

**ST. VINCENT MERCY HOSPITAL
ELWOOD, INDIANA**

PROVIDER NOS. 15-1308, 15-Z308 AND AIM NO. 100268360

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

JUNE 30, 2010

ST. VINCENT MERCY HOSPITAL

PROVIDER NOS. 15-1308, 15-Z308 AND AIM NO. 100268360

TABLE OF CONTENTS

Accountants' Disclaimer

Hospital Statements of Reimbursable Cost



Board of Directors
St. Vincent Mercy Hospital
Elwood, Indiana

We have compiled the Hospital Statement of Reimbursable Cost (Title XVIII) of St. Vincent Mercy 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 AND SETTLEMENT SUMMARY	I	15-1308	I	FROM 7/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 6/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/24/2010 TIME 15:23

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 MERCY HOSPITAL 15-1308
 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.

ECR ENCRYPTION INFORMATION
 DATE: 11/24/2010 TIME 15:23

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OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	6,921	391,235	0	0
3	SWING BED - SNF	0	29,437	0	0	0
100	TOTAL	0	36,358	391,235	0	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.

MCRIF32 1.22.0.0 ~ 2552-96 22.0.122.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 13311 SOUTH A ST. P.O. BOX:
 1.01 CITY: ELWOOD STATE: IN ZIP CODE: 46036- COUNTY: MADISON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	15-1308	2.01	7/ 1/2001	4	5	6
04.00	SWING BED - SNF	15-Z308		7/ 1/2001	N	O	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.
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

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

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

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 7/ 1/2001

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

 0 0.0000 0.0000

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

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

28.03 STAFFING % Y/N 0.00%

28.04 RECRUITMENT 0.00%

28.05 RETENTION 0.00%

28.06 TRAINING 0.00%

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) 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)?

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

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL 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 STREET, 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? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? 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 NHCQM 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
 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.
 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.
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

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

MULTICAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
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	63,456.00		1,540		273
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF					1,128		
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	25	9,125	63,456.00		2,668		273
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	25	9,125	63,456.00		2,668		273
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 / TOTAL ALL PATS 6	/ TOTAL TRIPS OBSERVATION ADMITTED 6.01	DISCHARGES / NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			2,644				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			1,128				
4 ADULTS & PED-SB NF			164				
5 TOTAL ADULTS AND PEDS			3,936				
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			3,936				
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			418	147	271		
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			44				
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					366	68	669
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		206.41			366	68	669
13 RPCH VISITS							
14 SUBPROVIDER							

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		DISCHARGES			TOTAL ALL PATIENTS
	NET	ON PAYROLL	EMPLOYEES	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		206.41						
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 PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I WORKSHEET A
 I I TO 6/30/2010 I

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		830,002	830,002	-66,259	763,743
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
4.01	0401 NEW CAP REL COSTS-MVBLE EQUIP - FIXE		98,939	98,939		98,939
4.02	0402 NEW CAP REL COSTS-MVBLE EQUIP - MOVE		951,105	951,105		951,105
5	0500 EMPLOYEE BENEFITS	205,869	3,381,074	3,586,943		3,586,943
6	0600 ADMINISTRATIVE & GENERAL	2,373,148	1,983,876	4,357,024	84,379	4,441,403
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	426,189	573,694	999,883		999,883
9	0900 LAUNDRY & LINEN SERVICE		236	236	40,005	40,241
10	1000 HOUSEKEEPING	308,612	70,919	379,531	-40,005	339,526
11	1100 DIETARY	249,374	137,364	386,738	-229,529	157,209
12	1200 CAFETERIA				229,529	229,529
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	157,146	21,236	178,382		178,382
15	1500 CENTRAL SERVICES & SUPPLY					
16	1600 PHARMACY	316,790	1,272,855	1,589,645	24	1,589,669
17	1700 MEDICAL RECORDS & LIBRARY	199,139	74,473	273,612		273,612
18	1800 SOCIAL SERVICE	110,389	35,039	145,428		145,428
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	1,550,265	111,469	1,661,734	1,947	1,663,681
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					
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
37	3700 OPERATING ROOM	599,471	462,203	1,061,674	18,628	1,080,302
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	1,193,818	718,013	1,911,831		1,911,831
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	140,074	1,115,929	1,256,003		1,256,003
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	562,269	81,107	643,376	16,031	659,407
50	5000 PHYSICAL THERAPY	434,733	19,451	454,184	4,157	458,341
51	5100 OCCUPATIONAL THERAPY		23,832	23,832		23,832
52	5200 SPEECH PATHOLOGY		45,766	45,766		45,766
53	5300 ELECTROCARDIOLOGY					
53.01	3020 ONCOLOGY	139,693	49,978	189,671	42,410	232,081
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55.30	5530 IMPL. DEV. CHARGED TO PATIENT					
56	5600 DRUGS CHARGED TO PATIENTS					
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)					
60	6000 OUTPAT SERVICE COST CNTRS CLINIC	124,379	10,778	135,157	-102,441	32,716
61	6100 EMERGENCY	2,095,525	163,951	2,259,476	1,124	2,260,600
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
64	6400 OTHER REIMBURS COST CNTRS 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					
82	8200 SPEC PURPOSE COST CENTERS LUNG ACQUISITION					
83	8300 KIDNEY 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	11,186,883	12,233,289	23,420,172	-0-	23,420,172
96	9600 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN		101	101		101

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
I 15-1308 I FROM 7/ 1/2009 I WORKSHEET A
I I TO 6/30/2010 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	7950 INTERNAL MEDICINE					
100.01	7951 OCC. HEALTH					
100.02	7952 OTHER NONREIMBURSABLE COST CENTERS					
100.03	7953 ALEXANDRIA CLINIC					
100.04	7954 MERCY CLINIC		49	49		49
100.05	7955 OTHER NONREIMBURSABLE COST CENTERS					
100.06	7956 FOUNDATION	35,799	8,365	44,164		44,164
100.07	7957 PSYCH SERVICES					
100.08	7958 MARKETING	-380	498	118		118
101	TOTAL	11,222,302	12,242,302	23,464,604	-0-	23,464,604

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
I 15-1308 I FROM 7/ 1/2009 I WORKSHEET A
I I TO 6/30/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	22,876	786,619
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		
4.01 0401	NEW CAP REL COSTS-MVBLE EQUIP - FIXE		98,939
4.02 0402	NEW CAP REL COSTS-MVBLE EQUIP - MOVE		951,105
5 0500	EMPLOYEE BENEFITS	-77,358	3,509,585
6 0600	ADMINISTRATIVE & GENERAL	315,089	4,756,492
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	-10	999,873
9 0900	LAUNDRY & LINEN SERVICE		40,241
10 1000	HOUSEKEEPING		339,526
11 1100	DIETARY	-85,756	71,453
12 1200	CAFETERIA		229,529
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION		178,382
15 1500	CENTRAL SERVICES & SUPPLY		
16 1600	PHARMACY	-78,215	1,511,454
17 1700	MEDICAL RECORDS & LIBRARY	-9,476	264,136
18 1800	SOCIAL SERVICE		145,428
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		
26 2600	ADULTS & PEDIATRICS	-7	1,663,674
27 2700	INTENSIVE CARE UNIT		
28 2800	CORONARY CARE UNIT		
29 2900	BURN INTENSIVE CARE UNIT		
31 3100	SURGICAL INTENSIVE CARE UNIT		
33 3300	SUBPROVIDER		
34 3400	NURSERY		
35 3500	SKILLED NURSING FACILITY		
35.01 3510	NURSING FACILITY		
36 3600	ICF/MR		
37 3700	OTHER LONG TERM CARE		
38 3800	ANCILLARY SRVC COST CNTRS		
39 3900	OPERATING ROOM	-14,782	1,065,520
40 4000	RECOVERY ROOM		
41 4100	DELIVERY ROOM & LABOR ROOM		
42 4200	ANESTHESIOLOGY		
43 4300	RADIOLOGY-DIAGNOSTIC	-572,150	1,339,681
44 4400	RADIOLOGY-THERAPEUTIC		
45 4500	RADIOISOTOPE		
46 4600	LABORATORY	-2,400	1,253,603
47 4700	PBP CLINICAL LAB SERVICES-PRGM ONLY		
48 4800	WHOLE BLOOD & PACKED RED BLOOD CELLS		
49 4900	BLOOD STORING, PROCESSING & TRANS.		
50 5000	INTRAVENOUS THERAPY		
51 5100	RESPIRATORY THERAPY	-43,176	616,231
52 5200	PHYSICAL THERAPY	-7,364	450,977
53 5300	OCCUPATIONAL THERAPY		23,832
53.01 3020	SPEECH PATHOLOGY		45,766
54 5400	ELECTROCARDIOLOGY		
55 5500	ONCOLOGY	-30,132	201,949
55.30 5530	ELECTROENCEPHALOGRAPHY		
56 5600	MEDICAL SUPPLIES CHARGED TO PATIENTS		
57 5700	IMPL. DEV. CHARGED TO PATIENT		
58 5800	DRUGS CHARGED TO PATIENTS		
60 6000	RENAL DIALYSIS		
61 6100	ASC (NON-DISTINCT PART)		
62 6200	OUTPAT SERVICE COST CNTRS		
64 6400	CLINIC	-178	32,538
65 6500	EMERGENCY	-753,018	1,507,582
66 6600	OBSERVATION BEDS (NON-DISTINCT PART)		
67 6700	OTHER REIMBURS COST CNTRS		
68 6800	HOME PROGRAM DIALYSIS		
69 6900	AMBULANCE SERVICES		
70 7000	DURABLE MEDICAL EQUIP-RENTED		
71 7100	DURABLE MEDICAL EQUIP-SOLD		
82 8200	CORF		
83 8300	I&R SERVICES-NOT APPRVD PRGM		
86 8600	HOME HEALTH AGENCY		
88 8800	SPEC PURPOSE COST CENTERS		
89 8900	LUNG ACQUISITION		
90 9000	KIDNEY ACQUISITION		
92 9200	OTHER ORGAN ACQUISITION		
93 9300	INTEREST EXPENSE		-0-
95 9500	UTILIZATION REVIEW-SNF		-0-
96 9600	OTHER CAPITAL RELATED COSTS		-0-
	AMBULATORY SURGICAL CENTER (D.P.)		
	HOSPICE		
	SUBTOTALS	-1,336,057	22,084,115
	NONREIMBURS COST CENTERS		
	GIFT, FLOWER, COFFEE SHOP & CANTEEN		101

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
I 15-1308 I FROM 7/ 1/2009 I WORKSHEET A
I I TO 6/30/2010 I

