

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

WORKSHEET S PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX I PROVIDER NO: I PERIOD I INTERMEDIARY USE ONLY I DATE RECEIVED: COST REPORT CERTIFICATION I 14-0084 I FROM 12/ 1/2008 I --AUDITED --DESK REVIEW I / / AND SETTLEMENT SUMMARY I I TO 11/30/2009 I --INITIAL --REOPENED I INTERMEDIARY NO: I I --FINAL 1-MCR CODE I I 00 - # OF REOPENINGS I

ELECTRONICALLY FILED COST REPORT DATE: 4/30/2010 TIME 12:31

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: VISTA MEDICAL CENTER - EAST 14-0084 FOR THE COST REPORTING PERIOD BEGINNING 12/ 1/2008 AND ENDING 11/30/2009 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.

[Handwritten Signature]

OFFICER OR ADMINISTRATOR OF PROVIDER(S) Senior Vice President, Revenue Management TITLE H-30-10 DATE

ECR ENCRYPTION INFORMATION DATE: 4/30/2010 TIME 12:31

9CxynjhrTB7UmfqXyoD0g06L2sk.R0 TV71e0m98Ek0d0s0kvdP1s6rPD1aUQ JYdx0KrhqU0Sugec

PI ENCRYPTION INFORMATION DATE: 4/30/2010 TIME 12:31

KD8ZAKPQFsNG9Ippcgsfqf5X7urr00 6NMRn0TefrwuwwewZelwMNV7F4cjSyq E11P3EM8dj0Y1yJ3

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		A 2	B 3	4	
1	0	1,377,414	139,015	0	
100	0	1,377,414	139,015	0	

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

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

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I PERIOD	I INTERMEDIARY USE ONLY	I DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-0084	I FROM 12/ 1/2008	I --AUDITED --DESK REVIEW	I / /
AND SETTLEMENT SUMMARY	I		I TO 11/30/2009	I --INITIAL --REOPENED	I INTERMEDIARY NO:
			I	I --FINAL 1-MCR CODE	I
				I 00 - # OF REOPENINGS	I

ELECTRONICALLY FILED COST REPORT DATE: 4/30/2010 TIME 12:40

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:
 VISTA MEDICAL CENTER - EAST 14-0084
 FOR THE COST REPORTING PERIOD BEGINNING 12/ 1/2008 AND ENDING 11/30/2009 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	TITLE XVIII		TITLE XIX	
		1	A 2	B 3	4	
1	HOSPITAL	0	1,377,414	139,015		0
100	TOTAL	0	1,377,414	139,015		0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 1324 NORTH SHERIDAN ROAD P.O. BOX:
 1.01 CITY: WAUKEGAN STATE: IL ZIP CODE: 60085- COUNTY: LAKE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;					PAYMENT SYSTEM (P,T,O OR N)		
COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	V	XVIII	XIX
0	1	2	2.01	3	4	5	6
02.00	HOSPITAL	VISTA MEDICAL CENTER - EAST	14-0084	7/ 1/1966	N	P	P

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 12/ 1/2008 TO: 11/30/2009
 18 TYPE OF CONTROL 1 2
 4

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

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

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

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 29404

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

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

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

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

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

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4

 0 0.0000 0.0000

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

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

28.03 STAFFING % Y/N
 0.00%

28.04 RECRUITMENT 0.00%

28.05 RETENTION 0.00%

28.06 TRAINING 0.00%

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

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

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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

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

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 449008
 40.01 NAME: COMMUNITY HEALTH SYSTEMS FI/CONTRACTOR NAME WPS FI/CONTRACTOR # 52280
 40.02 STREET: 4000 MERIDIAN BLVD P.O. BOX:
 40.03 CITY: FRANKLIN STATE: TN ZIP CODE: 37067-
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 359,887
 PAID LOSSES: 130,853
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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

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

MULTICAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
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62.00 0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 3/13/2010

