

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		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-1311		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 7/26/2011 TIME 15:59

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:
 TIPTON HOSPITAL, INC 15-1311
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	732,130	628,463	1,075,639
3	SWING BED - SNF	0	311,569	0	0
100	TOTAL	0	1,043,699	628,463	1,075,639

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.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-1311
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC						
5	RVB						
6	RVA						
6.01	RVX						
6.02	RVL						
7	RHC						
8	RHB						
9	RHA						
9.01	RHX						
9.02	RHL						
10	RMC						
11	RMB						
12	RMA						
12.01	RMX						
12.02	RML						
13	RLB						
14	RLA						
14.01	RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45.01	ES3						
45.02	ES2						
45.03	ES1						
45.04	HE2						
45.05	HE1						
45.06	HD2						
45.07	HD1						
45.08	HC2						
45.09	HC1						
45.10	HB2						
45.11	HB1						
45.12	LE2						
45.13	LE1						
45.14	LD2						
45.15	LD1						
45.16	LC2						
45.17	LC1						
45.18	LB2						
45.19	LB1						
45.20	CE2						
45.21	CE1						
45.22	CD2						
45.23	CD1						
46	TOTAL						

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-1311
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET S-7

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

Worksheet S-2 reference data:

Transition Period : 0
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01): 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3.01	RUX			
3.02	RUL			
4	RVC			
5	RVB			
6	RVA			
6.01	RVX			
6.02	RVL			
7	RHC			
8	RHB			
9	RHA			
9.01	RHX			
9.02	RHL			
10	RMC			
11	RMB			
12	RMA			
12.01	RMX			
12.02	RML			
13	RLB			
14	RLA			
14.01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45.01	ES3			
45.02	ES2			
45.03	ES1			
45.04	HE2			
45.05	HE1			
45.06	HD2			
45.07	HD1			
45.08	HC2			
45.09	HC1			
45.10	HB2			
45.11	HB1			
45.12	LE2			
45.13	LE1			
45.14	LD2			
45.15	LD1			
45.16	LC2			
45.17	LC1			

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-1311
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET S-7

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

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

(4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

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

Worksheet S-2 reference data:

Transition Period : 0
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01): 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-1311	FROM 1/1/2010	7/26/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	2,172,000
17.01	GROSS MEDICAID REVENUES	5,665,000
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	7,837,000
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.454191
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-1311	FROM 1/ 1/2010	7/26/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	5,665,000
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	2,572,992
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	2,172,000
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	986,503
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	2,572,992

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1311

PERIOD: FROM 1/1/2010 TO 12/31/2010

PREPARED 7/26/2011 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,360,237	1,360,237	-85,797	1,274,440
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT-INTERE		1,456,902	1,456,902		1,456,902
3.02	0302 NEW CAP REL COSTS-BLDG & FIXT					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS		5,136,511	5,136,511		5,136,511
6.01	1160 COMMUNICATIONS	266,097	175,398	441,495		441,495
6.02	0650 PATIENT ACCOUNTING	221,608	106,034	327,642		327,642
6.06	0663 OTHER ADMINISTRATIVE AND GENERAL	1,818,428	1,847,351	3,665,779	-184,820	3,480,959
8	0800 OPERATION OF PLANT	480,890	1,432,324	1,913,214		1,913,214
8.01	0801 OPERATION OF PLANT-OFFSITE		6,601	6,601		6,601
9	0900 LAUNDRY & LINEN SERVICE	36,504	16,668	53,172		53,172
10	1000 HOUSEKEEPING	268,393	84,490	352,883		352,883
11	1100 DIETARY	364,182	273,789	637,971	-386,987	250,984
12	1200 CAFETERIA				386,987	386,987
14	1400 NURSING ADMINISTRATION	33,495	2,802	36,297	128,771	165,068
15	1500 CENTRAL SERVICES & SUPPLY	22,978	2,336,958	2,359,936		2,359,936
16	1600 PHARMACY	425,865	2,082,207	2,508,072		2,508,072
17	1700 MEDICAL RECORDS & LIBRARY	580,513	256,530	837,043		837,043
18	1800 SOCIAL SERVICE					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,643,773	100,043	1,743,816		1,743,816
26	2600 INTENSIVE CARE UNIT	655,630	12,618	668,248		668,248
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,138,902	268,230	1,407,132		1,407,132
38	3800 RECOVERY ROOM					
40	4000 ANESTHESIOLOGY	238,675	48,541	287,216		287,216
41	4100 RADIOLOGY-DIAGNOSTIC	860,477	2,265,835	3,126,312		3,126,312
44	4400 LABORATORY	941,695	1,074,259	2,015,954		2,015,954
48	4800 INTRAVENOUS THERAPY		87,999	87,999		87,999
49	4900 RESPIRATORY THERAPY	367,312	92,165	459,477		459,477
50	5000 PHYSICAL THERAPY	783,005	60,935	843,940	-49,812	794,128
51	5100 OCCUPATIONAL THERAPY	225,053	11,122	236,175	24,906	261,081
53	5300 ELECTROCARDIOLOGY	406,493	89,202	495,695		495,695
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55.30	5530 IMPL. DEV. CHARGED TO PATIENT					
56	5600 DRUGS CHARGED TO PATIENTS					
56.02	5602 ONCOLOGY	210,088	60,275	270,363		270,363
58	5800 ASC (NON-DISTINCT PART)					
59	3160 CARDIOPULMONARY					
59.97	3997 CARDIAC REHABILITATION	56,436	917	57,353		57,353
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
61	6100 EMERGENCY	1,512,254	316,172	1,828,426		1,828,426
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
62.01	6201 OBSERVATION BEDS (DISTINCT PART)	477,576	2,461	480,037		480,037
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	14,036,322	21,065,576	35,101,898	-166,752	34,935,146
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
97.04	9704 MEALS ON WHEELS					
97.05	9705 DME/OXYGEN THERAPY		56,665	56,665		56,665
97.06	9706 ASSISTED LIVING		40,466	40,466	141,846	182,312
97.07	9707 O/P CLINIC - OCC/MED SERVICES	92,708	78,164	170,872		170,872
98	9800 PHYSICIANS' PRIVATE OFFICES	3,267,331	964,191	4,231,522	24,906	4,256,428
99	9900 NONPAID WORKERS					
99.01	9901 CLARIAN HOME HEALTH AGENCY					
99.02	9902 MED NETWORK	232,516	102,213	334,729		334,729
100	7950 COMMUNITY FITNESS	54,049	55,521	109,570		109,570
100.01	7951 BEHAVIOR HEALTH SERVICES					
100.02	7952 COUNTY HEALTH DEPARTMENT		-760	-760		-760
100.03	7953 PUBLIC RELATIONS	70,059	77,954	148,013		148,013
100.04	7954 FOUNDATION	49,315	4,416	53,731		53,731
100.05	7957 LI FELINE					
100.06	7956 MILLERS-AUTUMNWOOD					
100.07	7958 VACANT OR SHELL SPACE					
101	TOTAL	17,802,300	22,444,406	40,246,706	-0-	40,246,706

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1311
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 7/26/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	1,767,915	3,042,355
3.01 0301	NEW CAP REL COSTS-BLDG & FIXT-INTERE	-6,659	1,450,243
3.02 0302	NEW CAP REL COSTS-BLDG & FIXT		
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	453,217	453,217
5 0500	EMPLOYEE BENEFITS	351,996	5,488,507
6.01 1160	COMMUNICATIONS	-1,174	440,321
6.02 0650	PATIENT ACCOUNTING		327,642
6.06 0663	OTHER ADMINISTRATIVE AND GENERAL	2,345,384	5,826,343
8 0800	OPERATION OF PLANT	254,644	2,167,858
8.01 0801	OPERATION OF PLANT-OFFSITE		6,601
9 0900	LAUNDRY & LINEN SERVICE	-11,020	42,152
10 1000	HOUSEKEEPING	47,391	400,274
11 1100	DIETARY	-37,194	213,790
12 1200	CAFETERIA	-83,660	303,327
14 1400	NURSING ADMINISTRATION		165,068
15 1500	CENTRAL SERVICES & SUPPLY		2,359,936
16 1600	PHARMACY	-447,746	2,060,326
17 1700	MEDICAL RECORDS & LIBRARY	-7,343	829,700
18 1800	SOCIAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		1,743,816
26 2600	INTENSIVE CARE UNIT	-13,360	654,888
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		1,407,132
38 3800	RECOVERY ROOM		
40 4000	ANESTHESIOLOGY		287,216
41 4100	RADIOLOGY-DIAGNOSTIC	-639,493	2,486,819
44 4400	LABORATORY	-119,924	1,896,030
48 4800	INTRAVENOUS THERAPY		87,999
49 4900	RESPIRATORY THERAPY		459,477
50 5000	PHYSICAL THERAPY	-1,905	792,223
51 5100	OCCUPATIONAL THERAPY		261,081
53 5300	ELECTROCARDIOLOGY		495,695
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		
56 5600	DRUGS CHARGED TO PATIENTS		
56.02 5602	ONCOLOGY	-73,153	197,210
58 5800	ASC (NON-DISTINCT PART)		
59 3160	CARDIOPULMONARY		
59.97 3997	CARDIAC REHABILITATION		57,353
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		
61 6100	EMERGENCY	-579,398	1,249,028
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
62.01 6201	OBSERVATION BEDS (DISTINCT PART)		480,037
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	3,198,518	38,133,664
	NONREIMBURS COST CENTERS		
96 9600	GI FT, FLOWER, COFFEE SHOP & CANTEEN		
97 9700	RESEARCH		
97.04 9704	MEALS ON WHEELS		
97.05 9705	DME/OXYGEN THERAPY		56,665
97.06 9706	ASSISTED LIVING		182,312
97.07 9707	O/P CLINIC - OCC/MED SERVICES		170,872
98 9800	PHYSICIANS' PRIVATE OFFICES		4,256,428
99 9900	NONPAID WORKERS		
99.01 9901	CLARIAN HOME HEALTH AGENCY		
99.02 9902	MED NETWORK		334,729
100 7950	COMMUNITY FITNESS		109,570
100.01 7951	BEHAVIOR HEALTH SERVICES		
100.02 7952	COUNTY HEALTH DEPARTMENT	760	
100.03 7953	PUBLIC RELATIONS		148,013
100.04 7954	FOUNDATION		53,731
100.05 7957	LIFELINE		
100.06 7956	MILLERS-AUTUMNWOOD		
100.07 7958	VACANT OR SHELL SPACE		
101	TOTAL	3,199,278	43,445,984

