710	11,904,862		11,904,862

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET B-1
 I I TO 12/31/2010 I

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	FITS (GROSS SALARIES)		E & GENERAL (ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	484,876					
005 NEW CAP REL COSTS-MVB		5,071,723				
006 EMPLOYEE BENEFITS	2,452	7,641	57,430,945			
008 ADMINISTRATIVE & GENE	36,455	2,180,842	6,833,493	-16,154,041	112,796,674	
009 OPERATION OF PLANT	191,542	155,167	1,619,050		8,460,846	254,427
010 LAUNDRY & LINEN SERVI	1,979	1,568	76,941		463,928	1,979
011 HOUSEKEEPING	1,134	13,757	973,486		1,461,819	1,134
012 DIETARY	3,303	17,381	299,484		873,088	3,303
014 CAFETERIA	5,871		614,979		1,243,763	5,871
015 NURSING ADMINISTRATIO		237	750,611		928,879	
016 CENTRAL SERVICES & SU	3,725	82,738	592,193		11,279,711	3,725
017 PHARMACY	2,055	7,899	1,713,479		6,699,839	2,055
018 MEDICAL RECORDS & LIB	4,033	22,187	727,737		1,579,265	4,033
025 SOCIAL SERVICE		617	287,300		352,311	
026 INPAT ROUTINE SRVC CN						
031 ADULTS & PEDIATRICS	80,253	251,722	7,132,268		10,523,206	80,253
033 INTENSIVE CARE UNIT	5,545	145,880	2,086,375		2,857,838	5,545
034 SUBPROVIDER	13,413	9,994	1,279,312		2,577,742	13,413
039 NURSERY						
041 SKILLED NURSING FACIL	9,255	13,469			1,910,197	9,255
042 ANCILLARY SRVC COST C						
044 OPERATING ROOM	32,353	338,967	3,328,737		4,893,172	32,353
049 DELIVERY ROOM & LABOR						
041 RADIOLOGY-DIAGNOSTIC	14,041	32,947	1,332,291		2,370,486	14,041
041 01 RENAL DIALYSIS	531	85			385,628	531
042 RADIOLOGY-THERAPEUTIC	7,101	265,681	381,222		1,213,458	7,101
042 01 MRI		18,257	153,868		239,992	
044 LABORATORY	7,470	213,093	1,765,866		4,550,537	7,470
047 BLOOD STORING, PROCES	3,664	4,194			692,365	3,664
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	1,039	37,228	1,059,057		1,420,016	1,039
050 PHYSICAL THERAPY		76,754	3,523,803		5,466,388	
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	18,340	323,338	618,388		1,373,238	18,340
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO					1,908,500	
056 DRUGS CHARGED TO PATI						
056 01 CAT SCAN		39,718	255,384		372,294	
056 02 ULTRASOUND		1,051	154,321		261,833	
056 03 CARDIAC CATH LAB	2,879	220,005	793,829		1,276,311	2,879
056 04 CARDIAC REHAB		7,961	489,135		676,868	
056 05 WOMENS CENTER	8,137	221,045	349,515		785,197	8,137
056 06 ENDOSCOPY	7,074	177,198	548,036		1,013,373	7,074
060 OUTPAT SERVICE COST C						
060 01 OUTPATIENT	1,092	7,473	238,799		330,669	1,092
061 EMERGENCY	15,998	161,471	1,881,902		3,068,532	15,998
061 01 SHORT STAY		3,721			3,558	
062 OBSERVATION BEDS (NON						
065 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES			85,052		389,726	
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	480,734	5,061,286	41,945,913	-16,154,041	83,904,573	250,285
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	4,142	8,757	87,007		273,562	4,142
098 PHYSICIANS' PRIVATE O						
098 01 FOUNDATION		1,680	216,497		266,357	
098 02 CLINICS			14,406,964		26,084,147	
098 05 PRACTICE MANAGEMENT			337,713		549,307	
098 06 MOB - NOBLESVILLE SQU					456,460	
098 08 RIVERVIEW MEDICAL ART					466,158	
099 NONPAID WORKERS						
100 WORKMED			384,335		654,467	
100 01 MEALS ON WHEELS			52,516		141,643	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	7,055,732	4,849,130	8,571,909		16,154,041	9,672,558
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	14.551621		.149256		.143214	
105 (WRKSHT B, PT I)		.956111				38.017026
105 COST TO BE ALLOCATED						
105 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			42,987		2,620,716	3,133,391
107 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.000748		.023234	
108 (WRKSHT B, PT III)						12.315481

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET B-1
 I I TO 12/31/2010 I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	SERVICES	PHARMACY	R
	(POUNDS OF LAUNDRY	(HOURS OF SERVICE	(MEALS SERVED	S(MAN) HOURS	(DIRECT)SING HRS	NR(COSTED)EQUIS.	R(COSTED)EQUIS.	R(COSTED)EQUIS.		
	9	10	11	12	14	15	16			
003 GENERAL SERVICE COST										
004 NEW CAP REL COSTS-BLD										
005 NEW CAP REL COSTS-MVB										
006 EMPLOYEE BENEFITS										
008 ADMINISTRATIVE & GENE OPERATION OF PLANT										
009 LAUNDRY & LINEN SERVI	233,951									
010 HOUSEKEEPING		988								
011 DIETARY		3	97,065							
012 CAFETERIA		21		965,364						
014 NURSING ADMINISTRATIO				17,012	319,084					
015 CENTRAL SERVICES & SU	5,114	30		26,615		1,000				
016 PHARMACY		10		43,148				1,000		
017 MEDICAL RECORDS & LIB		5		36,813						
018 SOCIAL SERVICE				8,790						
025 INPAT ROUTINE SRVC CN										
026 ADULTS & PEDIATRICS	113,174	348	49,997	146,957	146,957					
026 INTENSIVE CARE UNIT	18,185	46	7,173	61,844	61,844					
031 SUBPROVIDER	15,598	67	20,823	49,989	49,989					
033 NURSERY										
034 SKILLED NURSING FACIL	2,516		19,072							
037 ANCILLARY SRVC COST C										
039 OPERATING ROOM	18,402	151		82,972						
041 DELIVERY ROOM & LABOR										
041 RADIOLOGY-DIAGNOSTIC	10,748	44		47,573						
041 01 RENAL DIALYSIS										
042 RADIOLOGY-THERAPEUTIC	2,166	10		11,671						
042 01 MRI		4		4,761						
044 LABORATORY		19		70,686						
047 BLOOD STORING, PROCES										
048 INTRAVENOUS THERAPY										
049 RESPIRATORY THERAPY		7		34,152						
050 PHYSICAL THERAPY	16			121,718						
051 OCCUPATIONAL THERAPY										
052 SPEECH PATHOLOGY										
053 ELECTROCARDIOLOGY	4,641	32		19,563						
055 MEDICAL SUPPLIES CHAR						1,000				
055 30 IMPL. DEV. CHARGED TO										
056 DRUGS CHARGED TO PATI									1,000	
056 01 CAT SCAN				8,429						
056 02 ULTRASOUND		4		3,063						
056 03 CARDIAC CATH LAB				21,786						
056 04 CARDIAC REHAB		32		16,336						
056 05 WOMENS CENTER	2,845	10		14,040						
056 06 ENDOSCOPY	4,649	20		16,868						
060 OUTPAT SERVICE COST C										
060 01 CLINIC										
060 01 OUTPATIENT	250	8		7,888						
061 EMERGENCY	23,723	90		60,294	60,294					
061 01 SHORT STAY										
062 OBSERVATION BEDS (NON										
065 OTHER REIMBURS COST C										
065 AMBULANCE SERVICES				3,011						
095 SPEC PURPOSE COST CEN										
095 SUBTOTALS	222,027	961	97,065	935,979	319,084	1,000	1,000			
096 NONREIMBURS COST CENT										
096 GIFT, FLOWER, COFFEE		4		4,217						
098 PHYSICIANS' PRIVATE O										
098 01 FOUNDATION				7,708						
098 02 CLINICS	11,749	23								
098 05 PRACTICE MANAGEMENT										
098 06 MOB - NOBLESVILLE SQU										
098 08 RIVERVIEW MEDICAL ART										
099 NONPAID WORKERS										
100 WORKMED	175			13,686						
100 01 MEALS ON WHEELS				3,774						
101 CROSS FOOT ADJUSTMENT										
102 NEGATIVE COST CENTER										
103 COST TO BE ALLOCATED	605,605	1,714,283	1,128,901	1,681,522	1,091,539	13,148,387	7,829,983			
104 (WRKSHT B, PART I)										
104 UNIT COST MULTIPLIER		1,735.104251		1.741853		13,148.387000				
105 (WRKSHT B, PT I)	2.588598		11.630361		3.420852		7,829.983000			
105 COST TO BE ALLOCATED										
106 (WRKSHT B, PART II)										
106 UNIT COST MULTIPLIER										
106 (WRKSHT B, PT II)										
107 COST TO BE ALLOCATED	65,506	78,313	126,107	188,760	25,696	450,717	228,940			
107 (WRKSHT B, PART III)										
108 UNIT COST MULTIPLIER		79.264170		.195532		450.717000				
108 (WRKSHT B, PT III)	.279999		1.299202		.080531		228.940000			