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 4/30/2010
I 14-0084 I FROM 12/ 1/2008 I WORKSHEET 5-3
I TO 11/30/2009 I PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS /		O/P VISITS /		TRIPS -----	
				TITLE V 3	TITLE XVIII 4	NOT LTCH N/A 4.01	TOTAL TITLE XIX 5		
1 ADULTS & PEDIATRICS	193	70,445			18,890		8,359		
2 HMO					974		1,358		
2 01 HMO - (IRF PPS SUBPROVIDER)									
3 ADULTS & PED-SB SNF									
4 ADULTS & PED-SB NF									
5 TOTAL ADULTS AND PEDS	193	70,445			18,890		8,359		
6 INTENSIVE CARE UNIT	16	5,840			2,708		685		
11 NURSERY							3,734		
12 TOTAL	209	76,285			21,598		12,778		
13 RPCH VISITS									
14 SUBPROVIDER									
14 01 SUBPROVIDER 2									
18 HOME HEALTH AGENCY									
21 HOSPICE									
25 TOTAL	209								
26 OBSERVATION BED DAYS								327	
27 AMBULANCE TRIPS									
28 EMPLOYEE DISCOUNT DAYS									
28 01 EMP DISCOUNT DAYS -IRF									
29 LABOR & DELIVERY DAYS									

COMPONENT	I/P DAYS /		O/P VISITS TOTAL ALL PATS	/ TRIPS -----		-- INTERNS & RES. FTES --	
	TITLE XIX OBSERVATION ADMITTED 5.01	BEDS NOT ADMITTED 5.02		TOTAL OBSERVATION ADMITTED 6.01	BEDS NOT ADMITTED 6.02	TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			38,969				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			38,969				
6 INTENSIVE CARE UNIT			5,427				
11 NURSERY			4,391				
12 TOTAL			48,787				
13 RPCH VISITS							
14 SUBPROVIDER							
14 01 SUBPROVIDER 2							
18 HOME HEALTH AGENCY							
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS	48	279	1,181	171	1,010		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	--- FULL TIME EQUIV ---		DISCHARGES		TOTAL ALL PATIENTS 15
		EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XVIII 13	
1 ADULTS & PEDIATRICS				4,396	3,228	11,764
2 HMO						
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS						
6 INTENSIVE CARE UNIT						
11 NURSERY						
12 TOTAL		787.81		4,396	3,228	11,764
13 RPCH VISITS						
14 SUBPROVIDER						
14 01 SUBPROVIDER 2						
18 HOME HEALTH AGENCY						
21 HOSPICE						
25 TOTAL		787.81				
26 OBSERVATION BED DAYS						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						
29 LABOR & DELIVERY DAYS						

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 4/30/2010
 I 14-0084 I FROM 12/ 1/2008 I WORKSHEET S-3
 I I TO 11/30/2009 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	47,449,873		47,449,873	1,638,593.00	28.96	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	492,905	137,926	630,831	23,736.00	26.58	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	580,290		580,290	8,110.00	71.55	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	328,208		328,208	3,566.00	92.04	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	2,608,689		2,608,689	40,419.00	64.54	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	9,617,603		9,617,603			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	129,586		129,586			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	379,590		379,590	10,636.00	35.69	
22 ADMINISTRATIVE & GENERAL	5,992,807	-138,356	5,854,451	249,889.00	23.43	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	914,491		914,491	38,182.00	23.95	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY						
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,919,956		1,919,956	45,593.00	42.11	
31 CENTRAL SERVICE AND SUPPLY	593,203		593,203	44,733.00	13.26	
32 PHARMACY	1,497,286		1,497,286	44,460.00	33.68	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	983,373		983,373	53,015.00	18.55	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	47,449,873		47,449,873	1,638,593.00	28.96	
2 EXCLUDED AREA SALARIES	492,905	137,926	630,831	23,736.00	26.58	
3 SUBTOTAL SALARIES	46,956,968	-137,926	46,819,042	1,614,857.00	28.99	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	3,517,187		3,517,187	52,095.00	67.51	
5 SUBTOTAL WAGE-RELATED COSTS	9,617,603		9,617,603		20.54	
6 TOTAL	60,091,758	-137,926	59,953,832	1,666,952.00	35.97	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	12,280,706	-138,356	12,142,350	486,508.00	24.96	