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-1311
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/26/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG & FIXT-INTERE	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-BLDG & FIXT	0302	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	1160	COMMUNICATIONS
6.02	PATIENT ACCOUNTING	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0663	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT-OFFSITE	0801	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
56.02	ONCOLOGY	5602	DRUGS CHARGED TO PATIENTS
58	ASC (NON-DISTINCT PART)	5800	
59	CARDIOPULMONARY	3160	CARDIOPULMONARY
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
62.01	OBSERVATION BEDS (DISTINCT PART)	6201	OBSERVATION BEDS (NON-DISTINCT PART)
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
97.04	MEALS ON WHEELS	9704	RESEARCH
97.05	DME/OXYGEN THERAPY	9705	RESEARCH
97.06	ASSISTED LIVING	9706	RESEARCH
97.07	O/P CLINIC - OCC/MED SERVICES	9707	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
99.01	CLARIAN HOME HEALTH AGENCY	9901	NONPAID WORKERS
99.02	MED NETWORK	9902	NONPAID WORKERS
100	COMMUNITY FITNESS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	BEHAVIOR HEALTH SERVICES	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	COUNTY HEALTH DEPARTMENT	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	PUBLIC RELATIONS	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	FOUNDATION	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	LIFELINE	7957	OTHER NONREIMBURSABLE COST CENTERS
100.06	MILLERS-AUTUMNWOOD	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	VACANT OR SHELL SPACE	7958	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 151311	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 7/26/2011 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 CAFETERIA FROM DIETARY	A	CAFETERIA	12	220,909	166,078
2 INSURANCE	B	NEW CAP REL COSTS-BLDG & FIXT	3		56,049
3 ASSISTED LIVING DEPRECIATION	C	ASSISTED LIVING	97.06		141,846
4 VP OF NURSING	D	NURSING ADMINISTRATION	14	128,771	
5 ROC AND PT CLERICAL	E	OCCUPATIONAL THERAPY	51	24,906	
6		PHYSICIANS' PRIVATE OFFICES	98	24,906	
36 TOTAL RECLASSIFICATIONS				399,492	363,973

(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: 151311	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 7/26/2011 WORKSHEET A-6
------------------------	--	-------------------------------------

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	
	1	6	7	8	9
1 CAFETERIA FROM DIETARY	A	DIETARY	11	220,909	166,078
2 INSURANCE	B	OTHER ADMINISTRATIVE AND GENERAL	6.06		56,049
3 ASSISTED LIVING DEPRECIATION	C	NEW CAP REL COSTS-BLDG & FIXT	3		141,846
4 VP OF NURSING	D	OTHER ADMINISTRATIVE AND GENERAL	6.06	128,771	
5 ROC AND PT CLERICAL	E	PHYSICAL THERAPY	50	49,812	
6					
36 TOTAL RECLASSIFICATIONS				399,492	363,973

(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:
151311

PERIOD:
FROM 1/1/2010
TO 12/31/2010

PREPARED 7/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CAFETERIA FROM DIETARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	386,987	DIETARY	11	386,987	
TOTAL RECLASSIFICATIONS FOR CODE A			386,987				386,987

RECLASS CODE: B
EXPLANATION : INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	56,049	OTHER ADMINISTRATIVE AND GENER	6.06	56,049	
TOTAL RECLASSIFICATIONS FOR CODE B			56,049				56,049

RECLASS CODE: C
EXPLANATION : ASSISTED LIVING DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ASSISTED LIVING	97.06	141,846	NEW CAP REL COSTS-BLDG & FIXT	3	141,846	
TOTAL RECLASSIFICATIONS FOR CODE C			141,846				141,846

RECLASS CODE: D
EXPLANATION : VP OF NURSING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	128,771	OTHER ADMINISTRATIVE AND GENER	6.06	128,771	
TOTAL RECLASSIFICATIONS FOR CODE D			128,771				128,771

RECLASS CODE: E
EXPLANATION : ROC AND PT CLERICAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	24,906	PHYSICAL THERAPY	50	49,812	
2.00	PHYSICIANS' PRIVATE OFFICES	98	24,906			0	
TOTAL RECLASSIFICATIONS FOR CODE E			49,812				49,812

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	147,308					147,000	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMENT	1,217,075	13,925		13,925		1,231,000	
5 FIXED EQUIPMENT	1,068,022	308,978		308,978		1,377,000	
6 MOVABLE EQUIPMENT	3,387,837	207,163		207,163		3,595,000	
7 SUBTOTAL	5,820,242	530,066		530,066	308	6,350,000	
8 RECONCILING ITEMS							
9 TOTAL	5,820,242	530,066		530,066	308	6,350,000	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS
*		1	2	3	4	5	6	7
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	2,755,000		2,755,000	.433858			
3 01	NEW CAP REL COSTS-BL	3,595,000		3,595,000	.566142			
3 02	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	6,350,000		6,350,000	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	2,986,306		56,049				3,042,355
3 01	NEW CAP REL COSTS-BL	1,456,902		-6,659				1,450,243
3 02	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	453,217						453,217
5	TOTAL	4,896,425		49,390				4,945,815

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,360,237						1,360,237
3 01	NEW CAP REL COSTS-BL	1,456,902						1,456,902
3 02	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	2,817,139						2,817,139

* 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).

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-55,294	OTHER ADMINISTRATIVE AND	6.06	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,411,968			
13 SALE OF SCRAP, WASTE, ETC.	B				
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	3,688,852			
15 LAUNDRY AND LINEN SERVICE	B	-11,020	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-88,218	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES	B	-1,696	MEDICAL RECORDS & LIBRARY	17	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-431,237	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-5,647	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 MISC NON OPERATING INCOME	B	-4,378	INTENSIVE CARE UNIT	26	
38 MISC NON OPERATING INCOME	B	-8,982	INTENSIVE CARE UNIT	26	
39 DIETARY INCOME - OTHER REVENUE	B	-18,597	DIETARY	11	
40 DEPRECIATION TO MEDICARE BOOK	A	1,628,202	NEW CAP REL COSTS-BLDG &	3	9
41 PATIENT TELEPHONE SALARY	A	-18,513	COMMUNICATIONS	6.01	
42 PATIENT TELEPHONE BENEFIT	A	-5,342	EMPLOYEE BENEFITS	5	
43 CAPITAL CARRY FORWARD	A	398	NEW CAP REL COSTS-BLDG &	3	9
44 PATIENT TELEVISION CABLE 900.072	A	-8,213	OTHER ADMINISTRATIVE AND	6.06	
45 DIETARY INCOME	B	-18,597	DIETARY	11	
46 EDUCATION SERVICES	B	-1,000	OTHER ADMINISTRATIVE AND	6.06	
47 OTHER ADJUSTMENTS (SPECIFY)					
48 LIFELINE RENTAL 553.200	B	-3,899	OTHER ADMINISTRATIVE AND	6.06	
49 SPORTS PHYSICAL REVENUE 540.200	B	-40	PHYSICAL THERAPY	50	
49.01 PHYSICAL THERAPY SALES 578.200	B	-1,469	PHYSICAL THERAPY	50	
49.02 ORTHOPEDIC ROC	A	-396	PHYSICAL THERAPY	50	
49.03 INVESTMENT INCOME	A	-6,659	NEW CAP REL COSTS-BLDG &	3.01	11
49.04 PHARMACY TAXABLE SALES	B	-16,509	PHARMACY	16	
49.05 MISCELLANEOUS OPERATING INCOME	B	-273	OTHER ADMINISTRATIVE AND	6.06	
49.06 CASH OVER/SHORT	B	513	OTHER ADMINISTRATIVE AND	6.06	
49.07 PHYSICIAN RECRUITMENT	A	-1,500	OTHER ADMINISTRATIVE AND	6.06	
49.08 COUNTY HEALTH DEPARTMENT	A	760	COUNTY HEALTH DEPARTMENT	100.02	
50 TOTAL (SUM OF LINES 1 THRU 49)		3,199,278			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	3	NEW CAP REL COSTS-BLDG &	CAPITAL BUILDING - OTHER	139,315		139,315	9
2	3 1	NEW CAP REL COSTS-BLDG &	CAPITAL INTEREST	198,000	198,000		11
3	4	NEW CAP REL COSTS-MVBLE E	CAPITAL MME - OTHER	453,217		453,217	9
4	5	EMPLOYEE BENEFITS	EH&W	434,338	77,000	357,338	
4.01	6 1	COMMUNICATIONS	NON PATIENT PHONES	17,339		17,339	
4.02	6 6	OTHER ADMINISTRATIVE AND	OTHER A&G	2,776,050	361,000	2,415,050	
4.03	8	OPERATION OF PLANT	OPERATION OF PLANT	254,644		254,644	
4.04	10	HOUSEKEEPING	HOUSEKEEPING	47,391		47,391	
4.05	12	CAFETERIA	CAFETERIA	4,558		4,558	
5		TOTALS		4,324,852	636,000	3,688,852	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B	CLARIAN HEALTH PARTNERS	100.00	CLARIAN HEALTH PARTNERS	100.00	HEALTHCARE
2			0.00		0.00	
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-1311
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 7/26/2011
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 37	OR	13,750		13,750				
2 40	ANESTHESIA	30,000		30,000				
3 41	RADIOLOGY	655,200	639,493	15,707				
4 44	PATHOLOGY	164,957	119,924	45,033				
5 49	RESPIRATORY	1,667		1,667				
6 50	PHYSICAL THERAPY	51,770		51,770				
7 51	OCCUPATIONAL THERAPY	5,000		5,000				
8 56	2 ONCOLOGY	73,153	73,153					
9 61	EMERGENCY ROOM	1,032,308	579,398	452,910				
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,027,805	1,411,968	615,837				

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

PROVIDER NO: 15-1311
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/26/2011
 WORKSHEET A-8-4
 PARTS I - VII

PHYSICAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	260
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		322.58		
10	AHSEA (SEE INSTRUCTIONS)		72.00		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	36.00	36.00		
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)	23,226
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)	23,226
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)	23,226

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)	72.00
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	56,160
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	56,160

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)	9,360
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	9,360
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	1,261
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	10,621
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)	

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

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PHYSICAL THERAPY

- 32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 10,621
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 56,160
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 10,621
- 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)

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

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PHYSICAL THERAPY

- 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 66,781
- 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)
- 65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

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

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

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

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SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

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

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

- 9 TOTAL HOURS WORKED
- 10 AHSEA (SEE INSTRUCTIONS)
- 11 STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-
HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF
COLUMN 3, LINE 10)
- 12 NUMBER OF TRAVEL HOURS
(SEE INSTRUCTIONS)
- 12.01 NUMBER OF TRAVEL HOURS OFFSITE
(SEE INSTRUCTIONS)
- 13 NUMBER OF MILES DRIVEN
(SEE INSTRUCTIONS)
- 13.01 NUMBER OF MILES DRIVEN OFFSITE
(SEE INSTRUCTIONS)

PART II - SALARY EQUIVALENCY COMPUTATION

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

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

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

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

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

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

SPEECH PATHOLOGY

- 32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2,
LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (LINE 28) 1
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
EXPENSE (SUM OF LINES 31 AND 32)