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	7950	INTERNAL MEDICINE		
100.01	7951	OCC. HEALTH		
100.02	7952	OTHER NONREIMBURSABLE COST CENTERS		
100.03	7953	ALEXANDRIA CLINIC		
100.04	7954	MERCY CLINIC		49
100.05	7955	OTHER NONREIMBURSABLE COST CENTERS		
100.06	7956	FOUNDATION		44,164
100.07	7957	PSYCH SERVICES		
100.08	7958	MARKETING	357,886	358,004
101		TOTAL	-978,171	22,486,433

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 6/30/2010 I

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	
4.01	NEW CAP REL COSTS-MVBLE EQUIP - FIXE	0401	NEW CAP REL COSTS-MVBLE EQUIP
4.02	NEW CAP REL COSTS-MVBLE EQUIP - MOVE	0402	NEW CAP REL COSTS-MVBLE EQUIP
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
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	
53.01	ONCOLOGY	3020	ACUPUNCTURE
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	
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	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	INTERNAL MEDICINE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OCC. HEALTH	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OTHER NONREIMBURSABLE COST CENTERS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	ALEXANDRIA CLINIC	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	MERCY CLINIC	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	OTHER NONREIMBURSABLE COST CENTERS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	FOUNDATION	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	PSYCH SERVICES	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	MARKETING	7958	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

PROVIDER NO:
151308

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

PREPARED 11/24/2010
WORKSHEET A-6

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 CAFETERIA	A	CAFETERIA	12	148,003	81,526
2 LAUNDRY	C	LAUNDRY & LINEN SERVICE	9	32,530	7,475
3 INTEREST	D	ADMINISTRATIVE & GENERAL	6		66,259
4 REGISTRARS	F	ADMINISTRATIVE & GENERAL	6	50,828	
5 CLINIC	G	OPERATING ROOM	37	2,994	439
6		PHYSICAL THERAPY	50	3,619	530
7		ONCOLOGY	53.01	36,871	5,403
8		ADULTS & PEDIATRICS	25	1,692	248
9 SUPPLIES	I	OPERATING ROOM	37		15,195
10		ADULTS & PEDIATRICS	25		7
11		RESPIRATORY THERAPY	49		16,031
12		PHYSICAL THERAPY	50		8
13		ONCOLOGY	53.01		136
14		PHARMACY	16		24
15		CLINIC	60		183
16		EMERGENCY	61		1,124
36 TOTAL RECLASSIFICATIONS				276,537	194,588

(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:	PERIOD:	PREPARED 11/24/2010
151308	FROM 7/ 1/2009	WORKSHEET A-6
	TO 6/30/2010	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	DECREASE					A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	
1 CAFETERIA	A	DIETARY	11	148,003	81,526	
2 LAUNDRY	C	HOUSEKEEPING	10	32,530	7,475	
3 INTEREST	D	NEW CAP REL COSTS-BLDG & FIXT	3		66,259	9
4 REGISTRARS	F	CLINIC	60	50,828		
5 CLINIC	G	CLINIC	60	45,176	6,620	
6						
7						
8						
9 SUPPLIES	I	ADMINISTRATIVE & GENERAL	6		32,708	
10						
11						
12						
13						
14						
15						
16						
36 TOTAL RECLASSIFICATIONS				276,537	194,588	

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

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
151308	FROM 7/ 1/2009	11/24/2010
	TO 6/30/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CAFETERIA

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	CAFETERIA	229,529
TOTAL RECLASSIFICATIONS FOR CODE A		229,529

DECREASE		
COST CENTER	LINE	AMOUNT
DIETARY	11	229,529
TOTAL RECLASSIFICATIONS FOR CODE A		229,529

RECLASS CODE: C
EXPLANATION : LAUNDRY

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	40,005
TOTAL RECLASSIFICATIONS FOR CODE C		40,005

DECREASE		
COST CENTER	LINE	AMOUNT
HOUSEKEEPING	10	40,005
TOTAL RECLASSIFICATIONS FOR CODE C		40,005

RECLASS CODE: D
EXPLANATION : INTEREST

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	66,259
TOTAL RECLASSIFICATIONS FOR CODE D		66,259

DECREASE		
COST CENTER	LINE	AMOUNT
NEW CAP REL COSTS-BLDG & FIXT	3	66,259
TOTAL RECLASSIFICATIONS FOR CODE D		66,259

RECLASS CODE: F
EXPLANATION : REGISTRARS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	50,828
TOTAL RECLASSIFICATIONS FOR CODE F		50,828

DECREASE		
COST CENTER	LINE	AMOUNT
CLINIC	60	50,828
TOTAL RECLASSIFICATIONS FOR CODE F		50,828

RECLASS CODE: G
EXPLANATION : CLINIC

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	OPERATING ROOM	3,433
2.00	PHYSICAL THERAPY	4,149
3.00	ONCOLOGY	42,274
4.00	ADULTS & PEDIATRICS	1,940
TOTAL RECLASSIFICATIONS FOR CODE G		51,796

DECREASE		
COST CENTER	LINE	AMOUNT
CLINIC	60	51,796
TOTAL RECLASSIFICATIONS FOR CODE G		51,796

RECLASS CODE: I
EXPLANATION : SUPPLIES

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	OPERATING ROOM	15,195
2.00	ADULTS & PEDIATRICS	7
3.00	RESPIRATORY THERAPY	16,031
4.00	PHYSICAL THERAPY	8
5.00	ONCOLOGY	136
6.00	PHARMACY	24
7.00	CLINIC	183
8.00	EMERGENCY	1,124
TOTAL RECLASSIFICATIONS FOR CODE I		32,708

DECREASE		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	32,708
TOTAL RECLASSIFICATIONS FOR CODE I		32,708

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	457,300						457,300	
2	LAND IMPROVEMENTS	507,925						507,925	
3	BUILDINGS & FIXTURE	27,939,416					930,809	27,008,607	
4	BUILDING IMPROVEMEN								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT								
7	SUBTOTAL	28,904,641					930,809	27,973,832	
8	RECONCILING ITEMS								
9	TOTAL	28,904,641					930,809	27,973,832	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	27,973,832		27,973,832	1.000000				
4	NEW CAP REL COSTS-MV								
4 01	NEW CAP REL COSTS-MV								
4 02	NEW CAP REL COSTS-MV								
5	TOTAL	27,973,832		27,973,832	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	786,619						786,619
4	NEW CAP REL COSTS-MV							
4 01	NEW CAP REL COSTS-MV	98,939						98,939
4 02	NEW CAP REL COSTS-MV	951,105						951,105
5	TOTAL	1,836,663						1,836,663

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	830,002						830,002
4	NEW CAP REL COSTS-MV							
4 01	NEW CAP REL COSTS-MV	98,939						98,939
4 02	NEW CAP REL COSTS-MV	951,105						951,105
5	TOTAL	1,880,046						1,880,046

* All lines numbers except line 5 are to be consistent with workshseet 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		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	
	1	2	3	LINE NO	4
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	B	-190,010	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-45,685	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-7,974	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,450,576			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	947,632			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-85,756	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES	B	-18	OPERATING ROOM	37	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-71,379	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-9,476	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			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 PT REVENUE	B	-7,356	PHYSICAL THERAPY	50	
38 ADMIN REVENUE	B	-5,641	ADMINISTRATIVE & GENERAL	6	
39 LAB REVENUE	B	-2,400	LABORATORY	44	
40 LOBBYING	A	-1,087	ADMINISTRATIVE & GENERAL	6	
41 RADIOLOGY PURCHASED SVCS	A	-30,000	RADIOLOGY-DIAGNOSTIC	41	
42 O/R SUPPLIES			OPERATING ROOM	37	
43 RT SUPPLIES	B	-15,576	RESPIRATORY THERAPY	49	
44 PT SUPPLIES	B	-8	PHYSICAL THERAPY	50	
45 ONCOLOGY SUPPLIES	B	-132	ONCOLOGY	53.01	
46 DRUGS SUPPLIES	B	-23	PHARMACY	16	
46.04 CLINIC SUPPLIES	B	-178	CLINIC	60	
46.05 ER SUPPLIES	B	-1,093	EMERGENCY	61	
46.06 ROUTINE SUPPLIES	B	-7	ADULTS & PEDIATRICS	25	
46.07 CSI SERVICING FEES	A	25,758	ADMINISTRATIVE & GENERAL	6	
46.08 LOSS ON FIXED ASSETS	A	-11,991	NEW CAP REL COSTS-BLDG &	3	9
46.09 ENTERTAINMENT	A	-421	ADMINISTRATIVE & GENERAL	6	
46.10 ENTERTAINMENT	A	-10	OPERATION OF PLANT	8	
46.11					
46.12					
46.13					
47					
48					
49					
50 TOTAL (SUM OF LINES 1 THRU 49)		-978,171			

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	9
1	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE	308,839	308,839	9
2	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	1,979,734	1,522,762	456,972
3	100	8 MARKETING	HOME OFFICE	357,886	357,886	
4						
4.01						
4.02	100	6 FOUNDATION	ST. VINCENT HEALTH - CHG	202	202	
4.03						
4.04						
4.05						
4.06	16	PHARMACY	ST. VINCENT HEALTH - CHG	3,456	3,456	
4.07	17	MEDICAL RECORDS & LIBRARY	ST. VINCENT HEALTH - CHG	103,132	103,132	
4.08	41	RADIOLOGY-DIAGNOSTIC	ST. VINCENT HEALTH - CHG	19,185	19,185	
4.09	5	EMPLOYEE BENEFITS	ST. VINCENT HEALTH - CHG	285,153	285,153	
4.10	6	ADMINISTRATIVE & GENERAL	ST. VINCENT HEALTH - CHG	795,074	795,074	
4.16	3	NEW CAP REL COSTS-BLDG &	ASCENSION INTEREST	191,621	275,583	-83,962
4.17	6	ADMINISTRATIVE & GENERAL	ASCENSION INTEREST	46,072	66,259	-20,187
4.19	6	ADMINISTRATIVE & GENERAL	ASCENSION MAINTENANCE	-66,876	-72,318	5,442
4.21						
4.22						
4.23	5	EMPLOYEE BENEFITS	SELF INSURANCE	1,389,374	1,466,732	-77,358
4.24	5	EMPLOYEE BENEFITS	PENSION	533,832	533,832	
5		TOTALS		5,946,684	4,999,052	947,632

* 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		TYPE OF BUSINESS
			NAME	PERCENTAGE OF OWNERSHIP	
1	2	3	4	5	6
1	G	100.00	ST. VINCENT HEALTH	100.00	ADMINISTRATION
2	B	100.00	ASCENSION	100.00	ADMINISTRATION
3	B	100.00	ST. VINCENT HOSPITAL	100.00	HOSPITAL
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.
 OTHER - FINANCIAL

