Health Financial Systems MCRIF32 FOR SCOTT MEMORIAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(04/2005)
PREPARED 5/25/2011 15:39
FORM APPROVED
OMB NO. 0938-0050

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).

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER NO: 15-1334	PERIOD FROM 1/ 1/2010 TO 12/31/2010	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS	DATE RECEIVED: / / INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/25/2011 TIME 15:39

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 IMPRISIONMENT 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:
SCOTT MEMORIAL HOSPITAL 15-1334
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 15:39

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OjSg8D5CK1z79JAbjuf4MV4rwCCX60
8VdrC0o0Odkb1.x82dgdR8tsG3tMIn
THk:ORBKzs0w5g8U
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PI ENCRYPTION INFORMATION
DATE: 5/25/2011 TIME 15:39

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MLrRiC8r8F5w57Ti22G7GT3jHYj3w0
2p8eGONhm.Z89sWJgyl1z0mFrJiLY0
xdH3369pXO0eyUjg
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OFFICER OR ADMINISTRATOR OF PROVIDER(S)

CFO
TITLE

5/26/11
DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII		TITLE XIX
		1	A 2	B 3	4
1	HOSPITAL	0	206,908	-291,810	0
100	TOTAL	0	206,908	-291,810	0

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

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

Health Financial Systems MCRIF32 FOR SCOTT MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (04/2011)

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | PROVIDER NO: 15-1334 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011 | WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1451 NORTH GARDNER P.O. BOX:

1.01 CITY: SCOTTSBURG STATE: IN ZIP CODE: 47170- COUNTY: SCOTT

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

	COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N) V	XVIII	XIX
	0	1	2	2.01	3	4	5	6
02.00	HOSPITAL	SCOTT MEMORIAL HOSPITAL	15-1334		7/ 1/1966	N	O	T

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	

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 AMENDENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.	N		
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).			
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	2	Y	15
21.04	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	2		
21.05	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	2		
21.06	DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION)OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO.	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.			
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	N		
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.	N		
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.		/ /	/ /
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.		/ /	/ /
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.		/ /	/ /
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.		/ /	/ /
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.		/ /	/ /
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.		/ /	/ /
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.		/ /	/ /
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY)			/ /
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).			/ /

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?	N
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	N
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	N
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	
25.07	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THE COST REPORTING PERIOD? ENTER "Y" FOR YES OR "N" FOR NO IN COLUMN 1.	
25.08	IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURING IN ALL NON-PROVIDER SETTINGS.	0.00

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

25.09		0000	0.00

26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH),ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	Y 1/ 1/1987
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02	

		1	2	3	4
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	0	0.0000	0.0000	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00	0		

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

		%	Y/N
28.03	STAFFING	0.00%	
28.04	RECRUITMENT	0.00%	
28.05	RETENTION	0.00%	
28.06	TRAINING	0.00%	

29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	Y
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	N
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N

MISCELLANEOUS COST REPORT INFORMATION

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

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

TITLE XIX INPATIENT SERVICES

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

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

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

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)	N	
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV	N	
53	IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0	
53.01	MDH PERIOD: BEGINNING: / / ENDING: / /		
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:		
	PREMIUMS:	179,826	
	PAID LOSSES:	0	
	AND/OR SELF INSURANCE:	0	
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N	
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.	N	

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

57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?	N	
58	ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.	N	
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).		
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).	Y	4/ 5/2011

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

PROVIDER NO: 15-1334 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011 | WORKSHEET S-3 | PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	I/P DAYS / O/P VISITS / TRIPS — TITLE V 3	TITLE XVIII 4	NOT LTCH N/A 4.01	TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	21	7,665	90,960.00		2,170		611
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	21	7,665	90,960.00		2,170		611
6	INTENSIVE CARE UNIT	4	1,460	8,256.00		188		32
11	NURSERY							269
12	TOTAL	25	9,125	99,216.00		2,358		912
13	RPCH VISITS							
25	TOTAL	25						
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

	COMPONENT	I/P DAYS / O/P VISITS / TRIPS — TITLE XIX ADMITTED 5.01	OBSERVATION BEDS NOT ADMITTED 5.02	TOTAL ALL PATS 6	TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	INTERNS & RES. FTES — TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			3,790				
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			3,790				
6	INTENSIVE CARE UNIT			344				
11	NURSERY			352				
12	TOTAL			4,486				
13	RPCH VISITS							
25	TOTAL							
26	OBSERVATION BED DAYS			717				
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

	COMPONENT	I & R FTES NET 9	FULL TIME EQUIV — EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	DISCHARGES — TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					603	222	1,372
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
11	NURSERY							
12	TOTAL		192.96			603	222	1,372
13	RPCH VISITS							
25	TOTAL		192.96					
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

Health Financial Systems MCRIF32 FOR SCOTT MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-1334 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
3	0300	NEW CAP REL COSTS-BLDG & FIXT				802,977	802,977
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		1,942,747	1,942,747	-802,977	1,139,770
5	0500	EMPLOYEE BENEFITS	61,401	2,652,746	2,714,147		2,714,147
6	0600	ADMINISTRATIVE & GENERAL	1,130,405	1,370,977	2,501,382	-52,855	2,448,527
8	0800	OPERATION OF PLANT	260,380	667,779	928,159		928,159
10	1000	HOUSEKEEPING	163,875	179,542	343,417		343,417
11	1100	DIETARY	190,790	275,911	466,701	-297,775	168,926
12	1200	CAFETERIA				297,775	297,775
14	1400	NURSING ADMINISTRATION	385,067	605	385,672		385,672
16	1600	PHARMACY					
17	1700	MEDICAL RECORDS & LIBRARY	281,059	49,947	331,006		331,006
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	1,534,409	183,606	1,718,015	-142,515	1,575,500
26	2600	INTENSIVE CARE UNIT	199,580	2,919	202,499		202,499
33	3300	NURSERY				118,964	118,964
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	473,615	477,526	951,141	-93,248	857,893
39	3900	DELIVERY ROOM & LABOR ROOM				21,975	21,975
41	4100	RADIOLOGY-DIAGNOSTIC	644,491	1,366,915	2,011,406	-45,185	1,966,221
44	4400	LABORATORY	557,058	871,883	1,428,941		1,428,941
47	4700	BLOOD STORING, PROCESSING & TRANS.		141,447	141,447		141,447
49	4900	RESPIRATORY THERAPY	353,707	81,370	435,077	-147,061	288,016
50	5000	PHYSICAL THERAPY		534,447	534,447	-3,838	530,609
53	5300	ELECTROCARDIOLOGY				147,061	147,061
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	73,199	242,956	316,155	98,825	414,980
55.30	5530	IMPL. DEV. CHARGED TO PATIENT				1,300	1,300
56	5600	DRUGS CHARGED TO PATIENTS	136,169	783,574	919,743	43,722	963,465
59	3140	CARDIAC REHAB	50,483	6,287	56,770		56,770
59.01	3950	SLEEP LAB	80,306	22,701	103,007		103,007
		OUTPAT SERVICE COST CNTRS					
61	6100	EMERGENCY	945,117	185,300	1,130,417		1,130,417
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE					
95		SUBTOTALS	7,521,111	12,041,185	19,562,296	-52,855	19,509,441
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800	PHYSICIANS' PRIVATE OFFICES					
98.01	9801	PUBLIC RELATIONS				52,855	52,855
98.02	9802	AZIZ/KASARENENI PHY CLINIC					
98.03	9803	AQUINO CAMPUS					
98.04	9804	MEDICAL SPECIALTY CLINIC					
98.05	9805	MEDICAL OFFICE					
98.06	9806	AUSTIN-COOKE OFFICE					
98.07	9807	QUALITY CARE/URGENT CARE					
98.08	9808	ALFREFAI CAMPUS					
101		TOTAL	7,521,111	12,041,185	19,562,296	-0-	19,562,296

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-1334 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		GENERAL SERVICE COST CNTR		
3	0300	NEW CAP REL COSTS-BLDG & FIXT		802,977
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		1,139,770
5	0500	EMPLOYEE BENEFITS		2,714,147
6	0600	ADMINISTRATIVE & GENERAL	-123,816	2,324,711
8	0800	OPERATION OF PLANT		928,159
10	1000	HOUSEKEEPING		343,417
11	1100	DIETARY		168,926
12	1200	CAFETERIA	-83,602	214,173
14	1400	NURSING ADMINISTRATION		385,672
16	1600	PHARMACY		
17	1700	MEDICAL RECORDS & LIBRARY	-13,283	317,723
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS		1,575,500
26	2600	INTENSIVE CARE UNIT		202,499
33	3300	NURSERY		118,964
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-24,000	833,893
39	3900	DELIVERY ROOM & LABOR ROOM		21,975
41	4100	RADIOLOGY-DIAGNOSTIC	-719,670	1,246,551
44	4400	LABORATORY		1,428,941
47	4700	BLOOD STORING, PROCESSING & TRANS.		141,447
49	4900	RESPIRATORY THERAPY		288,016
50	5000	PHYSICAL THERAPY		530,609
53	5300	ELECTROCARDIOLOGY		147,061
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		414,980
55.30	5530	IMPL. DEV. CHARGED TO PATIENT		1,300
56	5600	DRUGS CHARGED TO PATIENTS	-1,730	961,735
59	3140	CARDIAC REHAB		56,770
59.01	3950	SLEEP LAB		103,007
		OUTPAT SERVICE COST CNTRS		
61	6100	EMERGENCY		1,130,417
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		SPEC PURPOSE COST CENTERS		
88	8800	INTEREST EXPENSE		-0-
95		SUBTOTALS	-966,101	18,543,340
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800	PHYSICIANS' PRIVATE OFFICES		
98.01	9801	PUBLIC RELATIONS		52,855
98.02	9802	AZIZ/KASARENENI PHY CLINIC		
98.03	9803	AQUINO CAMPUS		
98.04	9804	MEDICAL SPECIALTY CLINIC		
98.05	9805	MEDICAL OFFICE		
98.06	9806	AUSTIN-COOKE OFFICE		
98.07	9807	QUALITY CARE/URGENT CARE		
98.08	9808	ALFREFAI CAMPUS		
101		TOTAL	-966,101	18,596,195