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	501,273
17.01	GROSS MEDICAID REVENUES	31,243,813
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	31,745,086
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)	.158020
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)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	135,323,655

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	21,383,844
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	34,297,716
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5,419,725
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	21,383,844

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 14-0084
I

I PERIOD:
I FROM 12/ 1/2008
I TO 11/30/2009

I PREPARED 4/30/2010
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,160,660	1,160,660	1,799,836	2,960,496
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4,704,080	4,704,080	2,121,021	6,825,101
5	0500 EMPLOYEE BENEFITS	379,590	452,236	831,826	5,763,640	6,595,466
6	0600 ADMINISTRATIVE & GENERAL	5,992,807	54,853,453	60,846,260	-9,237,654	51,608,606
8	0800 OPERATION OF PLANT	914,491	3,056,919	3,971,410	-1,716	3,969,694
9	0900 LAUNDRY & LINEN SERVICE		538,544	538,544		538,544
10	1000 HOUSEKEEPING		2,190,927	2,190,927		2,190,927
11	1100 DIETARY		2,397,339	2,397,339	-1,520	2,395,819
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	1,919,956	410,510	2,330,466	-264	2,330,202
15	1500 CENTRAL SERVICES & SUPPLY	593,203	9,379,300	9,972,503	-8,589,969	1,382,534
16	1600 PHARMACY	1,497,286	4,889,488	6,386,774	-4,653,457	1,733,317
17	1700 MEDICAL RECORDS & LIBRARY	983,373	1,609,668	2,593,041	-1,691	2,591,350
18	1800 SOCIAL SERVICE		1	1	-1	
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		15	15	-15	
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	9,953,559	1,904,571	11,858,130	22,775	11,880,905
26	2600 INTENSIVE CARE UNIT	3,197,266	542,619	3,739,885	-18,492	3,721,393
31	3100 SUBPROVIDER	285	6,819	7,104	-7,104	
31.01	3101 SUBPROVIDER 2	145	4,866	5,011	-5,011	
33	3300 NURSERY	1,125,705	276,496	1,402,201	53,448	1,455,649
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,466,786	3,584,866	6,051,652	-115,937	5,935,715
38	3800 RECOVERY ROOM	1,773,326	180,716	1,954,042	-12,919	1,941,123
39	3900 DELIVERY ROOM & LABOR ROOM	1,709,429	536,671	2,246,100	-267,302	1,978,798
40	4000 ANESTHESIOLOGY	56,013	1,348,012	1,404,025	-12,490	1,391,535
41	4100 RADIOLOGY-DIAGNOSTIC	2,647,681	2,889,339	5,537,020	1,511,103	7,048,123
41.01	3630 ULTRASOUND	260,883	54,653	315,536	-315,536	
41.02	4101 CT SCAN	535,653	467,573	1,003,226	-1,003,226	
41.03	4102 MRI	143,308	154,185	297,493	-297,493	
43	4300 RADIOISOTOPE	292,205	514,084	806,289	-806,289	
44	4400 LABORATORY	2,525,469	3,518,198	6,043,667	-1,096	6,042,571
49	4900 RESPIRATORY THERAPY	999,035	486,707	1,485,742	-155,921	1,329,821
49.01	4901 GATRO INTESTINAL SVCS					
50	5000 PHYSICAL THERAPY	1,549,960	446,693	1,996,653	95,819	2,092,472
51	5100 OCCUPATIONAL THERAPY	122,244	51,537	173,781	-173,781	
52	5200 SPEECH PATHOLOGY	130,784	14,665	145,449	-145,449	
53	5300 ELECTROCARDIOLOGY	1,500,102	826,764	2,326,866	-17,654	2,309,212
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				8,562,434	8,562,434
56	5600 DRUGS CHARGED TO PATIENTS				4,637,749	4,637,749
57	5700 RENAL DIALYSIS		662,859	662,859		662,859
59	3160 CARDIAC REHAB					
59.01	3120 GUIDANCE	188,837	22,147	210,984	-11	210,973
59.02	3020 WOUND CARE	228,958	90,118	319,076	-319,076	
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	3,269,059	1,713,399	4,982,458	-24,396	4,958,062
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		-11	-11	11	
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	445,476	380,124	825,600	-1,531	824,069
71	7100 HOME HEALTH AGENCY		75	75	-75	
	SPEC PURPOSE COST CENTERS					
93	9300 HOSPICE					
95	SUBTOTALS	47,402,874	106,321,885	153,724,759	-1,619,240	152,105,519
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 CHIROPRACTIC WORKS LESSEE					
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 SENIOR CIRCLE	46,999	16,018	63,017		63,017
100.02	7952 MARKETING				1,619,240	1,619,240
100.03	7953 OTHER NONREIMBURSABLE COST CENTERS					
100.04	7954 OTHER NONREIMBURSABLE COST CENTERS					
100.05	7955 OTHER NONREIMBURSABLE COST CENTERS					
100.06	7956 OTHER NONREIMBURSABLE COST CENTERS					
101	TOTAL	47,449,873	106,337,903	153,787,776	-0-	153,787,776