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23)
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM
PART III, LINE 33, 34, OR 35) 1
- 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)

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

PROVIDER NO: 15-1311

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PREPARED 7/26/2011 WORKSHEET A-8-4 PARTS I - VII

SPEECH PATHOLOGY

- 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 1
- 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)
- 65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

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

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

COST ALLOCATION STATISTICS

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 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/26/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	18	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT-INTERE	4	SQUARE FEET	ENTERED
3.02	NEW CAP REL COSTS-BLDG & FIXT	4	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.01	COMMUNICATIONS	18	SQUARE FEET	ENTERED
6.02	PATIENT ACCOUNTING	16	GROSS REVENUES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	20	SQUARE FEET	ENTERED
8.01	OPERATION OF PLANT-OFFSITE	20	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	4	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	HOURS of SERVICE	ENTERED
14	NURSING ADMINISTRATION	13	DI RECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUI S.	ENTERED
16	PHARMACY	15	COSTED REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS REVENUES	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E
	0	1	2	3	3.01	3.02	4
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &	3,042,355			3,042,355			
003 02 NEW CAP REL COSTS-BLDG &	1,450,243				1,450,243		
004 NEW CAP REL COSTS-MVBLE E	453,217						453,217
005 EMPLOYEE BENEFITS	5,488,507						
006 01 COMMUNICATIONS	440,321			2,841	4,606		423
006 02 PATIENT ACCOUNTING	327,642			14,687	2,543		2,188
006 06 OTHER ADMINISTRATIVE AND	5,826,343			256,652	97,676		38,233
008 OPERATION OF PLANT	2,167,858			446,536	154,091		66,520
008 01 OPERATION OF PLANT-OFFSITE	6,601			63,631			9,479
009 LAUNDRY & LINEN SERVICE	42,152			45,993			6,852
010 HOUSEKEEPING	400,274			46,212	4,766		6,884
011 DIETARY	213,790			65,353			9,736
012 CAFETERIA	303,327			27,993			4,170
014 NURSING ADMINISTRATION	165,068			8,084			1,204
015 CENTRAL SERVICES & SUPPLY	2,359,936			45,982	45,495		6,850
016 PHARMACY	2,060,326			19,207			2,861
017 MEDICAL RECORDS & LIBRARY	829,700			50,699	6,776		7,553
018 SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,743,816			150,505	244,031		22,421
026 INTENSIVE CARE UNIT	654,888			61,964	100,469		9,231
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,407,132			320,294	329,082		47,714
038 RECOVERY ROOM							
040 ANESTHESIOLOGY	287,216			4,662	5,193		694
041 RADIOLOGY-DIAGNOSTIC	2,486,819			127,076	171,556		18,930
044 LABORATORY	1,896,030			57,796	19,510		8,610
048 INTRAVENOUS THERAPY	87,999						
049 RESPIRATORY THERAPY	459,477			8,742			1,302
050 PHYSICAL THERAPY	792,223			115,591			17,220
051 OCCUPATIONAL THERAPY	261,081			6,285			936
053 ELECTROCARDIOLOGY	495,695			79,130	2,988		11,788
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
056 02 ONCOLOGY	197,210			20,962			3,123
058 ASC (NON-DISTINCT PART)							
059 CARDIOPULMONARY							
059 97 CARDIAC REHABILITATION	57,353			16,804			2,503
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY	1,249,028			126,900	198,074		18,904
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC	480,037			25,996	42,151		3,873
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	38,133,664			2,216,577	1,429,007		330,202
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
097 04 MEALS ON WHEELS							
097 05 DME/OXYGEN THERAPY	56,665						
097 06 ASSISTED LIVING	182,312						
097 07 O/P CLINIC - OCC/MED SERV	170,872			51,785			7,714
098 PHYSICIANS' PRIVATE OFFIC	4,256,428			208,356			31,039
099 NONPAID WORKERS							
099 01 CLARIAN HOME HEALTH AGENC				21,806			3,248
099 02 MED NETWORK	334,729						
100 COMMUNITY FITNESS	109,570						
100 01 BEHAVIOR HEALTH SERVICES							
100 02 COUNTY HEALTH DEPARTMENT							
100 03 PUBLIC RELATIONS	148,013			13,558			2,020
100 04 FOUNDATION	53,731						
100 05 LI FELINE							
100 06 MILLERS-AUTUMNWOOD					21,236		
100 07 VACANT OR SHELL SPACE				530,273			78,994
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	43,445,984			3,042,355	1,450,243		453,217

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	COMMUNICATIONS	PATIENT ACCOUNTING	SUBTOTAL	OTHER ADMINISTRATIVE AND OPERATIONAL	OPERATION OF PLANT	OPERATION OF PLANT-OFFSITE
	5	6.01	6.02	6a.02	6.06	8	8.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	5,488,507						
006 01 COMMUNICATIONS	82,039	530,230					
006 02 PATIENT ACCOUNTING	68,322	26,235	441,617				
006 06 OTHER ADMINISTRATIVE AND	520,926	99,419		6,839,249	6,839,249		
008 OPERATION OF PLANT	148,260	22,093		3,005,358	561,491	3,566,849	
008 01 OPERATION OF PLANT-OFFSITE				79,711	14,892	97,600	192,363
009 LAUNDRY & LINEN SERVICE	11,254			106,251	19,851	70,661	3,918
010 HOUSEKEEPING	82,746			540,882	101,053	70,998	3,937
011 DIETARY	44,171	8,285		341,335	63,772	100,405	5,568
012 CAFETERIA	68,107			403,597	75,404	43,007	2,385
014 NURSING ADMINISTRATION	50,027			224,383	41,921	12,420	689
015 CENTRAL SERVICES & SUPPLY	7,084			2,465,347	460,601	70,644	3,917
016 PHARMACY	131,295	4,142		2,217,831	414,357	29,508	1,636
017 MEDICAL RECORDS & LIBRARY	178,974	26,235		1,099,937	205,501	77,891	4,319
018 SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	506,780	48,328	22,495	2,738,376	511,611	231,229	12,822
026 INTENSIVE CARE UNIT	202,133	22,093	4,092	1,054,870	197,081	95,198	5,279
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	351,127	88,372	77,463	2,621,184	489,716	492,084	27,286
040 RECOVERY ROOM							
040 ANESTHESIOLOGY	73,584		18,573	389,922	72,849	7,162	397
041 RADIOLOGY-DIAGNOSTIC	265,288	16,570	88,809	3,175,048	593,194	195,233	10,826
044 LABORATORY	290,327	23,474	55,157	2,350,904	439,219	88,794	4,924
048 INTRAVENOUS THERAPY			13,975	101,974	19,052		
049 RESPIRATORY THERAPY	113,243	4,142	8,838	595,744	111,303	13,431	745
050 PHYSICAL THERAPY	226,046	19,331	16,258	1,186,669	221,705	177,588	9,847
051 OCCUPATIONAL THERAPY	77,063		4,878	350,243	65,436	9,656	535
053 ELECTROCARDIOLOGY	125,323	16,570	16,046	747,540	139,663	121,572	6,741
055 MEDICAL SUPPLIES CHARGED			47,987	47,987	8,965		
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS			45,160	45,160	8,437		
056 02 ONCOLOGY	64,771	11,046	4,030	301,142	56,262	32,205	1,786
058 ASC (NON-DISTINCT PART)							
059 CARDIOPULMONARY							
059 97 CARDIAC REHABILITATION	17,399		872	94,931	17,736	25,818	1,432
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	466,232	30,378	14,065	2,103,581	393,012	194,963	10,811
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC	147,238	17,950	2,919	720,164	134,548	39,940	2,215
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	4,319,759	484,663	441,617	35,949,320	5,438,632	2,298,167	122,015
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		2,762		2,762	516		
097 RESEARCH							
097 04 MEALS ON WHEELS							
097 05 DME/OXYGEN THERAPY		6,904		63,569	11,877		
097 06 ASSISTED LIVING				182,312	34,061		
097 07 O/P CLINIC - OCC/MED SERV	28,582	22,093		281,046	52,508	79,559	4,412
098 PHYSICIANS' PRIVATE OFFIC	1,015,015	8,285		5,519,123	1,031,153	320,107	17,750
099 NONPAID WORKERS						33,502	1,858
099 01 CLARIAN HOME HEALTH AGENC				25,054	4,681		
099 02 MED NETWORK	71,685			406,414	75,930		
100 COMMUNITY FITNESS	16,663			126,233	23,584		
100 01 BEHAVIOR HEALTH SERVICES							
100 02 COUNTY HEALTH DEPARTMENT							
100 03 PUBLIC RELATIONS	21,599	5,523		190,713	35,631	20,829	1,155
100 04 FOUNDATION	15,204			68,935	12,879		
100 05 LIFELINE							
100 06 MILLERS-AUTUMNWOOD				21,236	3,968		
100 07 VACANT OR SHELL SPACE				609,267	113,829	814,685	45,173
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	5,488,507	530,230	441,617	43,445,984	6,839,249	3,566,849	192,363

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
003 01 NEW CAP REL COSTS-BLDG &								
003 02 NEW CAP REL COSTS-BLDG &								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 01 COMMUNICATIONS								
006 02 PATIENT ACCOUNTING								
006 06 OTHER ADMINISTRATIVE AND								
008 OPERATION OF PLANT								
008 01 OPERATION OF PLANT-OFFSITE								
009 LAUNDRY & LINEN SERVICE	200,681							
010 HOUSEKEEPING		716,870						
011 DIETARY			511,080					
012 CAFETERIA				524,393				
014 NURSING ADMINISTRATION				4,848	284,261			
015 CENTRAL SERVICES & SUPPLY		27,486		1,855		3,029,850		
016 PHARMACY				17,116				2,680,448
017 MEDICAL RECORDS & LIBRARY		4,094		36,388				
018 SOCIAL SERVICE								
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS	79,375	147,434	306,877	96,362	73,538			
026 INTENSIVE CARE UNIT	15,337	60,699	37,503	30,708	23,435			
037 ANCILLARY SRVC COST CNTRS								
038 OPERATING ROOM	29,809	198,816		52,238	39,864			
040 RECOVERY ROOM								
040 ANESTHESIOLOGY		3,138		2,466	1,882			
041 RADIOLOGY-DIAGNOSTIC	10,329	103,647		40,071	30,579			
044 LABORATORY	263	11,787		45,384	34,634			
048 INTRAVENOUS THERAPY								
049 RESPIRATORY THERAPY	407			18,954				
050 PHYSICAL THERAPY	9,143			32,544				
051 OCCUPATIONAL THERAPY				10,981				
053 ELECTROCARDIOLOGY	3,991	1,805		21,111	16,110			
055 MEDICAL SUPPLIES CHARGED						3,029,850		
055 30 IMPL. DEV. CHARGED TO PAT								
056 DRUGS CHARGED TO PATIENTS								2,680,448
056 02 ONCOLOGY	712			6,424	4,902			
058 ASC (NON-DISTINCT PART)								
059 CARDIOPULMONARY								
059 97 CARDIAC REHABILITATION				2,590	1,976			
060 OUTPAT SERVICE COST CNTRS								
061 CLINIC								
061 EMERGENCY	27,174	119,668		45,650	34,837			
062 OBSERVATION BEDS (NON-DIS								
062 01 OBSERVATION BEDS (DISTINC	11,685	25,466		29,489	22,504			
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	188,225	704,040	344,380	495,179	284,261	3,029,850	2,680,448	
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								
097 RESEARCH								
097 04 MEALS ON WHEELS			166,700					
097 05 DME/OXYGEN THERAPY								
097 06 ASSISTED LIVING								
097 07 O/P CLINIC - OCC/MED SERV	381			6,249				
098 PHYSICIANS' PRIVATE OFFIC	3,915			2,466				
099 NONPAID WORKERS								
099 01 CLARIAN HOME HEALTH AGENC								
099 02 MED NETWORK				14,245				
100 COMMUNITY FITNESS	8,160							
100 01 BEHAVIOR HEALTH SERVICES								
100 02 COUNTY HEALTH DEPARTMENT								
100 03 PUBLIC RELATIONS				4,012				
100 04 FOUNDATION				2,242				
100 05 LIFELINE								
100 06 MILLERS-AUTUMNWOOD		12,830						
100 07 VACANT OR SHELL SPACE								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	200,681	716,870	511,080	524,393	284,261	3,029,850	2,680,448	