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
I 15-1334 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	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
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	
59	CARDIAC REHAB	3140	CARDIOLOGY
59.01	SLEEP LAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PUBLIC RELATIONS	9801	PHYSICIANS' PRIVATE OFFICES
98.02	AZIZ/KASARENENI PHY CLINIC	9802	PHYSICIANS' PRIVATE OFFICES
98.03	AQUINO CAMPUS	9803	PHYSICIANS' PRIVATE OFFICES
98.04	MEDICAL SPECIALTY CLINIC	9804	PHYSICIANS' PRIVATE OFFICES
98.05	MEDICAL OFFICE	9805	PHYSICIANS' PRIVATE OFFICES
98.06	AUSTIN-COOKE OFFICE	9806	PHYSICIANS' PRIVATE OFFICES
98.07	QUALITY CARE/URGENT CARE	9807	PHYSICIANS' PRIVATE OFFICES
98.08	ALFREFAI CAMPUS	9808	PHYSICIANS' PRIVATE OFFICES
101	TOTAL	0000	

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	INCREASE SALARY	INCREASE OTHER
	1		2	3	4	5
1	CAFETERIA	A	CAFETERIA	12	121,732	176,043
2	NURSERY & L&D	B	NURSERY	33	106,211	12,753
3			DELIVERY ROOM & LABOR ROOM	39	19,619	2,356
4	EKG	C	ELECTROCARDIOLOGY	53	119,557	27,504
5	PUBLIC RELATIONS	D	PUBLIC RELATIONS	98.01	21,538	31,317
6	MEDICAL SUPPLIES & DRUGS	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		98,825
7			IMPL. DEV. CHARGED TO PATIENT	55.30		1,300
8			DRUGS CHARGED TO PATIENTS	56		45,185
9						
10						
11	DEPRECIATION	F	NEW CAP REL COSTS-BLDG & FIXT	3		802,977
36	TOTAL RECLASSIFICATIONS				388,657	1,198,260

(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 LINE NO	SALARY	OTHER	A-7 REF
	1		6	7	8	9	10
1	CAFETERIA	A	DIETARY	11	121,732	176,043	
2	NURSERY & L&D	B	ADULTS & PEDIATRICS	25	125,830	15,109	
3							
4	EKG	C	RESPIRATORY THERAPY	49	119,557	27,504	
5	PUBLIC RELATIONS	D	ADMINISTRATIVE & GENERAL	6	21,538	31,317	
6	MEDICAL SUPPLIES & DRUGS	E	ADULTS & PEDIATRICS	25		1,576	
7			OPERATING ROOM	37		93,248	
8			PHYSICAL THERAPY	50		3,838	
9			DRUGS CHARGED TO PATIENTS	56		1,463	
10			RADIOLOGY-DIAGNOSTIC	41		45,185	
11	DEPRECIATION	F	NEW CAP REL COSTS-MVBLE EQUIP	4		802,977	9
36	TOTAL RECLASSIFICATIONS				388,657	1,198,260	

(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.

RECLASS CODE: A
EXPLANATION : CAFETERIA

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	297,775	DIETARY	11	297,775
TOTAL RECLASSIFICATIONS FOR CODE A			297,775			297,775

RECLASS CODE: B
EXPLANATION : NURSERY & L&D

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	118,964	ADULTS & PEDIATRICS	25	140,939
2.00	DELIVERY ROOM & LABOR ROOM	39	21,975			0
TOTAL RECLASSIFICATIONS FOR CODE B			140,939			140,939

RECLASS CODE: C
EXPLANATION : EKG

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ELECTROCARDIOLOGY	53	147,061	RESPIRATORY THERAPY	49	147,061
TOTAL RECLASSIFICATIONS FOR CODE C			147,061			147,061

RECLASS CODE: D
EXPLANATION : PUBLIC RELATIONS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PUBLIC RELATIONS	98.01	52,855	ADMINISTRATIVE & GENERAL	6	52,855
TOTAL RECLASSIFICATIONS FOR CODE D			52,855			52,855

RECLASS CODE: E
EXPLANATION : MEDICAL SUPPLIES & DRUGS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	98,825	ADULTS & PEDIATRICS	25	1,576
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	1,300	OPERATING ROOM	37	93,248
3.00	DRUGS CHARGED TO PATIENTS	56	45,185	PHYSICAL THERAPY	50	3,838
4.00			0	DRUGS CHARGED TO PATIENTS	56	1,463
5.00			0	RADIOLOGY-DIAGNOSTIC	41	45,185
TOTAL RECLASSIFICATIONS FOR CODE E			145,310			145,310

RECLASS CODE: F
EXPLANATION : DEPRECIATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	802,977	NEW CAP REL COSTS-MVBLE EQUIP	4	802,977
TOTAL RECLASSIFICATIONS FOR CODE F			802,977			802,977

Health Financial Systems MCRIF32 FOR SCOTT MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1996)

ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS | PROVIDER NO: 15-1334 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011 | WORKSHEET A-7 | PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS			DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
			PURCHASES	DONATION	TOTAL			
		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 BALANCES	ACQUISITIONS			DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
			PURCHASES	DONATION	TOTAL			
		1	2	3	4	5	6	7
1	LAND	241,233					241,233	
2	LAND IMPROVEMENTS	506,198					506,198	
3	BUILDINGS & FIXTURE	22,197,184				3,847,289	18,349,895	
4	BUILDING IMPROVEMEN	5,206	216,430		216,430		221,636	
5	FIXED EQUIPMENT	2,239,498	123,893		123,893		2,363,391	
6	MOVABLE EQUIPMENT	11,001,774	1,560,508		1,560,508		12,562,282	
7	SUBTOTAL	36,191,093	1,900,831		1,900,831	3,847,289	34,244,635	
8	RECONCILING ITEMS							
9	TOTAL	36,191,093	1,900,831		1,900,831	3,847,289	34,244,635	

Health Financial Systems MCRIF32 FOR SCOTT MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(12/1999)
RECONCILIATION OF CAPITAL COSTS CENTERS I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
I 15-1334 I FROM 1/ 1/2010 I WORKSHEET A-7
I I TO 12/31/2010 I PARTS III & IV

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS GROSS ASSETS	CAPITLIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	ALLOCATION OF OTHER CAPITAL INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	21,682,353		21,682,353	.633161				
4	NEW CAP REL COSTS-MV	12,562,282		12,562,282	.366839				
5	TOTAL	34,244,635		34,244,635	1.000000				

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	802,977						802,977
4	NEW CAP REL COSTS-MV	1,139,770						1,139,770
5	TOTAL	1,942,747						1,942,747

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	1,942,747						1,942,747
5	TOTAL	1,942,747						1,942,747

* 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).

Health Financial Systems MCRIF32 FOR SCOTT MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(05/1999)

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: 15-1334 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET A-8

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 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 PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES					
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-743,670			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-83,602	CAFETERIA	12	
17	RENTAL OF QTRS TO EMPLYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-1,730	DRUGS CHARGED TO PATIENTS	56	
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-13,283	MEDICAL RECORDS & LIBRARY	17	
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		**COST CENTER DELETED**	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37	MISC INCOME - ADMIN & GENERAL	B	-10,193	ADMINISTRATIVE & GENERAL	6	
38	IHA DUES	A	-725	ADMINISTRATIVE & GENERAL	6	
39	PHYSICIAN RECRUITMENT	A	-112,898	ADMINISTRATIVE & GENERAL	6	
40	OTHER ADJUSTMENTS (SPECIFY)					
41	OTHER ADJUSTMENTS (SPECIFY)					
42	OTHER ADJUSTMENTS (SPECIFY)					
43	OTHER ADJUSTMENTS (SPECIFY)					
44	OTHER ADJUSTMENTS (SPECIFY)					
45	OTHER ADJUSTMENTS (SPECIFY)					
46	OTHER ADJUSTMENTS (SPECIFY)					
47	OTHER ADJUSTMENTS (SPECIFY)					
48	OTHER ADJUSTMENTS (SPECIFY)					
49	OTHER ADJUSTMENTS (SPECIFY)					
50	TOTAL (SUM OF LINES 1 THRU 49)		-966,101			

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-1334 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN-ERATION 3	PROFES-SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	37	OPERATING ROOM	24,000	24,000					
2	41	RADIOLOGY - DIAGNOSTIC	719,670	719,670					
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	743,670	743,670					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I 15-1334 I
I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I
I PREPARED 5/26/2011 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUSTMENT 18
1	37	OPERATING ROOM							24,000
2	41	RADIOLOGY - DIAGNOSTIC							719,670
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
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16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL							743,670

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

I PROVIDER NO: 15-1334 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET A-8-4 I PARTS I - VII

PHYSICAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

		SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9	TOTAL HOURS WORKED	1811.00	5202.75		1708.50	
10	AHSEA (SEE INSTRUCTIONS)	82.28	71.55			
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	35.78	35.78			
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)					
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)					
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)					
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)					

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	149,009
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	372,257
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	521,266
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	521,266

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	521,266

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)
34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE
STANDARD TRAVEL EXPENSE
36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
38 SUBTOTAL (SUM OF LINES 36 AND 37)
39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
42 SUBTOTAL (SUM OF LINES 40 AND 41)
43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES; COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
	1	2	3	4	5
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)					
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE)(MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO)(ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23)	521,266
58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)	
59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)	
60 OVERTIME ALLOWANCE(FROM COLUMN 5, LINE 56)	
61 EQUIPMENT COST (SEE INSTRUCTIONS)	
62 SUPPLIES (SEE INSTRUCTIONS)	
63 TOTAL ALLOWANCE (SUM OF LINES 57-62)	521,266
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	435,047

65	EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)	
PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES		
66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	435,047
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64)	435,047
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)	

SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

		SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9	TOTAL HOURS WORKED		400.50			
10	AHSEA (SEE INSTRUCTIONS)		65.14			
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	32.57	32.57			
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)					
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)					
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)					
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)					

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	26,089
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	26,089
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	26,089

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	65.14
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	50,809
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	50,809

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)

SPEECH PATHOLOGY

33	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)	
34	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)	
35	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)	

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

	STANDARD TRAVEL EXPENSE	
36	THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)	
37	ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)	
38	SUBTOTAL (SUM OF LINES 36 AND 37)	
39	STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)	
40	THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)	
41	ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)	
42	SUBTOTAL (SUM OF LINES 40 AND 41)	
43	OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)	
	TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES; COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE	
44	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)	
45	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)	
46	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)	

