

**ST. VINCENT FRANKFORT HOSPITAL  
FRANKFORT, INDIANA**

**PROVIDER NOS. 15-1316, 15-Z316 AND AIM NO. 100268560A**

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

**JUNE 30, 2010**

ST. VINCENT FRANKFORT HOSPITAL

PROVIDER NOS. 15-1316, 15-Z316 AND AIM NO. 100268560A

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Accountants' Disclaimer

Hospital Statements of Reimbursable Costs

Board of Directors  
St. Vincent Frankfort Hospital  
Frankfort, Indiana

We have compiled the Hospital Statements of Reimbursable Costs (Title XVIII and XIX) of St. Vincent Frankfort Hospital for the year ended June 30, 2010 in the accompanying prescribed form in accordance with Statements on Standards for Accounting Review Services issued by the American Institute of Certified Public Accountants.

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

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

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

*Bradley Associates, Inc.*

November 24, 2010

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

FORM APPROVED  
OMB NO. 0938-0050

WORKSHEET S  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-1316	I	FROM 7/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 6/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/24/2010 TIME 10:46

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

ST. VINCENT FRAKNFORT HOSPITAL 15-1316  
FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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ECR ENCRYPTION INFORMATION  
DATE: 11/24/2010 TIME 10:46

JPo6Rf6XPX3Qt:oGpUgjuoSzaa7jy0  
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1qf40eqh6R0HLuFq

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PI ENCRYPTION INFORMATION  
DATE: 11/24/2010 TIME 10:46

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mceH4gPMFL0DxLU7

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

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
1	HOSPITAL	0	-36,741	-148,493		0
3	SWING BED - SNF	0	-67,090	0		0
100	TOTAL	0	-103,831	-148,493		0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS  
 1 STREET: 1300 SOUTH JACKSON STREET P.O. BOX:  
 1.01 CITY: FRANKFORT STATE: IN ZIP CODE: 46041- COUNTY: CLINTON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;				DATE	PAYMENT SYSTEM (P, T, O OR N)		
COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	CERTIFIED	V	XVIII	XIX
02.00	HOSPITAL	15-1316	2.01	1/21/2003	4	5	6
04.00	SWING BED - SNF	15-2316		1/21/2003	N	0	N

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

TYPE OF HOSPITAL/SUBPROVIDER  
 19 HOSPITAL  
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(C)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 N Y

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

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

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

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

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

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

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

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

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 1/21/2003

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

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

	1	2	3	4
28.02	0	0.0000	0.0000	
28.02	0.00	0		

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF 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

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

28.03 STAFFING % 0.00% Y/N

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). N

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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

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

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

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y  
 40.01 NAME: ST. VINCENT HEALTH FI/CONTRACTOR NAME NATIONAL GOVERNMENT SERVICES FI/CONTRACTOR # 15H046  
 40.02 STREET: 10330 N. MERIDIAN ST. SUITE 420 P.O. BOX:  
 40.03 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46290-  
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
 46 IF YOU ARE PARTICIPATING IN THE NHCNQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

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

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

MULTICAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA?  
 ENTER "Y" FOR YES AND "N" FOR NO.
- IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3,  
 CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	25	9,125	68,280.00		1,720		509
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF					936		
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	25	9,125	68,280.00		2,656		509
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							315
12 TOTAL	25	9,125	68,280.00		2,656		824
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
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	TITLE XIX OBSERVATION ADMITTED 5.01	I/P DAYS / NOT ADMITTED 5.02	O/P VISITS / ALL PATS 6	TRIPS / TOTAL OBSERVATION ADMITTED 6.01	DISCHARGES / NOT ADMITTED 6.02	INTERNS & RES. / TOTAL 7	FTES / LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			2,845				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			936				
4 ADULTS & PED-SB NF			195				
5 TOTAL ADULTS AND PEDS			3,976				
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			459				
12 TOTAL			4,435				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL			650	36	614		
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			57				
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	TITLE V 12	DISCHARGES / TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					408	190	820
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		164.68			408	190	820
13 RPCH VISITS							
14 SUBPROVIDER							

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		DISCHARGES		TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
15 SKILLED NURSING FACILITY	9	10	11	12	13	14	15
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL		164.68					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD  
I 15-1316 I FROM 1/2009 I PREPARED 11/24/2010  
I I TO 3/30/2010 I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS	279,955	1,947,418	2,828,380	-2,835	1,944,583
6	0600 ADMINISTRATIVE & GENERAL	1,733,078	2,538,696	4,271,774	2,835	4,274,609
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	214,880	1,160,714	1,375,594	200	1,375,794
8.01	0801 UTILITIES					
9	0900 LAUNDRY & LINEN SERVICE		114,721	114,721		114,721
10	1000 HOUSEKEEPING	255,791	144,899	400,690	-399	400,291
11	1100 DIETARY	243,871	267,668	511,539	-177,562	333,977
12	1200 CAFETERIA				177,761	177,761
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	638,505	39,759	678,264		678,264
15	1500 CENTRAL SERVICES & SUPPLY	98,297	24,103	122,400		122,400
16	1600 PHARMACY	233,006	47,126	280,132		280,132
17	1700 MEDICAL RECORDS & LIBRARY	307,002	67,104	374,106		374,106
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,758,351	201,952	1,960,303	-443,867	1,516,436
26	2600 INTENSIVE CARE UNIT					
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER					
33	3300 NURSERY				138,532	138,532
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	523,186	670,369	1,193,555		1,193,555
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM				305,335	305,335
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	624,020	322,409	946,429		946,429
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	590,535	802,145	1,392,680		1,392,680
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	162,492	203,099	365,591		365,591
50	5000 PHYSICAL THERAPY		803,948	803,948		803,948
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY	63,715	1,392	65,107		65,107
53	5300 ELECTROCARDIOLOGY					
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55.30	5530 IMPL. DEV. CHARGED TO PATIENT					
56	5600 DRUGS CHARGED TO PATIENTS		788,125	788,125		788,125
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
61	6100 EMERGENCY	857,937	733,547	1,591,484		1,591,484
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION					
84	8400 LIVER ACQUISITION					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
95	SUBTOTALS	8,584,621	13,427,619	22,012,240	-0-	22,012,240
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD I PREPARED 11/24/2010  
I 15-1316 I FROM 1/2009 I WORKSHEET A  
I I TO 12/30/2010 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	NONREIMBURS COST CENTERS					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7952 OTHER NONREIMBURSABLE COST CENTERS	103,314	199,264	302,578		302,578
100.01	7950 OCCUP. HLTH	32	2,306	2,338		2,338
100.02	7951 FOUNDATION	26,236	10,847	37,083		37,083
100.03	7953 MARKETING	90	11,559	11,649		11,649
101	TOTAL	8,714,293	13,651,595	22,365,888	-0-	22,365,888

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERI I PREPARED 11/24/2010  
I 15-1316 I FRO 1/2009 I WORKSHEET A  
I I TO /30/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	352,231	2,296,814
5	0500 EMPLOYEE BENEFITS	-201,430	2,626,950
6	0600 ADMINISTRATIVE & GENERAL	119,755	4,394,364
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT		1,375,794
8.01	0801 UTILITIES		
9	0900 LAUNDRY & LINEN SERVICE		114,721
10	1000 HOUSEKEEPING	-600	399,691
11	1100 DIETARY	-140,747	193,230
12	1200 CAFETERIA		177,761
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-1,640	676,624
15	1500 CENTRAL SERVICES & SUPPLY	-82	122,318
16	1600 PHARMACY	-13,010	267,122
17	1700 MEDICAL RECORDS & LIBRARY	-8,495	365,611
18	1800 SOCIAL SERVICE		
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM		
25	2500 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,516,436
26	2600 INTENSIVE CARE UNIT		
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		
33	3300 NURSERY		138,532
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	137	1,193,692
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		305,335
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC		946,429
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY		1,392,680
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY	-22,595	342,996
50	5000 PHYSICAL THERAPY	-71,177	732,771
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		65,107
53	5300 ELECTROCARDIOLOGY		
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		
56	5600 DRUGS CHARGED TO PATIENTS		788,125
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY	-69,095	1,522,389
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		
84	8400 LIVER ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
95	9500 SUBTOTALS	-56,748	21,955,492
96	9600 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN		

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERI  
I 15-1316 I FROM 1/2009 I PREPARED 11/24/2010  
I I TO /30/2010 I WORKSHEET A

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
NONREIMBURS COST CENTERS				
97	9700	RESEARCH		
98	9800	PHYSICIANS' PRIVATE OFFICES		
99	9900	NONPAID WORKERS		
100	7952	OTHER NONREIMBURSABLE COST CENTERS		302,578
100.01	7950	OCCUP. HLTH		2,338
100.02	7951	FOUNDATION		37,083
100.03	7953	MARKETING	334,897	346,546
101		TOTAL	278,149	22,644,037

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD  
 I 15-1316 I FROM 1/2009 I PREPARED 11/24/2010  
 I I TO /30/2010 I NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
8.01	UTILITIES	0801	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERI I PREPARED 11/24/2010  
I 15-1316 I FROM 1/2009 I NOT A CMS WORKSHEET  
I I TO /30/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.01	OCCUP. HLTH	7950	OTHER NONREIMBURSABLE COST CENTERS
100.02	FOUNDATION	7951	OTHER NONREIMBURSABLE COST CENTERS
100.03	MARKETING	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
151316

PERIOD:  
FR 7/ 1/2009  
TO 6/30/2010

PREPARED 11/24/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 CAFETERIA	A	CAFETERIA	12	84,704	92,988
2 OB	B	NURSERY	33	124,056	14,476
3		DELIVERY ROOM & LABOR ROOM	39	273,429	31,906
4 HOUSEKEEPING	C	OPERATION OF PLANT	8		200
5		DIETARY	11		130
6		CAFETERIA	12		69
7 ADMINISTRATIVE AND GENERAL	E	ADMINISTRATIVE & GENERAL	6		2,835
36 TOTAL RECLASSIFICATIONS				482,189	142,604

(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.