COST ALLOCATION - GENERAL SERVICE COSTS

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 PREPARED 7/26/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	18	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
003 01 NEW CAP REL COSTS-BLDG &					
003 02 NEW CAP REL COSTS-BLDG &					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 01 COMMUNICATIONS					
006 02 PATIENT ACCOUNTING					
006 06 OTHER ADMINISTRATIVE AND					
008 OPERATION OF PLANT					
008 01 OPERATION OF PLANT-OFFSITE					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY	1,428,130				
018 SOCIAL SERVICE					
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	72,750		4,270,374		4,270,374
026 INTENSIVE CARE UNIT	13,234		1,533,344		1,533,344
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	250,517		4,201,514		4,201,514
038 RECOVERY ROOM					
040 ANESTHESIOLOGY	60,066		537,882		537,882
041 RADIOLOGY-DIAGNOSTIC	287,134		4,446,061		4,446,061
044 LABORATORY	178,381		3,154,290		3,154,290
048 INTRAVENOUS THERAPY	45,195		166,221		166,221
049 RESPIRATORY THERAPY	28,581		769,165		769,165
050 PHYSICAL THERAPY	52,580		1,690,076		1,690,076
051 OCCUPATIONAL THERAPY	15,776		452,627		452,627
053 ELECTROCARDIOLOGY	51,895		1,110,428		1,110,428
055 MEDICAL SUPPLIES CHARGED	155,193		3,241,995		3,241,995
055 30 IMPL. DEV. CHARGED TO PAT					
056 DRUGS CHARGED TO PATIENTS	146,051		2,880,096		2,880,096
056 02 ONCOLOGY	13,032		416,465		416,465
058 ASC (NON-DISTINCT PART)					
059 CARDIOPULMONARY					
059 97 CARDIAC REHABILITATION	2,819		147,302		147,302
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC					
061 EMERGENCY	45,486		2,975,182		2,975,182
062 OBSERVATION BEDS (NON-DIS					
062 01 OBSERVATION BEDS (DISTINC	9,440		995,451		995,451
062 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	1,428,130		32,988,473		32,988,473
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			3,278		3,278
097 RESEARCH					
097 04 MEALS ON WHEELS			166,700		166,700
097 05 DME/OXYGEN THERAPY			75,446		75,446
097 06 ASSISTED LIVING			216,373		216,373
097 07 O/P CLINIC - OCC/MED SERV			424,155		424,155
098 PHYSICIANS' PRIVATE OFFIC			6,894,514		6,894,514
099 NONPAID WORKERS			35,360		35,360
099 01 CLARIAN HOME HEALTH AGENC			29,735		29,735
099 02 MED NETWORK			496,589		496,589
100 COMMUNITY FITNESS			157,977		157,977
100 01 BEHAVIOR HEALTH SERVICES					
100 02 COUNTY HEALTH DEPARTMENT					
100 03 PUBLIC RELATIONS			252,340		252,340
100 04 FOUNDATION			84,056		84,056
100 05 LIFELINE					
100 06 MILLERS-AUTUMNWOOD			38,034		38,034
100 07 VACANT OR SHELL SPACE			1,582,954		1,582,954
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	1,428,130		43,445,984		43,445,984

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PREPARED 7/26/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E
	0	1	2	3	3.01	3.02	4
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS				2,841	4,606		423
006 02 PATIENT ACCOUNTING				14,687	2,543		2,188
006 06 OTHER ADMINISTRATIVE AND				256,652	97,676		38,233
008 OPERATION OF PLANT				446,536	154,091		66,520
008 01 OPERATION OF PLANT-OFFSITE				63,631			9,479
009 LAUNDRY & LINEN SERVICE				45,993			6,852
010 HOUSEKEEPING				46,212	4,766		6,884
011 DIETARY				65,353			9,736
012 CAFETERIA				27,993			4,170
014 NURSING ADMINISTRATION				8,084			1,204
015 CENTRAL SERVICES & SUPPLY				45,982	45,495		6,850
016 PHARMACY				19,207			2,861
017 MEDICAL RECORDS & LIBRARY				50,699	6,776		7,553
018 SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				150,505	244,031		22,421
026 INTENSIVE CARE UNIT				61,964	100,469		9,231
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				320,294	329,082		47,714
038 RECOVERY ROOM							
040 ANESTHESIOLOGY				4,662	5,193		694
041 RADIOLOGY-DIAGNOSTIC				127,076	171,556		18,930
044 LABORATORY				57,796	19,510		8,610
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				8,742			1,302
050 PHYSICAL THERAPY				115,591			17,220
051 OCCUPATIONAL THERAPY				6,285			936
053 ELECTROCARDIOLOGY				79,130	2,988		11,788
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
056 02 ONCOLOGY				20,962			3,123
058 ASC (NON-DISTINCT PART)							
059 CARDIOPULMONARY							
059 97 CARDIAC REHABILITATION				16,804			2,503
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY				126,900	198,074		18,904
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC				25,996	42,151		3,873
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				2,216,577	1,429,007		330,202
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
097 04 MEALS ON WHEELS							
097 05 DME/OXYGEN THERAPY							
097 06 ASSISTED LIVING							
097 07 O/P CLINIC - OCC/MED SERV				51,785			7,714
098 PHYSICIANS' PRIVATE OFFIC				208,356			31,039
099 NONPAID WORKERS							
099 01 CLARIAN HOME HEALTH AGENC				21,806			3,248
099 02 MED NETWORK							
100 COMMUNITY FITNESS							
100 01 BEHAVIOR HEALTH SERVICES							
100 02 COUNTY HEALTH DEPARTMENT							
100 03 PUBLIC RELATIONS				13,558			2,020
100 04 FOUNDATION							
100 05 LIFELINE							
100 06 MILLERS-AUTUMNWOOD					21,236		
100 07 VACANT OR SHELL SPACE				530,273			78,994
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				3,042,355	1,450,243		453,217

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/26/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	COMMUNICATIONS	PATIENT ACCOUNTING	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	OPERATION OF PLANT-OFFSITE
	4a	5	6.01	6.02	6.06	8	8.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS	7,870		7,870				
006 02 PATIENT ACCOUNTING	19,418		389	19,807			
006 06 OTHER ADMINISTRATIVE AND	392,561		1,478		394,039		
008 OPERATION OF PLANT	667,147		328		32,350	699,825	
008 01 OPERATION OF PLANT-OFFSITE	73,110				858	19,181	93,149
009 LAUNDRY & LINEN SERVICE	52,845				1,144	13,864	1,897
010 HOUSEKEEPING	57,862				5,822	13,930	1,906
011 DIETARY	75,089		123		3,674	19,700	2,696
012 CAFETERIA	32,163				4,344	8,438	1,155
014 NURSING ADMINISTRATION	9,288				2,415	2,437	333
015 CENTRAL SERVICES & SUPPLY	98,327				26,537	13,861	1,897
016 PHARMACY	22,068		61		23,873	5,790	792
017 MEDICAL RECORDS & LIBRARY	65,028		389		11,840	15,282	2,091
018 SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	416,957		717	1,010	29,476	45,368	6,209
026 INTENSIVE CARE UNIT	171,664		328	184	11,355	18,678	2,556
026 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	697,090		1,312	3,478	28,214	96,548	13,213
038 RECOVERY ROOM							
040 ANESTHESIOLOGY	10,549			834	4,197	1,405	192
041 RADIOLOGY-DIAGNOSTIC	317,562		246	3,964	34,176	38,305	5,242
044 LABORATORY	85,916		348	2,477	25,305	17,422	2,384
048 INTRAVENOUS THERAPY				627	1,098		
049 RESPIRATORY THERAPY	10,044		61	397	6,413	2,635	361
050 PHYSICAL THERAPY	132,811		287	730	12,773	34,843	4,768
051 OCCUPATIONAL THERAPY	7,221			219	3,770	1,895	259
053 ELECTROCARDIOLOGY	93,906		246	721	8,047	23,853	3,264
055 MEDICAL SUPPLIES CHARGED				2,155	517		
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS				2,028	486		
056 02 ONCOLOGY	24,085		164	181	3,241	6,319	865
058 ASC (NON-DISTINCT PART)							
059 CARDIOPULMONARY							
059 97 CARDIAC REHABILITATION	19,307			39	1,022	5,065	693
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY	343,878		451	632	22,643	38,252	5,235
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC	72,020		266	131	7,752	7,836	1,072
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,975,786		7,194	19,807	313,342	450,907	59,080
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			41		30		
097 RESEARCH							
097 04 MEALS ON WHEELS					684		
097 05 DME/OXYGEN THERAPY			102		1,962		
097 06 ASSISTED LIVING					3,025		
097 07 O/P CLINIC - OCC/MED SERV	59,499		328		59,410	15,610	2,136
098 PHYSICIANS' PRIVATE OFFIC	239,395		123			62,806	8,595
099 NONPAID WORKERS						6,573	900
099 01 CLARIAN HOME HEALTH AGENC	25,054				270		
099 02 MED NETWORK					4,375		
100 COMMUNITY FITNESS					1,359		
100 01 BEHAVIOR HEALTH SERVICES							
100 02 COUNTY HEALTH DEPARTMENT							
100 03 PUBLIC RELATIONS	15,578		82		2,053	4,087	559
100 04 FOUNDATION					742		
100 05 LIFELINE							
100 06 MILLERS-AUTUMNWOOD	21,236				229		
100 07 VACANT OR SHELL SPACE	609,267				6,558	159,842	21,879
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	4,945,815		7,870	19,807	394,039	699,825	93,149