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET B-1
 I I TO 12/31/2010 I

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
	(TIME SPENT	(TIME)SPENT)
	17	18
003 GENERAL SERVICE COST		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENE		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVI		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
015 NURSING ADMINISTRATIO		
016 CENTRAL SERVICES & SU		
017 PHARMACY		
018 MEDICAL RECORDS & LIB	410	
025 SOCIAL SERVICE		6,721
026 INPAT ROUTINE SRVC CN		
026 ADULTS & PEDIATRICS	103	5,334
031 INTENSIVE CARE UNIT	23	411
033 SUBPROVIDER		454
034 NURSERY		
037 SKILLED NURSING FACIL	4	522
039 ANCILLARY SRVC COST C		
041 OPERATING ROOM	103	
041 DELIVERY ROOM & LABOR		
041 01 RADIOLOGY-DIAGNOSTIC	4	
042 01 RENAL DIALYSIS		
042 01 RADIOLOGY-THERAPEUTIC	6	
044 01 MRI		
047 LABORATORY	4	
048 BLOOD STORING, PROCES		
049 INTRAVENOUS THERAPY		
050 RESPIRATORY THERAPY		
051 PHYSICAL THERAPY	47	
052 OCCUPATIONAL THERAPY		
053 SPEECH PATHOLOGY		
055 30 ELECROCARDIOLOGY	5	
056 30 MEDICAL SUPPLIES CHAR		
056 01 IMPL. DEV. CHARGED TO		
056 02 DRUGS CHARGED TO PATI		
056 03 CAT SCAN		
056 04 ULTRASOUND		
056 05 CARDIAC CATH LAB		
056 06 CARDIAC REHAB		
060 05 WOMENS CENTER		
060 06 ENDOSCOPY		
060 OUTPAT SERVICE COST C		
060 01 CLINIC		
061 01 OUTPATIENT		
061 01 EMERGENCY	107	
062 01 SHORT STAY		
065 OBSERVATION BEDS (NON		
095 OTHER REIMBURS COST C		
096 AMBULANCE SERVICES		
098 SPEC PURPOSE COST CEN		
098 SUBTOTALS	406	6,721
098 NONREIMBURS COST CENT		
098 GIFT, FLOWER, COFFEE		
098 01 PHYSICIANS' PRIVATE O		
098 02 FOUNDATION		
098 05 CLINICS	4	
098 06 PRACTICE MANAGEMENT		
098 08 MOB - NOBLESVILLE SQU		
099 08 RIVERVIEW MEDICAL ART		
100 NONPAID WORKERS		
100 WORKMED		
101 01 MEALS ON WHEELS		
102 CROSS FOOT ADJUSTMENT		
103 NEGATIVE COST CENTER		
104 COST TO BE ALLOCATED	2,031,560	418,078
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		62.204731
(WRKSHT B, PT I)	4,955.024390	
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT II)		
107 COST TO BE ALLOCATED	174,399	10,710
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		1.593513
(WRKSHT B, PT III)	425.363415	

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET C
 I I TO 12/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	18,160,385		18,160,385		18,160,385
26	INTENSIVE CARE UNIT	4,147,052		4,147,052		4,147,052
31	SUBPROVIDER	4,141,960		4,141,960		4,141,960
33	NURSERY					
34	SKILLED NURSING FACILITY	2,816,230		2,816,230	17,681	2,833,911
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	7,788,437		7,788,437		7,788,437
39	DELIVERY ROOM & LABOR ROO					
41	RADIOLOGY-DIAGNOSTIC	3,450,622		3,450,622	743	3,451,365
41 01	RENAL DIALYSIS	461,042		461,042		461,042
42	RADIOLOGY-THERAPEUTIC	1,730,218		1,730,218		1,730,218
42 01	MRI	289,595		289,595		289,595
44	LABORATORY	5,662,137		5,662,137		5,662,137
47	BLOOD STORING, PROCESSING	930,815		930,815		930,815
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,734,516		1,734,516		1,734,516
50	PHYSICAL THERAPY	6,694,193		6,694,193		6,694,193
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	2,393,525		2,393,525	86,258	2,479,783
55	MEDICAL SUPPLIES CHARGED	13,148,387		13,148,387		13,148,387
55 30	IMPL. DEV. CHARGED TO PAT	2,181,824		2,181,824		2,181,824
56	DRUGS CHARGED TO PATIENTS	7,829,983		7,829,983		7,829,983
56 01	CAT SCAN	440,294		440,294		440,294
56 02	ULTRASOUND	311,606		311,606		311,606
56 03	CARDIAC CATH LAB	1,606,496		1,606,496	53,258	1,659,754
56 04	CARDIAC REHAB	857,783		857,783		857,783
56 05	WOMENS CENTER	1,256,165		1,256,165		1,256,165
56 06	ENDOSCOPY	1,503,552		1,503,552		1,503,552
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	OUTPATIENT	447,808		447,808	2,866	450,674
61	EMERGENCY	5,175,220		5,175,220	44,469	5,219,689
61 01	SHORT STAY	4,068		4,068		4,068
62	OBSERVATION BEDS (NON-DIS	950,914		950,914		950,914
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	450,785		450,785		450,785
101	SUBTOTAL	96,565,612		96,565,612	205,275	96,770,887
102	LESS OBSERVATION BEDS	950,914		950,914		950,914
103	TOTAL	95,614,698		95,614,698	205,275	95,819,973

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	27,262,366		27,262,366			
26	INTENSIVE CARE UNIT	6,520,001		6,520,001			
31	SUBPROVIDER	5,490,779		5,490,779			
33	NURSERY						
34	SKILLED NURSING FACILITY	2,504,290		2,504,290			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	15,711,681	17,437,937	33,149,618	.234948	.234948	.234948
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	2,080,211	8,692,702	10,772,913	.320305	.320305	.320374
41 01	RENAL DIALYSIS	474,679	1,400	476,079	.968415	.968415	.968415
42	RADIOLOGY-THERAPEUTIC	94,640	4,795,270	4,889,910	.353834	.353834	.353834
42 01	MRI	997,550	6,059,250	7,056,800	.041038	.041038	.041038
44	LABORATORY	10,560,271	16,749,145	27,309,416	.207333	.207333	.207333
47	BLOOD STORING, PROCESSING	1,164,256	568,865	1,733,121	.537074	.537074	.537074
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	3,330,878	447,995	3,778,873	.459004	.459004	.459004
50	PHYSICAL THERAPY	6,267,497	8,479,802	14,747,299	.453927	.453927	.453927
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,664,167	5,899,310	8,563,477	.279504	.279504	.289577
55	MEDICAL SUPPLIES CHARGED	27,164,098	23,503,162	50,667,260	.259505	.259505	.259505
55 30	IMPL. DEV. CHARGED TO PAT	1,324,680	3,050,709	4,375,389	.498658	.498658	.498658
56	DRUGS CHARGED TO PATIENTS	12,631,550	7,498,190	20,129,740	.388976	.388976	.388976
56 01	CAT SCAN	4,296,920	13,951,040	18,247,960	.024128	.024128	.024128
56 02	ULTRASOUND	366,555	1,920,791	2,287,346	.136230	.136230	.136230
56 03	CARDIAC CATH LAB	4,636,438	6,925,998	11,562,436	.138941	.138941	.143547
56 04	CARDIAC REHAB	307,577	1,183,907	1,491,484	.575120	.575120	.575120
56 05	WOMENS CENTER	10,177	3,260,484	3,270,661	.384071	.384071	.384071
56 06	ENDOSCOPY	684,471	4,782,642	5,467,113	.275018	.275018	.275018
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OUTPATIENT	154,677	571,011	725,688	.617081	.617081	.621030
61	EMERGENCY	3,352,312	12,164,139	15,516,451	.333531	.333531	.336397
61 01	SHORT STAY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		3,747,726	3,747,726	.253731	.253731	.253731
65	AMBULANCE SERVICES		964,665	964,665	.467297	.467297	.467297
101	SUBTOTAL	140,052,721	152,656,140	292,708,861			
102	LESS OBSERVATION BEDS						
103	TOTAL	140,052,721	152,656,140	292,708,861			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
I 15-0059 I FROM 1/ 1/2010 I WORKSHEET C
I I TO 12/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	18,160,385		18,160,385		18,160,385
26	INTENSIVE CARE UNIT	4,147,052		4,147,052		4,147,052
31	SUBPROVIDER	4,141,960		4,141,960		4,141,960
33	NURSERY					
34	SKILLED NURSING FACILITY	2,816,230		2,816,230	17,681	2,833,911
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	7,788,437		7,788,437		7,788,437
39	DELIVERY ROOM & LABOR ROO					
41	RADIOLOGY-DIAGNOSTIC	3,450,622		3,450,622	743	3,451,365
41 01	RENAL DIALYSIS	461,042		461,042		461,042
42	RADIOLOGY-THERAPEUTIC	1,730,218		1,730,218		1,730,218
42 01	MRI	289,595		289,595		289,595
44	LABORATORY	5,662,137		5,662,137		5,662,137
47	BLOOD STORING, PROCESSING	930,815		930,815		930,815
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,734,516		1,734,516		1,734,516
50	PHYSICAL THERAPY	6,694,193		6,694,193		6,694,193
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	2,393,525		2,393,525	86,258	2,479,783
55	MEDICAL SUPPLIES CHARGED	13,148,387		13,148,387		13,148,387
55 30	IMPL. DEV. CHARGED TO PAT	2,181,824		2,181,824		2,181,824
56	DRUGS CHARGED TO PATIENTS	7,829,983		7,829,983		7,829,983
56 01	CAT SCAN	440,294		440,294		440,294
56 02	ULTRASOUND	311,606		311,606		311,606
56 03	CARDIAC CATH LAB	1,606,496		1,606,496	53,258	1,659,754
56 04	CARDIAC REHAB	857,783		857,783		857,783
56 05	WOMENS CENTER	1,256,165		1,256,165		1,256,165
56 06	ENDOSCOPY	1,503,552		1,503,552		1,503,552
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	OUTPATIENT	447,808		447,808	2,866	450,674
61	EMERGENCY	5,175,220		5,175,220	44,469	5,219,689
61 01	SHORT STAY	4,068		4,068		4,068
62	OBSERVATION BEDS (NON-DIS	950,914		950,914		950,914
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	450,785		450,785		450,785
101	SUBTOTAL	96,565,612		96,565,612	205,275	96,770,887
102	LESS OBSERVATION BEDS	950,914		950,914		950,914
103	TOTAL	95,614,698		95,614,698	205,275	95,819,973