PROVIDER NO:  
151316

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

PREPARED 11/24/2010  
WORKSHEET A-6

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	DECREASE				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	
	1	6	7	8	9
1 CAFETERIA	A	DIETARY	11	84,704	92,988
2 OB	B	ADULTS & PEDIATRICS	25	397,485	46,382
3					
4 HOUSEKEEPING	C	HOUSEKEEPING	10		399
5					
6					
7 ADMINISTRATIVE AND GENERAL	E	NEW CAP REL COSTS-MVBLE EQUIP	4		2,835
36 TOTAL RECLASSIFICATIONS				482,189	142,604

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.  
See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

RECLASS CODE: A  
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	177,692	DIETARY	11	177,692	
TOTAL RECLASSIFICATIONS FOR CODE A			177,692				

RECLASS CODE: B  
EXPLANATION : OB

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	138,532	ADULTS & PEDIATRICS	25	443,867	
2.00	DELIVERY ROOM & LABOR ROOM	39	305,335			0	
TOTAL RECLASSIFICATIONS FOR CODE B			443,867	443,867			

RECLASS CODE: C  
EXPLANATION : HOUSEKEEPING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	200	HOUSEKEEPING	10	399	
2.00	DIETARY	11	130			0	
3.00	CAFETERIA	12	69			0	
TOTAL RECLASSIFICATIONS FOR CODE C			399	399			

RECLASS CODE: E  
EXPLANATION : ADMINISTRATIVE AND GENERAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	2,835	NEW CAP REL COSTS-MVBLE EQUIP	4	2,835	
TOTAL RECLASSIFICATIONS FOR CODE E			2,835	2,835			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	140,146						140,146	
2	LAND IMPROVEMENTS	4,610	61,631			61,631		66,241	
3	BUILDINGS & FIXTURE	1,140,527					22,384	1,118,143	
4	BUILDING IMPROVEMEN	453,018	150,135			150,135		603,153	
5	FIXED EQUIPMENT	849,136	22,588			22,588	229,475	642,249	
6	MOVABLE EQUIPMENT	5,359,851	111,357			111,357	1,484	5,469,724	
7	SUBTOTAL	7,947,288	345,711			345,711	253,343	8,039,656	
8	RECONCILING ITEMS								
9	TOTAL	7,947,288	345,711			345,711	253,343	8,039,656	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS		
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV	8,039,656		8,039,656	1.000000				
5	TOTAL	8,039,656		8,039,656	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	2,296,814						2,296,814
5	TOTAL	2,296,814						2,296,814

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	1,947,418						1,947,418
5	TOTAL	1,947,418						1,947,418

\* 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).

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	A	-8,198	NEW CAP REL COSTS-MVBLE E	4	9
5 INVESTMENT INCOME-OTHER	A	-1,971	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-3,163	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-2,074	ADMINISTRATIVE & GENERAL	6	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-93,256			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	558,841			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-140,747	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-13,010	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-8,495	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	-42,657	PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MISC	B	-9,948	ADMINISTRATIVE & GENERAL	6	
38 MISC	B	-1,640	NURSING ADMINISTRATION	14	
39 MISC	B	-82	CENTRAL SERVICES & SUPPLY	15	
40 DONATIONS	A	-21,478	ADMINISTRATIVE & GENERAL	6	
41 CSI SERVICING FEES	A	21,097	ADMINISTRATIVE & GENERAL	6	
42 ATHLETIC TRAINER	A	-28,520	PHYSICAL THERAPY	50	
43					
44					
45 LOBBYING	A	-1,012	ADMINISTRATIVE & GENERAL	6	
46 ADMIN OTHER OPERATING INCOME	B	-75	ADMINISTRATIVE & GENERAL	6	
47					
48					
49 HOUSEKEEPING OTHER OPERATING INCOME	B	-600	HOUSEKEEPING	10	
49.01 SURGERY OTHER OPERATING INCOME	B	137	OPERATING ROOM	37	
49.02 EXCESS RENT EXPENSE	A	75,000	NEW CAP REL COSTS-MVBLE E	4	9
49.03					
50 TOTAL (SUM OF LINES 1 THRU 49)		278,149			

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	4	NEW CAP REL COSTS-MVBLE E HOME OFFICE	289,022		289,022	9
2	6	ADMINISTRATIVE & GENERAL HOME OFFICE	1,844,225	1,674,815	169,410	
3						
4	4	NEW CAP REL COSTS-MVBLE E ASCENSION - INTEREST	8,198	11,791	-3,593	9
4.01	6	ADMINISTRATIVE & GENERAL ASCENSION - INTEREST	1,971	2,835	-864	
4.04	6	ADMINISTRATIVE & GENERAL ASCENSION - MAINTANENCE	351,478	380,079	-28,601	
4.06	5	EMPLOYEE BENEFITS PENSION	479,226	479,225	1	
4.07	5	EMPLOYEE BENEFITS SELF INSURANCE	920,108	1,121,539	-201,431	
4.08	100	OTHER NONREIMBURSABLE COS ST. VINCENT HEALTH CHARGE	-2,340	-2,340		
4.09	14	NURSING ADMINISTRATION ST. VINCENT HEALTH CHARGE	22	22		
4.10	10	HOUSEKEEPING ST. VINCENT HEALTH CHARGE	-44,939	-44,939		
4.12	17	MEDICAL RECORDS & LIBRARY ST. VINCENT HEALTH CHARGE	49,319	49,319		
4.15	41	RADIOLOGY-DIAGNOSTIC ST. VINCENT HEALTH CHARGE	25,610	25,610		
4.16	5	EMPLOYEE BENEFITS ST. VINCENT HEALTH CHARGE	83,242	83,242		
4.17	6	ADMINISTRATIVE & GENERAL ST. VINCENT HEALTH CHARGE	203,809	203,809		
4.18	8	OPERATION OF PLANT ST. VINCENT HEALTH CHARGE	-8,102	-8,102		
4.19	100	3 MARKETING HOME OFFICE	334,897		334,897	
5		TOTALS	4,535,746	3,976,905	558,841	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	G	ST. VINCENT HEALTH	100.00	ST. VINCENT HEALTH	100.00	HOSPITAL MGMT.
2	G	ST. VINCENT HEALTH	100.00	ASCENSION	100.00	HOSPITAL MGMT.
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 61	EMERGENCY	567,530	69,095	498,435				
2 44	LABORATORY	71,648		71,648				
3 49	CARDIOVASCULAR SERVICES	22,595	22,595					
4 6	ADMIN & GENERAL	1,566	1,566					
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	663,339	93,256	570,083				

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	61 EMERGENCY							69,095
2	44 LABORATORY							
3	49 CARDIOVASCULAR SERVICES							22,595
4	6 ADMIN & GENERAL							1,566
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							93,256

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

I PROVIDER NO: I PERIOD I PREPARED 11/24/2010  
 I 15-1316 I FROM 1/2009 I WORKSHEET A-8-4  
 I I TO /30/2010 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)	596
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	3
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	5.61
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5
9	TOTAL HOURS WORKED	7247.00	1739.00	3310.00	
10	AHSEA (SEE INSTRUCTIONS)	68.36	51.27	23.93	
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	34.18	34.18	25.64	
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)	495,405
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	89,159
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS )	584,564
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	79,208
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)	663,772

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)	663,772

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)	20,371
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	77
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	20,448
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	3,360
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	23,808
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)	

PHYSICAL THERAPY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 23,808  
 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) 663,772  
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 23,808  
 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) 687,580  
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 730,237

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

I PROVIDER NO: I 15-1316 I

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

I PREPARED 11/24/2010 I WORKSHEET A-8-4 I PARTS I - VII

PHYSICAL THERAPY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS) 42,657

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) 730,237

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) 730,237

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) 42,657

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) 42,657

OCCUPATIONAL THERAPY

PART I - GENERAL INFORMATION

- 1 TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES)  
(SEE INSTRUCTIONS)
- 2 LINE 1 MULTIPLIED BY 15 HOURS PER WEEK
- 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	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

- 9 TOTAL HOURS WORKED
- 10 AHSEA (SEE INSTRUCTIONS)
- 11 STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-  
HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF  
COLUMN 3, LINE 10)
- 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)
- 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 )
- 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)

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)

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 (LN 8 TIMES COLUMNS 1 & 2,  
LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)

OCCUPATIONAL THERAPY

- 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)
- 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)
- 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)

OCCUPATIONAL THERAPY

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)
- 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)
- 68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)
- 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 15-1316 I FROM 1/2009 I PREPARED 11/24/2010  
 I I TO 12/30/2010 I NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT				NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP				NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT				NOT ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
8.01	UTILITIES				NOT ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	HOURS OF	SERVICE	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	11	HOURS OF	SERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED	TIME	NOT ENTERED
24	PARAMED ED PRGM	22	ASSIGNED	TIME	NOT ENTERED