PART V - OVERTIME COMPUTATION

		THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
		1	2	3	4	5
47	OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)					
48	OVERTIME RATE (SEE INSTRUCTIONS)					
	CALCULATION OF LIMIT					
49	TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE)(MULTIPLY LINE 47 TIMES LINE 48)					
50	PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51	ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
	DETERMINATION OF OVERTIME ALLOWANCE					
52	ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53	OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54	MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55	PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56	OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO)(ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57	SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23)	50,809
58	TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)	
59	TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)	
60	OVERTIME ALLOWANCE(FROM COLUMN 5, LINE 56)	
61	EQUIPMENT COST (SEE INSTRUCTIONS)	
62	SUPPLIES (SEE INSTRUCTIONS)	
63	TOTAL ALLOWANCE (SUM OF LINES 57-62)	50,809
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	19,625

65	EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)	

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	19,625
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64)	19,625
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)	

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
I 15-1334 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	3	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE FEET	ENTERED
10	HOUSEKEEPING	8	HOURS OF SERVICE	ENTERED
11	DIETARY	9	MEALS SERVED	ENTERED
12	CAFETERIA	10	MAN HOURS	ENTERED
14	NURSING ADMINISTRATION	11	HOURS SUPERVISED	ENTERED
16	PHARMACY	12	COSTED REQUIS.	NOT ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	ENTERED

		COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
			0	3	4	5	5a.00	6	8
		GENERAL SERVICE COST CNTR							
003		NEW CAP REL COSTS-BLDG &	802,977	802,977					
004		NEW CAP REL COSTS-MVBLE E	1,139,770		1,139,770				
005		EMPLOYEE BENEFITS	2,714,147			2,714,147			
006		ADMINISTRATIVE & GENERAL	2,324,711	110,617	157,014	403,451	2,995,793	2,995,793	
008		OPERATION OF PLANT	928,159	17,443	24,759	94,737	1,065,098	204,534	1,269,632
010		HOUSEKEEPING	343,417	8,216	11,662	59,624	422,919	81,214	15,621
011		DIETARY	168,926	18,083	25,667	25,126	237,802	45,666	34,378
012		CAFETERIA	214,173	19,329	27,436	44,291	305,229	58,614	36,747
014		NURSING ADMINISTRATION	385,672	1,212	1,721	140,103	528,708	101,529	2,305
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY	317,723	11,230	15,940	102,261	447,154	85,868	21,350
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	1,575,500	177,669	252,190	512,498	2,517,857	483,512	337,781
026		INTENSIVE CARE UNIT	202,499	6,836	9,703	72,615	291,653	56,007	12,996
033		NURSERY	118,964	1,894	2,689	38,644	162,191	31,146	3,601
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	833,893	162,626	230,836	172,321	1,399,676	268,784	309,182
039		DELIVERY ROOM & LABOR ROO	21,975	6,213	8,819	7,138	44,145	8,477	11,812
041		RADIOLOGY-DIAGNOSTIC	1,246,551	61,909	87,875	234,492	1,630,827	313,173	117,700
044		LABORATORY	1,428,941	31,998	45,419	202,681	1,709,039	328,192	60,834
047		BLOOD STORING, PROCESSING	141,447				141,447	27,162	
049		RESPIRATORY THERAPY	288,016	16,753	23,779	85,193	413,741	79,452	31,850
050		PHYSICAL THERAPY	530,609	29,464	41,822		601,895	115,584	56,017
053		ELECTROCARDIOLOGY	147,061	19,084	27,089	43,500	236,734	45,461	36,283
055		MEDICAL SUPPLIES CHARGED	414,980	20,238	28,726	26,633	490,577	94,207	28,809
055	30	IMPL. DEV. CHARGED TO PAT	1,300				1,300	250	
056		DRUGS CHARGED TO PATIENTS	961,735	6,061	8,603	49,544	1,025,943	197,015	7,682
059		CARDIAC REHAB	56,770	6,465	9,177	18,368	90,780	17,433	12,292
059	01	SLEEP LAB	103,007			29,219	132,226	25,392	
		OUTPAT SERVICE COST CNTRS							
061		EMERGENCY	1,130,417	63,037	89,476	343,872	1,626,802	312,400	119,844
062		OBSERVATION BEDS (NON-DIS							
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	18,543,340	796,377	1,130,402	2,706,311	18,519,536	2,981,072	1,257,084
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP		5,590	7,934		13,524	2,597	10,627
098		PHYSICIANS' PRIVATE OFFIC							
098	01	PUBLIC RELATIONS	52,855	1,010	1,434	7,836	63,135	12,124	1,921
098	02	AZIZ/KASARENENI PHY CLINI							
098	03	AQUINO CAMPUS							
098	04	MEDICAL SPECIALTY CLINIC							
098	05	MEDICAL OFFICE							
098	06	AUSTIN-COOKE OFFICE							
098	07	QUALITY CARE/URGENT CARE							
098	08	ALFREFAI CAMPUS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	18,596,195	802,977	1,139,770	2,714,147	18,596,195	2,995,793	1,269,632

		COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
			10	11	12	14	16	17	25
		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							
010		HOUSEKEEPING	519,754						
011		DIETARY		317,846					
012		CAFETERIA	13,001		413,591				
014		NURSING ADMINISTRATION			16,678	649,220			
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY	9,245		28,693			592,310	
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	105,164	292,418	120,043	324,611		24,458	4,205,844
026		INTENSIVE CARE UNIT	16,757	25,428	8,765	28,403		3,631	443,640
033		NURSERY	14,157		7,398			2,556	221,049
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	115,564		28,513	87,707		45,017	2,254,443
039		DELIVERY ROOM & LABOR ROO	40,737		1,367			4,590	111,128
041		RADIOLOGY-DIAGNOSTIC	27,736		40,664			169,448	2,299,548
044		LABORATORY	19,357		40,498			114,702	2,272,622
047		BLOOD STORING, PROCESSING						3,069	171,678
049		RESPIRATORY THERAPY	10,401		9,076			22,467	566,987
050		PHYSICAL THERAPY	13,868		9,051			25,142	821,557
053		ELECTROCARDIOLOGY	12,134		14,795			11,472	356,879
055		MEDICAL SUPPLIES CHARGED			9,471			24,389	647,453
055	30	IMPL. DEV. CHARGED TO PAT						25	1,575
056		DRUGS CHARGED TO PATIENTS	6,067		6,321			57,373	1,300,401
059		CARDIAC REHAB	4,623		5,650	78,031		2,087	210,896
059	01	SLEEP LAB	8,956		5,340			11,276	183,190
		OUTPAT SERVICE COST CNTRS							
061		EMERGENCY	97,653		59,615	130,468		70,608	2,417,390
062		OBSERVATION BEDS (NON-DIS							
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	515,420	317,846	411,938	649,220		592,310	18,486,280
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	4,334						31,082
098		PHYSICIANS' PRIVATE OFFIC							
098	01	PUBLIC RELATIONS			1,653				78,833
098	02	AZIZ/KASARENENI PHY CLINI							
098	03	AQUINO CAMPUS							
098	04	MEDICAL SPECIALTY CLINIC							
098	05	MEDICAL OFFICE							
098	06	AUSTIN-COOKE OFFICE							
098	07	QUALITY CARE/URGENT CARE							
098	08	ALFREFAI CAMPUS							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	519,754	317,846	413,591	649,220		592,310	18,596,195

COST ALLOCATION - GENERAL SERVICE COSTS

		COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL 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		
010		HOUSEKEEPING		
011		DIETARY		
012		CAFETERIA		
014		NURSING ADMINISTRATION		
016		PHARMACY		
017		MEDICAL RECORDS & LIBRARY		
		INPAT ROUTINE SRVC CNTRS		
025		ADULTS & PEDIATRICS		4,205,844
026		INTENSIVE CARE UNIT		443,640
033		NURSERY		221,049
		ANCILLARY SRVC COST CNTRS		
037		OPERATING ROOM		2,254,443
039		DELIVERY ROOM & LABOR ROO		111,128
041		RADIOLOGY-DIAGNOSTIC		2,299,548
044		LABORATORY		2,272,622
047		BLOOD STORING, PROCESSING		171,678
049		RESPIRATORY THERAPY		566,987
050		PHYSICAL THERAPY		821,557
053		ELECTROCARDIOLOGY		356,879
055		MEDICAL SUPPLIES CHARGED		647,453
055	30	IMPL. DEV. CHARGED TO PAT		1,575
056		DRUGS CHARGED TO PATIENTS		1,300,401
059		CARDIAC REHAB		210,896
059	01	SLEEP LAB		183,190
		OUTPAT SERVICE COST CNTRS		
061		EMERGENCY		2,417,390
062		OBSERVATION BEDS (NON-DIS		
		SPEC PURPOSE COST CENTERS		
095		SUBTOTALS		18,486,280
		NONREIMBURS COST CENTERS		
096		GIFT, FLOWER, COFFEE SHOP		31,082
098		PHYSICIANS' PRIVATE OFFIC		
098	01	PUBLIC RELATIONS		78,833
098	02	AZIZ/KASARENENI PHY CLINI		
098	03	AQUINO CAMPUS		
098	04	MEDICAL SPECIALTY CLINIC		
098	05	MEDICAL OFFICE		
098	06	AUSTIN-COOKE OFFICE		
098	07	QUALITY CARE/URGENT CARE		
098	08	ALFREFAI CAMPUS		
101		CROSS FOOT ADJUSTMENT		
102		NEGATIVE COST CENTER		
103		TOTAL		18,596,195

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-1334 PERIOD: FROM 1/ 1/2010 TO 12/31/2010 PREPARED 5/26/2011 WORKSHEET B PART III

		COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
			0	3	4	4a	5	6	8
		GENERAL SERVICE COST CNTR							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL		110,617	157,014	267,631		267,631	
008		OPERATION OF PLANT		17,443	24,759	42,202		18,272	60,474
010		HOUSEKEEPING		8,216	11,662	19,878		7,255	744
011		DIETARY		18,083	25,667	43,750		4,079	1,637
012		CAFETERIA		19,329	27,436	46,765		5,236	1,750
014		NURSING ADMINISTRATION		1,212	1,721	2,933		9,070	110
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY		11,230	15,940	27,170		7,671	1,017
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS		177,669	252,190	429,859		43,201	16,090
026		INTENSIVE CARE UNIT		6,836	9,703	16,539		5,003	619
033		NURSERY		1,894	2,689	4,583		2,782	172
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM		162,626	230,836	393,462		24,011	14,727
039		DELIVERY ROOM & LABOR ROO		6,213	8,819	15,032		757	563
041		RADIOLOGY-DIAGNOSTIC		61,909	87,875	149,784		27,977	5,606
044		LABORATORY		31,998	45,419	77,417		29,319	2,898
047		BLOOD STORING, PROCESSING						2,427	
049		RESPIRATORY THERAPY		16,753	23,779	40,532		7,098	1,517
050		PHYSICAL THERAPY		29,464	41,822	71,286		10,326	2,668
053		ELECTROCARDIOLOGY		19,084	27,089	46,173		4,061	1,728
055		MEDICAL SUPPLIES CHARGED		20,238	28,726	48,964		8,416	1,372
055	30	IMPL. DEV. CHARGED TO PAT						22	
056		DRUGS CHARGED TO PATIENTS		6,061	8,603	14,664		17,600	366
059		CARDIAC REHAB		6,465	9,177	15,642		1,557	585
059	01	SLEEP LAB						2,268	
		OUTPAT SERVICE COST CNTRS							
061		EMERGENCY		63,037	89,476	152,513		27,908	5,708
062		OBSERVATION BEDS (NON-DIS							
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS		796,377	1,130,402	1,926,779		266,316	59,877
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP		5,590	7,934	13,524		232	506
098		PHYSICIANS' PRIVATE OFFIC							
098	01	PUBLIC RELATIONS		1,010	1,434	2,444		1,083	91
098	02	AZIZ/KASARENENI PHY CLINI							
098	03	AQUINO CAMPUS							
098	04	MEDICAL SPECIALTY CLINIC							
098	05	MEDICAL OFFICE							
098	06	AUSTIN-COOKE OFFICE							
098	07	QUALITY CARE/URGENT CARE							
098	08	ALFREFAI CAMPUS							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL		802,977	1,139,770	1,942,747		267,631	60,474

		COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
			10	11	12	14	16	17	25
		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							
010		HOUSEKEEPING	27,877						
011		DIETARY		49,466					
012		CAFETERIA	697		54,448				
014		NURSING ADMINISTRATION			2,196	14,309			
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY	496		3,777			40,131	
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	5,640	45,509	15,802	7,154		1,657	564,912
026		INTENSIVE CARE UNIT	899	3,957	1,154	626		246	29,043
033		NURSERY	759		974			173	9,443
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	6,199		3,754	1,933		3,049	447,135
039		DELIVERY ROOM & LABOR ROO	2,185		180			311	19,028
041		RADIOLOGY-DIAGNOSTIC	1,488		5,353			11,488	201,696
044		LABORATORY	1,038		5,331			7,769	123,772
047		BLOOD STORING, PROCESSING						208	2,635
049		RESPIRATORY THERAPY	558		1,195			1,522	52,422
050		PHYSICAL THERAPY	744		1,192			1,703	87,919
053		ELECTROCARDIOLOGY	651		1,948			777	55,338
055		MEDICAL SUPPLIES CHARGED			1,247			1,652	61,651
055	30	IMPL. DEV. CHARGED TO PAT						2	24
056		DRUGS CHARGED TO PATIENTS	325		832			3,886	37,673
059		CARDIAC REHAB	248		744	1,720		141	20,637
059	01	SLEEP LAB	480		703			764	4,215
		OUTPAT SERVICE COST CNTRS							
061		EMERGENCY	5,238		7,848	2,876		4,783	206,874
062		OBSERVATION BEDS (NON-DIS							
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	27,645	49,466	54,230	14,309		40,131	1,924,417
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	232						14,494
098		PHYSICIANS' PRIVATE OFFIC							
098	01	PUBLIC RELATIONS			218				3,836
098	02	AZIZ/KASARENENI PHY CLINI							
098	03	AQUINO CAMPUS							
098	04	MEDICAL SPECIALTY CLINIC							
098	05	MEDICAL OFFICE							
098	06	AUSTIN-COOKE OFFICE							
098	07	QUALITY CARE/URGENT CARE							
098	08	ALFREFAI CAMPUS							
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	27,877	49,466	54,448	14,309		40,131	1,942,747

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-1334 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET B I PART III

		COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT 26	TOTAL 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		
010		HOUSEKEEPING		
011		DIETARY		
012		CAFETERIA		
014		NURSING ADMINISTRATION		
016		PHARMACY		
017		MEDICAL RECORDS & LIBRARY		
		INPAT ROUTINE SRVC CNTRS		
025		ADULTS & PEDIATRICS		564,912
026		INTENSIVE CARE UNIT		29,043
033		NURSERY		9,443
		ANCILLARY SRVC COST CNTRS		
037		OPERATING ROOM		447,135
039		DELIVERY ROOM & LABOR ROO		19,028
041		RADIOLOGY-DIAGNOSTIC		201,696
044		LABORATORY		123,772
047		BLOOD STORING, PROCESSING		2,635
049		RESPIRATORY THERAPY		52,422
050		PHYSICAL THERAPY		87,919
053		ELECTROCARDIOLOGY		55,338
055		MEDICAL SUPPLIES CHARGED		61,651
055	30	IMPL. DEV. CHARGED TO PAT		24
056		DRUGS CHARGED TO PATIENTS		37,673
059		CARDIAC REHAB		20,637
059	01	SLEEP LAB		4,215
		OUTPAT SERVICE COST CNTRS		
061		EMERGENCY		206,874
062		OBSERVATION BEDS (NON-DIS		
		SPEC PURPOSE COST CENTERS		
095		SUBTOTALS		1,924,417
		NONREIMBURS COST CENTERS		
096		GIFT, FLOWER, COFFEE SHOP		14,494
098		PHYSICIANS' PRIVATE OFFIC		
098	01	PUBLIC RELATIONS		3,836
098	02	AZIZ/KASARENENI PHY CLINI		
098	03	AQUINO CAMPUS		
098	04	MEDICAL SPECIALTY CLINIC		
098	05	MEDICAL OFFICE		
098	06	AUSTIN-COOKE OFFICE		
098	07	QUALITY CARE/URGENT CARE		
098	08	ALFREFAI CAMPUS		
101		CROSS FOOT ADJUSTMENTS		
102		NEGATIVE COST CENTER		
103		TOTAL		1,942,747

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCIL-IATION	ADMINISTRATIV E & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
		3	4	5	6a.00	6	8
	GENERAL SERVICE COST						
003	NEW CAP REL COSTS-BLD	95,384					
004	NEW CAP REL COSTS-MVB		95,384				
005	EMPLOYEE BENEFITS			7,459,710			
006	ADMINISTRATIVE & GENE	13,140	13,140	1,108,867	-2,995,793	15,600,402	
008	OPERATION OF PLANT	2,072	2,072	260,380		1,065,098	79,328
010	HOUSEKEEPING	976	976	163,875		422,919	976
011	DIETARY	2,148	2,148	69,058		237,802	2,148
012	CAFETERIA	2,296	2,296	121,732		305,229	2,296
014	NURSING ADMINISTRATIO	144	144	385,067		528,708	144
016	PHARMACY						
017	MEDICAL RECORDS & LIB	1,334	1,334	281,059		447,154	1,334
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	21,105	21,105	1,408,579		2,517,857	21,105
026	INTENSIVE CARE UNIT	812	812	199,580		291,653	812
033	NURSERY	225	225	106,211		162,191	225
	ANCILLARY SRVC COST C						
037	OPERATING ROOM	19,318	19,318	473,615		1,399,676	19,318
039	DELIVERY ROOM & LABOR	738	738	19,619		44,145	738
041	RADIOLOGY-DIAGNOSTIC	7,354	7,354	644,491		1,630,827	7,354
044	LABORATORY	3,801	3,801	557,058		1,709,039	3,801
047	BLOOD STORING, PROCES					141,447	
049	RESPIRATORY THERAPY	1,990	1,990	234,150		413,741	1,990
050	PHYSICAL THERAPY	3,500	3,500			601,895	3,500
053	ELECTROCARDIOLOGY	2,267	2,267	119,557		236,734	2,267
055	MEDICAL SUPPLIES CHAR	2,404	2,404	73,199		490,577	1,800
055 30	IMPL. DEV. CHARGED TO					1,300	
056	DRUGS CHARGED TO PATI	720	720	136,169		1,025,943	480
059	CARDIAC REHAB	768	768	50,483		90,780	768
059 01	SLEEP LAB			80,306		132,226	
	OUTPAT SERVICE COST C						
061	EMERGENCY	7,488	7,488	945,117		1,626,802	7,488
062	OBSERVATION BEDS (NON						
	SPEC PURPOSE COST CEN						
095	SUBTOTALS	94,600	94,600	7,438,172	-2,995,793	15,523,743	78,544
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE	664	664			13,524	664
098	PHYSICIANS' PRIVATE O						
098 01	PUBLIC RELATIONS	120	120	21,538		63,135	120
098 02	AZIZ/KASARENENI PHY C						
098 03	AQUINO CAMPUS						
098 04	MEDICAL SPECIALTY CLI						
098 05	MEDICAL OFFICE						
098 06	AUSTIN-COOKE OFFICE						
098 07	QUALITY CARE/URGENT C						
098 08	ALFREFAI CAMPUS						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	802,977	1,139,770	2,714,147		2,995,793	1,269,632
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	8.418362	11.949279	.363841		.192033	16.004841
105	COST TO BE ALLOCATED (WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (WRKSHT B, PART III					267,631	60,474
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)					.017155	.762329