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 PATIENT ACCOUNTING							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT-OFFSITE							
009 LAUNDRY & LINEN SERVICE	69,750						
010 HOUSEKEEPING		79,520					
011 DIETARY			101,282				
012 CAFETERIA				46,100			
014 NURSING ADMINISTRATION				426	14,899		
015 CENTRAL SERVICES & SUPPLY		3,049		163		143,834	
016 PHARMACY				1,505			54,089
017 MEDICAL RECORDS & LIBRARY		454		3,199			
018 SOCIAL SERVICE							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	27,589	16,354	60,815	8,471	3,854		
026 INTENSIVE CARE UNIT	5,330	6,733	7,432	2,700	1,228		
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	10,361	22,055		4,592	2,089		
038 RECOVERY ROOM							
040 ANESTHESIOLOGY		348		217	99		
041 RADIOLOGY-DIAGNOSTIC	3,590	11,497		3,523	1,603		
044 LABORATORY	91	1,308		3,990	1,815		
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	141			1,666			
050 PHYSICAL THERAPY	3,178			2,861			
051 OCCUPATIONAL THERAPY				965			
053 ELECTROCARDIOLOGY	1,387	200		1,856	844		
055 MEDICAL SUPPLIES CHARGED						143,834	
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							54,089
056 02 ONCOLOGY	247			565	257		
058 ASC (NON-DISTINCT PART)							
059 CARDIOPULMONARY							
059 97 CARDIAC REHABILITATION				228	104		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY	9,445	13,274		4,013	1,826		
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC	4,061	2,825		2,592	1,180		
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	65,420	78,097	68,247	43,532	14,899	143,834	54,089
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
097 04 MEALS ON WHEELS			33,035				
097 05 DME/OXYGEN THERAPY							
097 06 ASSISTED LIVING							
097 07 O/P CLINIC - OCC/MED SERV	133			549			
098 PHYSICIANS' PRIVATE OFFIC	1,361			217			
099 NONPAID WORKERS							
099 01 CLARIAN HOME HEALTH AGENC							
099 02 MED NETWORK				1,252			
100 COMMUNITY FITNESS	2,836						
100 01 BEHAVIOR HEALTH SERVICES							
100 02 COUNTY HEALTH DEPARTMENT							
100 03 PUBLIC RELATIONS				353			
100 04 FOUNDATION				197			
100 05 LIFELINE							
100 06 MILLERS-AUTUMNWOOD		1,423					
100 07 VACANT OR SHELL SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	69,750	79,520	101,282	46,100	14,899	143,834	54,089

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
003 NEW CAP REL COSTS-BLDG &					
003 01 NEW CAP REL COSTS-BLDG &					
003 02 NEW CAP REL COSTS-BLDG &					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 01 COMMUNICATIONS					
006 02 PATIENT ACCOUNTING					
006 06 OTHER ADMINISTRATIVE AND					
008 OPERATION OF PLANT					
008 01 OPERATION OF PLANT-OFFSITE					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY	98,283				
018 SOCIAL SERVICE					
INPAT ROUTINE SRVC CNTRS					
ADULTS & PEDIATRICS	5,006		621,826		621,826
INTENSIVE CARE UNIT	911		229,099		229,099
ANCILLARY SRVC COST CNTRS					
OPERATING ROOM	17,238		896,190		896,190
RECOVERY ROOM					
ANESTHESIOLOGY	4,133		21,974		21,974
RADIOLOGY-DIAGNOSTIC	19,769		439,477		439,477
LABORATORY	12,274		153,330		153,330
INTRAVENOUS THERAPY	3,110		4,835		4,835
RESPIRATORY THERAPY	1,967		23,685		23,685
PHYSICAL THERAPY	3,618		195,869		195,869
OCCUPATIONAL THERAPY	1,086		15,415		15,415
ELECTROCARDIOLOGY	3,571		137,895		137,895
MEDICAL SUPPLIES CHARGED	10,679		157,185		157,185
30 IMPL. DEV. CHARGED TO PAT					
DRUGS CHARGED TO PATIENTS	10,050		66,653		66,653
02 ONCOLOGY	897		36,821		36,821
ASC (NON-DISTINCT PART)					
CARDIOPULMONARY					
97 CARDIAC REHABILITATION	194		26,652		26,652
OUTPAT SERVICE COST CNTRS					
CLINIC					
EMERGENCY	3,130		442,779		442,779
OBSERVATION BEDS (NON-DIS					
01 OBSERVATION BEDS (DISTINC	650		100,385		100,385
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	98,283		3,570,070		3,570,070
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			71		71
097 RESEARCH					
097 04 MEALS ON WHEELS			33,035		33,035
097 05 DME/OXYGEN THERAPY			786		786
097 06 ASSISTED LIVING			1,962		1,962
097 07 O/P CLINIC - OCC/MED SERV			81,280		81,280
098 PHYSICIANS' PRIVATE OFFIC			371,907		371,907
099 NONPAID WORKERS			7,473		7,473
099 01 CLARIAN HOME HEALTH AGENC			25,324		25,324
099 02 MED NETWORK			5,627		5,627
100 COMMUNITY FITNESS			4,195		4,195
100 01 BEHAVIOR HEALTH SERVICES					
100 02 COUNTY HEALTH DEPARTMENT					
100 03 PUBLIC RELATIONS			22,712		22,712
100 04 FOUNDATION			939		939
100 05 LIFELINE					
100 06 MILLERS-AUTUMNWOOD			22,888		22,888
100 07 VACANT OR SHELL SPACE			797,546		797,546
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	98,283		4,945,815		4,945,815

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-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)
	1	2	3	3.01	3.02	4
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	384					
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			277,360			
003 01 NEW CAP REL COSTS-BLD				81,542		
003 02 NEW CAP REL COSTS-BLD					81,542	
004 NEW CAP REL COSTS-MVB						277,360
005 EMPLOYEE BENEFITS						
006 01 COMMUNICATIONS			259	259	259	259
006 02 PATIENT ACCOUNTING	19		1,339	143	143	1,339
006 06 OTHER ADMINISTRATIVE	72		23,398	5,492	5,492	23,398
008 OPERATION OF PLANT	16		40,709	8,664	8,664	40,709
008 01 OPERATION OF PLANT-OF			5,801			5,801
009 LAUNDRY & LINEN SERVI			4,193			4,193
010 HOUSEKEEPING			4,213	268	268	4,213
011 DIETARY	6		5,958			5,958
012 CAFETERIA			2,552			2,552
014 NURSING ADMINISTRATIO			737			737
015 CENTRAL SERVICES & SU			4,192	2,558	2,558	4,192
016 PHARMACY	3		1,751			1,751
017 MEDICAL RECORDS & LIB	19		4,622	381	381	4,622
018 SOCIAL SERVICE						
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	35		13,721	13,721	13,721	13,721
026 INTENSIVE CARE UNIT	16		5,649	5,649	5,649	5,649
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	64		29,200	18,503	18,503	29,200
038 RECOVERY ROOM						
040 ANESTHESIOLOGY			425	292	292	425
041 RADIOLOGY-DIAGNOSTIC	12		11,585	9,646	9,646	11,585
044 LABORATORY	17		5,269	1,097	1,097	5,269
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	3		797			797
050 PHYSICAL THERAPY	14		10,538			10,538
051 OCCUPATIONAL THERAPY			573			573
053 ELECTROCARDIOLOGY	12		7,214	168	168	7,214
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
056 02 ONCOLOGY	8		1,911			1,911
058 ASC (NON-DISTINCT PAR						
059 CARDIOPULMONARY						
059 97 CARDIAC REHABILITATIO			1,532			1,532
060 OUTPAT SERVICE COST C						
060 CLINIC						
061 EMERGENCY	22		11,569	11,137	11,137	11,569
062 OBSERVATION BEDS (NON						
062 01 OBSERVATION BEDS (DIS	13		2,370	2,370	2,370	2,370
062 SPEC PURPOSE COST CEN						
095 SUBTOTALS	351		202,077	80,348	80,348	202,077
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	2					
097 RESEARCH						
097 04 MEALS ON WHEELS						
097 05 DME/OXYGEN THERAPY	5					
097 06 ASSISTED LIVING						
097 07 O/P CLINIC - OCC/MED	16		4,721			4,721
098 PHYSICIANS' PRIVATE O	6		18,995			18,995
099 NONPAID WORKERS						
099 01 CLARIAN HOME HEALTH A			1,988			1,988
099 02 MED NETWORK						
100 COMMUNITY FITNESS						
100 01 BEHAVIOR HEALTH SERVI						
100 02 COUNTY HEALTH DEPARTM						
100 03 PUBLIC RELATIONS	4		1,236			1,236
100 04 FOUNDATION						
100 05 LIFELINE						
100 06 MILLERS-AUTUMNWOOD				1,194	1,194	
100 07 VACANT OR SHELL SPACE			48,343			48,343
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			3,042,355	1,450,243		453,217
103 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			10.968975			
104 (WRKSHT B, PT I)				17.785227		1.634039
105 COST TO BE ALLOCATED						
105 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
107 (WRKSHT B, PART III)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED 7/26/2011
15-1311	FROM 1/ 1/2010	WORKSHEET B-1
	TO 12/31/2010	

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C			
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-BLDG &	OSTS-BLDG &	OSTS-MVBLE E
	(SQUARE FEET	(DOLLAR	(SQUARE	(SQUARE FEET	(SQUARE FEET	(SQUARE
)VALUE) FEET				
108 NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT III)	1	2	3	3.01	3.02	4