COST ALLOCATION - GENERAL VICE COSTS

I PROVIDER NO: 15-1316  
 I PERIOD: FROM 7/ 1/2009 TO 6/30/2010  
 I PREPARED 11/24/2010  
 I WORKSHEET B  
 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL OSTS-BLDG &	C OLD CAP REL OSTS-MVBLE	C NEW CAP REL OSTS-BLDG &	C NEW CAP REL OSTS-MVBLE	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &					2,296,814		
005 NEW CAP REL COSTS-MVBLE E	2,296,814						
006 EMPLOYEE BENEFITS	2,626,950				24,212	2,651,162	
007 ADMINISTRATIVE & GENERAL	4,394,364				175,506	544,762	5,114,632
008 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,375,794				240,451	67,544	1,683,789
009 01 UTILITIES							
009 LAUNDRY & LINEN SERVICE	114,721				18,261		132,982
010 HOUSEKEEPING	399,691				42,488	80,404	522,583
011 DIETARY	193,230				57,825	50,031	301,086
012 CAFETERIA	177,761				27,194	26,625	231,580
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	676,624				53,965	200,703	931,292
015 CENTRAL SERVICES & SUPPLY	122,318				78,220	30,898	231,436
016 PHARMACY	267,122				40,280	73,241	380,643
017 MEDICAL RECORDS & LIBRARY	365,611				45,616	96,501	507,728
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,516,436				362,563	427,765	2,306,764
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	138,532				7,296	38,995	184,823
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,193,692				153,224	164,455	1,511,371
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	305,335				31,946	85,948	423,229
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	946,429				107,125	196,150	1,249,704
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	1,392,680				45,543	185,625	1,623,848
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	342,996				22,545	51,077	416,618
050 PHYSICAL THERAPY	732,771				48,043		780,814
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	65,107				8,465	20,028	93,600
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	788,125						788,125
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	1,522,389				75,413	269,678	1,867,480
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	21,955,492				1,666,181	2,610,430	21,284,127
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					7,924		7,924
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	2	3	4	5	SUBTOTAL
NONREIMBURS COST CENTERS								5a.00
099 NONPAID WORKERS								
100 OTHER NONREIMBURSABLE COS	302,578						32,475	335,053
100 01 OCCUP. HLTH	2,338					603,015	10	605,363
100 02 FOUNDATION	37,083					10,965	8,247	56,295
100 03 MARKETING	346,546					8,729		355,275
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	22,644,037					2,296,814	2,651,162	22,644,037

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO:  
I 15-1316  
I

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

I PREPARED 11/24/2010  
I WORKSHEET B  
I PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	UTILITIES 8.01	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	5,114,632						
008 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	491,286		2,175,075				
009 01 UTILITIES							
009 LAUNDRY & LINEN SERVICE	38,801		21,393		193,176		
010 HOUSEKEEPING	152,476		49,775			724,834	
011 DIETARY	87,849		67,742		2,863	23,338	482,878
012 CAFETERIA	67,569		31,858			10,976	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	271,727		63,220			21,780	
015 CENTRAL SERVICES & SUPPLY	67,527		91,636		2,564	31,570	
016 PHARMACY	111,062		47,188			16,257	
017 MEDICAL RECORDS & LIBRARY	148,142		53,440			18,411	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	673,061		424,745		76,513	146,332	482,878
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	53,927		8,547			2,945	
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	440,979		179,503		25,346	61,842	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	123,487		37,425			12,894	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	364,631		125,498		27,254	43,236	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	473,797		53,354			18,382	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	121,558		26,412			9,099	
050 PHYSICAL THERAPY	227,821		56,283		35,723	19,391	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	27,310		9,917			3,417	
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	229,954						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	544,882		88,347		22,913	30,437	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORP							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	4,717,846		1,436,283		193,176	470,307	482,878
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	2,312		9,283			3,198	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							

COST ALLOCATION - GENERAL VICE COSTS

I PROVIDER NO: 15-1316  
 I PERIOD: FROM 7/1/2009 TO 6/30/2010  
 I PREPARED 11/24/2010  
 I WORKSHEET B  
 I PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	OPERATION OF PLANT	UTILITIES	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6	7	8	8.01	9	10	11
099 NONREIMBURS COST CENTERS							
NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS	97,760						
100 01 OCCUP. HLTH	176,629		706,437			243,380	
100 02 FOUNDATION	16,425		12,846			4,426	
100 03 MARKETING	103,660		10,226			3,523	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	5,114,632		2,175,075		193,176	724,834	482,878

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-1316  
 I PERIOD: FROM 7/1/2009 TO 6/30/2010  
 I PREPARED 11/24/2010  
 I WORKSHEET B  
 I PART I

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 01 UTILITIES							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
012 CAFETERIA	341,983						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	21,885		1,309,904				
015 CENTRAL SERVICES & SUPPLY	5,702		23,335	453,770			
016 PHARMACY	11,826		48,395	1,824	617,195		
017 MEDICAL RECORDS & LIBRARY	19,762		80,868	95		828,446	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	89,272		365,311	83,083		34,610	
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	6,436		26,338	8,587		6,633	
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	29,164		119,347	184,701		102,856	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	14,186		58,052	18,925		28,607	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	34,987		143,175	25,443		165,935	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	36,872		150,886	20,577		162,229	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	8,122		33,238	1,643		36,270	
050 PHYSICAL THERAPY				1,158		50,622	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	2,773		11,350			2,139	
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS					617,195	115,355	
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	54,354		222,428	100,012		123,190	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	335,341		1,282,723	446,048	617,195	828,446	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-1316  
 I PERIOD: FROM 7/1/2009 TO 6/30/2010  
 I PREPARED 11/24/2010  
 I WORKSHEET B  
 I PART I

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18
099 NONREIMBURS COST CENTERS							
100 NONPAID WORKERS							
100 01 OTHER NONREIMBURSABLE COS	6,642		27,181	7,722			
100 02 OCCUP. HLTH FOUNDATION							
100 03 MARKETING							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	341,983		1,309,904	453,770	617,195	828,446	

COST ALLOCATION - GENERAL VICE COSTS

I PROVIDER NO: PERIOD: I PREPARED 11/24/2010  
 I 15-1316 FROM 7/ 1/2009 I WORKSHEET B  
 I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	20	21	22	23	24		25	26
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 ADMINISTRATIVE & GENERAL								
007 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT								
008 01 UTILITIES								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY								
012 CAFETERIA								
013 MAINTENANCE OF PERSONNEL								
014 NURSING ADMINISTRATION								
015 CENTRAL SERVICES & SUPPLY								
016 PHARMACY								
017 MEDICAL RECORDS & LIBRARY								
018 SOCIAL SERVICE								
020 NONPHYSICIAN ANESTHETISTS								
021 NURSING SCHOOL								
022 I&R SERVICES-SALARY & FRI								
023 I&R SERVICES-OTHER PRGM C								
024 PARAMED ED PRGM								
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS							4,682,569	
027 INTENSIVE CARE UNIT								
028 CORONARY CARE UNIT								
028 BURN INTENSIVE CARE UNIT								
029 SURGICAL INTENSIVE CARE U								
031 SUBPROVIDER								
033 NURSERY								298,236
034 SKILLED NURSING FACILITY								
035 NURSING FACILITY								
035 01 ICF/MR								
036 OTHER LONG TERM CARE								
037 ANCILLARY SRVC COST CNTRS								
038 OPERATING ROOM							2,655,109	
038 RECOVERY ROOM								
039 DELIVERY ROOM & LABOR ROO							716,805	
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC							2,179,863	
042 RADIOLOGY-THERAPEUTIC								
043 RADIOISOTOPE								
044 LABORATORY							2,539,945	
045 PBP CLINICAL LAB SERVICES								
046 WHOLE BLOOD & PACKED RED								
047 BLOOD STORING, PROCESSING								
048 INTRAVENOUS THERAPY								
049 RESPIRATORY THERAPY							652,960	
050 PHYSICAL THERAPY							1,171,812	
051 OCCUPATIONAL THERAPY								
052 SPEECH PATHOLOGY							150,506	
053 ELECTROCARDIOLOGY								
054 ELECTROENCEPHALOGRAPHY								
055 MEDICAL SUPPLIES CHARGED								
055 30 IMPL. DEV. CHARGED TO PAT								
056 DRUGS CHARGED TO PATIENTS							1,750,629	
057 RENAL DIALYSIS								
058 ASC (NON-DISTINCT PART)								
060 OUTPAT SERVICE COST CNTRS								
061 CLINIC								
061 EMERGENCY							3,054,043	
062 OBSERVATION BEDS (NON-DIS								
062 OTHER REIMBURS COST CNTRS								
064 HOME PROGRAM DIALYSIS								
065 AMBULANCE SERVICES								
066 DURABLE MEDICAL EQUIP-REN								
067 DURABLE MEDICAL EQUIP-SOL								
069 CORF								
070 I&R SERVICES-NOT APPRVD P								
071 HOME HEALTH AGENCY								
082 LUNG ACQUISITION								
082 SPEC PURPOSE COST CENTERS								
083 KIDNEY ACQUISITION								
084 LIVER ACQUISITION								
086 OTHER ORGAN ACQUISITION								
092 AMBULATORY SURGICAL CENTE								
093 HOSPICE								
095 SUBTOTALS							19,852,477	
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP							22,717	
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC								

COST ALLOCATION - GENERAL VICE COSTS

I PROVIDER NO: PERIOD: I PREPARED 11/24/2010  
 I 15-1316 FROM 7/1/2009 I WORKSHEET B  
 I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	20	21	22	23	24		25	26
099 NONREIMBURS COST CENTERS								
NONPAID WORKERS								
100 OTHER NONREIMBURSABLE COS							474,358	
100 01 OCCUP. HLTH							1,731,809	
100 02 FOUNDATION							89,992	
100 03 MARKETING							472,684	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL							22,644,037	