		COST CENTER DESCRIPTION	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (HOURS SUPERVISED)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)
			10	11	12	14	16	17
		GENERAL SERVICE COST						
003		NEW CAP REL COSTS-BLD						
004		NEW CAP REL COSTS-MVB						
005		EMPLOYEE BENEFITS						
006		ADMINISTRATIVE & GENE						
008		OPERATION OF PLANT						
010		HOUSEKEEPING	1,799					
011		DIETARY		16,000				
012		CAFETERIA	45		283,454			
014		NURSING ADMINISTRATIO			11,430	2,080		
016		PHARMACY						
017		MEDICAL RECORDS & LIB	32		19,665			57,230,942
		INPAT ROUTINE SRVC CN						
025		ADULTS & PEDIATRICS	364	14,720	82,272	1,040		2,363,354
026		INTENSIVE CARE UNIT	58	1,280	6,007	91		350,829
033		NURSERY	49		5,070			246,979
		ANCILLARY SRVC COST C						
037		OPERATING ROOM	400		19,541	281		4,349,901
039		DELIVERY ROOM & LABOR	141		937			443,491
041		RADIOLOGY-DIAGNOSTIC	96		27,869			16,370,896
044		LABORATORY	67		27,755			11,083,408
047		BLOOD STORING, PROCES						296,549
049		RESPIRATORY THERAPY	36		6,220			2,170,927
050		PHYSICAL THERAPY	48		6,203			2,429,398
053		ELECTROCARDIOLOGY	42		10,140			1,108,479
055		MEDICAL SUPPLIES CHAR			6,491			2,356,612
055	30	IMPL. DEV. CHARGED TO						2,425
056		DRUGS CHARGED TO PATI	21		4,332			5,543,853
059		CARDIAC REHAB	16		3,872	250		201,622
059	01	SLEEP LAB	31		3,660			1,089,560
		OUTPAT SERVICE COST C						
061		EMERGENCY	338		40,857	418		6,822,659
062		OBSERVATION BEDS (NON						
		SPEC PURPOSE COST CEN						
095		SUBTOTALS	1,784	16,000	282,321	2,080		57,230,942
		NONREIMBURS COST CENT						
096		GIFT, FLOWER, COFFEE	15					
098		PHYSICIANS' PRIVATE O						
098	01	PUBLIC RELATIONS			1,133			
098	02	AZIZ/KASARENENI PHY C						
098	03	AQUINO CAMPUS						
098	04	MEDICAL SPECIALTY CLI						
098	05	MEDICAL OFFICE						
098	06	AUSTIN-COOKE OFFICE						
098	07	QUALITY CARE/URGENT C						
098	08	ALFREFAI CAMPUS						
101		CROSS FOOT ADJUSTMENT						
102		NEGATIVE COST CENTER						
103		COST TO BE ALLOCATED (PER WRKSHT B, PART	519,754	317,846	413,591	649,220		592,310
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	288.912729	19.865375	1.459112	312.125000		.010349
105		COST TO BE ALLOCATED (PER WRKSHT B, PART						
106		UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107		COST TO BE ALLOCATED (PER WRKSHT B, PART	27,877	49,466	54,448	14,309		40,131
108		UNIT COST MULTIPLIER (WRKSHT B, PT III)	15.495831	3.091625	.192088	6.879327		.000701

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: 15-1334 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET C 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	4,205,844		4,205,844		
26		INTENSIVE CARE UNIT	443,640		443,640		
33		NURSERY	221,049		221,049		
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	2,254,443		2,254,443		
39		DELIVERY ROOM & LABOR ROO	111,128		111,128		
41		RADIOLOGY-DIAGNOSTIC	2,299,548		2,299,548		
44		LABORATORY	2,272,622		2,272,622		
47		BLOOD STORING, PROCESSING	171,678		171,678		
49		RESPIRATORY THERAPY	566,987		566,987		
50		PHYSICAL THERAPY	821,557		821,557		
53		ELECTROCARDIOLOGY	356,879		356,879		
55		MEDICAL SUPPLIES CHARGED	647,453		647,453		
55	30	IMPL. DEV. CHARGED TO PAT	1,575		1,575		
56		DRUGS CHARGED TO PATIENTS	1,300,401		1,300,401		
59		CARDIAC REHAB	210,896		210,896		
59	01	SLEEP LAB	183,190		183,190		
		OUTPAT SERVICE COST CNTRS					
61		EMERGENCY	2,417,390		2,417,390		
62		OBSERVATION BEDS (NON-DIS	669,090		669,090		
		OTHER REIMBURS COST CNTRS					
101		SUBTOTAL	19,155,370		19,155,370		
102		LESS OBSERVATION BEDS	669,090		669,090		
103		TOTAL	18,486,280		18,486,280		

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: 15-1334 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET C I PART I

WKST LINE	A NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	1,830,101		1,830,101			
26		INTENSIVE CARE UNIT	350,829		350,829			
33		NURSERY	246,979		246,979			
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	1,205,162	3,144,739	4,349,901	.518275	.518275	
39		DELIVERY ROOM & LABOR ROO	201,637	241,854	443,491	.250576	.250576	
41		RADIOLOGY-DIAGNOSTIC	1,482,584	14,888,312	16,370,896	.140466	.140466	
44		LABORATORY	2,221,323	8,862,085	11,083,408	.205047	.205047	
47		BLOOD STORING, PROCESSING	118,901	177,648	296,549	.578920	.578920	
49		RESPIRATORY THERAPY	1,097,970	1,072,957	2,170,927	.261173	.261173	
50		PHYSICAL THERAPY	63,800	2,365,598	2,429,398	.338173	.338173	
53		ELECTROCARDIOLOGY	378,918	729,561	1,108,479	.321954	.321954	
55		MEDICAL SUPPLIES CHARGED	1,003,814	1,352,798	2,356,612	.274739	.274739	
55	30	IMPL. DEV. CHARGED TO PAT		2,425	2,425	.649485	.649485	
56		DRUGS CHARGED TO PATIENTS	2,788,107	2,755,746	5,543,853	.234566	.234566	
59		CARDIAC REHAB		201,622	201,622	1.045997	1.045997	
59	01	SLEEP LAB	13,413	1,076,147	1,089,560	.168132	.168132	
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY	326,001	6,496,658	6,822,659	.354318	.354318	
62		OBSERVATION BEDS (NON-DIS	88,082	445,171	533,253	1.254733	1.254733	
		OTHER REIMBURS COST CNTRS						
101		SUBTOTAL	13,417,621	43,813,321	57,230,942			
102		LESS OBSERVATION BEDS						
103		TOTAL	13,417,621	43,813,321	57,230,942			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-1334
PERIOD: FROM 1/ 1/2010 TO 12/31/2010

WKST A LINE NO.		COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
			1	2	3	4	5
		INPAT ROUTINE SRVC CNTRS					
25		ADULTS & PEDIATRICS	4,205,844		4,205,844		
26		INTENSIVE CARE UNIT	443,640		443,640		
33		NURSERY	221,049		221,049		
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	2,254,443		2,254,443		
39		DELIVERY ROOM & LABOR ROO	111,128		111,128		
41		RADIOLOGY-DIAGNOSTIC	2,299,548		2,299,548		
44		LABORATORY	2,272,622		2,272,622		
47		BLOOD STORING, PROCESSING	171,678		171,678		
49		RESPIRATORY THERAPY	566,987		566,987		
50		PHYSICAL THERAPY	821,557		821,557		
53		ELECTROCARDIOLOGY	356,879		356,879		
55		MEDICAL SUPPLIES CHARGED	647,453		647,453		
55	30	IMPL. DEV. CHARGED TO PAT	1,575		1,575		
56		DRUGS CHARGED TO PATIENTS	1,300,401		1,300,401		
59		CARDIAC REHAB	210,896		210,896		
59	01	SLEEP LAB	183,190		183,190		
		OUTPAT SERVICE COST CNTRS					
61		EMERGENCY	2,417,390		2,417,390		
62		OBSERVATION BEDS (NON-DIS	669,090		669,090		
		OTHER REIMBURS COST CNTRS					
101		SUBTOTAL	19,155,370		19,155,370		
102		LESS OBSERVATION BEDS	669,090		669,090		
103		TOTAL	18,486,280		18,486,280		

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-1334
PERIOD: FROM 1/ 1/2010 TO 12/31/2010

WKST A LINE NO.		COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	1,830,101		1,830,101			
26		INTENSIVE CARE UNIT	350,829		350,829			
33		NURSERY	246,979		246,979			
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	1,205,162	3,144,739	4,349,901	.518275	.518275	
39		DELIVERY ROOM & LABOR ROO	201,637	241,854	443,491	.250576	.250576	
41		RADIOLOGY-DIAGNOSTIC	1,482,584	14,888,312	16,370,896	.140466	.140466	
44		LABORATORY	2,221,323	8,862,085	11,083,408	.205047	.205047	
47		BLOOD STORING, PROCESSING	118,901	177,648	296,549	.578920	.578920	
49		RESPIRATORY THERAPY	1,097,970	1,072,957	2,170,927	.261173	.261173	
50		PHYSICAL THERAPY	63,800	2,365,598	2,429,398	.338173	.338173	
53		ELECTROCARDIOLOGY	378,918	729,561	1,108,479	.321954	.321954	
55		MEDICAL SUPPLIES CHARGED	1,003,814	1,352,798	2,356,612	.274739	.274739	
55	30	IMPL. DEV. CHARGED TO PAT		2,425	2,425	.649485	.649485	
56		DRUGS CHARGED TO PATIENTS	2,788,107	2,755,746	5,543,853	.234566	.234566	
59		CARDIAC REHAB		201,622	201,622	1.045997	1.045997	
59	01	SLEEP LAB	13,413	1,076,147	1,089,560	.168132	.168132	
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY	326,001	6,496,658	6,822,659	.354318	.354318	
62		OBSERVATION BEDS (NON-DIS	88,082	445,171	533,253	1.254733	1.254733	
		OTHER REIMBURS COST CNTRS						
101		SUBTOTAL	13,417,621	43,813,321	57,230,942			
102		LESS OBSERVATION BEDS						
103		TOTAL	13,417,621	43,813,321	57,230,942			

Health Financial Systems MCRIF32 FOR SCOTT MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/2000)

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS | PROVIDER NO: 15-1334 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011 | WORKSHEET C PART II