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
I 15-0059 I FROM 1/ 1/2010 I WORKSHEET C
I I TO 12/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	27,262,366		27,262,366			
31	INTENSIVE CARE UNIT	6,520,001		6,520,001			
33	SUBPROVIDER	5,490,779		5,490,779			
34	NURSERY						
37	SKILLED NURSING FACILITY	2,504,290		2,504,290			
39	ANCILLARY SRVC COST CNTRS						
41	OPERATING ROOM	15,711,681	17,437,937	33,149,618	.234948	.234948	.234948
41	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	2,080,211	8,692,702	10,772,913	.320305	.320305	.320374
41	01 RENAL DIALYSIS	474,679	1,400	476,079	.968415	.968415	.968415
42	RADIOLOGY-THERAPEUTIC	94,640	4,795,270	4,889,910	.353834	.353834	.353834
42	01 MRI	997,550	6,059,250	7,056,800	.041038	.041038	.041038
44	LABORATORY	10,560,271	16,749,145	27,309,416	.207333	.207333	.207333
47	BLOOD STORING, PROCESSING	1,164,256	568,865	1,733,121	.537074	.537074	.537074
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	3,330,878	447,995	3,778,873	.459004	.459004	.459004
50	PHYSICAL THERAPY	6,267,497	8,479,802	14,747,299	.453927	.453927	.453927
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,664,167	5,899,310	8,563,477	.279504	.279504	.289577
55	MEDICAL SUPPLIES CHARGED	27,164,098	23,503,162	50,667,260	.259505	.259505	.259505
55	30 IMPL. DEV. CHARGED TO PAT	1,324,680	3,050,709	4,375,389	.498658	.498658	.498658
56	DRUGS CHARGED TO PATIENTS	12,631,550	7,498,190	20,129,740	.388976	.388976	.388976
56	01 CAT SCAN	4,296,920	13,951,040	18,247,960	.024128	.024128	.024128
56	02 ULTRASOUND	366,555	1,920,791	2,287,346	.136230	.136230	.136230
56	03 CARDIAC CATH LAB	4,636,438	6,925,998	11,562,436	.138941	.138941	.143547
56	04 CARDIAC REHAB	307,577	1,183,907	1,491,484	.575120	.575120	.575120
56	05 WOMENS CENTER	10,177	3,260,484	3,270,661	.384071	.384071	.384071
56	06 ENDOSCOPY	684,471	4,782,642	5,467,113	.275018	.275018	.275018
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OUTPATIENT	154,677	571,011	725,688	.617081	.617081	.621030
61	EMERGENCY	3,352,312	12,164,139	15,516,451	.333531	.333531	.336397
61	01 SHORT STAY						
62	OBSERVATION BEDS (NON-DIS		3,747,726	3,747,726	.253731	.253731	.253731
62	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		964,665	964,665	.467297	.467297	.467297
101	SUBTOTAL	140,052,721	152,656,140	292,708,861			
102	LESS OBSERVATION BEDS						
103	TOTAL	140,052,721	152,656,140	292,708,861			

Health Financial Systems MCRIF32 FOR RIVERVIEW HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET C
 I I TO 12/31/2010 I PART II

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						
39	OPERATING ROOM	7,788,437	1,386,658	6,401,779			7,788,437
41	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	3,450,622	482,315	2,968,307			3,450,622
41 01	RENAL DIALYSIS	461,042	23,308	437,734			461,042
42	RADIOLOGY-THERAPEUTIC	1,730,218	479,515	1,250,703			1,730,218
42 01	MRI	289,595	24,395	265,200			289,595
44	LABORATORY	5,662,137	528,515	5,133,622			5,662,137
47	BLOOD STORING, PROCESSING	930,815	118,537	812,278			930,815
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,734,516	104,527	1,629,989			1,734,516
50	PHYSICAL THERAPY	6,694,193	246,823	6,447,370			6,694,193
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,393,525	844,046	1,549,479			2,393,525
55	MEDICAL SUPPLIES CHARGED	13,148,387	450,717	12,697,670			13,148,387
55 30	IMPL. DEV. CHARGED TO PAT	2,181,824	44,342	2,137,482			2,181,824
56	DRUGS CHARGED TO PATIENTS	7,829,983	228,940	7,601,043			7,829,983
56 01	CAT SCAN	440,294	48,464	391,830			440,294
56 02	ULTRASOUND	311,606	8,119	303,487			311,606
56 03	CARDIAC CATH LAB	1,606,496	322,207	1,284,289			1,606,496
56 04	CARDIAC REHAB	857,783	29,434	828,349			857,783
56 05	WOMENS CENTER	1,256,165	452,801	803,364			1,256,165
56 06	ENDOSCOPY	1,503,552	389,619	1,113,933			1,503,552
60	OUTPAT SERVICE COST CNTRS						
60 01	CLINIC						
60 01	OUTPATIENT	447,808	46,592	401,216			447,808
61	EMERGENCY	5,175,220	732,844	4,442,376			5,175,220
61 01	SHORT STAY	4,068	3,641	427			4,068
62	OBSERVATION BEDS (NON-DIS	950,914	149,953	800,961			950,914
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	450,785	9,708	441,077			450,785
101	SUBTOTAL	67,299,985	7,156,020	60,143,965			67,299,985
102	LESS OBSERVATION BEDS	950,914	149,953	800,961			950,914
103	TOTAL	66,349,071	7,006,067	59,343,004			66,349,071

Health Financial Systems MCRIF32 FOR RIVERVIEW HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET C
 I I TO 12/31/2010 I PART II

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			
	OPERATING ROOM	33,149,618	.234948	.234948
39	DELIVERY ROOM & LABOR ROO			
41	RADIOLOGY-DIAGNOSTIC	10,772,913	.320305	.320305
42	01 RENAL DIALYSIS	476,079	.968415	.968415
42	RADIOLOGY-THERAPEUTIC	4,889,910	.353834	.353834
42	01 MRI	7,056,800	.041038	.041038
44	LABORATORY	27,309,416	.207333	.207333
47	BLOOD STORING, PROCESSING	1,733,121	.537074	.537074
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	3,778,873	.459004	.459004
50	PHYSICAL THERAPY	14,747,299	.453927	.453927
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	8,563,477	.279504	.279504
55	MEDICAL SUPPLIES CHARGED	50,667,260	.259505	.259505
55	30 IMPL. DEV. CHARGED TO PAT	4,375,389	.498658	.498658
56	DRUGS CHARGED TO PATIENTS	20,129,740	.388976	.388976
56	01 CAT SCAN	18,247,960	.024128	.024128
56	02 ULTRASOUND	2,287,346	.136230	.136230
56	03 CARDIAC CATH LAB	11,562,436	.138941	.138941
56	04 CARDIAC REHAB	1,491,484	.575120	.575120
56	05 WOMENS CENTER	3,270,661	.384071	.384071
56	06 ENDOSCOPY	5,467,113	.275018	.275018
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 OUTPATIENT	725,688	.617081	.617081
61	EMERGENCY	15,516,451	.333531	.333531
61	01 SHORT STAY			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,747,726	.253731	.253731
65	AMBULANCE SERVICES	964,665	.467297	.467297
101	SUBTOTAL	250,931,425		
102	LESS OBSERVATION BEDS	3,747,726		
103	TOTAL	247,183,699		