COST ALLOCATION - GENERAL VICE COSTS

I PROVIDER NO: 15-1316  
 I PERIOD: FROM 7/ 1/2009 TO 6/30/2010  
 I PREPARED 11/24/2010  
 I WORKSHEET B  
 I PART I

COST CENTER DESCRIPTION	TOTAL
	27
001 GENERAL SERVICE COST CNTR	
002 OLD CAP REL COSTS-BLDG &	
003 OLD CAP REL COSTS-MVBLE E	
004 NEW CAP REL COSTS-BLDG &	
005 NEW CAP REL COSTS-MVBLE E	
006 EMPLOYEE BENEFITS	
007 ADMINISTRATIVE & GENERAL	
008 MAINTENANCE & REPAIRS	
008 OPERATION OF PLANT	
008 01 UTILITIES	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
013 MAINTENANCE OF PERSONNEL	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
020 NONPHYSICIAN ANESTHETISTS	
021 NURSING SCHOOL	
022 I&R SERVICES-SALARY & FRI	
023 I&R SERVICES-OTHER PRGM C	
024 PARAMED ED PRGM	
025 INPAT ROUTINE SRVC CNTRS	4,682,569
026 ADULTS & PEDIATRICS	
027 INTENSIVE CARE UNIT	
028 CORONARY CARE UNIT	
028 BURN INTENSIVE CARE UNIT	
029 SURGICAL INTENSIVE CARE U	
031 SUBPROVIDER	
033 NURSERY	298,236
034 SKILLED NURSING FACILITY	
035 NURSING FACILITY	
035 01 ICF/MR	
036 OTHER LONG TERM CARE	
036 ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	2,655,109
038 RECOVERY ROOM	
039 DELIVERY ROOM & LABOR ROO	716,805
040 ANESTHESIOLOGY	
041 RADIOLOGY-DIAGNOSTIC	2,179,863
042 RADIOLOGY-THERAPEUTIC	
043 RADIOISOTOPE	
044 LABORATORY	2,539,945
045 PBP CLINICAL LAB SERVICES	
046 WHOLE BLOOD & PACKED RED	
047 BLOOD STORING, PROCESSING	
048 INTRAVENOUS THERAPY	
049 RESPIRATORY THERAPY	652,960
050 PHYSICAL THERAPY	1,171,812
051 OCCUPATIONAL THERAPY	
052 SPEECH PATHOLOGY	150,506
053 ELECTROCARDIOLOGY	
054 ELECTROENCEPHALOGRAPHY	
055 MEDICAL SUPPLIES CHARGED	
055 30 IMPL. DEV. CHARGED TO PAT	
056 DRUGS CHARGED TO PATIENTS	1,750,629
057 RENAL DIALYSIS	
058 ASC (NON-DISTINCT PART)	
058 OUTPAT SERVICE COST CNTRS	
060 CLINIC	
061 EMERGENCY	3,054,043
062 OBSERVATION BEDS (NON-DIS	
062 OTHER REIMBURS COST CNTRS	
064 HOME PROGRAM DIALYSIS	
065 AMBULANCE SERVICES	
066 DURABLE MEDICAL EQUIP-REN	
067 DURABLE MEDICAL EQUIP-SOL	
069 CORF	
070 I&R SERVICES-NOT APPRVD P	
071 HOME HEALTH AGENCY	
082 LUNG ACQUISITION	
082 SPEC PURPOSE COST CENTERS	
083 KIDNEY ACQUISITION	
084 LIVER ACQUISITION	
086 OTHER ORGAN ACQUISITION	
092 AMBULATORY SURGICAL CENTE	
093 HOSPICE	
095 SUBTOTALS	19,852,477
095 NONREIMBURS COST CENTERS	
096 GIFT, FLOWER, COFFEE SHOP	22,717
097 RESEARCH	
098 PHYSICIANS' PRIVATE OFFIC	

COST CENTER DESCRIPTION		TOTAL
NONREIMBURS COST CENTERS		27
099	NONPAID WORKERS	
100	OTHER NONREIMBURSABLE COS	474,358
100	01 OCCUP. HLTH	1,731,809
100	02 FOUNDATION	89,992
100	03 MARKETING	472,684
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	22,644,037

ALLOCATION OF NEW CAPITAL REVENUE COSTS

I PROVIDER NO: 15-1316  
 I PERIOD: FROM 7/ 1/2009 TO 6/30/2010  
 I PREPARED 11/24/2010  
 I WORKSHEET B  
 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE FITS
	NEW CAPITAL REL COSTS	OSTS-BLDG & OSTS-MVBLE E					
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS					24,212	24,212	24,212
007 ADMINISTRATIVE & GENERAL					175,506	175,506	4,974
008 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT					240,451	240,451	617
008 01 UTILITIES							
009 LAUNDRY & LINEN SERVICE					18,261	18,261	
010 HOUSEKEEPING					42,488	42,488	734
011 DIETARY					57,825	57,825	457
012 CAFETERIA					27,194	27,194	243
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION					53,965	53,965	1,833
015 CENTRAL SERVICES & SUPPLY					78,220	78,220	282
016 PHARMACY					40,280	40,280	669
017 MEDICAL RECORDS & LIBRARY					45,616	45,616	881
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS					362,563	362,563	3,907
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY					7,296	7,296	356
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					153,224	153,224	1,502
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO					31,946	31,946	785
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC					107,125	107,125	1,792
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY					45,543	45,543	1,695
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY					22,545	22,545	467
050 PHYSICAL THERAPY					48,043	48,043	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY					8,465	8,465	183
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY					75,413	75,413	2,463
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS					1,666,181	1,666,181	23,840
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					7,924	7,924	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-1316  
 I PERIOD: FROM 7/1/2009 TO 6/30/2010  
 I PREPARED 11/24/2010  
 I WORKSHEET B  
 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
	0	1	2	3	4	4a	5
099 NONREIMBURS COST CENTERS							
100 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							297
100 01 OCCUP. HLTH					603,015	603,015	
100 02 FOUNDATION					10,965	10,965	75
100 03 MARKETING					8,729	8,729	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL					2,296,814	2,296,814	24,212

ALLOCATION OF NEW CAPITAL REPAIRS & COSTS

I PROVIDER NO: 15-1316  
 I PERIOD: FROM 7/1/2009 TO 6/30/2010  
 I PREPARED 11/24/2010  
 I WORKSHEET B  
 I PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	UTILITIES	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6	7	8	8.01	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	180,480						
008 MAINTENANCE & REPAIRS							
008 01 OPERATION OF PLANT	17,336		258,404				
009 01 UTILITIES							
009 LAUNDRY & LINEN SERVICE	1,369		2,542		22,172		
010 HOUSEKEEPING	5,381		5,913			54,516	
011 DIETARY	3,100		8,048		329	1,755	71,514
012 CAFETERIA	2,384		3,785			826	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	9,589		7,511			1,638	
015 CENTRAL SERVICES & SUPPLY	2,383		10,887		294	2,374	
016 PHARMACY	3,919		5,606			1,223	
017 MEDICAL RECORDS & LIBRARY	5,228		6,349			1,385	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	23,745		50,461		8,782	11,006	71,514
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	1,903		1,015			221	
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	15,561		21,325		2,909	4,651	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	4,358		4,446			970	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	12,867		14,909		3,128	3,252	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	16,719		6,339			1,383	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	4,289		3,138			684	
050 PHYSICAL THERAPY	8,039		6,687		4,100	1,458	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	964		1,178			257	
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	8,115						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	19,228		10,496		2,630	2,289	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	166,477		170,635		22,172	35,372	71,514
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	82		1,103			241	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							

ALLOCATION OF NEW CAPITAL REVENUE COSTS

I PROVIDER NO: 15-1316  
 I PERIOD: FROM 7/1/2009 TO 6/30/2010  
 I PREPARED 11/24/2010  
 I WORKSHEET B  
 I PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	UTILITIES	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6	7	8	8.01	9	10	11
099 NONREIMBURS COST CENTERS							
NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COSTS	3,450						
100 01 OCCUP. HLTH	6,233		83,925			18,305	
100 02 FOUNDATION	580		1,526				333
100 03 MARKETING	3,658		1,215				265
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	180,480		258,404		22,172	54,516	71,514

ALLOCATION OF NEW CAPITAL R I D COSTS

I PROVIDER NO: PERIOD: I PREPARED 11/24/2010  
 I 15-1316 FROM 7/ 1/2009 I WORKSHEET B  
 I TO 6/30/2010 I PART III

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 01 UTILITIES							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
012 CAFETERIA	34,432						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	2,203		76,739				
015 CENTRAL SERVICES & SUPPLY	574		1,367	96,381			
016 PHARMACY	1,191		2,835	387	56,110		
017 MEDICAL RECORDS & LIBRARY	1,990		4,738	20		66,207	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	8,988		21,401	17,647		2,767	
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	648		1,543	1,824		530	
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,936		6,992	39,230		8,222	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	1,428		3,401	4,020		2,287	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	3,523		8,388	5,404		13,247	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	3,712		8,839	4,371		12,968	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	818		1,947	349		2,899	
050 PHYSICAL THERAPY				246		4,047	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	279		665			171	
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS					56,110	9,221	
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	5,473		13,031	21,243		9,848	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	33,763		75,147	94,741	56,110	66,207	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							

ALLOCATION OF NEW CAPITAL REVENUE COSTS

I PROVIDER NO: 15-1316, I PERIOD: FROM 7/1/2009 TO 6/30/2010 I PREPARED 11/24/2010 I WORKSHEET B PART III

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18
099 NONREIMBURS COST CENTERS							
100 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS	669		1,592	1,640			
100 01 OCCUP. HLTH							
100 02 FOUNDATION							
100 03 MARKETING							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	34,432		76,739	96,381	56,110	66,207	

ALLOCATION OF NEW CAPITAL REVENUE COSTS

I PROVIDER NO: 15-1316  
 I PERIOD: FROM 7/1/2009 TO 6/30/2010  
 I PREPARED 11/24/2010  
 I WORKSHEET B  
 I PART III

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	20	21	22	23	24	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 01 UTILITIES							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS						582,781	
026 ADULTS & PEDIATRICS							
027 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY						15,336	
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM						256,552	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO						53,641	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC						173,635	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY						101,569	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY						37,136	
050 PHYSICAL THERAPY						72,620	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY						12,162	
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS						73,446	
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY						162,114	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS						1,540,992	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						9,350	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							