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27	CAPITAL COST WKST B PT II & III, COL. 27	OPERATING COST NET OF CAPITAL COST	CAPITAL REDUCTION	OPERATING COST REDUCTION AMOUNT	COST NET OF CAP AND OPER COST REDUCTION
			1	2	3	4	5	6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	2,254,443	447,135	1,807,308			2,254,443
39		DELIVERY ROOM & LABOR ROO	111,128	19,028	92,100			111,128
41		RADIOLOGY-DIAGNOSTIC	2,299,548	201,696	2,097,852			2,299,548
44		LABORATORY	2,272,622	123,772	2,148,850			2,272,622
47		BLOOD STORING, PROCESSING	171,678	2,635	169,043			171,678
49		RESPIRATORY THERAPY	566,987	52,422	514,565			566,987
50		PHYSICAL THERAPY	821,557	87,919	733,638			821,557
53		ELECTROCARDIOLOGY	356,879	55,338	301,541			356,879
55		MEDICAL SUPPLIES CHARGED	647,453	61,651	585,802			647,453
55	30	IMPL. DEV. CHARGED TO PAT	1,575	24	1,551			1,575
56		DRUGS CHARGED TO PATIENTS	1,300,401	37,673	1,262,728			1,300,401
59		CARDIAC REHAB	210,896	20,637	190,259			210,896
59	01	SLEEP LAB	183,190	4,215	178,975			183,190
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY	2,417,390	206,874	2,210,516			2,417,390
62		OBSERVATION BEDS (NON-DIS	669,090		669,090			669,090
		OTHER REIMBURS COST CNTRS						
101		SUBTOTAL	14,284,837	1,321,019	12,963,818			14,284,837
102		LESS OBSERVATION BEDS	669,090		669,090			669,090
103		TOTAL	13,615,747	1,321,019	12,294,728			13,615,747

Health Financial Systems MCRIF32 FOR SCOTT MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/2000)

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS | PROVIDER NO: 15-1334 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011 | WORKSHEET C 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
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	4,349,901	.518275	.518275
39		DELIVERY ROOM & LABOR ROO	443,491	.250576	.250576
41		RADIOLOGY-DIAGNOSTIC	16,370,896	.140466	.140466
44		LABORATORY	11,083,408	.205047	.205047
47		BLOOD STORING, PROCESSING	296,549	.578920	.578920
49		RESPIRATORY THERAPY	2,170,927	.261173	.261173
50		PHYSICAL THERAPY	2,429,398	.338173	.338173
53		ELECTROCARDIOLOGY	1,108,479	.321954	.321954
55		MEDICAL SUPPLIES CHARGED	2,356,612	.274739	.274739
55	30	IMPL. DEV. CHARGED TO PAT	2,425	.649485	.649485
56		DRUGS CHARGED TO PATIENTS	5,543,853	.234566	.234566
59		CARDIAC REHAB	201,622	1.045997	1.045997
59	01	SLEEP LAB	1,089,560	.168132	.168132
		OUTPAT SERVICE COST CNTRS			
61		EMERGENCY	6,822,659	.354318	.354318
62		OBSERVATION BEDS (NON-DIS	533,253	1.254733	1.254733
		OTHER REIMBURS COST CNTRS			
101		SUBTOTAL	54,803,033		
102		LESS OBSERVATION BEDS	533,253		
103		TOTAL	54,269,780		

Health Financial Systems MCRIF32 FOR SCOTT MEMORIAL HOSPITAL **NOT A CMS WORKSHEET ** (09/2000)

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS SPECIAL TITLE XIX WORKSHEET | PROVIDER NO: 15-1334 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011 | WORKSHEET C 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
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	2,254,443	447,135	1,807,308			2,254,443
39		DELIVERY ROOM & LABOR ROO	111,128	19,028	92,100			111,128
41		RADIOLOGY-DIAGNOSTIC	2,299,548	201,696	2,097,852			2,299,548
44		LABORATORY	2,272,622	123,772	2,148,850			2,272,622
47		BLOOD STORING, PROCESSING	171,678	2,635	169,043			171,678
49		RESPIRATORY THERAPY	566,987	52,422	514,565			566,987
50		PHYSICAL THERAPY	821,557	87,919	733,638			821,557
53		ELECTROCARDIOLOGY	356,879	55,338	301,541			356,879
55		MEDICAL SUPPLIES CHARGED	647,453	61,651	585,802			647,453
55	30	IMPL. DEV. CHARGED TO PAT	1,575	24	1,551			1,575
56		DRUGS CHARGED TO PATIENTS	1,300,401	37,673	1,262,728			1,300,401
59		CARDIAC REHAB	210,896	20,637	190,259			210,896
59	01	SLEEP LAB	183,190	4,215	178,975			183,190
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY	2,417,390	206,874	2,210,516			2,417,390
62		OBSERVATION BEDS (NON-DIS	669,090		669,090			669,090
		OTHER REIMBURS COST CNTRS						
101		SUBTOTAL	14,284,837	1,321,019	12,963,818			14,284,837
102		LESS OBSERVATION BEDS	669,090		669,090			669,090
103		TOTAL	13,615,747	1,321,019	12,294,728			13,615,747

Health Financial Systems MCRIF32 FOR SCOTT MEMORIAL HOSPITAL **NOT A CMS WORKSHEET ** (09/2000)
CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS SPECIAL TITLE XIX WORKSHEET | PROVIDER NO: 15-1334 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011 | WORKSHEET C 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
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	4,349,901	.518275	.518275
39		DELIVERY ROOM & LABOR ROO	443,491	.250576	.250576
41		RADIOLOGY-DIAGNOSTIC	16,370,896	.140466	.140466
44		LABORATORY	11,083,408	.205047	.205047
47		BLOOD STORING, PROCESSING	296,549	.578920	.578920
49		RESPIRATORY THERAPY	2,170,927	.261173	.261173
50		PHYSICAL THERAPY	2,429,398	.338173	.338173
53		ELECTROCARDIOLOGY	1,108,479	.321954	.321954
55		MEDICAL SUPPLIES CHARGED	2,356,612	.274739	.274739
55	30	IMPL. DEV. CHARGED TO PAT	2,425	.649485	.649485
56		DRUGS CHARGED TO PATIENTS	5,543,853	.234566	.234566
59		CARDIAC REHAB	201,622	1.045997	1.045997
59	01	SLEEP LAB	1,089,560	.168132	.168132
		OUTPAT SERVICE COST CNTRS			
61		EMERGENCY	6,822,659	.354318	.354318
62		OBSERVATION BEDS (NON-DIS	533,253	1.254733	1.254733
		OTHER REIMBURS COST CNTRS			
101		SUBTOTAL	54,803,033		
102		LESS OBSERVATION BEDS	533,253		
103		TOTAL	54,269,780		

COMPUTATION OF OUTPATIENT COST PER VISIT - RURAL PRIMARY CARE HOSPITAL

PROVIDER NO: 15-1334 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011 | WORKSHEET C PART V

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT-PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT-PATIENT COSTS 7
		ANCILLARY SRVC COST CNTRS							
37		OPERATING ROOM							
39		DELIVERY ROOM & LABOR ROO							
41		RADIOLOGY-DIAGNOSTIC							
44		LABORATORY							
47		BLOOD STORING, PROCESSING							
49		RESPIRATORY THERAPY							
50		PHYSICAL THERAPY							
53		ELECTROCARDIOLOGY							
55		MEDICAL SUPPLIES CHARGED							
55	30	IMPL. DEV. CHARGED TO PAT							
56		DRUGS CHARGED TO PATIENTS							
59		CARDIAC REHAB							
59	01	SLEEP LAB							
		OUTPAT SERVICE COST CNTRS							
61		EMERGENCY							
62		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
101		TOTAL							
102		TOTAL OUTPATIENT VISITS							
103		AGGREGATE COST PER VISIT							
104		TITLE V OUTPATIENT VISITS							
105		TITLE XVIII OUTPAT VISITS							
106		TITLE XIX OUTPAT VISITS							
107		TITLE V OUTPAT COSTS							
108		TITLE XVIII OUTPAT COSTS							
109		TITLE XIX OUTPAT COSTS							

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-1334 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011

I COMPONENT NO: 15-1334 I WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9) 1	Cost/Charge Ratio (C, Pt I, col. 9) 1.01	Cost/Charge Ratio (C, Pt II, col. 9) 1.02	Outpatient Ambulatory Surgical Ctr 2	Outpatient Radiology 3
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.518275		.518275		
39		DELIVERY ROOM & LABOR ROOM	.250576		.250576		
41		RADIOLOGY-DIAGNOSTIC	.140466		.140466		
44		LABORATORY	.205047		.205047		
47		BLOOD STORING, PROCESSING & TRANS.	.578920		.578920		
49		RESPIRATORY THERAPY	.261173		.261173		
50		PHYSICAL THERAPY	.338173		.338173		
53		ELECTROCARDIOLOGY	.321954		.321954		
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.274739		.274739		
55	30	IMPL. DEV. CHARGED TO PATIENT	.649485		.649485		
56		DRUGS CHARGED TO PATIENTS	.234566		.234566		
59		CARDIAC REHAB	1.045997		1.045997		
59	01	SLEEP LAB	.168132		.168132		
		OUTPAT SERVICE COST CNTRS					
61		EMERGENCY	.354318		.354318		
62		OBSERVATION BEDS (NON-DISTINCT PART)	1.254733		1.254733		
101		SUBTOTAL					
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-1334 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011
I COMPONENT NO: 15-1334 I WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

		Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic
	Cost Center Description	4	5	6	7	8
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		834,572			
39	DELIVERY ROOM & LABOR ROOM					
41	RADIOLOGY-DIAGNOSTIC		3,907,862			
44	LABORATORY		2,619,529			
47	BLOOD STORING, PROCESSING & TRANS.		64,028			
49	RESPIRATORY THERAPY		364,360			
50	PHYSICAL THERAPY		612,195			
53	ELECTROCARDIOLOGY		287,798			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		423,353			
55 30	IMPL. DEV. CHARGED TO PATIENT		2,222			
56	DRUGS CHARGED TO PATIENTS		881,689			
59	CARDIAC REHAB		75,986			
59 01	SLEEP LAB		251,085			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY		1,345,324			
62	OBSERVATION BEDS (NON-DISTINCT PART)		83,228			
101	SUBTOTAL		11,753,231			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES		11,753,231			

(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

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-1334	FROM 1/ 1/2010	WORKSHEET D
COMPONENT NO:	TO 12/31/2010	PART V
15-1334		