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 15-1308
I

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

I PREPARED 11/24/2010
I WORKSHEET A-8-2
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 16	PHARMACY	6,813	6,813					
2 6	MEDICAL DIRECTOR	92,088	92,088					
4 61	EMERGENCY	992,640	751,925	240,715				
5 41	RADIOLOGY	542,150	542,150					
6 49	RESPIRATORY THERAPY	27,600	27,600					
7 53 1	ONCOLOGY	30,000	30,000					
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	1,691,291	1,450,576	240,715				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I WORKSHEET A-8-2
 I I TO 6/30/2010 I GROUP 1

WKSHT A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
LINE NO.	11	12	COL 12	14	COL 14	16	17	18
1	16	PHARMACY						6,813
2	6	MEDICAL DIRECTOR						92,088
4	61	EMERGENCY						751,925
5	41	RADIOLOGY						542,150
6	49	RESPIRATORY THERAPY						27,600
7	53 1	ONCOLOGY						30,000
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						1,450,576

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

I PROVIDER NO: I 15-1308 I

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

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

OCCUPATIONAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	48
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	720
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	139
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	4.85
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5
9	TOTAL HOURS WORKED		283.00		
10	AHSEA (SEE INSTRUCTIONS)		67.11		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	33.56	33.56		
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)	18,992
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)	18,992
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)	18,992

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)	67.11
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	48,319
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	48,319

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)	4,665
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	4,665
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	674
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	5,339
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)	

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

OCCUPATIONAL THERAPY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 5,179
 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
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)	1	2	3	4	5
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) 48,319
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 5,179
 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) 53,498
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 22,246

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 - 22,246
 (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) 22,246
 68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO 1.000000
 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)

SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	80
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	1,200
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	255
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	4.85
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5
9	TOTAL HOURS WORKED		619.00		
10	AHSEA (SEE INSTRUCTIONS)		64.50		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	32.25	32.25		
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)	39,926
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)	39,926
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)	39,926

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)	64.50
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	77,400
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	77,400

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)	8,224
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	8,224
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	1,237
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	9,461
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

SPEECH PATHOLOGY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 9,180
 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
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)	1	2	3	4	5
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) 77,400
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 9,180
 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) 86,580
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 45,699

SPEECH PATHOLOGY

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 - 45,699
 (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) 45,699
 68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO 1.000000
 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 PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 6/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	NOT ENTERED
4.01	NEW CAP REL COSTS-MVBLE EQUIP - FIXE	3	SQUARE	FEET	ENTERED
4.02	NEW CAP REL COSTS-MVBLE EQUIP - MOVE	7	DIRECT COST		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	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	PATIENT	DAYS	ENTERED
12	CAFETERIA	11	HOURS		ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	PATIENT	REVENUE	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT		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 SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 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	C NEW CAP REL OSTS-MVBLE	C NEW CAP REL OSTS-MVBLE
	0	1	2	3	4	4.01	4.02
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &	786,619			786,619			
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E	98,939					98,939	
004 02 NEW CAP REL COSTS-MVBLE E	951,105						951,105
005 EMPLOYEE BENEFITS	3,509,585			3,133		394	271
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	4,756,492			313,197		39,395	34,751
007 OPERATION OF PLANT	999,873			115,214		14,491	21,836
009 LAUNDRY & LINEN SERVICE	40,241			9,091		1,143	
010 HOUSEKEEPING	339,526			5,541		697	1,609
011 DIETARY	71,453			15,076		1,896	6,168
012 CAFETERIA	229,529			9,561		1,203	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	178,382			15,395		1,936	1,229
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	1,511,454			8,478		1,066	42,230
017 MEDICAL RECORDS & LIBRARY	264,136			15,526		1,953	
018 SOCIAL SERVICE	145,428			3,022		380	2,829
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 ADULTS & PEDIATRICS	1,663,674			55,917		7,033	40,553
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,065,520			50,317		6,329	136,115
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	1,339,681			34,896		4,389	629,791
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	1,253,603			15,408		1,938	360
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	616,231			16,068		2,021	4,786
050 PHYSICAL THERAPY	450,977			34,100		4,289	3,197
051 OCCUPATIONAL THERAPY	23,832						
052 SPEECH PATHOLOGY	45,766						
053 ELECTROCARDIOLOGY							
053 01 ONCOLOGY	201,949			6,990		879	348
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 CLINIC	32,538			3,642		458	3,226
061 EMERGENCY	1,507,582			42,590		5,357	21,806
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS 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 KIDNEY ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	22,084,115			773,162		97,247	951,105
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP	101			2,212		278	
097 RESEARCH							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL	C	OLD CAP REL	C	NEW CAP REL	C	NEW CAP REL	C	NEW CAP REL	C	NEW CAP REL	C
		OSTS-BLDG &		OSTS-MVBLE	E	OSTS-BLDG &		OSTS-MVBLE	E	OSTS-MVBLE	E	OSTS-MVBLE	E
	0	1		2		3		4		4.01		4.02	
098 NONREIMBURS COST CENTERS													
099 PHYSICIANS' PRIVATE OFFIC													
100 NONPAID WORKERS													
100 INTERNAL MEDICINE													
100 01 OCC. HEALTH													
100 02 OTHER NONREIMBURSABLE COS													
100 03 ALEXANDRIA CLINIC													
100 04 MERCY CLINIC	49												
100 05 OTHER NONREIMBURSABLE COS													
100 06 FOUNDATION	44,164					8,856				1,114			
100 07 PSYCH SERVICES													
100 08 MARKETING	358,004					2,389				300			
101 CROSS FOOT ADJUSTMENT													
102 NEGATIVE COST CENTER													
103 TOTAL	22,486,433					786,619				98,939		951,105	

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
	5	5a.00	6	7	8	9	10
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	3,513,383						
006 ADMINISTRATIVE & GENERAL	773,033	5,916,868	5,916,868				
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	135,916	1,287,330	459,697		1,747,027		
009 LAUNDRY & LINEN SERVICE	10,374	60,849	21,729		44,730	127,308	
010 HOUSEKEEPING	88,046	435,419	155,485		27,262	21,392	639,558
011 DIETARY	32,328	126,921	45,323		74,175	2,442	5,110
012 CAFETERIA	47,200	287,493	102,662		47,042	3,770	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	51,744	248,686	88,804		75,748		76,853
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	101,028	1,664,256	594,294		41,711		13,490
017 MEDICAL RECORDS & LIBRARY	61,879	343,494	122,659		76,390		4,088
018 SOCIAL SERVICE	35,204	186,863	66,727		14,867		2,044
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	494,936	2,262,113	807,785		275,120	43,915	140,421
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	192,133	1,450,414	517,933		247,571	15,221	68,269
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	380,722	2,389,479	853,258		171,694	7,906	84,212
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	44,671	1,315,980	469,927		75,813	1,197	22,075
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	179,314	818,420	292,252		79,056		15,125
050 PHYSICAL THERAPY	139,795	632,358	225,811		167,777	5,953	54,983
051 OCCUPATIONAL THERAPY		23,832	8,510				
052 SPEECH PATHOLOGY		45,766	16,343				
053 ELECTROCARDIOLOGY							
053 01 ONCOLOGY	56,308	266,474	95,156		34,390	85	15,125
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							
060 CLINIC	9,049	48,913	17,466		17,918	65	6,336
061 EMERGENCY	668,286	2,245,621	801,896		209,552	25,362	121,207
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 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							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	3,501,966	22,057,549	5,763,717		1,680,816	127,308	629,338
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		2,591	925		10,885		
097 RESEARCH							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	5	5a.00	6	7	8	9	10
098 NONREIMBURS COST CENTERS							
099 PHYSICIANS' PRIVATE OFFICE							
100 NONPAID WORKERS							
100 INTERNAL MEDICINE							
100 01 OCC. HEALTH							1,022
100 02 OTHER NONREIMBURSABLE COSTS							
100 03 ALEXANDRIA CLINIC							
100 04 MERCY CLINIC		49	17				
100 05 OTHER NONREIMBURSABLE COSTS							
100 06 FOUNDATION	11,417	65,551	23,408		43,574		1,431
100 07 PSYCH SERVICES							
100 08 MARKETING		360,693	128,801		11,752		7,767
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,513,383	22,486,433	5,916,868		1,747,027	127,308	639,558

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	MAINTENANCE F PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17
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							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	253,971						
012 CAFETERIA		440,967					
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		9,921		500,012			
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY		14,370		17,774		2,345,895	
017 MEDICAL RECORDS & LIBRARY		18,919					565,550
018 SOCIAL SERVICE		8,084		7,349			
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	253,971	119,638		148,166			31,189
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		40,072		46,148			95,036
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		69,538		86,011			159,570
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		12,675		15,677			70,973
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		30,807		45,075			26,690
050 PHYSICAL THERAPY		28,720		35,929			20,863
051 OCCUPATIONAL THERAPY							1,206
052 SPEECH PATHOLOGY							1,501
053 ELECTROCARDIOLOGY							
053 01 ONCOLOGY		9,732		16,176			4,227
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS						2,345,895	76,791
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
OUTPAT SERVICE COST CNTRS							
060 CLINIC		1,707		5,296			2,657
061 EMERGENCY		76,784		76,411			74,847
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							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	253,971	440,967		500,012		2,345,895	565,550
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	MAINTENANCE F PERSONNEL 13	O NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17
098 NONREIMBURS COST CENTERS							
099 PHYSICIANS' PRIVATE OFFIC							
100 NONPAID WORKERS							
100 INTERNAL MEDICINE							
100 01 OCC. HEALTH							
100 02 OTHER NONREIMBURSABLE COS							
100 03 ALEXANDRIA CLINIC							
100 04 MERCY CLINIC							
100 05 OTHER NONREIMBURSABLE COS							
100 06 FOUNDATION							
100 07 PSYCH SERVICES							
100 08 MARKETING							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	253,971	440,967		500,012		2,345,895	565,550