ALLOCATION OF NEW CAPITAL REVENUE COSTS

I	PROVIDER NO:	PERIOD:	I	PREPARED 11/24/2010
I	15-1316	FROM 7/1/2009	I	WORKSHEET B
I		TO 6/30/2010	I	PART III

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	20	21	22	23	24	25	26
099 NONREIMBURS COST CENTERS							
100 NONPAID WORKERS							
100 01 OTHER NONREIMBURSABLE COS						7,648	
100 02 OCCUP. HLTH						711,478	
100 03 FOUNDATION						13,479	
100 03 MARKETING						13,867	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL						2,296,814	

## ALLOCATION OF NEW CAPITAL RE D COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2010
I	15-1316	I	FROM 7/ 1/2009	I	WORKSHEET B
I		I	TO 6/30/2010	I	PART III

TOTAL

27

	GENERAL SERVICE COST CNTR	
001	OLD CAP REL COSTS-BLDG &	
002	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
008	01 UTILITIES	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	582,781
026	INTENSIVE CARE UNIT	
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
031	SUBPROVIDER	
033	NURSERY	15,336
034	SKILLED NURSING FACILITY	
035	01 NURSING FACILITY	
036	01 ICF/MR	
	OTHER LONG TERM CARE	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	256,552
038	RECOVERY ROOM	
039	DELIVERY ROOM & LABOR ROO	53,641
040	ANESTHESIOLOGY	
041	RADIOLOGY-DIAGNOSTIC	173,635
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE	
044	LABORATORY	101,569
045	PBP CLINICAL LAB SERVICES	
046	WHOLE BLOOD & PACKED RED	
047	BLOOD STORING, PROCESSING	
048	INTRAVENOUS THERAPY	
049	RESPIRATORY THERAPY	37,136
050	PHYSICAL THERAPY	72,620
051	OCCUPATIONAL THERAPY	
052	SPEECH PATHOLOGY	12,162
053	ELECTROCARDIOLOGY	
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	
055	30 IMPL. DEV. CHARGED TO PAT	
056	DRUGS CHARGED TO PATIENTS	73,446
057	RENAL DIALYSIS	
058	ASC (NON-DISTINCT PART)	
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	
061	EMERGENCY	162,114
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
064	HOME PROGRAM DIALYSIS	
065	AMBULANCE SERVICES	
066	DURABLE MEDICAL EQUIP-REN	
067	DURABLE MEDICAL EQUIP-SOL	
069	CORF	
070	I&R SERVICES-NOT APPRVD P	
071	HOME HEALTH AGENCY	
082	LUNG ACQUISITION	
	SPEC PURPOSE COST CENTERS	
083	KIDNEY ACQUISITION	
084	LIVER ACQUISITION	
086	OTHER ORGAN ACQUISITION	
092	AMBULATORY SURGICAL CENTE	
093	HOSPICE	
095	SUBTOTALS	1,540,992
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	9,350
097	RESEARCH	
098	PHYSICIANS' PRIVATE OFFIC	

ALLOCATION OF NEW CAPITAL REVENUE AND COSTS

I	PROVIDER NO:	PERIOD:	I	PREPARED 11/24/2010
I	15-1316	FROM 7/ 1/2009	I	WORKSHEET B
I		TO 6/30/2010	I	PART III

TOTAL

27

099	NONREIMBURS COST CENTERS	
	NONPAID WORKERS	
100	OTHER NONREIMBURSABLE COS	7,648
100 01	OCCUP. HLTH	711,478
100 02	FOUNDATION	13,479
100 03	MARKETING	13,867
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	2,296,814

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	S RECONCILIATION
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB				157,094		
005 EMPLOYEE BENEFITS				1,656	8,434,248	
006 ADMINISTRATIVE & GENE				12,004	1,733,078	-5,114,632
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT				16,446	214,880	
008 01 UTILITIES						
009 LAUNDRY & LINEN SERVI				1,249		
010 HOUSEKEEPING				2,906	255,791	
011 DIETARY				3,955	159,166	
012 CAFETERIA				1,860	84,704	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO				3,691	638,505	
015 CENTRAL SERVICES & SU				5,350	98,297	
016 PHARMACY				2,755	233,006	
017 MEDICAL RECORDS & LIB				3,120	307,002	
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM						
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS				24,798	1,360,867	
027 INTENSIVE CARE UNIT						
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE U						
031 SURGICAL INTENSIVE CA						
033 SUBPROVIDER						
034 NURSERY				499	124,056	
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
ANCILLARY SRVC COST C						
037 OPERATING ROOM				10,480	523,186	
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR				2,185	273,429	
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC				7,327	624,020	
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY				3,115	590,535	
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY				1,542	162,492	
050 PHYSICAL THERAPY				3,286		
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY				579	63,715	
053 ELECTROCARDIOLOGY						
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR						
OUTPAT SERVICE COST C						
060 CLINIC						
061 EMERGENCY				5,158	857,937	
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
069 CORF						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION						
SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
086 OTHER ORGAN ACQUISITI						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS				113,961	8,304,666	-5,114,632

COST ALLOCATION - STAT: AL BASIS

I PROVIDER NO: 15-1316 I PERIOD: FROM 7/ 1/2009 TO 6/30/2010 I PREPARED 11/24/2010 I WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	S RECONCIL- ) IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	1	2	3	4	5	6a.00
SPEC PURPOSE COST CEN						
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE				542		
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE					103,314	
100 01 OCCUP. HLTH				41,244	32	
100 02 FOUNDATION				750	26,236	
100 03 MARKETING				597		
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED				2,296,814	2,651,162	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER					.314333	
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED				14.620635		
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					24,212	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.002871	
(WRKSHT B, PT III)						

COST ALLOCATION - STAT AL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010  
 I 15-1316 FROM 7/ 1/2009 I WORKSHEET B-1  
 I TO 6/30/2010 I

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF UTILITIES			LAUNDRY & LIN HOUSEKEEPING		DIETARY	
	( ACCUM. COST )	( SQUARE FEET )	( SQUARE FEET )	( POUNDS OF LAUNDRY )	( SQUARE FEET )	( MEALS SERVED )	
	6	7	8	8.01	9	10	11
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE	17,529,405						
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,683,789		126,988				
008 01 UTILITIES							
009 LAUNDRY & LINEN SERVI	132,982		1,249		16,196		
010 HOUSEKEEPING	522,583		2,906			122,833	
011 DIETARY	301,086		3,955		240	3,955	15,634
012 CAFETERIA	231,580		1,860			1,860	
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO	931,292		3,691			3,691	
015 CENTRAL SERVICES & SU	231,436		5,350		215	5,350	
016 PHARMACY	380,643		2,755			2,755	
017 MEDICAL RECORDS & LIB	507,728		3,120			3,120	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	2,306,764		24,798		6,415	24,798	15,634
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
033 NURSERY	184,823		499			499	
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	1,511,371		10,480		2,125	10,480	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR	423,229		2,185			2,185	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	1,249,704		7,327		2,285	7,327	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	1,623,848		3,115			3,115	
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	416,618		1,542			1,542	
050 PHYSICAL THERAPY	780,814		3,286		2,995	3,286	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	93,600		579			579	
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR							
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATI	788,125						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PAR							
060 OUTPAT SERVICE COST C							
061 CLINIC							
061 EMERGENCY	1,867,480		5,158		1,921	5,158	
062 OBSERVATION BEDS (NON							
064 OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITI							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
095 SUBTOTALS	16,169,495		83,855		16,196	79,700	15,634

COST ALLOCATION - STAT AL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010  
 I 15-1316 I FROM 7/ 1/2009 I WORKSHEET B-1  
 I TO 6/30/2010 I

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF UTILITIES			LAUNDRY & LIN	HOUSEKEEPING	DIETARY	S
	E & GENERAL	REPAIRS	PLANT	EN SERVICE			
	( ACCUM. COST )	(SQUARE FEET )	(SQUARE FEET )	(POUNDS OF LAUNDRY )	(SQUARE FEET )	(MEALS )	
	6	7	8	8.01	9	10	11
096 SPEC PURPOSE COST CEN							
097 NONREIMBURS COST CEN							
098 GIFT, FLOWER, COFFEE	7,924		542			542	
099 RESEARCH							
100 PHYSICIANS' PRIVATE O							
100 01 NONPAID WORKERS							
100 02 OTHER NONREIMBURSABLE	335,053						
100 01 OCCUP. HLTH	605,363		41,244			41,244	
100 02 FOUNDATION	56,295		750			750	
100 03 MARKETING	355,275		597			597	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	5,114,632		2,175,075		193,176	724,834	482,878
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER						5.900971	
(WRKSHT B, PT I)	.291774		17.128193		11.927389		30.886401
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	180,480		258,404		22,172	54,516	71,514
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER						.443822	
(WRKSHT B, PT III)	.010296		2.034869		1.368980		4.574261