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	All Other	Hospital I/P Part B Charges	Hospital I/P Part B Costs
			9	10	11
(A)		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	432,538		
39		DELIVERY ROOM & LABOR ROOM			
41		RADIOLOGY-DIAGNOSTIC	548,922		
44		LABORATORY	537,127		
47		BLOOD STORING, PROCESSING & TRANS.	37,067		
49		RESPIRATORY THERAPY	95,161		
50		PHYSICAL THERAPY	207,028		
53		ELECTROCARDIOLOGY	92,658		
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	116,312		
55	30	IMPL. DEV. CHARGED TO PATIENT	1,443		
56		DRUGS CHARGED TO PATIENTS	206,814		
59		CARDIAC REHAB	79,481		
59	01	SLEEP LAB	42,215		
		OUTPAT SERVICE COST CNTRS			
61		EMERGENCY	476,673		
62		OBSERVATION BEDS (NON-DISTINCT PART)	104,429		
101		SUBTOTAL	2,977,868		
102		CRNA CHARGES			
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104		NET CHARGES	2,977,868		

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

Health Financial Systems MCRIF32 FOR SCOTT MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1997)

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | PROVIDER NO: 15-1334 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011 | WORKSHEET D PART I

TITLE XIX TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				564,912		564,912
26	INTENSIVE CARE UNIT				29,043		29,043
33	NURSERY				9,443		9,443
101	TOTAL				603,398		603,398

Health Financial Systems MCRIF32 FOR SCOTT MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1997)

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | PROVIDER NO: 15-1334 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011 | WORKSHEET D PART I

TITLE XIX TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	4,507	611			125.34	76,583
26	INTENSIVE CARE UNIT	344	32			84.43	2,702
33	NURSERY	352	269			26.83	7,217
101	TOTAL	5,203	912				86,502

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-1334	FROM 1/ 1/2010	WORKSHEET D
COMPONENT NO:	TO 12/31/2010	PART II
15-1334		

TITLE XIX HOSPITAL TEFRA

WKST A LINE NO.		COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM		447,135	4,349,901	483,967		
39		DELIVERY ROOM & LABOR ROO		19,028	443,491	28,216		
41		RADIOLOGY-DIAGNOSTIC		201,696	16,370,896	127,567		
44		LABORATORY		123,772	11,083,408	265,055		
47		BLOOD STORING, PROCESSING		2,635	296,549	11,673		
49		RESPIRATORY THERAPY		52,422	2,170,927	85,737		
50		PHYSICAL THERAPY		87,919	2,429,398	527		
53		ELECTROCARDIOLOGY		55,338	1,108,479	9,034		
55		MEDICAL SUPPLIES CHARGED		61,651	2,356,612	148,904		
55	30	IMPL. DEV. CHARGED TO PAT		24	2,425			
56		DRUGS CHARGED TO PATIENTS		37,673	5,543,853	364,457		
59		CARDIAC REHAB		20,637	201,622			
59	01	SLEEP LAB		4,215	1,089,560			
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY		206,874	6,822,659	54,942		
62		OBSERVATION BEDS (NON-DIS			533,253	18,802		
		OTHER REIMBURS COST CNTRS						
101		TOTAL		1,321,019	54,803,033	1,598,881		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-1334	FROM 1/ 1/2010	WORKSHEET D
COMPONENT NO:	TO 12/31/2010	PART II
15-1334		

TITLE XIX HOSPITAL TEFRA

WKST A LINE	NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.102792	49,748
39		DELIVERY ROOM & LABOR ROO	.042905	1,211
41		RADIOLOGY-DIAGNOSTIC	.012320	1,572
44		LABORATORY	.011167	2,960
47		BLOOD STORING, PROCESSING	.008886	104
49		RESPIRATORY THERAPY	.024147	2,070
50		PHYSICAL THERAPY	.036190	19
53		ELECTROCARDIOLOGY	.049922	451
55		MEDICAL SUPPLIES CHARGED	.026161	3,895
55	30	IMPL. DEV. CHARGED TO PAT	.009897	
56		DRUGS CHARGED TO PATIENTS	.006795	2,476
59		CARDIAC REHAB	.102355	
59	01	SLEEP LAB	.003869	
		OUTPAT SERVICE COST CNTRS		
61		EMERGENCY	.030322	1,666
62		OBSERVATION BEDS (NON-DIS		
		OTHER REIMBURS COST CNTRS		
101		TOTAL		66,172

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 15-1334 PERIOD: FROM 1/ 1/2010 TO 12/31/2010 PREPARED 5/26/2011
WORKSHEET D PART III
TEFRA

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					4,507	
26	INTENSIVE CARE UNIT					344	
33	NURSERY					352	
101	TOTAL					5,203	

Health Financial Systems MCRIF32 FOR SCOTT MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS TITLE XIX

I PROVIDER NO: 15-1334 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011 I WORKSHEET D PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	611	
26	INTENSIVE CARE UNIT	32	
33	NURSERY	269	
101	TOTAL	912	

Health Financial Systems MCRIF32 FOR SCOTT MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(07/2009)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-1334	FROM 1/ 1/2010	WORKSHEET D
COMPONENT NO:	TO 12/31/2010	PART IV
15-1334		

TITLE XIX HOSPITAL TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC REHAB						
59 01	SLEEP LAB						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-1334	FROM 1/ 1/2010	WORKSHEET D
COMPONENT NO:	TO 12/31/2010	PART IV
15-1334		

TITLE XIX HOSPITAL TEFRA

WKST LINE	A 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			4,349,901			483,967	
39		DELIVERY ROOM & LABOR ROO			443,491			28,216	
41		RADIOLOGY-DIAGNOSTIC			16,370,896			127,567	
44		LABORATORY			11,083,408			265,055	
47		BLOOD STORING, PROCESSING			296,549			11,673	
49		RESPIRATORY THERAPY			2,170,927			85,737	
50		PHYSICAL THERAPY			2,429,398			527	
53		ELECTROCARDIOLOGY			1,108,479			9,034	
55		MEDICAL SUPPLIES CHARGED			2,356,612			148,904	
55	30	IMPL. DEV. CHARGED TO PAT			2,425				
56		DRUGS CHARGED TO PATIENTS			5,543,853			364,457	
59		CARDIAC REHAB			201,622				
59	01	SLEEP LAB			1,089,560				
		OUTPAT SERVICE COST CNTRS							
61		EMERGENCY			6,822,659			54,942	
62		OBSERVATION BEDS (NON-DIS			533,253			18,802	
		OTHER REIMBURS COST CNTRS							
101		TOTAL			54,803,033			1,598,881	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO:	PERIOD:	PREPARED
15-1334	FROM 1/ 1/2010	WORKSHEET D
COMPONENT NO:	TO 12/31/2010	PART IV
15-1334		

TITLE XIX HOSPITAL TEFRA

WKST A LINE NO.		COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	625,438					
39		DELIVERY ROOM & LABOR ROO						
41		RADIOLOGY-DIAGNOSTIC	2,179,571					
44		LABORATORY	1,329,903					
47		BLOOD STORING, PROCESSING	15,240					
49		RESPIRATORY THERAPY	173,336					
50		PHYSICAL THERAPY	99,526					
53		ELECTROCARDIOLOGY	55,337					
55		MEDICAL SUPPLIES CHARGED	182,607					
55	30	IMPL. DEV. CHARGED TO PAT						
56		DRUGS CHARGED TO PATIENTS	416,271					
59		CARDIAC REHAB	15,670					
59	01	SLEEP LAB	262,719					
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY	1,395,190					
62		OBSERVATION BEDS (NON-DIS	57,487					
		OTHER REIMBURS COST CNTRS						
101		TOTAL	6,808,295					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-1334	FROM 1/ 1/2010	WORKSHEET D
COMPONENT NO:	TO 12/31/2010	PART V
15-1334		

TITLE XIX - O/P HOSPITAL

		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic	All Other (1)
			1	2	3	4	5
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.518275				625,438
39		DELIVERY ROOM & LABOR ROOM	.250576				
41		RADIOLOGY-DIAGNOSTIC	.140466				2,179,571
44		LABORATORY	.205047				1,329,903
47		BLOOD STORING, PROCESSING & TRANS.	.578920				15,240
49		RESPIRATORY THERAPY	.261173				173,336
50		PHYSICAL THERAPY	.338173				99,526
53		ELECTROCARDIOLOGY	.321954				55,337
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.274739				182,607
55	30	IMPL. DEV. CHARGED TO PATIENT	.649485				
56		DRUGS CHARGED TO PATIENTS	.234566				416,271
59		CARDIAC REHAB	1.045997				15,670
59	01	SLEEP LAB	.168132				262,719
		OUTPAT SERVICE COST CNTRS					
61		EMERGENCY	.354318				1,395,190
62		OBSERVATION BEDS (NON-DISTINCT PART)	1.254733				57,487
101		SUBTOTAL					6,808,295
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES					6,808,295

(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: 15-1334 I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/26/2011
I COMPONENT NO: 15-1334 I WORKSHEET D PART V

TITLE XIX - O/P HOSPITAL

	Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
		5.01	5.02	5.03	6	7
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
39	DELIVERY ROOM & LABOR ROOM					
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY					
47	BLOOD STORING, PROCESSING & TRANS.					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30	IMPL. DEV. CHARGED TO PATIENT					
56	DRUGS CHARGED TO PATIENTS					
59	CARDIAC REHAB					
59 01	SLEEP LAB					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: 15-1334 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011 | WORKSHEET D PART V

COMPONENT NO: 15-1334

TITLE XIX - O/P HOSPITAL

		Cost Center Description	Other Outpatient Diagnostic 8	All Other 9	PPS Services FYB to 12/31 9.01	Non-PPS Services 9.02	PPS Services 1/1 to FYE 9.03
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM		324,149			
39		DELIVERY ROOM & LABOR ROOM					
41		RADIOLOGY-DIAGNOSTIC		306,156			
44		LABORATORY		272,693			
47		BLOOD STORING, PROCESSING & TRANS.		8,823			
49		RESPIRATORY THERAPY		45,271			
50		PHYSICAL THERAPY		33,657			
53		ELECTROCARDIOLOGY		17,816			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS		50,169			
55	30	IMPL. DEV. CHARGED TO PATIENT					
56		DRUGS CHARGED TO PATIENTS		97,643			
59		CARDIAC REHAB		16,391			
59	01	SLEEP LAB		44,171			
		OUTPAT SERVICE COST CNTRS					
61		EMERGENCY		494,341			
62		OBSERVATION BEDS (NON-DISTINCT PART)		72,131			
101		SUBTOTAL		1,783,411			
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES		1,783,411			