Health Financial Systems MCRIF32 FOR RIVERVIEW HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

**NOT A CMS WORKSHEET ** (09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET C
 I I TO 12/31/2010 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	7,788,437	1,386,658	6,401,779	138,666	371,303	7,278,468
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	3,450,622	482,315	2,968,307	48,232	172,162	3,230,228
41 01	RENAL DIALYSIS	461,042	23,308	437,734	2,331	25,389	433,322
42	RADIOLOGY-THERAPEUTIC	1,730,218	479,515	1,250,703	47,952	72,541	1,609,725
42 01	MRI	289,595	24,395	265,200	2,440	15,382	271,773
44	LABORATORY	5,662,137	528,515	5,133,622	52,852	297,750	5,311,535
47	BLOOD STORING, PROCESSING	930,815	118,537	812,278	11,854	47,112	871,849
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,734,516	104,527	1,629,989	10,453	94,539	1,629,524
50	PHYSICAL THERAPY	6,694,193	246,823	6,447,370	24,682	373,947	6,295,564
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,393,525	844,046	1,549,479	84,405	89,870	2,219,250
55	MEDICAL SUPPLIES CHARGED	13,148,387	450,717	12,697,670	45,072	736,465	12,366,850
55 30	IMPL. DEV. CHARGED TO PAT	2,181,824	44,342	2,137,482	4,434	123,974	2,053,416
56	DRUGS CHARGED TO PATIENTS	7,829,983	228,940	7,601,043	22,894	440,860	7,366,229
56 01	CAT SCAN	440,294	48,464	391,830	4,846	22,726	412,722
56 02	ULTRASOUND	311,606	8,119	303,487	812	17,602	293,192
56 03	CARDIAC CATH LAB	1,606,496	322,207	1,284,289	32,221	74,489	1,499,786
56 04	CARDIAC REHAB	857,783	29,434	828,349	2,943	48,044	806,796
56 05	WOMENS CENTER	1,256,165	452,801	803,364	45,280	46,595	1,164,290
56 06	ENDOSCOPY	1,503,552	389,619	1,113,933	38,962	64,608	1,399,982
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OUTPATIENT	447,808	46,592	401,216	4,659	23,271	419,878
61	EMERGENCY	5,175,220	732,844	4,442,376	73,284	257,658	4,844,278
61 01	SHORT STAY	4,068	3,641	427	364	25	3,679
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	950,914	149,953	800,961	14,995	46,456	889,463
65	AMBULANCE SERVICES	450,785	9,708	441,077	971	25,582	424,232
101	SUBTOTAL	67,299,985	7,156,020	60,143,965	715,604	3,488,350	63,096,031
102	LESS OBSERVATION BEDS	950,914	149,953	800,961	14,995	46,456	889,463
103	TOTAL	66,349,071	7,006,067	59,343,004	700,609	3,441,894	62,206,568

Health Financial Systems MCRIF32 FOR RIVERVIEW HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

**NOT A CMS WORKSHEET ** (09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET C
 I I TO 12/31/2010 I PART II

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 OPERATING ROOM	33,149,618	.219564	.230765
39	DELIVERY ROOM & LABOR ROO			
41	RADIOLOGY-DIAGNOSTIC	10,772,913	.299847	.315828
41 01	RENAL DIALYSIS	476,079	.910189	.963519
42	RADIOLOGY-THERAPEUTIC	4,889,910	.329193	.344028
42 01	MRI	7,056,800	.038512	.040692
44	LABORATORY	27,309,416	.194495	.205397
47	BLOOD STORING, PROCESSING	1,733,121	.503051	.530235
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	3,778,873	.431220	.456237
50	PHYSICAL THERAPY	14,747,299	.426896	.452253
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	8,563,477	.259153	.269647
55	MEDICAL SUPPLIES CHARGED	50,667,260	.244080	.258615
55 30	IMPL. DEV. CHARGED TO PAT	4,375,389	.469311	.497645
56	DRUGS CHARGED TO PATIENTS	20,129,740	.365938	.387839
56 01	CAT SCAN	18,247,960	.022617	.023863
56 02	ULTRASOUND	2,287,346	.128180	.135875
56 03	CARDIAC CATH LAB	11,562,436	.129712	.136154
56 04	CARDIAC REHAB	1,491,484	.540935	.573147
56 05	WOMENS CENTER	3,270,661	.355980	.370226
56 06	ENDOSCOPY	5,467,113	.256073	.267891
60	OUTPAT SERVICE COST CNTRS CLINIC			
60 01	OUTPATIENT	725,688	.578593	.610661
61	EMERGENCY	15,516,451	.312203	.328808
61 01	SHORT STAY			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,747,726	.237334	.249730
65	AMBULANCE SERVICES	964,665	.439771	.466290
101	SUBTOTAL	250,931,425		
102	LESS OBSERVATION BEDS	3,747,726		
103	TOTAL	247,183,699		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 12/31/2010 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				2,863,782		2,863,782
26	ADULTS & PEDIATRICS				401,982		401,982
31	INTENSIVE CARE UNIT				482,026		482,026
33	SUBPROVIDER						
101	NURSERY						
	TOTAL				3,747,790		3,747,790

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 12/31/2010 I PART I

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

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	18,162	8,157			157.68	1,286,196
26	INTENSIVE CARE UNIT	3,223	1,527			124.72	190,447
31	SUBPROVIDER	5,967	3,945			80.78	318,677
33	NURSERY						
101	TOTAL	27,352	13,629				1,795,320

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-0059 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		1,386,658	33,149,618	7,674,862		
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC		482,315	10,772,913	1,634,543		
41 01	RENAL DIALYSIS		23,308	476,079	250,378		
42	RADIOLOGY-THERAPEUTIC		479,515	4,889,910	49,280		
42 01	MRT		24,395	7,056,800	388,300		
44	LABORATORY		528,515	27,309,416	5,147,207		
47	BLOOD STORING, PROCESSING		118,537	1,733,121	395,103		
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		104,527	3,778,873	898,319		
50	PHYSICAL THERAPY		246,823	14,747,299	829,691		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		844,046	8,563,477	1,104,244		
55	MEDICAL SUPPLIES CHARGED		450,717	50,667,260	13,047,781		
55 30	IMPL. DEV. CHARGED TO PAT		44,342	4,375,389	567,795		
56	DRUGS CHARGED TO PATIENTS		228,940	20,129,740	5,853,180		
56 01	CAT SCAN		48,464	18,247,960	2,269,530		
56 02	ULTRASOUND		8,119	2,287,346	161,298		
56 03	CARDIAC CATH LAB		322,207	11,562,436	1,643,542		
56 04	CARDIAC REHAB		29,434	1,491,484	110,927		
56 05	WOMENS CENTER		452,801	3,270,661			
56 06	ENDOSCOPY		389,619	5,467,113			
60	OUTPAT SERVICE COST CNTRS CLINIC						
60 01	OUTPATIENT		46,592	725,688			
61	EMERGENCY		732,844	15,516,451	1,336,747		
61 01	SHORT STAY		3,641				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		149,953	3,747,726			
65	AMBULANCE SERVICES						
101	TOTAL		7,146,312	249,966,760	43,362,727		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-0059 I PPS I

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO	COSTS 8
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		.041830	321,039
39	DELIVERY ROOM & LABOR ROO			
41	RADIOLOGY-DIAGNOSTIC		.044771	73,180
41 01	RENAL DIALYSIS		.048958	12,258
42	RADIOLOGY-THERAPEUTIC		.098062	4,832
42 01	MRI		.003457	1,342
44	LABORATORY		.019353	99,614
47	BLOOD STORING, PROCESSING		.068395	27,023
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY		.027661	24,848
50	PHYSICAL THERAPY		.016737	13,887
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY		.098563	108,838
55	MEDICAL SUPPLIES CHARGED		.008896	116,073
55 30	IMPL. DEV. CHARGED TO PAT		.010134	5,754
56	DRUGS CHARGED TO PATIENTS		.011373	66,568
56 01	CAT SCAN		.002656	6,028
56 02	ULTRASOUND		.003550	573
56 03	CARDIAC CATH LAB		.027867	45,801
56 04	CARDIAC REHAB		.019735	2,189
56 05	WOMENS CENTER		.138443	
56 06	ENDOSCOPY		.071266	
60	OUTPAT SERVICE COST CNTRS CLINIC			
60 01	OUTPATIENT		.064204	
61	EMERGENCY		.047230	63,135
61 01	SHORT STAY			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		.040012	
65	AMBULANCE SERVICES			
101	TOTAL			992,982

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 12/31/2010 I PART III
 PPS

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

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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					18,162	
26	INTENSIVE CARE UNIT					3,223	
31	SUBPROVIDER					5,967	
33	NURSERY						
34	SKILLED NURSING FACILITY					5,615	
101	TOTAL					32,967	