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0084
II PERIOD:
I FROM 12/ 1/2008 I PREPARED 4/30/2010
I TO 11/30/2009 I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	2,715,728	5,676,224
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	1,228,619	8,053,720
5	0500 EMPLOYEE BENEFITS	-8,713	6,586,753
6	0600 ADMINISTRATIVE & GENERAL	-35,827,331	15,781,275
8	0800 OPERATION OF PLANT	-211,178	3,758,516
9	0900 LAUNDRY & LINEN SERVICE	-34,018	504,526
10	1000 HOUSEKEEPING	-728,362	1,462,565
11	1100 DIETARY	-2,667	2,393,152
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-774,702	1,555,500
15	1500 CENTRAL SERVICES & SUPPLY		1,382,534
16	1600 PHARMACY		1,733,317
17	1700 MEDICAL RECORDS & LIBRARY	-7,874	2,583,476
18	1800 SOCIAL SERVICE		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-177,900	11,703,005
26	2600 INTENSIVE CARE UNIT		3,721,393
31	3100 SUBPROVIDER		
31.01	3101 SUBPROVIDER 2		
33	3300 NURSERY	-75,712	1,379,937
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-920,099	5,015,616
38	3800 RECOVERY ROOM	-6,771	1,934,352
39	3900 DELIVERY ROOM & LABOR ROOM		1,978,798
40	4000 ANESTHESIOLOGY	-1,306,540	84,995
41	4100 RADIOLOGY-DIAGNOSTIC	-752	7,047,371
41.01	3630 ULTRASOUND		
41.02	4101 CT SCAN		
41.03	4102 MRI		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY		6,042,571
49	4900 RESPIRATORY THERAPY		1,329,821
49.01	4901 GATRO INTESTINAL SVCS		
50	5000 PHYSICAL THERAPY	-2,237	2,090,235
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY	-203,116	2,106,096
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-54	8,562,380
56	5600 DRUGS CHARGED TO PATIENTS	-9,798	4,627,951
57	5700 RENAL DIALYSIS		662,859
59	3160 CARDIAC REHAB		
59.01	3120 GUIDANCE		210,973
59.02	3020 WOUND CARE		
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-570,000	4,388,062
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-506	823,563
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
93	9300 HOSPICE		
95	SUBTOTALS	-36,923,983	115,181,536
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 CHIROPRACTIC WORKS LESSEE		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 SENIOR CIRCLE		63,017
100.02	7952 MARKETING		1,619,240
100.03	7953 OTHER NONREIMBURSABLE COST CENTERS		
100.04	7954 OTHER NONREIMBURSABLE COST CENTERS		
100.05	7955 OTHER NONREIMBURSABLE COST CENTERS		
100.06	7956 OTHER NONREIMBURSABLE COST CENTERS		
101	TOTAL	-36,923,983	116,863,793