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	NURSING SCHOO L	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PR	SUBTOTAL
	18	20	21	22	23	24		25
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
004 01 NEW CAP REL COSTS-MVBLE E								
004 02 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 ADMINISTRATIVE & GENERAL								
007 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT								
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	285,934							
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	277,339							4,359,657
026 ADULTS & PEDIATRICS								
027 INTENSIVE CARE UNIT								
028 CORONARY CARE UNIT								
029 BURN INTENSIVE CARE UNIT								
029 SURGICAL INTENSIVE CARE U								
031 SUBPROVIDER								
033 NURSERY								
034 SKILLED NURSING FACILITY								
035 NURSING FACILITY								
035 01 ICF/MR								
036 OTHER LONG TERM CARE								
ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM								2,480,664
038 RECOVERY ROOM								
039 DELIVERY ROOM & LABOR ROO								
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC								3,821,668
042 RADIOLOGY-THERAPEUTIC								
043 RADIOISOTOPE								
044 LABORATORY								1,984,317
045 PBP CLINICAL LAB SERVICES								
046 WHOLE BLOOD & PACKED RED								
047 BLOOD STORING, PROCESSING								
048 INTRAVENOUS THERAPY								
049 RESPIRATORY THERAPY								1,307,425
050 PHYSICAL THERAPY								1,172,394
051 OCCUPATIONAL THERAPY								33,548
052 SPEECH PATHOLOGY								63,610
053 ELECTROCARDIOLOGY								
053 01 ONCOLOGY								441,365
054 ELECTROENCEPHALOGRAPHY								
055 MEDICAL SUPPLIES CHARGED								
055 30 IMPL. DEV. CHARGED TO PAT								
056 DRUGS CHARGED TO PATIENTS								2,422,686
057 RENAL DIALYSIS								
058 ASC (NON-DISTINCT PART)								
OUTPAT SERVICE COST CNTRS								
060 CLINIC								100,358
061 EMERGENCY	8,595							3,640,275
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								
086 OTHER ORGAN ACQUISITION								
092 AMBULATORY SURGICAL CENTE								
093 HOSPICE								
095 SUBTOTALS	285,934							21,827,967
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								14,401
097 RESEARCH								

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	NURSING SCHOO L	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PR	SUBTOTAL
	18	20	21	22	23	24		25
NONREIMBURS COST CENTERS								
098 PHYSICIANS' PRIVATE OFFIC								
099 NONPAID WORKERS								
100 INTERNAL MEDICINE								
100 01 OCC. HEALTH								1,022
100 02 OTHER NONREIMBURSABLE COS								
100 03 ALEXANDRIA CLINIC								
100 04 MERCY CLINIC								66
100 05 OTHER NONREIMBURSABLE COS								
100 06 FOUNDATION								133,964
100 07 PSYCH SERVICES								
100 08 MARKETING								509,013
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	285,934							22,486,433

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER	I&R COST POST STEP-DOWN ADJ	TOTAL
	26	27
001 GENERAL SERVICE COST CNTR		
002 OLD CAP REL COSTS-BLDG &		
003 OLD CAP REL COSTS-MVBLE E		
004 NEW CAP REL COSTS-BLDG &		
004 NEW CAP REL COSTS-MVBLE E		
004 01 NEW CAP REL COSTS-MVBLE E		
004 02 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
006 ADMINISTRATIVE & GENERAL		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
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		4,359,657
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		
034 SKILLED NURSING FACILITY		
035 NURSING FACILITY		
035 01 ICF/MR		
036 OTHER LONG TERM CARE		
037 ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM		2,480,664
038 RECOVERY ROOM		
039 DELIVERY ROOM & LABOR ROO		
040 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC		3,821,668
042 RADIOLOGY-THERAPEUTIC		
043 RADIOISOTOPE		
044 LABORATORY		1,984,317
045 PBP CLINICAL LAB SERVICES		
046 WHOLE BLOOD & PACKED RED		
047 BLOOD STORING, PROCESSING		
048 INTRAVENOUS THERAPY		
049 RESPIRATORY THERAPY		1,307,425
050 PHYSICAL THERAPY		1,172,394
051 OCCUPATIONAL THERAPY		33,548
052 SPEECH PATHOLOGY		63,610
053 ELECTROCARDIOLOGY		
053 01 ONCOLOGY		441,365
054 ELECTROENCEPHALOGRAPHY		
055 MEDICAL SUPPLIES CHARGED		
055 30 IMPL. DEV. CHARGED TO PAT		
056 DRUGS CHARGED TO PATIENTS		2,422,686
057 RENAL DIALYSIS		
058 ASC (NON-DISTINCT PART)		
060 OUTPAT SERVICE COST CNTRS		
060 CLINIC		100,358
061 EMERGENCY		3,640,275
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		
082 SPEC PURPOSE COST CENTERS		
083 KIDNEY ACQUISITION		
086 OTHER ORGAN ACQUISITION		
092 AMBULATORY SURGICAL CENTE		
093 HOSPICE		
095 SUBTOTALS		21,827,967
095 NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		14,401
097 RESEARCH		

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
NONREIMBURS COST CENTERS		
098 PHYSICIANS' PRIVATE OFFIC		
099 NONPAID WORKERS		
100 INTERNAL MEDICINE		
100 01 OCC. HEALTH		1,022
100 02 OTHER NONREIMBURSABLE COS		
100 03 ALEXANDRIA CLINIC		
100 04 MERCY CLINIC		66
100 05 OTHER NONREIMBURSABLE COS		
100 06 FOUNDATION		133,964
100 07 PSYCH SERVICES		
100 08 MARKETING		509,013
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		22,486,433

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
I 15-1308 I FROM 7/ 1/2009 I WORKSHEET B
I I TO 6/30/2010 I PART III

Table with columns: COST CENTER DESCRIPTION, DIR ASSIGNED NEW CAPITAL REL COSTS, OLD CAP REL COSTS-BLDG & OSTS-MVBLE E, NEW CAP REL COSTS-BLDG & OSTS-MVBLE E, and sub-totals for categories 4.01 and 4.02.

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	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E
	0	1	2	3	4	4.01	4.02
NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 INTERNAL MEDICINE							
100 01 OCC. HEALTH							
100 02 OTHER NONREIMBURSABLE COS							
100 03 ALEXANDRIA CLINIC							
100 04 MERCY CLINIC							
100 05 OTHER NONREIMBURSABLE COS							
100 06 FOUNDATION				8,856		1,114	
100 07 PSYCH SERVICES							
100 08 MARKETING				2,389		300	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				786,619		98,939	951,105

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART III

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENE FITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	4a	5	6	7	8	9	10
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	3,798	3,798					
006 ADMINISTRATIVE & GENERAL	387,343	835	388,178				
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	151,541	147	30,158		181,846		
009 LAUNDRY & LINEN SERVICE	10,234	11	1,426		4,656	16,327	
010 HOUSEKEEPING	7,847	95	10,201		2,838	2,744	23,725
011 DIETARY	23,140	35	2,973		7,721	313	190
012 CAFETERIA	10,764	51	6,735		4,897	484	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	18,560	56	5,826		7,885		2,851
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	51,774	109	38,989		4,342		500
017 MEDICAL RECORDS & LIBRARY	17,479	67	8,047		7,951		152
018 SOCIAL SERVICE	6,231	38	4,378		1,547		76
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	103,503	535	52,995		28,636	5,632	5,209
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	192,761	208	33,979		25,769	1,952	2,532
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	669,076	412	55,980		17,871	1,014	3,124
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	17,706	48	30,829		7,891	153	819
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	22,875	194	19,173		8,229		561
050 PHYSICAL THERAPY	41,586	151	14,814		17,464	763	2,040
051 OCCUPATIONAL THERAPY			558				
052 SPEECH PATHOLOGY			1,072				
053 ELECTROCARDIOLOGY							
053 01 ONCOLOGY	8,217	61	6,243		3,580	11	561
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							
060 CLINIC	7,326	10	1,146		1,865	8	235
061 EMERGENCY	69,753	723	52,608		21,812	3,253	4,496
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 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							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	1,821,514	3,786	378,130		174,954	16,327	23,346
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	2,490		61		1,133		
097 RESEARCH							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART III

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENE FITS	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
	4a	5	6	7	8	9	10
098 NONREIMBURS COST CENTERS							
099 PHYSICIANS' PRIVATE OFFIC							
100 NONPAID WORKERS							
100 INTERNAL MEDICINE							
100 01 OCC. HEALTH							38
100 02 OTHER NONREIMBURSABLE COS							
100 03 ALEXANDRIA CLINIC							
100 04 MERCY CLINIC			1				
100 05 OTHER NONREIMBURSABLE COS							
100 06 FOUNDATION	9,970	12	1,536		4,536		53
100 07 PSYCH SERVICES							
100 08 MARKETING	2,689		8,450		1,223		288
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,836,663	3,798	388,178		181,846	16,327	23,725

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART III

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	34,372						
012 CAFETERIA		22,931					
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		516		35,694			
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY		747		1,269		97,730	
017 MEDICAL RECORDS & LIBRARY		984					34,680
018 SOCIAL SERVICE		420		525			
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	34,372	6,222		10,576			1,912
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		2,084		3,294			5,827
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROD							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		3,616		6,140			9,790
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		659		1,119			4,351
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		1,602		3,218			1,636
050 PHYSICAL THERAPY		1,493		2,565			1,279
051 OCCUPATIONAL THERAPY							74
052 SPEECH PATHOLOGY							92
053 ELECTROCARDIOLOGY							
053 01 ONCOLOGY		506		1,155			259
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS						97,730	4,708
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		89		378			163
061 EMERGENCY		3,993		5,455			4,589
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 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							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	34,372	22,931		35,694		97,730	34,680
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	MAINTENANCE F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17
098 NONREIMBURS COST CENTERS							
099 PHYSICIANS' PRIVATE OFFIC							
100 NONPAID WORKERS							
100 INTERNAL MEDICINE							
100 01 OCC. HEALTH							
100 02 OTHER NONREIMBURSABLE COS							
100 03 ALEXANDRIA CLINIC							
100 04 MERCY CLINIC							
100 05 OTHER NONREIMBURSABLE COS							
100 06 FOUNDATION							
100 07 PSYCH SERVICES							
100 08 MARKETING							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	34,372	22,931		35,694		97,730	34,680