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-1334	FROM 1/ 1/2010	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2010	PART I
15-1334		

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,507
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,507
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,507
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,170
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	4,205,844
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	4,205,844
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,918,183
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,918,183
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.192619
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	425.60
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	4,205,844

TITLE XVIII PART A 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	933.18
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,025,001
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,025,001

		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	443,640	344	1,289.65	188	242,454
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	1,323,993
49	TOTAL PROGRAM INPATIENT COSTS	3,591,448

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL OTHER

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & 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	717
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	933.18
85	OBSERVATION BED COST	669,090

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

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-1334	FROM 1/ 1/2010	WORKSHEET D-4
COMPONENT NO:	TO 12/31/2010	
15-1334		

TITLE XVIII, PART A HOSPITAL 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		989,383	
26		INTENSIVE CARE UNIT		202,436	
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.518275	212,434	110,099
39		DELIVERY ROOM & LABOR ROOM	.250576	2,929	734
41		RADIOLOGY-DIAGNOSTIC	.140466	781,841	109,822
44		LABORATORY	.205047	1,150,496	235,906
47		BLOOD STORING, PROCESSING & TRANS.	.578920	65,410	37,867
49		RESPIRATORY THERAPY	.261173	708,105	184,938
50		PHYSICAL THERAPY	.338173	38,728	13,097
53		ELECTROCARDIOLOGY	.321954	215,870	69,500
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.274739	508,920	139,820
55	30	IMPL. DEV. CHARGED TO PATIENT	.649485		
56		DRUGS CHARGED TO PATIENTS	.234566	1,538,514	360,883
59		CARDIAC REHAB	1.045997		
59	01	SLEEP LAB	.168132	2,674	450
		OUTPAT SERVICE COST CNTRS			
61		EMERGENCY	.354318	88,491	31,354
62		OBSERVATION BEDS (NON-DISTINCT PART)	1.254733	23,529	29,523
		OTHER REIMBURS COST CNTRS			
101		TOTAL		5,337,941	1,323,993
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		5,337,941	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-1334	FROM 1/ 1/2010	WORKSHEET D-4
COMPONENT NO:	TO 12/31/2010	
15-1334		

TITLE XIX HOSPITAL TEFRA

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		384,688	
26	INTENSIVE CARE UNIT		25,643	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.518275	483,967	250,828
39	DELIVERY ROOM & LABOR ROOM	.250576	28,216	7,070
41	RADIOLOGY-DIAGNOSTIC	.140466	127,567	17,919
44	LABORATORY	.205047	265,055	54,349
47	BLOOD STORING, PROCESSING & TRANS.	.578920	11,673	6,758
49	RESPIRATORY THERAPY	.261173	85,737	22,392
50	PHYSICAL THERAPY	.338173	527	178
53	ELECTROCARDIOLOGY	.321954	9,034	2,909
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.274739	148,904	40,910
55 30	IMPL. DEV. CHARGED TO PATIENT	.649485		
56	DRUGS CHARGED TO PATIENTS	.234566	364,457	85,489
59	CARDIAC REHAB	1.045997		
59 01	SLEEP LAB	.168132		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.354318	54,942	19,467
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.254733	18,802	23,591
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,598,881	531,860
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,598,881	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-1334	FROM 1/ 1/2010	WORKSHEET E
COMPONENT NO:	TO 12/31/2010	PART B
15-1334		

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL
1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,977,868
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	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)	2,977,868
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,007,647
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	CAH DEDUCTIBLES	40,794
18.01	CAH ACTUAL BILLED COINSURANCE LINE 17.01 (SEE INSTRUCTIONS)	1,824,826
19	SUBTOTAL (SEE INSTRUCTIONS)	1,142,027
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,142,027
24	PRIMARY PAYER PAYMENTS	1,582
25	SUBTOTAL	1,140,445
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	690,103
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	690,103
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	532,558
28	SUBTOTAL	1,830,548
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	1,830,548
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,122,358
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-291,810
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

PROVIDER NO:	PERIOD:	PREPARED
15-1334	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-1
15-1334		

TITLE XVIII HOSPITAL

	DESCRIPTION			INPATIENT-PART A		PART B	
				MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
				1	2	3	4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				3,005,693		1,849,296
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.				NONE		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)						
		ADJUSTMENTS TO PROVIDER	.01	8/12/2010	45,872	10/28/2010	307,584
		ADJUSTMENTS TO PROVIDER	.02	10/28/2010	80,625		
		ADJUSTMENTS TO PROVIDER	.03				
		ADJUSTMENTS TO PROVIDER	.04				
		ADJUSTMENTS TO PROVIDER	.05				
		ADJUSTMENTS TO PROVIDER	.49				
		ADJUSTMENTS TO PROGRAM	.50			8/12/2010	34,522
		ADJUSTMENTS TO PROGRAM	.51				
		ADJUSTMENTS TO PROGRAM	.52				
		ADJUSTMENTS TO PROGRAM	.53				
		ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL		.99		126,497		273,062
4	TOTAL INTERIM PAYMENTS				3,132,190		2,122,358
	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)	SETTLEMENT TO PROVIDER	.01		206,908		
		SETTLEMENT TO PROGRAM	.02				291,810
7	TOTAL MEDICARE PROGRAM LIABILITY				3,339,098		1,830,548

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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(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

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-1334	FROM 1/ 1/2010	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2010	PART II
15-1334		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
HOSPITAL

1	INPATIENT SERVICES	3,591,448
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	3,591,448
5	PRIMARY PAYER PAYMENTS	6,677
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	3,620,619
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	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)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	3,620,619
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	425,911
21	EXCESS REASONABLE COST	
22	SUBTOTAL	3,194,708
23	COINSURANCE	8,250
24	SUBTOTAL	3,186,458
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	152,640
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	152,640
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	101,477
26	SUBTOTAL	3,339,098
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	3,339,098
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	3,132,190
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	206,908
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	3,512,867			
2	TEMPORARY INVESTMENTS	2,973,452			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	28,796,024			
5	OTHER RECEIVABLES	115,272			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-23,693,122			
7	INVENTORY	467,582			
8	PREPAID EXPENSES	302,620			
9	OTHER CURRENT ASSETS	-3,840			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	12,470,855			
	FIXED ASSETS				
12	LAND	241,233			
12.01					
13	LAND IMPROVEMENTS	506,198			
13.01	LESS ACCUMULATED DEPRECIATION	-432,175			
14	BUILDINGS	18,349,895			
14.01	LESS ACCUMULATED DEPRECIATION	-5,347,600			
15	LEASEHOLD IMPROVEMENTS	221,636			
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	2,363,391			
16.01	LESS ACCUMULATED DEPRECIATION	-1,820,782			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	12,562,282			
18.01	LESS ACCUMULATED DEPRECIATION	-8,134,596			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	18,509,482			
	OTHER ASSETS				
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS				
27	TOTAL ASSETS	30,980,337			

	LIABILITIES AND FUND BALANCE	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	345,547			
29	SALARIES, WAGES & FEES PAYABLE	576,333			
30	PAYROLL TAXES PAYABLE	58,948			
31	NOTES AND LOANS PAYABLE (SHORT TERM)				
32	DEFERRED INCOME				
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS				
35	OTHER CURRENT LIABILITIES	597,741			
36	TOTAL CURRENT LIABILITIES	1,578,569			
	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				
42	TOTAL LONG-TERM LIABILITIES				
43	TOTAL LIABILITIES	1,578,569			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	29,401,768			
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	29,401,768			
52	TOTAL LIABILITIES AND FUND BALANCES	30,980,337			

STATEMENT OF CHANGES IN FUND BALANCES

PROVIDER NO:	PERIOD:	PREPARED
15-1334	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		29,401,766		
2	NET INCOME (LOSS)		2		
3	TOTAL		29,401,768		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	ADDITIONS (CREDIT ADJUSTM				
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		29,401,768		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	DEDUCTIONS (DEBIT ADJUSTM				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		29,401,768		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | PROVIDER NO: 15-1334 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011 | WORKSHEET G-2 | PARTS I & II

PART I - PATIENT REVENUES

		REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
		GENERAL INPATIENT ROUTINE CARE SERVICES			
1	00	HOSPITAL	2,319,827		2,319,827
4	00	SWING BED - SNF			
5	00	SWING BED - NF			
9	00	TOTAL GENERAL INPATIENT ROUTINE CARE	2,319,827		2,319,827
		INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10	00	INTENSIVE CARE UNIT	666,443		666,443
15	00	TOTAL INTENSIVE CARE TYPE INPAT HOSP	666,443		666,443
16	00	TOTAL INPATIENT ROUTINE CARE SERVICE	2,986,270		2,986,270
17	00	ANCILLARY SERVICES	11,174,106	46,190,517	57,364,623
18	00	OUTPATIENT SERVICES			
24	00				
25	00	TOTAL PATIENT REVENUES	14,160,376	46,190,517	60,350,893

PART II-OPERATING EXPENSES

26	00	OPERATING EXPENSES		19,562,296
		ADD (SPECIFY)		
27	00	ITEMS NOT INCLUDED ON WORKSHEET A	6,294,689	
28	00			
29	00			
30	00			
31	00			
32	00			
33	00	TOTAL ADDITIONS		6,294,689
		DEDUCT (SPECIFY)		
34	00	DEDUCT (SPECIFY)		
35	00			
36	00			
37	00			
38	00			
39	00	TOTAL DEDUCTIONS		
40	00	TOTAL OPERATING EXPENSES		25,856,985

Health Financial Systems MCRIF32 FOR SCOTT MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (09/1996)

STATEMENT OF REVENUES AND EXPENSES | PROVIDER NO: 15-1334 | PERIOD: FROM 1/ 1/2010 TO 12/31/2010 | PREPARED 5/26/2011 | WORKSHEET G-3

	DESCRIPTION	
1	TOTAL PATIENT REVENUES	60,350,893
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	35,664,964
3	NET PATIENT REVENUES	24,685,929
4	LESS: TOTAL OPERATING EXPENSES	25,856,985
5	NET INCOME FROM SERVICE TO PATIENTS	-1,171,056
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	486
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	10,193
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	83,602
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	1,730
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	13,283
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	IDENTIFIED ON TB	1,061,764
25	TOTAL OTHER INCOME	1,171,058
26	TOTAL	2
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	2