Health Financial Systems MCRIF32 FOR RIVERVIEW HOSPITAL

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

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

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D
I I TO 12/31/2010 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	8,157
26	INTENSIVE CARE UNIT		1,527
31	SUBPROVIDER		3,945
33	NURSERY		
34	SKILLED NURSING FACILITY		4,432
101	TOTAL		18,061

Health Financial Systems MCRIF32 FOR RIVERVIEW HOSPITAL
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(07/2009)

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART IV
 I 15-0059 I

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED SCHOOL	NRS 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							
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC							
41 01	RENAL DIALYSIS							
42	RADIOLOGY-THERAPEUTIC							
42 01	MRI							
44	LABORATORY							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
55	MEDICAL SUPPLIES CHARGED							
55 30	IMPL. DEV. CHARGED TO PAT							
56	DRUGS CHARGED TO PATIENTS							
56 01	CAT SCAN							
56 02	ULTRASOUND							
56 03	CARDIAC CATH LAB							
56 04	CARDIAC REHAB							
56 05	WOMENS CENTER							
56 06	ENDOSCOPY							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	OUTPATIENT							
61	EMERGENCY							
61 01	SHORT STAY							
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL							

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART IV
 I 15-0059 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 CHARGE 6	PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			33,149,618			7,674,862	
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC			10,772,913			1,634,543	
41	01 RENAL DIALYSIS			476,079			250,378	
42	RADIOLOGY-THERAPEUTIC			4,889,910			49,280	
42	01 MRI			7,056,800			388,300	
44	LABORATORY			27,309,416			5,147,207	
47	BLOOD STORING, PROCESSING			1,733,121			395,103	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			3,778,873			898,319	
50	PHYSICAL THERAPY			14,747,299			829,691	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			8,563,477			1,104,244	
55	MEDICAL SUPPLIES CHARGED			50,667,260			13,047,781	
55	30 IMPL. DEV. CHARGED TO PAT			4,375,389			567,795	
56	DRUGS CHARGED TO PATIENTS			20,129,740			5,853,180	
56	01 CAT SCAN			18,247,960			2,269,530	
56	02 ULTRASOUND			2,287,346			161,298	
56	03 CARDIAC CATH LAB			11,562,436			1,643,542	
56	04 CARDIAC REHAB			1,491,484			110,927	
56	05 WOMENS CENTER			3,270,661				
56	06 ENDOSCOPY			5,467,113				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 OUTPATIENT			725,688				
61	EMERGENCY			15,516,451			1,336,747	
61	01 SHORT STAY							
62	OBSERVATION BEDS (NON-DIS			3,747,726				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			249,966,760			43,362,727	

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART IV
 I 15-0059 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,308,226					
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	3,481,002					
41 01	RENAL DIALYSIS						
42	RADIOLOGY-THERAPEUTIC	2,512,407					
42 01	MRI	1,476,950					
44	LABORATORY	47,695					
47	BLOOD STORING, PROCESSING	144,802					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	117,269					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,304,823					
55	MEDICAL SUPPLIES CHARGED	5,696,222					
55 30	IMPL. DEV. CHARGED TO PAT	1,323,220					
56	DRUGS CHARGED TO PATIENTS	3,604,092					
56 01	CAT SCAN	4,132,240					
56 02	ULTRASOUND	333,483					
56 03	CARDIAC CATH LAB	1,378,175					
56 04	CARDIAC REHAB	457,611					
56 05	WOMENS CENTER						
56 06	ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OUTPATIENT						
61	EMERGENCY	1,583,474					
61 01	SHORT STAY						
62	OBSERVATION BEDS (NON-DIS	1,009,558					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	35,911,249					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS
 I PROVIDER NO: 15-0059
 I PERIOD: FROM 1/1/2010 TO 12/31/2010
 I COMPONENT NO: 15-0059
 I PREPARED 5/25/2011
 I WORKSHEET D
 I PART V

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.234948	.234948			
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC	.320305	.320305			
41 01 RENAL DIALYSIS	.968415	.968415			
42 RADIOLOGY-THERAPEUTIC	.353834	.353834			
42 01 MRI	.041038	.041038			
44 LABORATORY	.207333	.207333			
47 BLOOD STORING, PROCESSING & TRANS.	.537074	.537074			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.459004	.459004			
50 PHYSICAL THERAPY	.453927	.453927			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.279504	.279504			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.259505	.259505			
55 30 IMPL. DEV. CHARGED TO PATIENT	.498658	.498658			
56 DRUGS CHARGED TO PATIENTS	.388976	.388976			
56 01 CAT SCAN	.024128	.024128			
56 02 ULTRASOUND	.136230	.136230			
56 03 CARDIAC CATH LAB	.138941	.138941			
56 04 CARDIAC REHAB	.575120	.575120			
56 05 WOMENS CENTER	.384071	.384071			
56 06 ENDOSCOPY	.275018	.275018			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 OUTPATIENT	.617081	.617081			
61 EMERGENCY	.333531	.333531			
61 01 SHORT STAY					
62 OBSERVATION BEDS (NON-DISTINCT PART)	.253731	.253731			
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.467297	.467297			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART V
 I 15-0059 I I

TITLE XVIII, PART B

HOSPITAL

	All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		7,308,226			
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC		3,481,002			
41 01 RENAL DIALYSIS					
42 RADIOLOGY-THERAPEUTIC		2,512,407			
42 01 MRI		1,476,950			
44 LABORATORY		47,695			
47 BLOOD STORING, PROCESSING & TRANS.		144,802			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		117,269			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		1,304,823			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		5,696,222	425		
55 30 IMPL. DEV. CHARGED TO PATIENT		1,323,220			
56 DRUGS CHARGED TO PATIENTS		3,604,092	100		
56 01 CAT SCAN		4,132,240			
56 02 ULTRASOUND		333,483			
56 03 CARDIAC CATH LAB		1,378,175			
56 04 CARDIAC REHAB		457,611			
56 05 WOMENS CENTER					
56 06 ENDOSCOPY					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 OUTPATIENT					
61 EMERGENCY		1,583,474			
61 01 SHORT STAY					
62 OBSERVATION BEDS (NON-DISTINCT PART)		1,009,558			
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		35,911,249	525		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		35,911,249	525		

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART V
 I 15-0059 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,717,053	
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC				1,114,982	
41 01 RENAL DIALYSIS					
42 RADIOLOGY-THERAPEUTIC				888,975	
42 01 MRI				60,611	
44 LABORATORY				9,889	
47 BLOOD STORING, PROCESSING & TRANS.				77,769	
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				53,827	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				364,703	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,478,198	110
55 30 IMPL. DEV. CHARGED TO PATIENT				659,834	
56 DRUGS CHARGED TO PATIENTS				1,401,905	39
56 01 CAT SCAN				99,703	
56 02 ULTRASOUND				45,430	
56 03 CARDIAC CATH LAB				191,485	
56 04 CARDIAC REHAB				263,181	
56 05 WOMENS CENTER					
56 06 ENDOSCOPY					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 OUTPATIENT					
61 EMERGENCY				528,138	
61 01 SHORT STAY					
62 OBSERVATION BEDS (NON-DISTINCT PART)				256,156	
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				9,211,839	149
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				9,211,839	149

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/25/2011
I	15-0059	I	FROM 1/ 1/2010	I	WORKSHEET D	
I	COMPONENT NO:	I	TO 12/31/2010	I	PART V	
I	15-0059	I		I		

TITLE XVIII, PART B HOSPITAL

PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
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Cost Center Description	9.03	10	11
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- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 RENAL DIALYSIS
- 42 RADIOLOGY-THERAPEUTIC
- 42 01 MRI
- 44 LABORATORY
- 47 BLOOD STORING, PROCESSING & TRANS.
- 48 INTRAVENOUS THERAPY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 30 IMPL. DEV. CHARGED TO PATIENT
- 56 DRUGS CHARGED TO PATIENTS
- 56 01 CAT SCAN
- 56 02 ULTRASOUND
- 56 03 CARDIAC CATH LAB
- 56 04 CARDIAC REHAB
- 56 05 WOMENS CENTER
- 56 06 ENDOSCOPY
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 OUTPATIENT
- 61 EMERGENCY
- 61 01 SHORT STAY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- OTHER REIMBURS COST CNTRS
- 65 AMBULANCE SERVICES
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

Health Financial Systems MCRIF32 FOR RIVERVIEW HOSPITAL
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

IN LIEU OF FORM CMS-2552-96(08/2000) CONTD
I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D
I COMPONENT NO: I TO 12/31/2010 I PART VI
I 15-0059 I I

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.388976
2	PROGRAM VACCINE CHARGES		12,150
3	PROGRAM COSTS		4,726