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART III

COST CENTER DESCRIPTION	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	NURSING SCHOO L	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PR	SUBTOTAL
	18	20	21	22	23	24		25
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
004 01 NEW CAP REL COSTS-MVBLE E								
004 02 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 ADMINISTRATIVE & GENERAL								
007 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT								
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	13,215							
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	12,818							262,410
026 INTENSIVE CARE UNIT								
027 CORONARY CARE UNIT								
028 BURN INTENSIVE CARE UNIT								
029 SURGICAL INTENSIVE CARE U								
031 SUBPROVIDER								
033 NURSERY								
034 SKILLED NURSING FACILITY								
035 NURSING FACILITY								
035 01 ICF/MR								
036 OTHER LONG TERM CARE								
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM								268,406
038 RECOVERY ROOM								
039 DELIVERY ROOM & LABOR ROO								
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC								767,023
042 RADIOLOGY-THERAPEUTIC								
043 RADIOISOTOPE								
044 LABORATORY								63,575
045 PBP CLINICAL LAB SERVICES								
046 WHOLE BLOOD & PACKED RED								
047 BLOOD STORING, PROCESSING								
048 INTRAVENOUS THERAPY								
049 RESPIRATORY THERAPY								57,488
050 PHYSICAL THERAPY								82,155
051 OCCUPATIONAL THERAPY								632
052 SPEECH PATHOLOGY								1,164
053 ELECTROCARDIOLOGY								
053 01 ONCOLOGY								20,593
054 ELECTROENCEPHALOGRAPHY								
055 MEDICAL SUPPLIES CHARGED								
055 30 IMPL. DEV. CHARGED TO PAT								
056 DRUGS CHARGED TO PATIENTS								102,438
057 RENAL DIALYSIS								
058 ASC (NON-DISTINCT PART)								
058 OUTPAT SERVICE COST CNTRS								
060 CLINIC								11,220
061 EMERGENCY	397							167,079
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								
086 OTHER ORGAN ACQUISITION								
092 AMBULATORY SURGICAL CENTE								
093 HOSPICE								
095 SUBTOTALS	13,215							1,804,183
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								3,684
097 RESEARCH								

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PR	SUBTOTAL
	18	20	21	22	23	24		25
098 NONREIMBURS COST CENTERS								
099 PHYSICIANS' PRIVATE OFFIC								
100 NONPAID WORKERS								
100 INTERNAL MEDICINE								
100 01 OCC. HEALTH								38
100 02 OTHER NONREIMBURSABLE COS								
100 03 ALEXANDRIA CLINIC								
100 04 MERCY CLINIC								1
100 05 OTHER NONREIMBURSABLE COS								
100 06 FOUNDATION								16,107
100 07 PSYCH SERVICES								
100 08 MARKETING								12,650
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	13,215							1,836,663

ALLOCATION OF NEW CAPITAL RELATED COSTS

	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-MVBLE E	
004	01 NEW CAP REL COSTS-MVBLE E	
004	02 NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
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	262,410
026	ADULTS & PEDIATRICS	
027	INTENSIVE CARE UNIT	
028	CORONARY CARE UNIT	
029	BURN INTENSIVE CARE UNIT	
031	SURGICAL INTENSIVE CARE U	
033	SUBPROVIDER	
034	NURSERY	
035	SKILLED NURSING FACILITY	
035	01 NURSING FACILITY	
036	ICF/MR	
037	OTHER LONG TERM CARE	
038	ANCILLARY SRVC COST CNTRS	
039	OPERATING ROOM	268,406
040	RECOVERY ROOM	
041	DELIVERY ROOM & LABOR ROO	
042	ANESTHESIOLOGY	
043	RADIOLOGY-DIAGNOSTIC	767,023
044	RADIOLOGY-THERAPEUTIC	
045	RADIOISOTOPE	
046	LABORATORY	63,575
047	PBP CLINICAL LAB SERVICES	
048	WHOLE BLOOD & PACKED RED	
049	BLOOD STORING, PROCESSING	
050	INTRAVENOUS THERAPY	
051	RESPIRATORY THERAPY	57,488
052	PHYSICAL THERAPY	82,155
053	OCCUPATIONAL THERAPY	632
054	SPEECH PATHOLOGY	1,164
055	ELECTROCARDIOLOGY	
056	01 ONCOLOGY	20,593
057	ELECTROENCEPHALOGRAPHY	
058	MEDICAL SUPPLIES CHARGED	
059	30 IMPL. DEV. CHARGED TO PAT	
060	DRUGS CHARGED TO PATIENTS	102,438
061	RENAL DIALYSIS	
062	ASC (NON-DISTINCT PART)	
063	OUTPAT SERVICE COST CNTRS	
064	CLINIC	11,220
065	EMERGENCY	167,079
066	OBSERVATION BEDS (NON-DIS	
067	OTHER REIMBURS COST CNTRS	
068	HOME PROGRAM DIALYSIS	
069	AMBULANCE SERVICES	
070	DURABLE MEDICAL EQUIP-REN	
071	DURABLE MEDICAL EQUIP-SOL	
072	CORF	
073	I&R SERVICES-NOT APPRVD P	
074	HOME HEALTH AGENCY	
075	LUNG ACQUISITION	
076	SPEC PURPOSE COST CENTERS	
077	KIDNEY ACQUISITION	
078	OTHER ORGAN ACQUISITION	
079	AMBULATORY SURGICAL CENTE	
080	HOSPICE	
081	SUBTOTALS	1,804,183
082	NONREIMBURS COST CENTERS	
083	GIFT, FLOWER, COFFEE SHOP	3,684
084	RESEARCH	

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART III

	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
098 NONREIMBURS COST CENTERS		
099 PHYSICIANS' PRIVATE OFFIC		
100 NONPAID WORKERS		
100 INTERNAL MEDICINE		
100 01 OCC. HEALTH		38
100 02 OTHER NONREIMBURSABLE COS		
100 03 ALEXANDRIA CLINIC		
100 04 MERCY CLINIC		1
100 05 OTHER NONREIMBURSABLE COS		
100 06 FOUNDATION		16,107
100 07 PSYCH SERVICES		
100 08 MARKETING		12,650
101 CROSS FOOT ADJUSTMENTS		
102 NEGATIVE COST CENTER		
103 TOTAL		1,836,663

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-MVBLE E (SQUARE FEET)	OSTS-MVBLE E (DIRECT COST)
	1	2	3	4	4.01	4.02
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			120,532			
004 NEW CAP REL COSTS-MVB						
004 01 NEW CAP REL COSTS-MVB					120,532	
004 02 NEW CAP REL COSTS-MVB						951,103
005 EMPLOYEE BENEFITS			480		480	271
006 ADMINISTRATIVE & GENE			47,991		47,991	34,751
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT			17,654		17,654	21,836
009 LAUNDRY & LINEN SERVI			1,393		1,393	
010 HOUSEKEEPING			849		849	1,609
011 DIETARY			2,310		2,310	6,168
012 CAFETERIA			1,465		1,465	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO			2,359		2,359	1,229
015 CENTRAL SERVICES & SU						
016 PHARMACY			1,299		1,299	42,230
017 MEDICAL RECORDS & LIB			2,379		2,379	
018 SOCIAL SERVICE			463		463	2,829
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS			8,568		8,568	40,553
026 INTENSIVE CARE UNIT						
027 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						
ANCILLARY SRVC COST C						
037 OPERATING ROOM			7,710		7,710	136,115
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC			5,347		5,347	629,789
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY			2,361		2,361	360
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY			2,462		2,462	4,786
050 PHYSICAL THERAPY			5,225		5,225	3,197
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						
053 01 ONCOLOGY			1,071		1,071	348
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			558		558	3,226
061 EMERGENCY			6,526		6,526	21,806
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						
086 OTHER ORGAN ACQUISITI						
092 AMBULATORY SURGICAL C						
093 HOSPICE						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I WORKSHEET B-1
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C			
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	OSTS-MVBLE E	OSTS-MVBLE E
	(SQUARE FEET	(DOLLAR)VALUE	(SQUARE) FEET	(DOLLAR)VALUE	(SQUARE) FEET	(DIRECT COST)
	1	2	3	4	4.01	4.02
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS			118,470		118,470	951,103
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			339		339	
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
100 INTERNAL MEDICINE						
100 01 OCC. HEALTH						
100 02 OTHER NONREIMBURSABLE						
100 03 ALEXANDRIA CLINIC						
100 04 MERCY CLINIC						
100 05 OTHER NONREIMBURSABLE						
100 06 FOUNDATION			1,357		1,357	
100 07 PSYCH SERVICES						
100 08 MARKETING			366		366	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			786,619		98,939	951,105
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			6.526225		.820853	1.000002
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I WORKSHEET B-1
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(GROSS SALARIES	) RECONCILIATION	(ACCUM. COST	(SQUARE FEET	(SQUARE FEET	(POUNDS OF LAUNDRY	(HOURS OF SERVICE
	5	6a.00	6	7	8	9	10
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							
004 01 NEW CAP REL COSTS-MVB							
004 02 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS	11,016,813						
006 ADMINISTRATIVE & GENERAL	2,423,976	-5,916,868	16,569,565				
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	426,189		1,287,330		54,407		
009 LAUNDRY & LINEN SERVICE	32,530		60,849		1,393	177,128	
010 HOUSEKEEPING	276,083		435,419		849	29,764	3,129
011 DIETARY	101,371		126,921		2,310	3,397	25
012 CAFETERIA	148,003		287,493		1,465	5,246	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	162,252		248,686		2,359		376
015 CENTRAL SERVICES & SUPPLIES							
016 PHARMACY	316,790		1,664,256		1,299		66
017 MEDICAL RECORDS & LIBRARY	194,032		343,494		2,379		20
018 SOCIAL SERVICE	110,389		186,863		463		10
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PROGRAM							
025 INPATIENT ROUTINE SERVICES							
025 ADULTS & PEDIATRICS	1,551,957		2,262,113		8,568	61,100	687
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	602,465		1,450,414		7,710	21,178	334
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	1,193,818		2,389,479		5,347	11,000	412
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	140,074		1,315,980		2,361	1,665	108
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	562,269		818,420		2,462		74
050 PHYSICAL THERAPY	438,352		632,358		5,225	8,282	269
051 OCCUPATIONAL THERAPY			23,832				
052 SPEECH PATHOLOGY			45,766				
053 ELECTROCARDIOLOGY							
053 01 ONCOLOGY	176,564		266,474		1,071	118	74
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED TO PATIENT							
055 30 IMPL. DEV. CHARGED TO PATIENT							
056 DRUGS CHARGED TO PATIENT							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PARAPROVIDER)							
060 CLINIC	28,375		48,913		558	91	31
061 EMERGENCY	2,095,525		2,245,621		6,526	35,287	593
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
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							
086 KIDNEY ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I WORKSHEET B-1
 I I TO 6/30/2010 I