COST ALLOCATION - STAT AL BASIS

I PROVIDER NO:  
I 15-1316  
I

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

I PREPARED 11/24/2010  
I WORKSHEET B-1  
I

COST CENTER DESCRIPTION	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED EQUIV.)	PHARMACY (COSTED EQUIV.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)
	12	13	14	15	16	17	18
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 UTILITIES							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	215,782						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	13,809		201,973				
015 CENTRAL SERVICES & SUPPLY	3,598		3,598	382,336			
016 PHARMACY	7,462		7,462	1,537	100		
017 MEDICAL RECORDS & LIBRARY	12,469		12,469	80		60,478,526	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETIST							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PROGRAM							
025 INPATIENT ROUTINE SERVICE CENTER	56,327		56,327	70,004		2,526,670	
026 ADULTS & PEDIATRICS							
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
031 SUBPROVIDER							
033 NURSERY	4,061		4,061	7,235		484,228	
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	18,402		18,402	155,624		7,508,815	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR	8,951		8,951	15,946		2,088,403	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	22,076		22,076	21,438		12,112,883	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	23,265		23,265	17,338		11,843,284	
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	5,125		5,125	1,384		2,647,844	
050 PHYSICAL THERAPY				976		3,695,600	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	1,750		1,750			156,176	
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED TO PATIENT							
055 30 IMPL. DEV. CHARGED TO PATIENT							
056 DRUGS CHARGED TO PATIENT					100	8,421,316	
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PARAPATIENT SERVICE COST CENTER)							
060 CLINIC							
061 EMERGENCY	34,296		34,296	84,268		8,993,307	
062 OBSERVATION BEDS (NON-REIMBURSABLE COST CENTER)							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIPMENT							
067 DURABLE MEDICAL EQUIPMENT							
069 CORP							
070 I&R SERVICES-NOT APPROPRIATE							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTER							
084 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
095 SUBTOTALS	211,591		197,782	375,830	100	60,478,526	

COST ALLOCATION - STATI AL BASIS

I PROVIDER NO:  
I 15-1316  
I

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

I PREPARED 11/24/2010  
I WORKSHEET B-1  
I

COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
	(HOURS OF SERVICE)	(NUMBER HOUSED)	(HOURS OF SERVICE)	(COSTED )EQUIS.	R(COSTED )EQUIS.	R(TIME )SPENT	(TIME )SPENT
	12	13	14	15	16	17	18
096 SPEC PURPOSE COST CEN							
097 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE							
099 RESEARCH							
100 PHYSICIANS' PRIVATE O							
100 01 NONPAID WORKERS							
100 02 OTHER NONREIMBURSABLE	4,191		4,191	6,506			
100 03 OCCUP. HLTH							
101 FOUNDATION							
102 MARKETING							
103 CROSS FOOT ADJUSTMENT							
104 NEGATIVE COST CENTER							
105 COST TO BE ALLOCATED	341,983		1,309,904	453,770	617,195	828,446	
106 (WRKSHT B, PART I)							
107 UNIT COST MULTIPLIER				1.186836		.013698	
108 (WRKSHT B, PT I)	1.584854		6.485540	6,171.950000			
109 COST TO BE ALLOCATED							
110 (WRKSHT B, PART II)							
111 UNIT COST MULTIPLIER							
112 (WRKSHT B, PT II)	34,432		76,739	96,381	56,110	66,207	
113 COST TO BE ALLOCATED							
114 (WRKSHT B, PART III)							
115 UNIT COST MULTIPLIER				.252085		.001095	
116 (WRKSHT B, PT III)	.159568		.379947	561.100000			

COST ALLOCATION - STAT: AL BASIS

I PROVIDER NO: PERIOD: I PREPARED 11/24/2010  
 I 15-1316 FROM 7/ 1/2009 I WORKSHEET B-1  
 I TO 6/30/2010 I

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM
	(ASSIGNED TIME )	(ASSIGNED TIME )	(ASSIGNED TIME )	(ASSIGNED TIME )	(ASSIGNED TIME )
	20	21	22	23	24
001 GENERAL SERVICE COST					
002 OLD CAP REL COSTS-BLD					
003 OLD CAP REL COSTS-MVB					
004 NEW CAP REL COSTS-BLD					
005 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENE					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
008 01 UTILITIES					
009 LAUNDRY & LINEN SERVI					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSON					
014 NURSING ADMINISTRATIO					
015 CENTRAL SERVICES & SU					
016 PHARMACY					
017 MEDICAL RECORDS & LIB					
018 SOCIAL SERVICE					
020 NONPHYSICIAN ANESTHET					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY &					
023 I&R SERVICES-OTHER PR					
024 PARAMED ED PRGM					
025 INPAT ROUTINE SRVC CN					
026 ADULTS & PEDIATRICS					
027 INTENSIVE CARE UNIT					
028 CORONARY CARE UNIT					
028 BURN INTENSIVE CARE U					
029 SURGICAL INTENSIVE CA					
031 SUBPROVIDER					
033 NURSERY					
034 SKILLED NURSING FACIL					
035 NURSING FACILITY					
035 01 ICF/MR					
036 OTHER LONG TERM CARE					
037 ANCILLARY SRVC COST C					
038 OPERATING ROOM					
038 RECOVERY ROOM					
039 DELIVERY ROOM & LABOR					
040 ANESTHESIOLOGY					
041 RADIOLOGY-DIAGNOSTIC					
042 RADIOLOGY-THERAPEUTIC					
043 RADIOISOTOPE					
044 LABORATORY					
045 PBP CLINICAL LAB SERV					
046 WHOLE BLOOD & PACKED					
047 BLOOD STORING, PROCES					
048 INTRAVENOUS THERAPY					
049 RESPIRATORY THERAPY					
050 PHYSICAL THERAPY					
051 OCCUPATIONAL THERAPY					
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY					
054 ELECTROENCEPHALOGRAPH					
055 MEDICAL SUPPLIES CHAR					
055 30 IMPL. DEV. CHARGED TO					
056 DRUGS CHARGED TO PATI					
057 RENAL DIALYSIS					
058 ASC (NON-DISTINCT PAR					
058 OUTPAT SERVICE COST C					
060 CLINIC					
061 EMERGENCY					
062 OBSERVATION BEDS (NON					
062 OTHER REIMBURS COST C					
064 HOME PROGRAM DIALYSIS					
065 AMBULANCE SERVICES					
066 DURABLE MEDICAL EQUIP					
067 DURABLE MEDICAL EQUIP					
069 CORF					
070 I&R SERVICES-NOT APPR					
071 HOME HEALTH AGENCY					
082 LUNG ACQUISITION					
082 SPEC PURPOSE COST CEN					
083 KIDNEY ACQUISITION					
084 LIVER ACQUISITION					
086 OTHER ORGAN ACQUISITI					
092 AMBULATORY SURGICAL C					
093 HOSPICE					
095 SUBTOTALS					



## COMPUTATION OF RATIO OF COSTS TO CH

I PROVIDER NO: 15-1316  
 I PERIOD: FROM 7/ 1/2009 TO 6/30/2010  
 I PREPARED 11/24/2010  
 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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	4,682,569		4,682,569		
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY	298,236		298,236		
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
36	01 ICF/MR OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,655,109		2,655,109		
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	716,805		716,805		
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	2,179,863		2,179,863		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	2,539,945		2,539,945		
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	652,960		652,960		
50	PHYSICAL THERAPY	1,171,812		1,171,812		
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY	150,506		150,506		
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	30 IMPL. DEV. CHARGED TO PAT DRUGS CHARGED TO PATIENTS	1,750,629		1,750,629		
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	3,054,043		3,054,043		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	682,708		682,708		
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	20,535,185		20,535,185		
102	LESS OBSERVATION BEDS	682,708		682,708		
103	TOTAL	19,852,477		19,852,477		

COMPUTATION OF RATIO OF COSTS TO CH

I PROVIDER NO: 15-1316  
 I PERIOD: FROM 7/ 1/2009 TO 6/30/2010  
 I PREPARED 11/24/2010  
 I WORKSHEET C  
 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,526,670		2,526,670			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	484,228		484,228			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
36	01 ICF/MR OTHER LONG TERM CARE						
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,034,329	6,474,486	7,508,815	.353599	.353599	
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	1,534,266	554,137	2,088,403	.343231	.343231	
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	485,884	11,626,998	12,112,882	.179962	.179962	
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,214,932	10,628,352	11,843,284	.214463	.214463	
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	994,090	1,653,754	2,647,844	.246601	.246601	
50	PHYSICAL THERAPY	1,000,053	2,695,548	3,695,601	.317083	.317083	
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	61,079	95,097	156,176	.963695	.963695	
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	30 IMPL. DEV. CHARGED TO PAT DRUGS CHARGED TO PATIENTS	2,675,407	5,745,909	8,421,316	.207881	.207881	
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	139,691	8,853,616	8,993,307	.339591	.339591	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	32,280	568,237	600,517	1.136867	1.136867	
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	12,182,909	48,896,134	61,079,043			
102	LESS OBSERVATION BEDS						
103	TOTAL	12,182,909	48,896,134	61,079,043			

COMPUTATION OF RATIO OF COSTS TO CHARGE  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: 15-1316  
I PERIOD: FROM 7/ 1/2009 TO 6/30/2010  
I PREPARED 11/24/2010  
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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	4,682,569		4,682,569		
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY	298,236		298,236		
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,655,109		2,655,109		
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	716,805		716,805		
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	2,179,863		2,179,863		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	2,539,945		2,539,945		
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	652,960		652,960		
50	PHYSICAL THERAPY	1,171,812		1,171,812		
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY	150,506		150,506		
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
55	30 IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS	1,750,629		1,750,629		
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
60	OUTPAT SERVICE COST CNTRS CLINIC					
61	EMERGENCY	3,054,043		3,054,043		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	682,708		682,708		
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	20,535,185		20,535,185		
102	LESS OBSERVATION BEDS	682,708		682,708		
103	TOTAL	19,852,477		19,852,477		