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-T059 I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		1,386,658	33,149,618	111,937		
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC		482,315	10,772,913	76,098		
41 01	RENAL DIALYSIS		23,308	476,079	87,265		
42	RADIOLOGY-THERAPEUTIC		479,515	4,889,910	9,900		
42 01	MRI		24,395	7,056,800	36,300		
44	LABORATORY		528,515	27,309,416	541,508		
47	BLOOD STORING, PROCESSING		118,537	1,733,121	8,000		
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		104,527	3,778,873	90,199		
50	PHYSICAL THERAPY		246,823	14,747,299	2,648,624		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		844,046	8,563,477	19,770		
55	MEDICAL SUPPLIES CHARGED		450,717	50,667,260	486,905		
55 30	IMPL. DEV. CHARGED TO PAT		44,342	4,375,389			
56	DRUGS CHARGED TO PATIENTS		228,940	20,129,740	646,103		
56 01	CAT SCAN		48,464	18,247,960	86,100		
56 02	ULTRASOUND		8,119	2,287,346	7,564		
56 03	CARDIAC CATH LAB		322,207	11,562,436	20,150		
56 04	CARDIAC REHAB		29,434	1,491,484			
56 05	WOMENS CENTER		452,801	3,270,661			
56 06	ENDOSCOPY		389,619	5,467,113			
60	OUTPAT SERVICE COST CNTRS CLINIC						
60 01	OUTPATIENT		46,592	725,688			
61	EMERGENCY		732,844	15,516,451	10,445		
61 01	SHORT STAY		3,641				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		149,953	3,747,726			
65	AMBULANCE SERVICES						
101	TOTAL		7,146,312	249,966,760	4,886,868		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-T059 I I

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.041830	4,682
39	DELIVERY ROOM & LABOR ROO		
41	RADIOLOGY-DIAGNOSTIC	.044771	3,407
41 01	RENAL DIALYSIS	.048958	4,272
42	RADIOLOGY-THERAPEUTIC	.098062	971
42 01	MRI	.003457	125
44	LABORATORY	.019353	10,480
47	BLOOD STORING, PROCESSING	.068395	547
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.027661	2,495
50	PHYSICAL THERAPY	.016737	44,330
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.098563	1,949
55	MEDICAL SUPPLIES CHARGED	.008896	4,332
55 30	IMPL. DEV. CHARGED TO PAT	.010134	
56	DRUGS CHARGED TO PATIENTS	.011373	7,348
56 01	CAT SCAN	.002656	229
56 02	ULTRASOUND	.003550	27
56 03	CARDIAC CATH LAB	.027867	562
56 04	CARDIAC REHAB	.019735	
56 05	WOMENS CENTER	.138443	
56 06	ENDOSCOPY	.071266	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	OUTPATIENT	.064204	
61	EMERGENCY	.047230	493
61 01	SHORT STAY		
62	OBSERVATION BEDS (NON-DIS	.040012	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		86,249

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			33,149,618			111,937	
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC			10,772,913			76,098	
41 01	RENAL DIALYSIS			476,079			87,265	
42	RADIOLOGY-THERAPEUTIC			4,889,910			9,900	
42 01	MRI			7,056,800			36,300	
44	LABORATORY			27,309,416			541,508	
47	BLOOD STORING, PROCESSING			1,733,121			8,000	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			3,778,873			90,199	
50	PHYSICAL THERAPY			14,747,299			2,648,624	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			8,563,477			19,770	
55	MEDICAL SUPPLIES CHARGED			50,667,260			486,905	
55 30	IMPL. DEV. CHARGED TO PAT			4,375,389				
56	DRUGS CHARGED TO PATIENTS			20,129,740			646,103	
56 01	CAT SCAN			18,247,960			86,100	
56 02	ULTRASOUND			2,287,346			7,564	
56 03	CARDIAC CATH LAB			11,562,436			20,150	
56 04	CARDIAC REHAB			1,491,484				
56 05	WOMENS CENTER			3,270,661				
56 06	ENDOSCOPY			5,467,113				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	OUTPATIENT			725,688				
61	EMERGENCY			15,516,451			10,445	
61 01	SHORT STAY							
62	OBSERVATION BEDS (NON-DIS			3,747,726				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			249,966,760			4,886,868	

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART IV
 I 15-T059 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
LINE NO.		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RENAL DIALYSIS						
42	RADIOLOGY-THERAPEUTIC						
42 01	MRI						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
56 01	CAT SCAN						
56 02	ULTRASOUND						
56 03	CARDIAC CATH LAB						
56 04	CARDIAC REHAB						
56 05	WOMENS CENTER						
56 06	ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OUTPATIENT						
61	EMERGENCY						
61 01	SHORT STAY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-5669 I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 RENAL DIALYSIS						
42	RADIOLOGY-THERAPEUTIC						
42	01 MRI						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
56	01 CAT SCAN						
56	02 ULTRASOUND						
56	03 CARDIAC CATH LAB						
56	04 CARDIAC REHAB						
56	05 WOMENS CENTER						
56	06 ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OUTPATIENT						
61	EMERGENCY						
61	01 SHORT STAY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-5669 I

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL
LINE NO.		CST/CHRG RATIO COSTS
		7 8
	ANCILLARY SRVC COST CNTRS	
37	OPERATING ROOM	
39	DELIVERY ROOM & LABOR ROO	
41	RADIOLOGY-DIAGNOSTIC	
41 01	RENAL DIALYSIS	
42	RADIOLOGY-THERAPEUTIC	
42 01	MRI	
44	LABORATORY	
47	BLOOD STORING, PROCESSING	
48	INTRAVENOUS THERAPY	
49	RESPIRATORY THERAPY	
50	PHYSICAL THERAPY	
51	OCCUPATIONAL THERAPY	
52	SPEECH PATHOLOGY	
53	ELECTROCARDIOLOGY	
55	MEDICAL SUPPLIES CHARGED	
55 30	IMPL. DEV. CHARGED TO PAT	
56	DRUGS CHARGED TO PATIENTS	
56 01	CAT SCAN	
56 02	ULTRASOUND	
56 03	CARDIAC CATH LAB	
56 04	CARDIAC REHAB	
56 05	WOMENS CENTER	
56 06	ENDOSCOPY	
	OUTPAT SERVICE COST CNTRS	
60	CLINIC	
60 01	OUTPATIENT	
61	EMERGENCY	
61 01	SHORT STAY	
62	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
65	AMBULANCE SERVICES	
101	TOTAL	

Health Financial Systems MCRIF32 FOR RIVERVIEW HOSPITAL
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(07/2009)
 I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART IV
 I 15-5669 I

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 RENAL DIALYSIS						
42	RADIOLOGY-THERAPEUTIC						
42	01 MRI						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
56	01 CAT SCAN						
56	02 ULTRASOUND						
56	03 CARDIAC CATH LAB						
56	04 CARDIAC REHAB						
56	05 WOMENS CENTER						
56	06 ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OUTPATIENT						
61	EMERGENCY						
61	01 SHORT STAY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

SKILLED NURSING FACILITY

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			33,149,618				
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC			10,772,913			54,950	
41 01	RENAL DIALYSIS			476,079				
42	RADIOLOGY-THERAPEUTIC			4,889,910				
42 01	MRI			7,056,800				
44	LABORATORY			27,309,416			470,112	
47	BLOOD STORING, PROCESSING			1,733,121				
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			3,778,873			9,635	
50	PHYSICAL THERAPY			14,747,299			783,307	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			8,563,477			790	
55	MEDICAL SUPPLIES CHARGED			50,667,260			243,052	
55 30	IMPL. DEV. CHARGED TO PAT			4,375,389				
56	DRUGS CHARGED TO PATIENTS			20,129,740			705,235	
56 01	CAT SCAN			18,247,960				
56 02	ULTRASOUND			2,287,346				
56 03	CARDIAC CATH LAB			11,562,436				
56 04	CARDIAC REHAB			1,491,484				
56 05	WOMENS CENTER			3,270,661				
56 06	ENDOSCOPY			5,467,113				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	OUTPATIENT			725,688				
61	EMERGENCY			15,516,451				
61 01	SHORT STAY							
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			3,747,726				
65	AMBULANCE SERVICES							
101	TOTAL			249,966,760			2,267,081	

Health Financial Systems MCRIF32 FOR RIVERVIEW HOSPITAL
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(07/2009) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART IV
 I 15-5669 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RENAL DIALYSIS						
42	RADIOLOGY-THERAPEUTIC						
42 01	MRI						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
56 01	CAT SCAN						
56 02	ULTRASOUND						
56 03	CARDIAC CATH LAB						
56 04	CARDIAC REHAB						
56 05	WOMENS CENTER						
56 06	ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OUTPATIENT						
61	EMERGENCY						
61 01	SHORT STAY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART I
 I 15-5669 I I

TITLE V - I/P SNF

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,615
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,615
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,615
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	
10	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	
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	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,504,290
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,504,290
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	446.00
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	

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART III
 I 15-5669 I I

TITLE V - I/P

SNF

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	333,930
72	PER DIEM CAPITAL-RELATED COSTS	59.47
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
85	OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART I
 I 15-0059 I

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	18,162
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	18,162
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	18,162
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)	8,157
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	18,160,385
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	18,160,385

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	27,262,366
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	27,262,366
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.666134
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,501.07
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	18,160,385

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-0059 I I

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 999.91
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 8,156,266
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 8,156,266