	COST CENTER DESCRIPTION	EMPLOYEE BENEFITS		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		(GROSS SALARIES	) RECONCILIATION	(ACCUM. COST	(SQUARE FEET	(SQUARE FEET	(POUNDS OF LAUNDRY	(HOURS OF SERVICE
		5	6a.00	6	7	8	9	10
095	SPEC PURPOSE COST CEN							
	SUBTOTALS	10,981,014	-5,916,868	16,140,681		52,345	177,128	3,079
096	NONREIMBURS COST CENT							
	GIFT, FLOWER, COFFEE			2,591		339		
097	RESEARCH							
098	PHYSICIANS' PRIVATE O							
099	NONPAID WORKERS							
100	INTERNAL MEDICINE							
100	01 OCC. HEALTH							5
100	02 OTHER NONREIMBURSABLE							
100	03 ALEXANDRIA CLINIC							
100	04 MERCY CLINIC			49				
100	05 OTHER NONREIMBURSABLE							
100	06 FOUNDATION	35,799		65,551		1,357		7
100	07 PSYCH SERVICES							
100	08 MARKETING			360,693		366		38
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	3,513,383		5,916,868		1,747,027	127,308	639,558
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.318911		.357093		32.110335	.718734	204.396932
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	3,798		388,178		181,846	16,327	23,725
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000345		.023427		3.342327	.092176	7.582295

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I WORKSHEET B-1
 I I TO 6/30/2010 I

	COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE O NURSING ADMIN CENTRAL SERVI PHARMACY			MEDICAL RECOR	
		(PATIENT AYS	D(HOURS)	(NUMBER)HOUSED	(DIRECT)SING HRS	NR(COSTED)EQUIS.	R(COSTED)EQUIS.	R(PATIENT REVEN)UE
		11	12	13	14	15	16	17
	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							
004	01 NEW CAP REL COSTS-MVB							
004	02 NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENE							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
011	DIETARY	3,980						
012	CAFETERIA		262,430					
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATIO		5,904		240,580			
015	CENTRAL SERVICES & SU					100		
016	PHARMACY		8,552		8,552		100	
017	MEDICAL RECORDS & LIB		11,259					52,297,949
018	SOCIAL SERVICE		4,811		3,536			
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	3,980	71,199		71,290			2,884,155
026	INTENSIVE CARE UNIT							
027	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							
037	OPERATING ROOM		23,848		22,204			8,788,195
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC		41,384		41,384			14,755,853
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY		7,543		7,543			6,563,108
045	PBP CLINICAL LAB SERV							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY		18,334		21,688			2,468,051
050	PHYSICAL THERAPY		17,092		17,287			1,929,293
051	OCCUPATIONAL THERAPY							111,501
052	SPEECH PATHOLOGY							138,847
053	ELECTROCARDIOLOGY							
053	01 ONCOLOGY		5,792		7,783			390,896
054	ELECTROENCEPHALOGRAPH							
055	MEDICAL SUPPLIES CHAR					100		
055	30 IMPL. DEV. CHARGED TO							
056	DRUGS CHARGED TO PATI						100	7,101,094
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PAR							
060	OUTPAT SERVICE COST C							
060	CLINIC		1,016		2,548			245,672
061	EMERGENCY		45,696		36,765			6,921,284
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							
086	OTHER ORGAN ACQUISITI							
092	AMBULATORY SURGICAL C							
093	HOSPICE							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I WORKSHEET B-1
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR
	(PATIENT AYS	D(HOURS)	(NUMBER)HOUSED	(DIRECT)SING HRS	NR(COSTED)EQUIS.	R(COSTED)EQUIS.	R(PATIENT REVEN)UE
	11	12	13	14	15	16	17
095 SPEC PURPOSE COST CEN							
SUBTOTALS	3,980	262,430		240,580	100	100	52,297,949
096 NONREIMBURS COST CENT							
097 GIFT, FLOWER, COFFEE							
098 RESEARCH							
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 INTERNAL MEDICINE							
100 01 OCC. HEALTH							
100 02 OTHER NONREIMBURSABLE							
100 03 ALEXANDRIA CLINIC							
100 04 MERCY CLINIC							
100 05 OTHER NONREIMBURSABLE							
100 06 FOUNDATION							
100 07 PSYCH SERVICES							
100 08 MARKETING							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	253,971	440,967		500,012		2,345,895	565,550
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		1.680322		2.078361		23,458.950000	.010814
(WRKSHT B, PT I)	63.811809						
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	34,372	22,931		35,694		97,730	34,680
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.087379		.148366		977.300000	.000663
(WRKSHT B, PT III)	8.636181						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I WORKSHEET B-1
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM
	(TIME SPENT)	(ASSIGNED) TIME	(ASSIGNED) TIME	(ASSIGNED) TIME	(ASSIGNED) TIME	(ASSIGNED) TIME
	18	20	21	22	23	24
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						
004 01 NEW CAP REL COSTS-MVB						
004 02 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 ADMINISTRATIVE & GENE						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO						
015 CENTRAL SERVICES & SU						
016 PHARMACY						
017 MEDICAL RECORDS & LIB						
018 SOCIAL SERVICE	4,990					
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	4,840					
026 INTENSIVE CARE UNIT						
027 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						
ANCILLARY SRVC COST C						
037 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						
053 01 ONCOLOGY						
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	150					
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						
086 OTHER ORGAN ACQUISITI						
092 AMBULATORY SURGICAL C						
093 HOSPICE						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I WORKSHEET B-1
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	NURSING SCHOO L	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM
	(TIME SPENT)	(ASSIGNED) TIME	(ASSIGNED) TIME	(ASSIGNED) TIME	(ASSIGNED) TIME	(ASSIGNED) TIME
	18	20	21	22	23	24
095 SPEC PURPOSE COST CEN						
SUBTOTALS	4,990					
096 NONREIMBURS COST CEN						
GIFT, FLOWER, COFFEE						
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
100 INTERNAL MEDICINE						
100 01 OCC. HEALTH						
100 02 OTHER NONREIMBURSABLE						
100 03 ALEXANDRIA CLINIC						
100 04 MERCY CLINIC						
100 05 OTHER NONREIMBURSABLE						
100 06 FOUNDATION						
100 07 PSYCH SERVICES						
100 08 MARKETING						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	285,934					
(PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER						
(WRKSHT B, PT I)	57.301403					
105 COST TO BE ALLOCATED						
(PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED	13,215					
(PER WRKSHT B, PART						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)	2.648297					

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	4,359,657		4,359,657		
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS	2,480,664		2,480,664		
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	3,821,668		3,821,668		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	1,984,317		1,984,317		
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,307,425		1,307,425		
50	PHYSICAL THERAPY	1,172,394		1,172,394		
51	OCCUPATIONAL THERAPY	33,548		33,548		
52	SPEECH PATHOLOGY	63,610		63,610		
53	ELECTROCARDIOLOGY					
53	01 ONCOLOGY	441,365		441,365		
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
55	30 IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS	2,422,686		2,422,686		
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	100,358		100,358		
60	CLINIC					
61	EMERGENCY	3,640,275		3,640,275		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	432,526		432,526		
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	22,260,493		22,260,493		
102	LESS OBSERVATION BEDS	432,526		432,526		
103	TOTAL	21,827,967		21,827,967		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,544,600		2,544,600			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,610,990	7,177,205	8,788,195	.282272	.282272	
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,257,143	13,498,710	14,755,853	.258993	.258993	
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,366,374	5,196,734	6,563,108	.302344	.302344	
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,405,420	1,062,631	2,468,051	.529740	.529740	
50	PHYSICAL THERAPY	396,435	1,532,858	1,929,293	.607681	.607681	
51	OCCUPATIONAL THERAPY	20,629	90,872	111,501	.300876	.300876	
52	SPEECH PATHOLOGY	35,152	103,695	138,847	.458130	.458130	
53	ELECTROCARDIOLOGY						
53	01 ONCOLOGY	23,571	367,325	390,896	1.129111	1.129111	
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	2,616,024	4,485,071	7,101,095	.341171	.341171	
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS						
60	CLINIC	4,028	241,644	245,672	.408504	.408504	
61	EMERGENCY	356,480	6,564,805	6,921,285	.525954	.525954	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	19,118	320,437	339,555	1.273802	1.273802	
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	11,655,964	40,641,987	52,297,951			
102	LESS OBSERVATION BEDS						
103	TOTAL	11,655,964	40,641,987	52,297,951			

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	4,359,657		4,359,657		
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS	2,480,664		2,480,664		
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	3,821,668		3,821,668		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	1,984,317		1,984,317		
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,307,425		1,307,425		
50	PHYSICAL THERAPY	1,172,394		1,172,394		
51	OCCUPATIONAL THERAPY	33,548		33,548		
52	SPEECH PATHOLOGY	63,610		63,610		
53	ELECTROCARDIOLOGY					
53	01 ONCOLOGY	441,365		441,365		
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
55	30 IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS	2,422,686		2,422,686		
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	100,358		100,358		
60	CLINIC					
61	EMERGENCY	3,640,275		3,640,275		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	432,526		432,526		
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	22,260,493		22,260,493		
102	LESS OBSERVATION BEDS	432,526		432,526		
103	TOTAL	21,827,967		21,827,967		

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
I 15-1308 I FROM 7/ 1/2009 I WORKSHEET C
I I TO 6/30/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,544,600		2,544,600			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,610,990	7,177,205	8,788,195	.282272	.282272	
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,257,143	13,498,710	14,755,853	.258993	.258993	
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,366,374	5,196,734	6,563,108	.302344	.302344	
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,405,420	1,062,631	2,468,051	.529740	.529740	
50	PHYSICAL THERAPY	396,435	1,532,858	1,929,293	.607681	.607681	
51	OCCUPATIONAL THERAPY	20,629	90,872	111,501	.300876	.300876	
52	SPEECH PATHOLOGY	35,152	103,695	138,847	.458130	.458130	
53	ELECTROCARDIOLOGY						
53	01 ONCOLOGY	23,571	367,325	390,896	1.129111	1.129111	
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	2,616,024	4,485,071	7,101,095	.341171	.341171	
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS						
60	CLINIC	4,028	241,644	245,672	.408504	.408504	
61	EMERGENCY	356,480	6,564,805	6,921,285	.525954	.525954	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	19,118	320,437	339,555	1.273802	1.273802	
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	11,655,964	40,641,987	52,297,951			
102	LESS OBSERVATION BEDS						
103	TOTAL	11,655,964	40,641,987	52,297,951			

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	2,480,664	268,406	2,212,258			2,480,664
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	3,821,668	767,023	3,054,645			3,821,668
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,984,317	63,575	1,920,742			1,984,317
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,307,425	57,488	1,249,937			1,307,425
50	PHYSICAL THERAPY	1,172,394	82,155	1,090,239			1,172,394
51	OCCUPATIONAL THERAPY	33,548	632	32,916			33,548
52	SPEECH PATHOLOGY	63,610	1,164	62,446			63,610
53	ELECTROCARDIOLOGY						
53	01 ONCOLOGY	441,365	20,593	420,772			441,365
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	2,422,686	102,438	2,320,248			2,422,686
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	100,358	11,220	89,138			100,358
61	EMERGENCY	3,640,275	167,079	3,473,196			3,640,275
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	432,526		432,526			432,526
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	17,900,836	1,541,773	16,359,063			17,900,836
102	LESS OBSERVATION BEDS	432,526		432,526			432,526
103	TOTAL	17,468,310	1,541,773	15,926,537			17,468,310