COMPUTATION OF RATIO OF COSTS TO CHARGE SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: 15-1316 I PERIOD: FROM 7/1/2009 TO 6/30/2010 I PREPARED 11/24/2010 I WORKSHEET C I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	2,526,670		2,526,670			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	484,228		484,228			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
36	01 ICF/MR						
	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,034,329	6,474,486	7,508,815	.353599	.353599	
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	1,534,266	554,137	2,088,403	.343231	.343231	
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	485,884	11,626,998	12,112,882	.179962	.179962	
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,214,932	10,628,352	11,843,284	.214463	.214463	
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	994,090	1,653,754	2,647,844	.246601	.246601	
50	PHYSICAL THERAPY	1,000,053	2,695,548	3,695,601	.317083	.317083	
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	61,079	95,097	156,176	.963695	.963695	
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	30 IMPL. DEV. CHARGED TO PAT	2,675,407	5,745,909	8,421,316	.207881	.207881	
57	DRUGS CHARGED TO PATIENTS						
58	RENAL DIALYSIS						
	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	139,691	8,853,616	8,993,307	.339591	.339591	
62	OBSERVATION BEDS (NON-DIS	32,280	568,237	600,517	1.136867	1.136867	
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	12,182,909	48,896,134	61,079,043			
102	LESS OBSERVATION BEDS						
103	TOTAL	12,182,909	48,896,134	61,079,043			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,655,109	256,552	2,398,557			2,655,109
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	716,805	53,641	663,164			716,805
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	2,179,863	173,635	2,006,228			2,179,863
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	2,539,945	101,569	2,438,376			2,539,945
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	652,960	37,136	615,824			652,960
50	PHYSICAL THERAPY	1,171,812	72,620	1,099,192			1,171,812
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	150,506	12,162	138,344			150,506
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	1,750,629	73,446	1,677,183			1,750,629
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	3,054,043	162,114	2,891,929			3,054,043
62	OBSERVATION BEDS (NON-DIS	682,708		682,708			682,708
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	15,554,380	942,875	14,611,505			15,554,380
102	LESS OBSERVATION BEDS	682,708		682,708			682,708
103	TOTAL	14,871,672	942,875	13,928,797			14,871,672

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	7,508,815	.353599	.353599
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	2,088,403	.343231	.343231
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	12,112,882	.179962	.179962
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	11,843,284	.214463	.214463
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	2,647,844	.246601	.246601
50	PHYSICAL THERAPY	3,695,601	.317083	.317083
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	156,176	.963695	.963695
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED			
55	30 IMPL. DEV. CHARGED TO PAT			
56	DRUGS CHARGED TO PATIENTS	8,421,316	.207881	.207881
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	8,993,307	.339591	.339591
62	OBSERVATION BEDS (NON-DIS	600,517	1.136867	1.136867
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	58,068,145		
102	LESS OBSERVATION BEDS	600,517		
103	TOTAL	57,467,628		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,655,109	256,552	2,398,557			2,655,109
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	716,805	53,641	663,164			716,805
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	2,179,863	173,635	2,006,228			2,179,863
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	2,539,945	101,569	2,438,376			2,539,945
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	652,960	37,136	615,824			652,960
50	PHYSICAL THERAPY	1,171,812	72,620	1,099,192			1,171,812
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	150,506	12,162	138,344			150,506
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	1,750,629	73,446	1,677,183			1,750,629
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	3,054,043	162,114	2,891,929			3,054,043
62	OBSERVATION BEDS (NON-DIS	682,708		682,708			682,708
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	15,554,380	942,875	14,611,505			15,554,380
102	LESS OBSERVATION BEDS	682,708		682,708			682,708
103	TOTAL	14,871,672	942,875	13,928,797			14,871,672

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	7,508,815	.353599	.353599
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	2,088,403	.343231	.343231
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	12,112,882	.179962	.179962
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	11,843,284	.214463	.214463
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	2,647,844	.246601	.246601
50	PHYSICAL THERAPY	3,695,601	.317083	.317083
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	156,176	.963695	.963695
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED			
55	30 IMPL. DEV. CHARGED TO PAT			
56	DRUGS CHARGED TO PATIENTS	8,421,316	.207881	.207881
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	8,993,307	.339591	.339591
62	OBSERVATION BEDS (NON-DIS	600,517	1.136867	1.136867
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	58,068,145		
102	LESS OBSERVATION BEDS	600,517		
103	TOTAL	57,467,628		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

ERVICES & VACCINE COSTS

I PROVIDER NO:  
I 15-1316  
I COMPONENT NO:  
I 15-1316

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

I PREPARED 11/24/2010  
I WORKSHEET D  
I PART V

TITLE XVIII, PART B

HOSPITAL

	Cost/Charge Ratio (C, Pt I, col. 9)	1.01	Cost/Charge Ratio (C, Pt I, col. 9)	1.02	Outpatient Ambulatory Surgical Ctr	2	Outpatient Radiology	3
(A) ANCELLARY SRVC COST CNTRS								
37 OPERATING ROOM	.353599			.353599				
38 RECOVERY ROOM								
39 DELIVERY ROOM & LABOR ROOM	.343231			.343231				
40 ANESTHESIOLOGY								
41 RADIOLOGY-DIAGNOSTIC	.179962			.179962				
42 RADIOLOGY-THERAPEUTIC								
43 RADIOISOTOPE								
44 LABORATORY	.214463			.214463				
45 PBP CLINICAL LAB SERVICES-PRGM ONLY								
46 WHOLE BLOOD & PACKED RED BLOOD CELLS								
47 BLOOD STORING, PROCESSING & TRANS.								
48 INTRAVENOUS THERAPY								
49 RESPIRATORY THERAPY	.246601			.246601				
50 PHYSICAL THERAPY	.317083			.317083				
51 OCCUPATIONAL THERAPY								
52 SPEECH PATHOLOGY	.963695			.963695				
53 ELECTROCARDIOLOGY								
54 ELECTROENCEPHALOGRAPHY								
55 MEDICAL SUPPLIES CHARGED TO PATIENTS								
55 30 IMPL. DEV. CHARGED TO PATIENT								
56 DRUGS CHARGED TO PATIENTS	.207881			.207881				
57 RENAL DIALYSIS								
58 ASC (NON-DISTINCT PART)								
60 OUTPAT SERVICE COST CNTRS								
61 CLINIC								
61 EMERGENCY	.339591			.339591				
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.136867			1.136867				
64 OTHER REIMBURS COST CNTRS								
65 HOME PROGRAM DIALYSIS								
66 AMBULANCE SERVICES								
66 DURABLE MEDICAL EQUIP-RENTED								
67 DURABLE MEDICAL EQUIP-SOLD								
101 SUBTOTAL								
102 CRNA CHARGES								
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES								
104 NET CHARGES								

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

	Other Outpatient Diagnostic	All other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		1,786,475			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		3,206,166			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY		3,725,416			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		403,749			
50 PHYSICAL THERAPY		753,783			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY		25,154			
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS		2,528,585			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY		2,676,830			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
64 OTHER REIMBURS COST CNTRS					
65 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		15,106,158			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		15,106,158			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	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	631,696		
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC	576,988		
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
44 LABORATORY	798,964		
45 PBP CLINICAL LAB SERVICES-PRGM ONLY			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS			
47 BLOOD STORING, PROCESSING & TRANS.			
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY	99,565		
50 PHYSICAL THERAPY	239,012		
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY	24,241		
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30 IMPL. DEV. CHARGED TO PATIENT			
56 DRUGS CHARGED TO PATIENTS	525,645		
57 RENAL DIALYSIS			
58 ASC (NON-DISTINCT PART)			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY	909,027		
62 OBSERVATION BEDS (NON-DISTINCT PART)			
OTHER REIMBURS COST CNTRS			
64 HOME PROGRAM DIALYSIS			
65 AMBULANCE SERVICES			
66 DURABLE MEDICAL EQUIP-RENTED			
67 DURABLE MEDICAL EQUIP-SOLD			
101 SUBTOTAL	3,805,138		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104 NET CHARGES	3,805,138		

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

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)	4,626
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,495
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,495
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	451
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)	485
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	94
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)	101
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,720
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	451
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)	485
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	146.75
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	146.75
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,682,569
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	13,795
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	14,822
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	1,011,717
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,670,852

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,566,695
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,566,695
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.659431
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,592.76
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,670,852

COMPUTATION OF INPATIENT OPERATING COST

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	1,050.32
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,806,550
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,806,550

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				897,757
49	TOTAL PROGRAM INPATIENT COSTS				2,704,307

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)	473,694
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	509,405
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	983,099
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, NURSING FACILITY & ICF/MR ONLY

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	650
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,050.32
85	OBSERVATION BED COST	682,708

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	PERIOD:	I	PREPARED 11/24/2010
I	15-1316	FROM 7/ 1/2009	I	WORKSHEET D-1
I	COMPONENT NO:	TO 6/30/2010	I	PART I
I	15-1316		I	

TITLE XIX - I/P

HOSPITAL

OTHER

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,626
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,495
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,495
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	451
6	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)	485
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	94
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)	101
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	509
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)	459
16	NURSERY DAYS (TITLE V OR XIX ONLY)	315

## SWING-BED ADJUSTMENT

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

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,566,695
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,566,695
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,592.76
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	

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

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

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
42 NURSERY (TITLE V & XIX ONLY)	1	2	3	4	5
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS		459		315	
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					221,925
49 TOTAL PROGRAM INPATIENT COSTS					221,925

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

221,925

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)

190

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

TITLE XIX - I/P HOSPITAL OTHER

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 650
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPOINTMENT

I PROVIDER NO: 15-1316 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 I COMPONENT NO: 15-1316 TO 6/30/2010  
 I I I  
 I PREPARED 11/24/2010  
 I WORKSHEET D-4  
 I