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-1311
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/26/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (SQUARE FEET)	PATIENT ACCOUNTING (GROSS VENUES)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT-OFFSITE (SQUARE FEET)
	5	6.01	6.02	6a.06	6.06	8	8.01
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS	17,802,300						
006 01 COMMUNICATIONS	266,097	384					
006 02 PATIENT ACCOUNTING	221,608	19	72,631,233				
006 06 OTHER ADMINISTRATIVE	1,689,657	72		-6,839,249	36,606,735		
008 OPERATION OF PLANT	480,890	16			3,005,358	211,655	
008 01 OPERATION OF PLANT-OF					79,711	5,801	205,854
009 LAUNDRY & LINEN SERVI	36,504				106,251	4,193	4,193
010 HOUSEKEEPING	268,393				540,882	4,213	4,213
011 DIETARY	143,273	6			341,335	5,958	5,958
012 CAFETERIA	220,909				403,597	2,552	2,552
014 NURSING ADMINISTRATIO	162,266				224,383	737	737
015 CENTRAL SERVICES & SU	22,978				2,465,347	4,192	4,192
016 PHARMACY	425,865	3			2,217,831	1,751	1,751
017 MEDICAL RECORDS & LIB	580,513	19			1,099,937	4,622	4,622
018 SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	1,643,773	35	3,699,828		2,738,376	13,721	13,721
026 INTENSIVE CARE UNIT	655,630	16	673,063		1,054,870	5,649	5,649
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	1,138,902	64	12,740,543		2,621,184	29,200	29,200
038 RECOVERY ROOM							
040 ANESTHESIOLOGY	238,675		3,054,787		389,922	425	425
041 RADIOLOGY-DIAGNOSTIC	860,477	12	14,603,627		3,175,048	11,585	11,585
044 LABORATORY	941,695	17	9,071,926		2,350,904	5,269	5,269
048 INTRAVENOUS THERAPY			2,298,479		101,974		
049 RESPIRATORY THERAPY	367,312	3	1,453,565		595,744	797	797
050 PHYSICAL THERAPY	733,193	14	2,674,055		1,186,669	10,538	10,538
051 OCCUPATIONAL THERAPY	249,959		802,311		350,243	573	573
053 ELECTROCARDIOLOGY	406,493	12	2,639,207		747,540	7,214	7,214
055 MEDICAL SUPPLIES CHAR			7,892,642		47,987		
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATI			7,427,705		45,160		
056 02 ONCOLOGY	210,088	8	662,773		301,142	1,911	1,911
058 ASC (NON-DISTINCT PAR							
059 CARDIOPULMONARY							
059 97 CARDIAC REHABILITATIO	56,436		143,351		94,931	1,532	1,532
060 OUTPAT SERVICE COST C							
060 CLINIC							
061 EMERGENCY	1,512,254	22	2,313,269		2,103,581	11,569	11,569
062 OBSERVATION BEDS (NON							
062 01 OBSERVATION BEDS (DIS	477,576	13	480,102		720,164	2,370	2,370
062 SPEC PURPOSE COST CEN							
095 SUBTOTALS	14,011,416	351	72,631,233	-6,839,249	29,110,071	136,372	130,571
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE		2			2,762		
097 RESEARCH							
097 04 MEALS ON WHEELS							
097 05 DME/OXYGEN THERAPY		5			63,569		
097 06 ASSISTED LIVING					182,312		
097 07 O/P CLINIC - OCC/MED	92,708	16			281,046	4,721	4,721
098 PHYSICIANS' PRIVATE O	3,292,237	6			5,519,123	18,995	18,995
099 NONPAID WORKERS						1,988	1,988
099 01 CLARIAN HOME HEALTH A					25,054		
099 02 MED NETWORK	232,516				406,414		
100 COMMUNITY FITNESS	54,049				126,233		
100 01 BEHAVIOR HEALTH SERVI							
100 02 COUNTY HEALTH DEPARTM							
100 03 PUBLIC RELATIONS	70,059	4			190,713	1,236	1,236
100 04 FOUNDATION	49,315				68,935		
100 05 LIFELINE							
100 06 MILLERS-AUTUMNWOOD					21,236		
100 07 VACANT OR SHELL SPACE					609,267	48,343	48,343
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	5,488,507	530,230	441,617		6,839,249	3,566,849	192,363
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		1,380.807292				16.852184	
(WRKSHT B, PT I)	.308303		.006080		.186830		.934463
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		7,870	19,807		394,039	699,825	93,149
(WRKSHT B, PART III)							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-1311
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/26/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	COMMUNICATIONS	PATIENT ACCOUNTING	ACQUISITION	OTHER ADMINISTRATIVE AND OPERATIVE	OPERATION OF PLANT	OPERATION OF PLANT-OFFSITE
	(GROSS SALARIES)	(SQUARE FEET)	(GROSS REVENUES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)
NONREIMBURS COST CENT	5	6.01	6.02	6a.06	6.06	8	8.01
UNIT COST MULTIPLIER (WRKSHT B, PT III)		20.494792	.000273		.010764	3.306442	.452500

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-1311
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/26/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(HOURS of SERVICE)	(DIRECT SING HRS)	NR(COSTED)EQUI S.	R(COSTED)EQUI S.	R
NONREIMBURS COST CENT	9	10	11	12	14	15	16	
UNIT COST MULTIPLIER (WRKSHT B, PT III)	2.945026	1.191918	3.297262	.111164	.050578	1,438.340000	540.890000	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-1311
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/26/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	DESCRIPTION
	(GROSS VENUES	RE(TIME)SPENT)
	17	18	
001 GENERAL SERVICE COST			
002 OLD CAP REL COSTS-BLD			
003 OLD CAP REL COSTS-MVB			
003 NEW CAP REL COSTS-BLD			
003 01 NEW CAP REL COSTS-BLD			
003 02 NEW CAP REL COSTS-BLD			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
006 01 COMMUNICATIONS			
006 02 PATIENT ACCOUNTING			
006 06 OTHER ADMINISTRATIVE			
008 OPERATION OF PLANT			
008 01 OPERATION OF PLANT-OF			
009 LAUNDRY & LINEN SERVI			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATIO			
015 CENTRAL SERVICES & SU			
016 PHARMACY			
017 MEDICAL RECORDS & LIB	72,631,233		
018 SOCIAL SERVICE			
025 INPAT ROUTINE SRVC CN			
026 ADULTS & PEDIATRICS	3,699,828		
026 INTENSIVE CARE UNIT	673,063		
037 ANCILLARY SRVC COST C			
037 OPERATING ROOM	12,740,543		
038 RECOVERY ROOM			
040 ANESTHESIOLOGY	3,054,787		
041 RADIOLOGY-DIAGNOSTIC	14,603,627		
044 LABORATORY	9,071,926		
048 INTRAVENOUS THERAPY	2,298,479		
049 RESPIRATORY THERAPY	1,453,565		
050 PHYSICAL THERAPY	2,674,055		
051 OCCUPATIONAL THERAPY	802,311		
053 ELECTROCARDIOLOGY	2,639,207		
055 MEDICAL SUPPLIES CHAR	7,892,642		
055 30 IMPL. DEV. CHARGED TO			
056 DRUGS CHARGED TO PATI	7,427,705		
056 02 ONCOLOGY	662,773		
058 ASC (NON-DISTINCT PAR			
059 CARDIOPULMONARY			
059 97 CARDIAC REHABILITATIO	143,351		
060 OUTPAT SERVICE COST C			
060 CLINIC			
061 EMERGENCY	2,313,269		
062 OBSERVATION BEDS (NON			
062 01 OBSERVATION BEDS (DIS	480,102		
062 SPEC PURPOSE COST CEN			
095 SUBTOTALS	72,631,233		
096 NONREIMBURS COST CENT			
096 GIFT, FLOWER, COFFEE			
097 RESEARCH			
097 04 MEALS ON WHEELS			
097 05 DME/OXYGEN THERAPY			
097 06 ASSISTED LIVING			
097 07 O/P CLINIC - OCC/MED			
098 PHYSICIANS' PRIVATE O			
099 NONPAID WORKERS			
099 01 CLARIAN HOME HEALTH A			
099 02 MED NETWORK			
100 COMMUNITY FITNESS			
100 01 BEHAVIOR HEALTH SERVI			
100 02 COUNTY HEALTH DEPARTM			
100 03 PUBLIC RELATIONS			
100 04 FOUNDATION			
100 05 LIFELINE			
100 06 MILLERS-AUTUMNWOOD			
100 07 VACANT OR SHELL SPACE			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED	1,428,130		
103 (PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER			
104 (WRKSHT B, PT I)	.019663		
105 COST TO BE ALLOCATED			
105 (PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER			
106 (WRKSHT B, PT II)			
107 COST TO BE ALLOCATED	98,283		
107 (PER WRKSHT B, PART			

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-1311	FROM 1/ 1/2010	7/26/2011
	TO 12/31/2010	WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY		SOCIAL SERVICE
	(GROSS VENUES	RE(TIME)SPENT)
NONREIMBURS COST CENT	17	18	
UNIT COST MULTIPLIER (WRKSHT B, PT III)	.001353		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	4,270,374		4,270,374		
26	INTENSIVE CARE UNIT	1,533,344		1,533,344		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,201,514		4,201,514		
38	RECOVERY ROOM					
40	ANESTHESIOLOGY	537,882		537,882		
41	RADIOLOGY-DIAGNOSTIC	4,446,061		4,446,061		
44	LABORATORY	3,154,290		3,154,290		
48	INTRAVENOUS THERAPY	166,221		166,221		
49	RESPIRATORY THERAPY	769,165		769,165		
50	PHYSICAL THERAPY	1,690,076		1,690,076		
51	OCCUPATIONAL THERAPY	452,627		452,627		
53	ELECTROCARDIOLOGY	1,110,428		1,110,428		
55	MEDICAL SUPPLIES CHARGED	3,241,995		3,241,995		
55	30 IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS	2,880,096		2,880,096		
56	02 ONCOLOGY	416,465		416,465		
58	ASC (NON-DISTINCT PART)					
59	CARDIOPULMONARY					
59	97 CARDIAC REHABILITATION	147,302		147,302		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	2,975,182		2,975,182		
62	OBSERVATION BEDS (NON-DIS					
62	01 OBSERVATION BEDS (DISTINC	995,451		995,451		
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	32,988,473		32,988,473		
102	LESS OBSERVATION BEDS					
103	TOTAL	32,988,473		32,988,473		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	3,699,828		3,699,828			
26	INTENSIVE CARE UNIT	673,063		673,063			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,652,093	10,088,450	12,740,543	.329775	.329775	
38	RECOVERY ROOM						
40	ANESTHESIOLOGY	907,354	2,147,433	3,054,787	.176078	.176078	
41	RADIOLOGY-DIAGNOSTIC	1,558,221	13,045,406	14,603,627	.304449	.304449	
44	LABORATORY	1,589,534	7,482,392	9,071,926	.347698	.347698	
48	INTRAVENOUS THERAPY	1,561,765	736,714	2,298,479	.072318	.072318	
49	RESPIRATORY THERAPY	1,165,487	288,078	1,453,565	.529158	.529158	
50	PHYSICAL THERAPY	802,309	1,871,746	2,674,055	.632027	.632027	
51	OCCUPATIONAL THERAPY	273,292	529,019	802,311	.564154	.564154	
53	ELECTROCARDIOLOGY	366,271	2,272,936	2,639,207	.420743	.420743	
55	MEDICAL SUPPLIES CHARGED	4,626,815	3,265,827	7,892,642	.410762	.410762	
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	3,776,029	3,651,676	7,427,705	.387750	.387750	
56	02 ONCOLOGY	149,558	513,215	662,773	.628367	.628367	
58	ASC (NON-DISTINCT PART)						
59	CARDIOPULMONARY						
59	97 CARDIAC REHABILITATION	280	143,071	143,351	1.027562	1.027562	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	79,991	2,233,278	2,313,269	1.286137	1.286137	
62	OBSERVATION BEDS (NON-DIS						
62	01 OBSERVATION BEDS (DISTINC	2,344	477,758	480,102	2.073416	2.073416	
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	23,884,234	48,746,999	72,631,233			
102	LESS OBSERVATION BEDS						
103	TOTAL	23,884,234	48,746,999	72,631,233			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	3,699,828		3,699,828			
26	INTENSIVE CARE UNIT	673,063		673,063			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,652,093	10,088,450	12,740,543	.329775	.329775	
38	RECOVERY ROOM						
40	ANESTHESIOLOGY	907,354	2,147,433	3,054,787	.176078	.176078	
41	RADIOLOGY-DIAGNOSTIC	1,558,221	13,045,406	14,603,627	.304449	.304449	
44	LABORATORY	1,589,534	7,482,392	9,071,926	.347698	.347698	
48	INTRAVENOUS THERAPY	1,561,765	736,714	2,298,479	.072318	.072318	
49	RESPIRATORY THERAPY	1,165,487	288,078	1,453,565	.529158	.529158	
50	PHYSICAL THERAPY	802,309	1,871,746	2,674,055	.632027	.632027	
51	OCCUPATIONAL THERAPY	273,292	529,019	802,311	.564154	.564154	
53	ELECTROCARDIOLOGY	366,271	2,272,936	2,639,207	.420743	.420743	
55	MEDICAL SUPPLIES CHARGED	4,626,815	3,265,827	7,892,642	.410762	.410762	
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	3,776,029	3,651,676	7,427,705	.387750	.387750	
56	02 ONCOLOGY	149,558	513,215	662,773	.628367	.628367	
58	ASC (NON-DISTINCT PART)						
59	CARDIOPULMONARY						
59	97 CARDIAC REHABILITATION	280	143,071	143,351	1.027562	1.027562	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	79,991	2,233,278	2,313,269	1.286137	1.286137	
62	OBSERVATION BEDS (NON-DIS						
62	01 OBSERVATION BEDS (DISTINC	2,344	477,758	480,102	2.073416	2.073416	
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	23,884,234	48,746,999	72,631,233			
102	LESS OBSERVATION BEDS						
103	TOTAL	23,884,234	48,746,999	72,631,233			