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	8,788,195	.282272	.282272
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	14,755,853	.258993	.258993
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	6,563,108	.302344	.302344
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	2,468,051	.529740	.529740
50	PHYSICAL THERAPY	1,929,293	.607681	.607681
51	OCCUPATIONAL THERAPY	111,501	.300876	.300876
52	SPEECH PATHOLOGY	138,847	.458130	.458130
53	ELECTROCARDIOLOGY			
53	01 ONCOLOGY	390,896	1.129111	1.129111
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED			
55	30 IMPL. DEV. CHARGED TO PAT			
56	DRUGS CHARGED TO PATIENTS	7,101,095	.341171	.341171
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	245,672	.408504	.408504
61	EMERGENCY	6,921,285	.525954	.525954
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	339,555	1.273802	1.273802
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	49,753,351		
102	LESS OBSERVATION BEDS	339,555		
103	TOTAL	49,413,796		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	2,480,664	268,406	2,212,258			2,480,664
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	3,821,668	767,023	3,054,645			3,821,668
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	1,984,317	63,575	1,920,742			1,984,317
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	1,307,425	57,488	1,249,937			1,307,425
51	PHYSICAL THERAPY	1,172,394	82,155	1,090,239			1,172,394
52	OCCUPATIONAL THERAPY	33,548	632	32,916			33,548
53	SPEECH PATHOLOGY	63,610	1,164	62,446			63,610
53	ELECTROCARDIOLOGY						
54	01 ONCOLOGY	441,365	20,593	420,772			441,365
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	30 IMPL. DEV. CHARGED TO PAT						
58	DRUGS CHARGED TO PATIENTS	2,422,686	102,438	2,320,248			2,422,686
59	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC	100,358	11,220	89,138			100,358
63	EMERGENCY	3,640,275	167,079	3,473,196			3,640,275
64	OBSERVATION BEDS (NON-DIS	432,526		432,526			432,526
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
68	DURABLE MEDICAL EQUIP-REN						
69	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	17,900,836	1,541,773	16,359,063			17,900,836
102	LESS OBSERVATION BEDS	432,526		432,526			432,526
103	TOTAL	17,468,310	1,541,773	15,926,537			17,468,310

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	8,788,195	.282272	.282272
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	14,755,853	.258993	.258993
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	6,563,108	.302344	.302344
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	2,468,051	.529740	.529740
51	PHYSICAL THERAPY	1,929,293	.607681	.607681
52	OCCUPATIONAL THERAPY	111,501	.300876	.300876
53	SPEECH PATHOLOGY	138,847	.458130	.458130
53	ELECTROCARDIOLOGY			
53	01 ONCOLOGY	390,896	1.129111	1.129111
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED			
55	30 IMPL. DEV. CHARGED TO PAT			
56	DRUGS CHARGED TO PATIENTS	7,101,095	.341171	.341171
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	245,672	.408504	.408504
61	EMERGENCY	6,921,285	.525954	.525954
62	OBSERVATION BEDS (NON-DIS	339,555	1.273802	1.273802
62	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	49,753,351		
102	LESS OBSERVATION BEDS	339,555		
103	TOTAL	49,413,796		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I WORKSHEET C
 I I TO 6/30/2010 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM	2,508,682	5,945,317			
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	3,246,439	14,468,896			
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	1,655,323	5,487,565			
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,286,873	2,861,565			
50	PHYSICAL THERAPY	1,169,740	1,219,536			
51	OCCUPATIONAL THERAPY	55,614	88,303			
52	SPEECH PATHOLOGY	42,907	108,146			
53	ELECTROCARDIOLOGY					
53	01 ONCOLOGY	468,114	289,199			
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	390,097	1,476,906			
55	30 IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS	1,919,770	4,954,331			
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	114,462	172,519			
61	EMERGENCY	3,300,020	5,628,992			
62	OBSERVATION BEDS (NON-DIS	292,085	373,588			
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL	16,450,126	43,074,863			

COMPUTATION OF OUTPATIENT COST PER VISIT -
 RURAL PRIMARY CARE HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM	2,508,682	33,433	2,542,115	5,945,317			
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY							
42	RADIOLOGY-DIAGNOSTIC	3,246,439	540,000	3,786,439	14,468,896			
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
45	LABORATORY	1,655,323		1,655,323	5,487,565			
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY	1,286,873	22,920	1,309,793	2,861,565			
51	PHYSICAL THERAPY	1,169,740		1,169,740	1,219,536			
52	OCCUPATIONAL THERAPY	55,614		55,614	88,303			
53	SPEECH PATHOLOGY	42,907		42,907	108,146			
53	ELECTROCARDIOLOGY							
54	01 ONCOLOGY	468,114		468,114	289,199			
55	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED	390,097		390,097	1,476,906			
56	30 IMPL. DEV. CHARGED TO PAT							
57	DRUGS CHARGED TO PATIENTS	1,919,770		1,919,770	4,954,331			
58	RENAL DIALYSIS							
60	ASC (NON-DISTINCT PART)							
61	OUTPAT SERVICE COST CNTRS							
61	CLINIC	114,462		114,462	172,519			
62	EMERGENCY	3,300,020	619,067	3,919,087	5,628,992			
62	OBSERVATION BEDS (NON-DIS	292,085		292,085	373,588			
64	OTHER REIMBURS COST CNTRS							
65	HOME PROGRAM DIALYSIS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	16,450,126	1,215,420	17,665,546	43,074,863			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

TITLE XVIII, PART B

HOSPITAL

	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.282272		.282272		
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.258993		.258993		
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY	.302344		.302344		
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	.529740		.529740		
50 PHYSICAL THERAPY	.607681		.607681		
51 OCCUPATIONAL THERAPY	.300876		.300876		
52 SPEECH PATHOLOGY	.458130		.458130		
53 ELECTROCARDIOLOGY					
53 01 ONCOLOGY	1.129111		1.129111		
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS	.341171		.341171		
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.408504		.408504		
61 EMERGENCY	.525954		.525954		
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.273802		1.273802		
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 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		2,469,779			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		3,916,078			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY		1,750,863			
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		954,636			
50 PHYSICAL THERAPY		498,553			
51 OCCUPATIONAL THERAPY		25,385			
52 SPEECH PATHOLOGY		20,774			
53 ELECTROCARDIOLOGY					
53 01 ONCOLOGY		46,036			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS		1,602,238			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
OUTPAT SERVICE COST CNTRS					
60 CLINIC		2,340			
61 EMERGENCY		1,856,961			
62 OBSERVATION BEDS (NON-DISTINCT PART)		105,949			
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		13,249,592			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		13,249,592			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2010 I PART V
 I 15-1308 I I

TITLE XVIII, PART B

HOSPITAL

	All Other	Hospital I/P Part B Charges	Hospital I/P Part B Costs
Cost Center Description	9	10	11
(A) 37 ANCILLARY SRVC COST CNTRS			
38 OPERATING ROOM	697,149		
39 RECOVERY ROOM			
40 DELIVERY ROOM & LABOR ROOM			
41 ANESTHESIOLOGY			
42 RADIOLOGY-DIAGNOSTIC	1,014,237		
43 RADIOLOGY-THERAPEUTIC			
44 RADIOISOTOPE			
45 LABORATORY	529,363		
46 PBP CLINICAL LAB SERVICES-PRGM ONLY			
47 WHOLE BLOOD & PACKED RED BLOOD CELLS			
48 BLOOD STORING, PROCESSING & TRANS.			
49 INTRAVENOUS THERAPY			
50 RESPIRATORY THERAPY	505,709		
51 PHYSICAL THERAPY	302,961		
52 OCCUPATIONAL THERAPY	7,638		
53 SPEECH PATHOLOGY	9,517		
53 01 ELECTROCARDIOLOGY			
54 ONCOLOGY	51,980		
55 ELECTROENCEPHALOGRAPHY			
55 30 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 IMPL. DEV. CHARGED TO PATIENT			
57 DRUGS CHARGED TO PATIENTS	546,637		
58 RENAL DIALYSIS			
60 ASC (NON-DISTINCT PART)			
61 OUTPAT SERVICE COST CNTRS			
62 CLINIC	956		
62 EMERGENCY	976,676		
62 OBSERVATION BEDS (NON-DISTINCT PART)	134,958		
64 OTHER REIMBURS COST CNTRS			
65 HOME PROGRAM DIALYSIS			
66 AMBULANCE SERVICES			
67 DURABLE MEDICAL EQUIP-RENTED			
101 DURABLE MEDICAL EQUIP-SOLD			
102 SUBTOTAL	4,777,781		
103 CRNA CHARGES			
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
NET CHARGES	4,777,781		

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.341171
2	PROGRAM VACCINE CHARGES		1,674
3	PROGRAM COSTS		571

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)	4,354
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,062
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,062
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	405
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)	723
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	82
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)	82
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,540
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	405
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)	723
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	4,359,657
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	12,034
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	12,034
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	1,191,266
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,168,391

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,990,834
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,990,834
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.591489
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	650.17
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	3,168,391

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	1,034.75
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,593,515
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,593,515

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				
					1,385,776
					2,979,291

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)	419,074
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	748,124
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	1,167,198
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	418
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,034.75
85	OBSERVATION BED COST	432,526

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE 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)	4,354
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,062
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,062
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	1,128
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	164
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	273
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	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	
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	24,067
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	17,592
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	-17,592

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,990,834
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,990,834
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.008836
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	650.17
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	-17,592

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 - 5.74
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST -1,567
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST -1,567

	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					109,102
49 TOTAL PROGRAM INPATIENT COSTS					107,535

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 107,535

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 68
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	418
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	- 5.75
85	OBSERVATION BED COST	-2,404