	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	4,147,052	3,223	1,286.71	1,527	1,964,806
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					11,762,781
49 TOTAL PROGRAM INPATIENT COSTS					21,883,853

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 1,476,643
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 992,982
 52 TOTAL PROGRAM EXCLUDABLE COST 2,469,625
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 19,414,228

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART III
 I 15-0059 I I

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	951
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	999.91
85	OBSERVATION BED COST	950,914

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	18,160,385		950,914	
87	NEW CAPITAL-RELATED COST	18,160,385	.157694	950,914	149,953
88	NON PHYSICIAN ANESTHETIST	18,160,385		950,914	
89	MEDICAL EDUCATION	18,160,385		950,914	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART I
 I 15-T059 I I

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,967
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,967
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,967
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)	3,945
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	4,141,960
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	4,141,960

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,490,779
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,490,779
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.754348
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	920.19
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	4,141,960

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-T059 I I

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	694.14
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,738,382
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,738,382

	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				
49	TOTAL PROGRAM INPATIENT COSTS				

1,893,345
 4,631,727

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	318,677
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	86,249
52	TOTAL PROGRAM EXCLUDABLE COST	404,926
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	4,226,801

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART III
 I 15-T059 I I

TITLE XVIII PART A SUBPROVIDER I PPS

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

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

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

694.14

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		4,141,960			
87 NEW CAPITAL-RELATED COST	482,026	4,141,960	.116376		
88 NON PHYSICIAN ANESTHETIST		4,141,960			
89 MEDICAL EDUCATION		4,141,960			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART I
 I 15-5669 I I

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,615
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,615
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,615
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,432
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	2,833,911
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	2,833,911

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,504,290
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,504,290
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.131623
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	446.00
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	2,833,911

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART III
 I 15-5669 I I

TITLE XVIII PART A

SNF

PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	2,833,911
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	504.70	
68	PROGRAM ROUTINE SERVICE COST	2,236,830	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2,236,830	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	333,930	
72	PER DIEM CAPITAL-RELATED COSTS	59.47	
73	PROGRAM CAPITAL-RELATED COSTS	263,571	
74	INPATIENT ROUTINE SERVICE COST	1,973,259	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,973,259	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	2,236,830	
80	PROGRAM INPATIENT ANCILLARY SERVICES	812,671	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	3,049,501	

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART I
 I 15-0059 I I

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	18,162
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	18,162
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	18,162
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,179
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	18,160,385
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	18,160,385

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	27,262,366
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	27,262,366
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.666134
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,501.07
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	18,160,385

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-0059 I I

TITLE XIX - I/P

HOSPITAL

OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 999.91
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,178,894
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,178,894

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT	4,147,052	3,223	1,286.71		
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					822,200
					2,001,094

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART III
 I 15-0059 I I

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	951
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	999.91
85	OBSERVATION BED COST	950,914

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART I
 I 15-T059 I I

TITLE XIX - I/P SUBPROVIDER I OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,967
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,967
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,967
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)	354
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	4,141,960
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	4,141,960

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,490,779
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,490,779
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.754348
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	920.19
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	4,141,960

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-T059 I I

TITLE XIX - I/P

SUBPROVIDER I

OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 694.14
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 245,726
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 245,726

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					80,661
					326,387

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART III
 I 15-T059 I I

TITLE XIX - I/P

SUBPROVIDER I

OTHER

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 694.14
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2010 I
 I 15-0059 I

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		9,435,885	
26	INTENSIVE CARE UNIT		2,944,072	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.234948	7,674,862	1,803,193
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.320374	1,634,543	523,665
41 01	RENAL DIALYSIS	.968415	250,378	242,470
42	RADIOLOGY-THERAPEUTIC	.353834	49,280	17,437
42 01	MRI	.041038	388,300	15,935
44	LABORATORY	.207333	5,147,207	1,067,186
47	BLOOD STORING, PROCESSING & TRANS.	.537074	395,103	212,200
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.459004	898,319	412,332
50	PHYSICAL THERAPY	.453927	829,691	376,619
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.289577	1,104,244	319,764
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.259505	13,047,781	3,385,964
55 30	IMPL. DEV. CHARGED TO PATIENT	.498658	567,795	283,136
56	DRUGS CHARGED TO PATIENTS	.388976	5,853,180	2,276,747
56 01	CAT SCAN	.024128	2,269,530	54,759
56 02	ULTRASOUND	.136230	161,298	21,974
56 03	CARDIAC CATH LAB	.143547	1,643,542	235,926
56 04	CARDIAC REHAB	.575120	110,927	63,796
56 05	WOMENS CENTER	.384071		
56 06	ENDOSCOPY	.275018		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OUTPATIENT	.621030		
61	EMERGENCY	.336397	1,336,747	449,678
61 01	SHORT STAY			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.253731		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		43,362,727	11,762,781
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		43,362,727	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2010 I
 I 15-T059 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		3,627,837	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.234948	111,937	26,299
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.320374	76,098	24,380
41 01	RENAL DIALYSIS	.968415	87,265	84,509
42	RADIOLOGY-THERAPEUTIC	.353834	9,900	3,503
42 01	MRI	.041038	36,300	1,490
44	LABORATORY	.207333	541,508	112,272
47	BLOOD STORING, PROCESSING & TRANS.	.537074	8,000	4,297
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.459004	90,199	41,402
50	PHYSICAL THERAPY	.453927	2,648,624	1,202,282
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.289577	19,770	5,725
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.259505	486,905	126,354
55 30	IMPL. DEV. CHARGED TO PATIENT	.498658		
56	DRUGS CHARGED TO PATIENTS	.388976	646,103	251,319
56 01	CAT SCAN	.024128	86,100	2,077
56 02	ULTRASOUND	.136230	7,564	1,030
56 03	CARDIAC CATH LAB	.143547	20,150	2,892
56 04	CARDIAC REHAB	.575120		
56 05	WOMENS CENTER	.384071		
56 06	ENDOSCOPY	.275018		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OUTPATIENT	.621030		
61	EMERGENCY	.336397	10,445	3,514
61 01	SHORT STAY			
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.253731		
65	AMBULANCE SERVICES			
101	TOTAL		4,886,868	1,893,345
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,886,868	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2010 I
 I 15-5669 I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.234948		
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.320305	54,950	17,601
41	01 RENAL DIALYSIS	.968415		
42	RADIOLOGY-THERAPEUTIC	.353834		
42	01 MRI	.041038		
44	LABORATORY	.207333	470,112	97,470
47	BLOOD STORING, PROCESSING & TRANS.	.537074		
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.459004	9,635	4,423
50	PHYSICAL THERAPY	.453927	783,307	355,564
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.279504	790	221
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.259505	243,052	63,073
55	30 IMPL. DEV. CHARGED TO PATIENT	.498658		
56	DRUGS CHARGED TO PATIENTS	.388976	705,235	274,319
56	01 CAT SCAN	.024128		
56	02 ULTRASOUND	.136230		
56	03 CARDIAC CATH LAB	.138941		
56	04 CARDIAC REHAB	.575120		
56	05 WOMENS CENTER	.384071		
56	06 ENDOSCOPY	.275018		
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	01 OUTPATIENT	.617081		
61	EMERGENCY	.333531		
61	01 SHORT STAY			
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.253731		
65	AMBULANCE SERVICES			
101	TOTAL		2,267,081	812,671
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,267,081	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2010 I
 I 15-0059 I
 I OTHER I

TITLE XIX HOSPITAL

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		2,460,327	
26	INTENSIVE CARE UNIT		174,699	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.234948	500,185	117,517
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.320305	59,299	18,994
41 01	RENAL DIALYSIS	.968415	8,736	8,460
42	RADIOLOGY-THERAPEUTIC	.353834	3,312	1,172
42 01	MRI	.041038	35,401	1,453
44	LABORATORY	.207333	386,936	80,225
47	BLOOD STORING, PROCESSING & TRANS.	.537074	48,019	25,790
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.459004	80,313	36,864
50	PHYSICAL THERAPY	.453927	19,195	8,713
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.279504	64,501	18,028
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.259505	1,033,748	268,263
55 30	IMPL. DEV. CHARGED TO PATIENT	.498658		
56	DRUGS CHARGED TO PATIENTS	.388976	433,602	168,661
56 01	CAT SCAN	.024128	144,318	3,482
56 02	ULTRASOUND	.136230	16,542	2,254
56 03	CARDIAC CATH LAB	.138941	123,324	17,135
56 04	CARDIAC REHAB	.575120		
56 05	WOMENS CENTER	.384071		
56 06	ENDOSCOPY	.275018	19,551	5,377
60	OUTPAT SERVICE COST CNTRS CLINIC			
60 01	OUTPATIENT	.617081	4,358	2,689
61	EMERGENCY	.333531	111,303	37,123
61 01	SHORT STAY			
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.253731		
65	AMBULANCE SERVICES			
101	TOTAL		3,092,643	822,200
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,092,643	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2010 I
 I 15-T059 I