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 4/30/2010
 I 14-0084 I FROM 12/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 11/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	3630	ULTRA SOUND
41.02	CT SCAN	4101	RADIOLOGY-DIAGNOSTIC
41.03	MRI	4102	RADIOLOGY-DIAGNOSTIC
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	GATRO INTESTINAL SVCS	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	CARDIAC REHAB	3160	CARDIOPULMONARY
59.01	GUIDANCE	3120	CARDIAC CATHETERIZATION LABORATORY
59.02	WOUND CARE	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	CHIROPRACTIC WORKS LESSEE	9801	PHYSICIANS' PRIVATE OFFICES
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	SENIOR CIRCLE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	MARKETING	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	OTHER NONREIMBURSABLE COST CENTERS	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	OTHER NONREIMBURSABLE COST CENTERS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	OTHER NONREIMBURSABLE COST CENTERS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	OTHER NONREIMBURSABLE COST CENTERS	7956	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 140084	PERIOD: FROM 12/ 1/2008 TO 11/30/2009	PREPARED 4/30/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE	
			LINE NO 3	SALARY 4 OTHER 5
1 RECLASS EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5	5,993,638
3 RECLASS OXYGEN COSTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	66,928
		CENTRAL SERVICES & SUPPLY	15	22
8 RECLASS RENT AND LEASES	C	NEW CAP REL COSTS-MVBLE EQUIP	4	2,104,536
31 RECLASS OTHER CAPITAL COSTS	D	NEW CAP REL COSTS-BLDG & FIXT	3	117,004
		NEW CAP REL COSTS-MVBLE EQUIP	4	16,485
34 RECLASS MARKETING EXPENSES	E	MARKETING	100.02	138,356
				1,682,832
				1,480,884
1 RECLASS MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	8,495,506
4 RECLASS DRUGS / IV SOLUTIONS	G	DRUGS CHARGED TO PATIENTS	56	4,637,749
5 RECLASS LABOR & DELIVERY COSTS	H	ADULTS & PEDIATRICS	25	147,765
		NURSERY	33	10,076
7 RECLASS THERAPY COSTS	I	PHYSICAL THERAPY	50	253,028
9 RECLASS MISC DEPARTMENTS	J	ADMINISTRATIVE & GENERAL	6	90
		ADULTS & PEDIATRICS	25	429
		OPERATING ROOM	37	228,959
		OTHER OUTPATIENT SERVICE COST CENTER	63	89,803
16 RECLASS OTHER RADIOLOGY COSTS	K	RADIOLOGY-DIAGNOSTIC	41	1,232,049
36 TOTAL RECLASSIFICATIONS				2,010,662
				26,044,588

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

RECLASSIFICATIONS

PROVIDER NO: 140084	PERIOD: FROM 12/ 1/2008 TO 11/30/2009	PREPARED 4/30/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 RECLASS EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5			78,522	
2		ADMINISTRATIVE & GENERAL	6			5,915,116	
3 RECLASS OXYGEN COSTS	B	OPERATING ROOM	37			2,353	
4		ANESTHESIOLOGY	40			4,558	
5		LABORATORY	44			279	
6		RESPIRATORY THERAPY	49			58,815	
7		EMERGENCY	61			945	
8 RECLASS RENT AND LEASES	C	EMPLOYEE BENEFITS	5			1,529	10
9		ADMINISTRATIVE & GENERAL	6			37,014	
10		OPERATION OF PLANT	8			1,716	
11		DIETARY	11			1,520	
12		NURSING ADMINISTRATION	14			264	
13		CENTRAL SERVICES & SUPPLY	15			170,754	
14		PHARMACY	16			15,708	
15		MEDICAL RECORDS & LIBRARY	17			1,691	
16		ADULTS & PEDIATRICS	25			177,874	
17		INTENSIVE CARE UNIT	26			18,492	
18		NURSERY	33			6,576	
19		OPERATING ROOM	37			364,217	
20		RECOVERY ROOM	38			12,919	
21		DELIVERY ROOM & LABOR ROOM	39			18,744	
22		ANESTHESIOLOGY	40			7,932	
23		RADIOLOGY-DIAGNOSTIC	41			911,441	
24		LABORATORY	44			817	
25		RESPIRATORY THERAPY	49			97,106	
26		PHYSICAL THERAPY	50			223,411	
27		ELECTROCARDIOLOGY	53			9,514	
28		WOUND CARE	59.02			315	
29		EMERGENCY	61			23,451	
30		AMBULANCE SERVICES	65			1,531	
31 RECLASS OTHER CAPITAL COSTS	D	ADMINISTRATIVE & GENERAL	6			1,816,321	12
32							12
33							13
34 RECLASS MARKETING EXPENSES	E	ADMINISTRATIVE & GENERAL	6		138,356	1,330,937	
35		EMPLOYEE BENEFITS	5			149,947	
1 RECLASS MEDICAL SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15			8,419,237	
2		OPERATING ROOM	37			68,129	
3		ELECTROCARDIOLOGY	53			8,140	
4 RECLASS DRUGS / IV SOLUTIONS	G	PHARMACY	16			4,637,749	
5 RECLASS LABOR & DELIVERY COSTS	H	DELIVERY ROOM & LABOR ROOM	39		157,841	90,717	
6							
7 RECLASS THERAPY COSTS	I	OCCUPATIONAL THERAPY	51		122,244	51,537	
8		SPEECH PATHOLOGY	52		130,784	14,665	
9 RECLASS MISC DEPARTMENTS	J	GUIDANCE	59.01			11	
10		SOCIAL SERVICE	18			1	
11		I&R SERVICES-SALARY & FRINGES APPRVD	22			15	
12		SUBPROVIDER	31		285	6,819	
13		SUBPROVIDER 2	31.01		145	4,866	
14		WOUND CARE	59.02		228,958	89,803	
15		HOME HEALTH AGENCY	71			75	
16 RECLASS OTHER RADIOLOGY COSTS	K	ULTRASOUND	41.01		260,883	54,653	
17		CT SCAN	41.02		535,653	467,573	
18		MRI	41.03		143,308	154,185	
19		RADIOISOTOPE	43		292,205	514,084	
36 TOTAL RECLASSIFICATIONS					2,010,662	26,044,588	