TITLE XVIII, PART A

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,334,680	
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.353599	685,672	242,453
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.343231		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.179962	375,675	67,607
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.214463	822,831	176,467
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.246601	427,813	105,499
50	PHYSICAL THERAPY	.317083	260,988	82,755
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	.963695	26,572	25,607
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55	30 IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS	.207881	930,039	193,337
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.339591	11,872	4,032
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.136867		
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		3,541,462	897,757
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,541,462	

TITLE XVIII, PART A

SWING BED SNF

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.353599	803	284
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.343231		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.179962	35,070	6,311
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.214463	91,007	19,518
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.246601	75,281	18,564
50	PHYSICAL THERAPY	.317083	616,033	195,334
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	.963695	9,588	9,240
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55	30 IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS	.207881	225,586	46,895
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.339591		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.136867		
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		1,053,368	296,146
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,053,368	

INPATIENT ANCILLARY SERVICE COST APPOINTMENT

I PROVIDER NO: PERIOD: I PREPARED 11/24/2010  
 I 15-1316 FROM 7/ 1/2009 I WORKSHEET D-4  
 I COMPONENT NO: TO 6/30/2010 I  
 I 15-1316 I

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,191,640	
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.353599	275,382	97,375
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.343231		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.179962	24,595	4,426
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.214463	179,088	38,408
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.246601	66,864	16,489
50	PHYSICAL THERAPY	.317083	23,516	7,457
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	.963695		
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55	30 IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS	.207881	225,609	46,900
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.339591	32,009	10,870
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.136867		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		827,063	221,925
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		827,063	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,805,138
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,805,138
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)	3,843,189
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	CAH DEDUCTIBLES	37,934
18.01	CAH ACTUAL BILLED COINSURANCE	2,368,181
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,437,074
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	1,437,074
24	PRIMARY PAYER PAYMENTS	215
25	SUBTOTAL	1,436,859
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	486,505
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	486,505
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	439,880
28	SUBTOTAL	1,923,364
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	1,923,364
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,071,857
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-148,493
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,616,460		1,721,393
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	6/ 3/2010	48,632	6/ 3/2010	433,223
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	1/21/2010	5,807	1/21/2010	66,107
ADJUSTMENTS TO PROGRAM .51	6/ 3/2010	169,125	6/ 3/2010	16,652
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-126,300		350,464
4 TOTAL INTERIM PAYMENTS		2,490,160		2,071,857
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				
SETTLEMENT TO PROGRAM .02		36,741		148,493
7 TOTAL MEDICARE PROGRAM LIABILITY		2,453,419		1,923,364

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

TITLE XVIII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,301,842		
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	6/3/2010		19,298
ADJUSTMENTS TO PROVIDER	.02	1/21/2010		25,925
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99			45,223
4 TOTAL INTERIM PAYMENTS				1,347,065
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
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			67,090
7 TOTAL MEDICARE PROGRAM LIABILITY				1,279,975

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

CALCULATION OF REIMBURSEMENT  
SWING BEDS SETTLEMENT

I PROVIDER NO: 15-1316  
 I PERIOD: FROM 7/ 1/2009 TO 6/30/2010  
 I COMPONENT NO: 15-Z316  
 I PREPARED 11/24/2010  
 I WORKSHEET E-2

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A 1	PART B 2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	992,930	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	299,107	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	936	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	1,292,037	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	1,292,037	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	1,292,037	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	12,062	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,279,975	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,279,975	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	1,347,065	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	-67,090	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	PERIOD:	I	PREPARED 11/24/2010
I	15-1316	FROM 7/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	TO 6/30/2010	I	PART II
I	15-1316	I	I	

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT  
HOSPITAL

1	INPATIENT SERVICES	2,704,307
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,704,307
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,731,350
	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	2,731,350
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	328,025
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,403,325
23	COINSURANCE	550
24	SUBTOTAL	2,402,775
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	50,644
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	50,644
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	50,644
26	SUBTOTAL	2,453,419
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	2,453,419
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,490,160
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	-36,741
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XIX	HOSPITAL	TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE		
2	INPATIENT HOSPITAL/SNF/NF SERVICES	221,925	
3	MEDICAL AND OTHER SERVICES		
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
7	SUBTOTAL	221,925	
8	INPATIENT PRIMARY PAYER PAYMENTS		
9	OUTPATIENT PRIMARY PAYER PAYMENTS		
	SUBTOTAL	221,925	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES	827,063	
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES	827,063	
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	827,063	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	605,138	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	221,925	
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS		
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL	221,925	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30	221,925	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	221,925	
36	COINSURANCE		
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)	221,925	
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL	221,925	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	221,925	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS	221,925	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: PERIOD: I PREPARED 11/24/2010  
I 15-1316 FROM 7/ 1/2009 I WORKSHEET E-3  
I COMPONENT NO: TO 6/30/2010 I PART III  
I - I I

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

TITLE XIX	HOSPITAL	TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
		1	2

59 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	2,284,285			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	6,160,946			
5	OTHER RECEIVABLES	21,495			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3,450,303			
7	INVENTORY	334,668			
8	PREPAID EXPENSES	116,615			
9	OTHER CURRENT ASSETS	189,525			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	5,657,231			
FIXED ASSETS					
12	LAND	140,146			
12.01					
13	LAND IMPROVEMENTS	66,241			
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	1,764,348			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	6,111,973			
16.01	LESS ACCUMULATED DEPRECIATION	-5,010,435			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	3,072,273			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	19,300,796	33,108		
26	TOTAL OTHER ASSETS	19,300,796	33,108		
27	TOTAL ASSETS	28,030,300	33,108		

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,151,755			
29 SALARIES, WAGES & FEES PAYABLE	1,043,370			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	3,117,753			
36 TOTAL CURRENT LIABILITIES	6,312,878			
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	1,574,688			
42 TOTAL LONG-TERM LIABILITIES	1,574,688			
43 TOTAL LIABILITIES	7,887,566			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	20,142,734			
45 SPECIFIC PURPOSE FUND		33,108		
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	20,142,734	33,108		
52 TOTAL LIABILITIES AND FUND BALANCES	28,030,300	33,108		

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		15,121,376		
2 NET INCOME (LOSS)		5,308,535		
3 TOTAL		20,429,911		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 TRANSFER FROM AFFILIATES	4,859			
6 RESTRICTED CONTR USED FOR CONTRIBUTIONS	13,588		3,430	
7 OTHER GRANT REVENUE			68,744	
8 ROUNDING	2		1	
9				
10 TOTAL ADDITIONS		18,449		72,175
11 SUBTOTAL		20,448,360		72,175
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEFERRED PENSION COSTS	284,626			
14 OTHER UNRESTRICTED ACTIVI	21,000			
15 NET ASSETS RELEASED FROM			39,067	
16				
17				
18 TOTAL DEDUCTIONS		305,626		39,067
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		20,142,734		33,108

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 TRANSFER FROM AFFILIATES				
6 RESTRICTED CONTR USED FOR CONTRIBUTIONS				
7 OTHER GRANT REVENUE				
8 ROUNDING				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEFERRED PENSION COSTS				
14 OTHER UNRESTRICTED ACTIVI				
15 NET ASSETS RELEASED FROM				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
I 15-1316 I FROM 7/ 1/2009 I WORKSHEET G-2
I TO 6/30/2010 I PARTS I & II

PART I - PATIENT REVENUES

Table with columns: REVENUE CENTER, INPATIENT 1, OUTPATIENT 2, TOTAL 3. Rows include: GENERAL INPATIENT ROUTINE CARE SERVICES, HOSPITAL, SUBPROVIDER, SWING BED - SNF, SWING BED - NF, SKILLED NURSING FACILITY, NURSING FACILITY, ICF/MR, OTHER LONG TERM CARE, INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS, INTENSIVE CARE UNIT, CORONARY CARE UNIT, BURN INTENSIVE CARE UNIT, SURGICAL INTENSIVE CARE UNIT, TOTAL INTENSIVE CARE TYPE INPAT HOSP, TOTAL INPATIENT ROUTINE CARE SERVICE, ANCILLARY SERVICES, OUTPATIENT SERVICES, HOME HEALTH AGENCY, AMBULANCE SERVICES, CORF, AMBULATORY SURGICAL CENTER (D.P.), HOSPICE, TOTAL PATIENT REVENUES.

PART II-OPERATING EXPENSES

Table with columns: REVENUE CENTER, INPATIENT 1, OUTPATIENT 2, TOTAL 3. Rows include: OPERATING EXPENSES, ADD (SPECIFY), TOTAL ADDITIONS, DEDUCT (SPECIFY), TOTAL DEDUCTIONS, TOTAL OPERATING EXPENSES.

## STATEMENT OF REVENUES / EXPENSES

I	PROVIDER NO:	PERIOD:	I	PREPARED 11/24/2010
I	15-1316	FROM 7/ 1/2009	I	WORKSHEET G-3
I		TO 6/30/2010	I	

DESCRIPTION		
1	TOTAL PATIENT REVENUES	61,673,820
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	32,951,319
3	NET PATIENT REVENUES	28,722,501
4	LESS: TOTAL OPERATING EXPENSES	22,365,888
5	NET INCOME FROM SERVICE TO PATIENTS	6,356,613
OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	140,747
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	13,010
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	8,495
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	179,705
23	GOVERNMENTAL APPROPRIATIONS	
24	GAIN ON SALE OF ASSET	
24.01	NET ASSETS RELEASED FROM RESTRICTION	25,478
24.02	MISC	54,355
24.03	INTERCO INTEREST - NON OP INCOME	2,086,782
25	TOTAL OTHER INCOME	2,508,572
26	TOTAL	8,865,185
OTHER EXPENSES		
27	BAD DEBTS	3,556,650
28		
29		
30	TOTAL OTHER EXPENSES	3,556,650
31	NET INCOME (OR LOSS) FOR THE PERIOD	5,308,535