TITLE XIX

SUBPROVIDER 1

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		188,365	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.234948		
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.320305	1,491	478
41 01	RENAL DIALYSIS	.968415		
42	RADIOLOGY-THERAPEUTIC	.353834	2,401	850
42 01	MRI	.041038		
44	LABORATORY	.207333	20,590	4,269
47	BLOOD STORING, PROCESSING & TRANS.	.537074		
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.459004	7,434	3,412
50	PHYSICAL THERAPY	.453927	114,722	52,075
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.279504		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.259505	9,433	2,448
55 30	IMPL. DEV. CHARGED TO PATIENT	.498658		
56	DRUGS CHARGED TO PATIENTS	.388976	42,555	16,553
56 01	CAT SCAN	.024128		
56 02	ULTRASOUND	.136230		
56 03	CARDIAC CATH LAB	.138941		
56 04	CARDIAC REHAB	.575120		
56 05	WOMENS CENTER	.384071	365	140
56 06	ENDOSCOPY	.275018		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OUTPATIENT	.617081	706	436
61	EMERGENCY	.333531		
61 01	SHORT STAY			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.253731		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		199,697	80,661
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		199,697	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2010 I PART A
 I 15-0059 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	15,079,583	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	501,280	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		102.39
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		2.32
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		16.70
4.02 SUM OF LINES 4 AND 4.01		19.02
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		5.11
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		770,567
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2010 I PART A
 I 15-0059 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)	
5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)	
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	
5.06	TOTAL ADDITIONAL PAYMENT	
6	SUBTOTAL (SEE INSTRUCTIONS)	16,351,430
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	
7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)	
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	16,351,430
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,366,521
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	
12	NET ORGAN ACQUISITION COST	
13	COST OF TEACHING PHYSICIANS	
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	
16	TOTAL	17,717,951
17	PRIMARY PAYER PAYMENTS	
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	17,717,951
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,561,424
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	72,561
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	208,727
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	146,109
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	134,522
22	SUBTOTAL	16,230,075
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
24	OTHER ADJUSTMENTS (SPECIFY)	
24.94	LOW VOLUME ADJUSTMENT PAYMENT-1	
24.95	LOW VOLUME ADJUSTMENT PAYMENT-2	
24.96	LOW VOLUME ADJUSTMENT PAYMENT-3	
24.97		
24.98	CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES	
24.99	OUTLIER RECONCILIATION ADJUSTMENT	
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
26	AMOUNT DUE PROVIDER	16,230,075
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	16,009,794
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	220,281
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	
----- FI ONLY -----		
50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01	
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01	
52	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)	
53	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)	
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (02/2011)
 I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2010 I PART B
 I 15-0059 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,875
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	9,211,839
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	7,958,315
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	4,875
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	12,675
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	12,675
	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)	12,675
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	7,800
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4,875
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	7,958,315
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	105
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,803,348
19	SUBTOTAL (SEE INSTRUCTIONS)	6,159,737
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	6,159,737
24	PRIMARY PAYER PAYMENTS	1,460
25	SUBTOTAL	6,158,277
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	206,343
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	144,440
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	129,639
28	SUBTOTAL	6,302,717
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)	72
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	6,302,645
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	6,251,998
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	50,647
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
	TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2010 I
 I 15-0059 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		15,622,557		6,154,699
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	1/ 1/2010	100,008	1/ 1/2010	94,118
ADJUSTMENTS TO PROVIDER .02	7/15/2010	287,229	7/15/2010	3,181
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		387,237		97,299
4 TOTAL INTERIM PAYMENTS		16,009,794		6,251,998
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT		220,281		50,647
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		16,230,075		6,302,645

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2010 I
 I 15-T059 I I

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,706,625		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01 7/15/2010	6,178		
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	6,178		NONE
4 TOTAL INTERIM PAYMENTS		4,712,803		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		58,996		
7 TOTAL MEDICARE PROGRAM LIABILITY		4,771,799		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2010 I
 I 15-5669 I I

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,726,346		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		1,726,346		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		1,726,346		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2010 I PART I
 I 15-T059 I I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	4,637,513
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0218
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	169,909
1.05	OUTLIER PAYMENTS	39,677
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	4,847,099
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)	16.347945
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	4,847,099
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	4,847,099
7	DEDUCTIBLES	63,736
8	SUBTOTAL	4,783,363
9	COINSURANCE	12,925
10	SUBTOTAL	4,770,438
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	1,944
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,361
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	4,771,799
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/25/2011
I	15-0059	I	FROM 1/ 1/2010	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART I
I	15-T059	I		I	

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,771,799
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,712,803
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	58,996
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
 I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2010 I PART III
 I 15-5669 I I

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

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

Health Financial Systems MCRIF32 FOR RIVERVIEW HOSPITAL

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
I 15-0059 I FROM 1/ 1/2010 I WORKSHEET E-3
I COMPONENT NO: I TO 12/31/2010 I PART III
I 15-5669 I I

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2010 I PART III
 I - I I

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		2,001,094	
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		2,001,094	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		2,001,094	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		2,635,026	
11	ANCILLARY SERVICE CHARGES		3,092,643	
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		5,727,669	
	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)		5,727,669	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		3,726,575	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		2,001,094	
	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		2,001,094	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		2,001,094	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		2,001,094	
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)		2,001,094	
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		2,001,094	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		2,001,094	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		1,338,031	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/25/2011
I	15-0059	I	FROM 1/ 1/2010	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART	III
I	-	I		I		

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX

TITLE XVIII
SNF PPS

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

1
663,063

2

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2010 I PART III
 I 15-T059 I I

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

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		326,387	
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		326,387	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		326,387	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		188,365	
11	ANCILLARY SERVICE CHARGES		199,697	
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		388,062	
	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)		388,062	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		61,675	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		326,387	
	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		326,387	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		326,387	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		326,387	
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)		326,387	
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		326,387	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		326,387	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		114,663	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/25/2011
I	15-0059	I	FROM 1/ 1/2010	I	WORKSHEET E-3	
I	COMPONENT NO:	I	TO 12/31/2010	I	PART III	
I	15-T059	I		I		

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

TITLE XIX

SUBPROVIDER 1

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

211,724

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

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I
 I I TO 12/31/2010 I WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	16,585,859			
2	TEMPORARY INVESTMENTS	2,585,849			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	20,133,120			
5	OTHER RECEIVABLES	273,248			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	2,172,290			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	2,212,175			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	43,962,541			
FIXED ASSETS					
12	LAND				
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	88,608,230			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	88,608,230			
OTHER ASSETS					
22	INVESTMENTS	39,231,853			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	2,307,203			
26	TOTAL OTHER ASSETS	41,539,056			
27	TOTAL ASSETS	174,109,827			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	4,621,425			
29 SALARIES, WAGES & FEES PAYABLE	5,718,804			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,256,649			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,108,826			
36 TOTAL CURRENT LIABILITIES	14,705,704			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	47,661,264			
42 TOTAL LONG-TERM LIABILITIES	47,661,264			
43 TOTAL LIABILITIES	62,366,968			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	111,742,859			
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	111,742,859			
52 TOTAL LIABILITIES AND FUND BALANCES	174,109,827			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		105,659,922		
2 OF PERIOD				
3 NET INCOME (LOSS)		6,082,937		
4 TOTAL		111,742,859		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		111,742,859		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		111,742,859		
PERIOD PER BALANCE SHEET				

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET G-2
 I I TO 12/31/2010 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	30,503,968		30,503,968
2 00 SUBPROVIDER	5,490,779		5,490,779
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	2,504,290		2,504,290
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	38,499,037		38,499,037
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	6,766,947		6,766,947
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	6,766,947		6,766,947
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	45,265,984		45,265,984
17 00 ANCILLARY SERVICES	94,768,296		94,768,296
18 00 OUTPATIENT SERVICES	3,506,989	187,218,789	190,725,778
20 00 AMBULANCE SERVICES			
24 00 OTHER	70,020	12,997	83,017
25 00 TOTAL PATIENT REVENUES	143,611,289	187,231,786	330,843,075

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	136,289,260
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	136,289,260

STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/25/2011
I	15-0059	I	FROM 1/ 1/2010	I	WORKSHEET G-3	
I		I	TO 12/31/2010	I		

DESCRIPTION

1	TOTAL PATIENT REVENUES	330,843,075
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	197,298,805
3	NET PATIENT REVENUES	133,544,270
4	LESS: TOTAL OPERATING EXPENSES	136,289,260
5	NET INCOME FROM SERVICE TO PATIENTS	-2,744,990
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING	4,702,615
24.01	TOTAL NON OPERATING	4,125,312
25	TOTAL OTHER INCOME	8,827,927
26	TOTAL	6,082,937
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	6,082,937

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0059 I FROM 1/ 1/2010 I WORKSHEET L
 I COMPONENT NO: I TO 12/31/2010 I PARTS I-IV
 I 15-0059 I FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,233,869
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	84,161
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	55.98
	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 RECEIPTANT PATIENT DAYS TO	2.32
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	16.70
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	19.02
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.93
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	48,491
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,366,521

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)	