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				

WKST A	TITLE XVIII, PART A	HOSPITAL	OTHER
LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES
		1	2
			3
25	INPAT ROUTINE SRVC CNTRS		
26	ADULTS & PEDIATRICS		1,238,951
27	INTENSIVE CARE UNIT		
28	CORONARY CARE UNIT		
29	BURN INTENSIVE CARE UNIT		
31	SURGICAL INTENSIVE CARE UNIT		
	SUBPROVIDER		
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.282272	773,196
38	RECOVERY ROOM		218,252
39	DELIVERY ROOM & LABOR ROOM		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.258993	412,536
42	RADIOLOGY-THERAPEUTIC		106,844
43	RADIOISOTOPE		
44	LABORATORY	.302344	589,861
45	PBP CLINICAL LAB SERVICES-PRGM ONLY		178,341
46	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	BLOOD STORING, PROCESSING & TRANS.		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.529740	784,834
50	PHYSICAL THERAPY	.607681	109,745
51	OCCUPATIONAL THERAPY	.300876	5,065
52	SPEECH PATHOLOGY	.458130	21,800
53	ELECTROCARDIOLOGY		9,987
53	01 ONCOLOGY	1.129111	2,428
54	ELECTROENCEPHALOGRAPHY		2,741
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		
55	30 IMPL. DEV. CHARGED TO PATIENT		
56	DRUGS CHARGED TO PATIENTS	.341171	1,081,545
57	RENAL DIALYSIS		368,992
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.408504	3,283
61	EMERGENCY	.525954	28,807
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.273802	122
	OTHER REIMBURS COST CNTRS		1,341
64	HOME PROGRAM DIALYSIS		15,151
65	AMBULANCE SERVICES		155
66	DURABLE MEDICAL EQUIP-RENTED		
67	DURABLE MEDICAL EQUIP-SOLD		
101	TOTAL		3,813,222
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES		1,385,776
103	NET CHARGES		3,813,222

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	.282272	67,246	18,982
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.258993	85,216	22,070
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.302344	176,969	53,506
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	.529740	216,927	114,915
50	PHYSICAL THERAPY	.607681	232,762	141,445
51	OCCUPATIONAL THERAPY	.300876	12,541	3,773
52	SPEECH PATHOLOGY	.458130	10,686	4,896
53	ELECTROCARDIOLOGY			
53	01 ONCOLOGY	1.129111	551	622
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55	30 IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS	.341171	467,225	159,404
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC	.408504	745	304
61	EMERGENCY	.525954	23,958	12,601
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.273802	28	36
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		1,294,854	532,554
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,294,854	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	OTHER		
			RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			54,071	
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		.282272	148,478	41,911
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM				
40	ANESTHESIOLOGY				
41	RADIOLOGY-DIAGNOSTIC		.258993	36,004	9,325
42	RADIOLOGY-THERAPEUTIC				
43	RADIOISOTOPE				
44	LABORATORY		.302344	36,940	11,169
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		.529740	24,576	13,019
50	PHYSICAL THERAPY		.607681	5,990	3,640
51	OCCUPATIONAL THERAPY		.300876	800	241
52	SPEECH PATHOLOGY		.458130		
53	ELECTROCARDIOLOGY				
53 01	ONCOLOGY		1.129111		
54	ELECTROENCEPHALOGRAPHY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				
55 30	IMPL. DEV. CHARGED TO PATIENT				
56	DRUGS CHARGED TO PATIENTS		.341171	49,249	16,802
57	RENAL DIALYSIS				
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS				
60	CLINIC		.408504		
61	EMERGENCY		.525954	24,707	12,995
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		1.273802		
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL			326,744	109,102
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			326,744	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) 4,778,352
 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) 4,778,352

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) 4,826,136
 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18 CAH DEDUCTIBLES 30,738
 18.01 CAH ACTUAL BILLED COINSURANCE 2,314,892
 LINE 17.01 (SEE INSTRUCTIONS)
 19 SUBTOTAL (SEE INSTRUCTIONS) 2,480,506
 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 2,480,506
 24 PRIMARY PAYER PAYMENTS 553
 25 SUBTOTAL 2,479,953

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26 COMPOSITE RATE ESRD
 27 BAD DEBTS (SEE INSTRUCTIONS) 497,993
 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 497,993
 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 381,416
 28 SUBTOTAL 2,977,946
 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 2,977,946
 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
 34 INTERIM PAYMENTS 2,586,711
 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
 35 BALANCE DUE PROVIDER/PROGRAM 391,235
 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

TO BE COMPLETED BY CONTRACTOR

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,576,139		2,384,716
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	5/20/2010	207,148	5/20/2010	258,383
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	1/21/2010	11,035	1/21/2010	56,388
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		196,113		201,995
4 TOTAL INTERIM PAYMENTS		2,772,252		2,586,711
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)		6,921		391,235
7 TOTAL MEDICARE PROGRAM LIABILITY		2,779,173		2,977,946

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

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		1,494,213		
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	5/20/2010	132,778		
ADJUSTMENTS TO PROVIDER .02	1/21/2010	23,985		
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		156,763		NONE
4 TOTAL INTERIM PAYMENTS		1,650,976		
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)		29,437		
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		1,680,413		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2010
I	15-1308	I	FROM 7/ 1/2009	I	
I	COMPONENT NO:	I	TO 6/30/2010	I	WORKSHEET E-2
I	15-Z308	I		I	

TITLE XVIII SWING BED SNF

	PART A	PART B
	1	2
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	1,178,870	
2 INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3 ANCILLARY SERVICES (SEE INSTRUCTIONS)	537,880	
4 PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5 PROGRAM DAYS	1,128	
6 INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7 UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8 SUBTOTAL	1,716,750	
9 PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10 SUBTOTAL	1,716,750	
11 DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12 SUBTOTAL	1,716,750	
13 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	36,337	
14 80% OF PART B COSTS		
15 SUBTOTAL	1,680,413	
16 OTHER ADJUSTMENTS (SPECIFY)		
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL	1,680,413	
19 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20 INTERIM PAYMENTS	1,650,976	
20.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21 BALANCE DUE PROVIDER/PROGRAM	29,437	
22 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2010
I	15-1308	I	FROM 7/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2010	I	PART II
I	15-1308	I		I	

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
HOSPITAL

1	INPATIENT SERVICES	2,979,291
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,979,291
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	3,009,084
	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 LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	3,009,084
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	279,569
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,729,515
23	COINSURANCE	13,673
24	SUBTOTAL	2,715,842
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	63,331
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	63,331
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	63,331
26	SUBTOTAL	2,779,173
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER 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	2,779,173
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,772,252
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	6,921
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2010
I	15-1308	I	FROM 7/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	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
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		107,535	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		107,535	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		107,535	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES		326,744	
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		326,744	
	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)		326,744	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		219,209	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		107,535	
	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		107,535	
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		107,535	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		107,535	
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)		107,535	
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		107,535	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		107,535	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		107,535	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/24/2010
I	15-1308	I	FROM 7/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	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
1

TITLE XVIII
SNF PPS
2

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

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3,544,116	2,313		
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	5,630,061			
5	OTHER RECEIVABLES	2,669,429			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3,050,741			
7	INVENTORY	157,654			
8	PREPAID EXPENSES	119,960			
9	OTHER CURRENT ASSETS	-2,313			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	9,068,166	2,313		
FIXED ASSETS					
12	LAND	457,300			
12.01					
13	LAND IMPROVEMENTS	507,925			
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	27,008,607			
14.01	LESS ACCUMULATED DEPRECIATION	-15,372,711			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	12,601,121			
OTHER ASSETS					
22	INVESTMENTS	3,140,282			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	19,669			
26	TOTAL OTHER ASSETS	3,159,951			
27	TOTAL ASSETS	24,829,238	2,313		

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	437,756			
29 SALARIES, WAGES & FEES PAYABLE	1,402,841			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	96,457			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,470,464			
36 TOTAL CURRENT LIABILITIES	3,407,518			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	11,858,291			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1,040,601			
42 TOTAL LONG-TERM LIABILITIES	12,898,892			
43 TOTAL LIABILITIES	16,306,410			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	8,522,828			
45 SPECIFIC PURPOSE FUND		2,313		
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	8,522,828	2,313		
52 TOTAL LIABILITIES AND FUND BALANCES	24,829,238	2,313		

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		8,031,316		901
2 NET INCOME (LOSS)		547,820		
3 TOTAL		8,579,136		901
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 RESTRICTED CONTR USED FOR CONTRIBUTIONS AND GRANT R	282,584		239,279	
6 OTHER RESTRICTED ACTIVITY			76,763	
7 ADDITIONS (CREDIT ADJUSTM	3			
8				
9				
10 TOTAL ADDITIONS		282,587		316,042
11 SUBTOTAL		8,861,723		316,943
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 NET ASSETS RELEASED FROM TRANSFERS FROM AFFILIATES			314,630	
14 DEFERRED PENSION COSTS	22,664			
15 OTHER UNRESTRICTED ACTIVI	239,468			
16 OTHER PENSION RELATED NET	76,763			
17 DEDUCTIONS (DEBIT ADJUSTM				
18 TOTAL DEDUCTIONS		338,895		314,630
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		8,522,828		2,313

	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 RESTRICTED CONTR USED FOR CONTRIBUTIONS AND GRANT R				
6 OTHER RESTRICTED ACTIVITY				
7 ADDITIONS (CREDIT ADJUSTM				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 NET ASSETS RELEASED FROM TRANSFERS FROM AFFILIATES				
14 DEFERRED PENSION COSTS				
15 OTHER UNRESTRICTED ACTIVI				
16 OTHER PENSION RELATED NET				
17 DEDUCTIONS (DEBIT ADJUSTM				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	1,990,834		1,990,834
2 00 SUBPROVIDER			
4 00 SWING BED - SNF	429,958		429,958
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	2,420,792		2,420,792
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	179,371		179,371
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	179,371		179,371
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	2,600,163		2,600,163
17 00 ANCILLARY SERVICES	9,227,210	40,809,014	50,036,224
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00 PROFESSIONAL FEES		3,806,260	3,806,260
25 00 TOTAL PATIENT REVENUES	11,827,373	44,615,274	56,442,647

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		23,464,604	
ADD (SPECIFY)			
27 00 BAD DEBTS	2,795,163		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		2,795,163	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		26,259,767	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2010
 I 15-1308 I FROM 7/ 1/2009 I WORKSHEET G-3
 I I TO 6/30/2010 I

DESCRIPTION		
1	TOTAL PATIENT REVENUES	56,442,647
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	30,298,647
3	NET PATIENT REVENUES	26,144,000
4	LESS: TOTAL OPERATING EXPENSES	26,259,767
5	NET INCOME FROM SERVICE TO PATIENTS	-115,767
OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	213,846
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	85,756
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	18
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	71,379
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	9,476
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	24,543
23	GOVERNMENTAL APPROPRIATIONS	
24	MISC	42,188
24.01	NET ASETS RELEASED	32,046
24.02	UNREALIZED GAINS/LOSSES	184,335
24.05		
25	TOTAL OTHER INCOME	663,587
26	TOTAL	547,820
OTHER EXPENSES		
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	547,820