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	4,201,514	896,190	3,305,324			4,201,514
38	RECOVERY ROOM						
40	ANESTHESIOLOGY	537,882	21,974	515,908			537,882
41	RADIOLOGY-DIAGNOSTIC	4,446,061	439,477	4,006,584			4,446,061
44	LABORATORY	3,154,290	153,330	3,000,960			3,154,290
48	INTRAVENOUS THERAPY	166,221	4,835	161,386			166,221
49	RESPIRATORY THERAPY	769,165	23,685	745,480			769,165
50	PHYSICAL THERAPY	1,690,076	195,869	1,494,207			1,690,076
51	OCCUPATIONAL THERAPY	452,627	15,415	437,212			452,627
53	ELECTROCARDIOLOGY	1,110,428	137,895	972,533			1,110,428
55	MEDICAL SUPPLIES CHARGED	3,241,995	157,185	3,084,810			3,241,995
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	2,880,096	66,653	2,813,443			2,880,096
56	02 ONCOLOGY	416,465	36,821	379,644			416,465
58	ASC (NON-DISTINCT PART)						
59	CARDIOPULMONARY						
59	97 CARDIAC REHABILITATION	147,302	26,652	120,650			147,302
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,975,182	442,779	2,532,403			2,975,182
62	OBSERVATION BEDS (NON-DIS						
62	01 OBSERVATION BEDS (DISTINC	995,451	100,385	895,066			995,451
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	27,184,755	2,719,145	24,465,610			27,184,755
102	LESS OBSERVATION BEDS						
103	TOTAL	27,184,755	2,719,145	24,465,610			27,184,755

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	12,740,543	.329775	.329775
38	RECOVERY ROOM			
40	ANESTHESIOLOGY	3,054,787	.176078	.176078
41	RADIOLOGY-DIAGNOSTIC	14,603,627	.304449	.304449
44	LABORATORY	9,071,926	.347698	.347698
48	INTRAVENOUS THERAPY	2,298,479	.072318	.072318
49	RESPIRATORY THERAPY	1,453,565	.529158	.529158
50	PHYSICAL THERAPY	2,674,055	.632027	.632027
51	OCCUPATIONAL THERAPY	802,311	.564154	.564154
53	ELECTROCARDIOLOGY	2,639,207	.420743	.420743
55	MEDICAL SUPPLIES CHARGED	7,892,642	.410762	.410762
55	30 IMPL. DEV. CHARGED TO PAT			
56	DRUGS CHARGED TO PATIENTS	7,427,705	.387750	.387750
56	02 ONCOLOGY	662,773	.628367	.628367
58	ASC (NON-DISTINCT PART)			
59	CARDIOPULMONARY			
59	97 CARDIAC REHABILITATION	143,351	1.027562	1.027562
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	2,313,269	1.286137	1.286137
62	OBSERVATION BEDS (NON-DIS			
62	01 OBSERVATION BEDS (DISTINC	480,102	2.073416	2.073416
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	68,258,342		
102	LESS OBSERVATION BEDS			
103	TOTAL	68,258,342		

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	4,201,514	896,190	3,305,324			4,201,514
38	RECOVERY ROOM						
40	ANESTHESIOLOGY	537,882	21,974	515,908			537,882
41	RADIOLOGY-DIAGNOSTIC	4,446,061	439,477	4,006,584			4,446,061
44	LABORATORY	3,154,290	153,330	3,000,960			3,154,290
48	INTRAVENOUS THERAPY	166,221	4,835	161,386			166,221
49	RESPIRATORY THERAPY	769,165	23,685	745,480			769,165
50	PHYSICAL THERAPY	1,690,076	195,869	1,494,207			1,690,076
51	OCCUPATIONAL THERAPY	452,627	15,415	437,212			452,627
53	ELECTROCARDIOLOGY	1,110,428	137,895	972,533			1,110,428
55	MEDICAL SUPPLIES CHARGED	3,241,995	157,185	3,084,810			3,241,995
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	2,880,096	66,653	2,813,443			2,880,096
56	02 ONCOLOGY	416,465	36,821	379,644			416,465
58	ASC (NON-DISTINCT PART)						
59	CARDIOPULMONARY						
59	97 CARDIAC REHABILITATION	147,302	26,652	120,650			147,302
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,975,182	442,779	2,532,403			2,975,182
62	OBSERVATION BEDS (NON-DIS						
62	01 OBSERVATION BEDS (DISTINC	995,451	100,385	895,066			995,451
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	27,184,755	2,719,145	24,465,610			27,184,755
102	LESS OBSERVATION BEDS						
103	TOTAL	27,184,755	2,719,145	24,465,610			27,184,755

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	12,740,543	.329775	.329775
38	RECOVERY ROOM			
40	ANESTHESIOLOGY	3,054,787	.176078	.176078
41	RADIOLOGY-DIAGNOSTIC	14,603,627	.304449	.304449
44	LABORATORY	9,071,926	.347698	.347698
48	INTRAVENOUS THERAPY	2,298,479	.072318	.072318
49	RESPIRATORY THERAPY	1,453,565	.529158	.529158
50	PHYSICAL THERAPY	2,674,055	.632027	.632027
51	OCCUPATIONAL THERAPY	802,311	.564154	.564154
53	ELECTROCARDIOLOGY	2,639,207	.420743	.420743
55	MEDICAL SUPPLIES CHARGED	7,892,642	.410762	.410762
55	30 IMPL. DEV. CHARGED TO PAT			
56	DRUGS CHARGED TO PATIENTS	7,427,705	.387750	.387750
56	02 ONCOLOGY	662,773	.628367	.628367
58	ASC (NON-DISTINCT PART)			
59	CARDIOPULMONARY			
59	97 CARDIAC REHABILITATION	143,351	1.027562	1.027562
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	2,313,269	1.286137	1.286137
62	OBSERVATION BEDS (NON-DIS			
62	01 OBSERVATION BEDS (DISTINC	480,102	2.073416	2.073416
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	68,258,342		
102	LESS OBSERVATION BEDS			
103	TOTAL	68,258,342		

TITLE XVIII, PART B HOSPITAL

Cost Center Description	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
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.329775		.329775		
38 RECOVERY ROOM					
40 ANESTHESIOLOGY	.176078		.176078		
41 RADIOLOGY-DIAGNOSTIC	.304449		.304449		
44 LABORATORY	.347698		.347698		
48 INTRAVENOUS THERAPY	.072318		.072318		
49 RESPIRATORY THERAPY	.529158		.529158		
50 PHYSICAL THERAPY	.632027		.632027		
51 OCCUPATIONAL THERAPY	.564154		.564154		
53 ELECTROCARDIOLOGY	.420743		.420743		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.410762		.410762		
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS	.387750		.387750		
56 02 ONCOLOGY	.628367		.628367		
58 ASC (NON-DISTINCT PART)					
59 CARDIOPULMONARY					
59 97 CARDIAC REHABILITATION	1.027562		1.027562		
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY	1.286137		1.286137		
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 01 OBSERVATION BEDS (DISTINCT PART)	2.073416		2.073416		
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

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	PPS Services 1/1/10 to 12/31/10	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	4	5	5.04	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		3,166,633			
38 RECOVERY ROOM					
40 ANESTHESIOLOGY		562,202			
41 RADIOLOGY-DIAGNOSTIC		5,184,293			
44 LABORATORY		2,748,851			
48 INTRAVENOUS THERAPY		160,517			
49 RESPIRATORY THERAPY		137,502			
50 PHYSICAL THERAPY		772,104			
51 OCCUPATIONAL THERAPY		175,876			
53 ELECTROCARDIOLOGY		971,695			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,101,807			
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS		2,285,141			
56 02 ONCOLOGY		368,051			
58 ASC (NON-DISTINCT PART)					
59 CARDIOPULMONARY					
59 97 CARDIAC REHABILITATION		59,563			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY		904,410			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 01 OBSERVATION BEDS (DISTINCT PART)		263,628			
101 SUBTOTAL		18,862,273			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
104 PROGRAM ONLY CHARGES					
104 NET CHARGES		18,862,273			

(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 COST

PROVIDER NO:	PERIOD:	PREPARED
15-1311	FROM 1/ 1/2010	7/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
15-1311		PART VI

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2	PROGRAM VACCINE CHARGES
3	PROGRAM COSTS

1	.387750
2	2,378
3	922

COMPUTATION OF INPATIENT OPERATING COST

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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	746.44
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	746.44
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-1311
 COMPONENT NO: 15-1311
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/26/2011
 WORKSHEET D-4

TITLE XVIII, PART A

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,820,915	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		499,777	
37	OPERATING ROOM	.329775	1,638,139	540,217
38	RECOVERY ROOM			
40	ANESTHESIOLOGY	.176078	493,970	86,977
41	RADIOLOGY-DIAGNOSTIC	.304449	897,629	273,282
44	LABORATORY	.347698	943,234	327,961
48	INTRAVENOUS THERAPY	.072318	406,199	29,375
49	RESPIRATORY THERAPY	.529158	453,956	240,214
50	PHYSICAL THERAPY	.632027	256,882	162,356
51	OCCUPATIONAL THERAPY	.564154	103,560	58,424
53	ELECTROCARDIOLOGY	.420743	243,202	102,326
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.410762	3,088,740	1,268,737
55	30 IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS	.387750	1,834,955	711,504
56	02 ONCOLOGY	.628367	87,864	55,211
58	ASC (NON-DISTINCT PART)			
59	CARDIOPULMONARY			
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	1.027562	280	288
60	CLINIC			
61	EMERGENCY	1.286137	2,405	3,093
62	OBSERVATION BEDS (NON-DISTINCT PART)			
62	01 OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURS COST CNTRS	2.073416	1,799	3,730
101	TOTAL		10,452,814	3,863,695
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		10,452,814	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-1311
 COMPONENT NO: 15-Z311
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/26/2011
 WORKSHEET D-4

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 ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.329775		
38	RECOVERY ROOM			
40	ANESTHESIOLOGY	.176078		
41	RADIOLOGY-DIAGNOSTIC	.304449	149,482	45,510
44	LABORATORY	.347698	227,927	79,250
48	INTRAVENOUS THERAPY	.072318	130,238	9,419
49	RESPIRATORY THERAPY	.529158	217,338	115,006
50	PHYSICAL THERAPY	.632027	314,770	198,943
51	OCCUPATIONAL THERAPY	.564154	110,962	62,600
53	ELECTROCARDIOLOGY	.420743	20,314	8,547
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.410762	288,791	118,624
55	30 IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS	.387750	916,320	355,303
56	02 ONCOLOGY	.628367	15,019	9,437
58	ASC (NON-DISTINCT PART)			
59	CARDIOPULMONARY			
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	1.027562		
60	CLINIC			
61	EMERGENCY	1.286137		
62	OBSERVATION BEDS (NON-DISTINCT PART)			
62	01 OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURS COST CNTRS	2.073416		
101	TOTAL		2,391,161	1,002,639
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,391,161	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-1311
 COMPONENT NO: 15-1311
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/26/2011
 WORKSHEET D-4

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		123,830	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		15,946	
37	OPERATING ROOM	.329775	49,406	16,293
38	RECOVERY ROOM			
40	ANESTHESIOLOGY	.176078	11,859	2,088
41	RADIOLOGY-DIAGNOSTIC	.304449	132,611	40,373
44	LABORATORY	.347698	64,518	22,433
48	INTRAVENOUS THERAPY	.072318	42,284	3,058
49	RESPIRATORY THERAPY	.529158	24,266	12,841
50	PHYSICAL THERAPY	.632027	10,561	6,675
51	OCCUPATIONAL THERAPY	.564154		
53	ELECTROCARDIOLOGY	.420743	10,017	4,215
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.410762	33,370	13,707
55	30 IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS	.387750	195,751	75,902
56	02 ONCOLOGY	.628367	7,939	4,989
58	ASC (NON-DISTINCT PART)			
59	CARDIOPULMONARY			
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	1.027562		
60	CLINIC			
61	EMERGENCY	1.286137	20,173	25,945
62	OBSERVATION BEDS (NON-DISTINCT PART)			
62	01 OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURS COST CNTRS	2.073416		
101	TOTAL		602,755	228,519
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		602,755	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-1311	FROM 1/ 1/2010	7/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
15-1311		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	8,099,651
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	8,099,651

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)	8,180,648
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	39,142
18.01	CAH ACTUAL BILLED COINSURANCE	3,226,834
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	4,914,672
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	4,914,672
24	PRIMARY PAYER PAYMENTS	5,806
25	SUBTOTAL	4,908,866

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	581,147
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	581,147
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	405,611
28	SUBTOTAL	5,490,013
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	5,490,013
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	4,861,550
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	628,463
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 15-1311
 COMPONENT NO: 15-1311
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/26/2011
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,579,177		4,322,408
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	8/5/2010	127,532	8/5/2010	414,404
ADJUSTMENTS TO PROVIDER .02	12/23/2010	30,217	12/23/2010	124,738
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		157,749		539,142
4 TOTAL INTERIM PAYMENTS		5,736,926		4,861,550
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		732,130		628,463
7 TOTAL MEDICARE PROGRAM LIABILITY		6,469,056		5,490,013

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

PROVIDER NO: 15-1311
 COMPONENT NO: 15-Z311
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/26/2011
 WORKSHEET E-1

TITLE XVII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,933,411		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	8/5/2010	38,350		
ADJUSTMENTS TO PROVIDER .02	12/23/2010	9,700		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		48,050		NONE
4 TOTAL INTERIM PAYMENTS		1,981,461		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		311,569		
7 TOTAL MEDICARE PROGRAM LIABILITY		2,293,030		

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

PROVIDER NO:	PERIOD:	PREPARED
15-1311	FROM 1/ 1/2010	7/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-2
15-Z311		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	1,341,196	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	1,012,665	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	1,779	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	2,353,861	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)	1,568	
10	SUBTOTAL	2,352,293	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	2,352,293	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	59,263	
14	80% OF PART B COSTS		
15	SUBTOTAL	2,293,030	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	2,293,030	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	1,981,461	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	311,569	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-1311	FROM 1/1/2010	7/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
15-1311		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	7,002,356
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	7,002,356
5	PRIMARY PAYER PAYMENTS	28,547
6	TOTAL COST FOR CAH (SEE INSTRUCTIONS)	7,043,547

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
12	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	7,043,547
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	645,311
21	EXCESS REASONABLE COST	
22	SUBTOTAL	6,398,236
23	COINSURANCE	4,675
24	SUBTOTAL	6,393,561
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	75,495
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	75,495
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	57,056
26	SUBTOTAL	6,469,056
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	6,469,056
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	5,736,926
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	732,130
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-1311	FROM 1/1/2010	7/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
-		PART III

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2			395,911	
3	MEDICAL AND OTHER SERVICES			
4			679,728	
5	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
6	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
7	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
8				
9			1,075,639	
	SUBTOTAL			
			1,075,639	
	INPATIENT PRIMARY PAYER PAYMENTS			
	OUTPATIENT PRIMARY PAYER PAYMENTS			
			1,075,639	
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
	ROUTINE SERVICE CHARGES			
10				
11			2,153,517	
12	ANCILLARY SERVICE CHARGES			
13	INTERNS AND RESIDENTS SERVICE CHARGES			
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
15	TEACHING PHYSICIANS			
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
			2,153,517	
	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
	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			2,153,517	
21	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
22			1,077,878	
23	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
			1,075,639	
	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30			1,075,639	
31	SUBTOTAL			
32	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
	XVIII ENTER AMOUNT FROM LINE 30			
33			1,075,639	
	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35				
36			1,075,639	
37	SUBTOTAL			
38	COINSURANCE			
39	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
40	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
41	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
42	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
43	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
44	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
45	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
46				
47			1,075,639	
48	UTILIZATION REVIEW			
49	SUBTOTAL (SEE INSTRUCTIONS)			
50				
51	INPATIENT ROUTINE SERVICE COST			
52	MEDICARE INPATIENT ROUTINE CHARGES			
53	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
54	PAYMENT FOR SERVICES ON A CHARGE BASIS			
55	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
56	FOR PAYMENT OF PART A SERVICES			
57	RATIO OF LINE 43 TO 44			
58				
			1,075,639	
	TOTAL CUSTOMARY CHARGES			
	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
	OTHER ADJUSTMENTS (SPECIFY)			
	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
			1,075,639	
	SUBTOTAL			
59	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
60	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
61			1,075,639	
62	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
63	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
64	INTERIM PAYMENTS			
65	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
66				
67			1,075,639	
68	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-1311	FROM 1/ 1/2010	7/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	2,183,000			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	7,851,000			
5 OTHER RECEIVABLES	874,000			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-5,009,000			
7 INVENTORY	1,091,000			
8 PREPAID EXPENSES	336,000			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	7,326,000			
FIXED ASSETS				
12 LAND	147,000			
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION BUILDINGS	-56,000			
14.01 LESS ACCUMULATED DEPRECIATION LEASEHOLD IMPROVEMENTS	1,231,000			
15.01 LESS ACCUMULATED DEPRECIATION FIXED EQUIPMENT	-164,000			
16.01 LESS ACCUMULATED DEPRECIATION AUTOMOBILES AND TRUCKS	986,000			
17.01 LESS ACCUMULATED DEPRECIATION MAJOR MOVABLE EQUIPMENT	-386,000			
18.01 LESS ACCUMULATED DEPRECIATION MINOR EQUIPMENT DEPRECIABLE	6,000			
19.01 LESS ACCUMULATED DEPRECIATION MINOR EQUIPMENT-NONDEPRECIABLE	-6,000			
20.01 LESS ACCUMULATED DEPRECIATION MINOR EQUIPMENT-NONDEPRECIABLE	3,986,000			
21.01 LESS ACCUMULATED DEPRECIATION MINOR EQUIPMENT-NONDEPRECIABLE	-1,411,000			
21 TOTAL FIXED ASSETS	4,333,000			
OTHER ASSETS				
22 INVESTMENTS	2,826,000			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	21,644,000			
26 TOTAL OTHER ASSETS	24,470,000			
27 TOTAL ASSETS	36,129,000			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,058,000			
29 SALARIES, WAGES & FEES PAYABLE	1,321,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	31,000			
32 DEFERRED INCOME	48,000			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	2,802,000			
36 TOTAL CURRENT LIABILITIES	5,260,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	21,497,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	651,000			
42 TOTAL LONG-TERM LIABILITIES	22,148,000			
43 TOTAL LIABILITIES	27,408,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	8,721,000			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	8,721,000			
52 TOTAL LIABILITIES AND FUND BALANCES	36,129,000			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		9,512,283		
2	NET INCOME (LOSS)		825,294		
3	TOTAL		10,337,577		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		10,337,577		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM	1,616,577			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		1,616,577		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		8,721,000		

		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	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	80,322,000
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	40,810,000
3	NET PATIENT REVENUES	39,512,000
4	LESS: TOTAL OPERATING EXPENSES	40,246,706
5	NET INCOME FROM SERVICE TO PATIENTS	-734,706
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	296,000
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	1,264,000
25	TOTAL OTHER INCOME	1,560,000
26	TOTAL	825,294
27	OTHER EXPENSES	
28	OTHER EXPENSES (SPECIFY)	
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	825,294