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

RECLASSIFICATIONS

PROVIDER NO: 140084	PERIOD: FROM 12/ 1/2008 TO 11/30/2009	PREPARED 4/30/2010 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A
EXPLANATION : RECLASS EMPLOYEE BENEFITS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	5,993,638	EMPLOYEE BENEFITS	5	78,522	
2.00			0	ADMINISTRATIVE & GENERAL	6	5,915,116	
TOTAL RECLASSIFICATIONS FOR CODE A			5,993,638				5,993,638

RECLASS CODE: B
EXPLANATION : RECLASS OXYGEN COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	66,928	OPERATING ROOM	37	2,353	
2.00	CENTRAL SERVICES & SUPPLY	15	22	ANESTHESIOLOGY	40	4,558	
3.00			0	LABORATORY	44	279	
4.00			0	RESPIRATORY THERAPY	49	58,815	
5.00			0	EMERGENCY	61	945	
TOTAL RECLASSIFICATIONS FOR CODE B			66,950				66,950

RECLASS CODE: C
EXPLANATION : RECLASS RENT AND LEASES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,104,536	EMPLOYEE BENEFITS	5	1,529	
2.00			0	ADMINISTRATIVE & GENERAL	6	37,014	
3.00			0	OPERATION OF PLANT	8	1,716	
4.00			0	DIETARY	11	1,520	
5.00			0	NURSING ADMINISTRATION	14	264	
6.00			0	CENTRAL SERVICES & SUPPLY	15	170,754	
7.00			0	PHARMACY	16	15,708	
8.00			0	MEDICAL RECORDS & LIBRARY	17	1,691	
9.00			0	ADULTS & PEDIATRICS	25	177,874	
10.00			0	INTENSIVE CARE UNIT	26	18,492	
11.00			0	NURSERY	33	6,576	
12.00			0	OPERATING ROOM	37	364,217	
13.00			0	RECOVERY ROOM	38	12,919	
14.00			0	DELIVERY ROOM & LABOR ROOM	39	18,744	
15.00			0	ANESTHESIOLOGY	40	7,932	
16.00			0	RADIOLOGY-DIAGNOSTIC	41	911,441	
17.00			0	LABORATORY	44	817	
18.00			0	RESPIRATORY THERAPY	49	97,106	
19.00			0	PHYSICAL THERAPY	50	223,411	
20.00			0	ELECTROCARDIOLOGY	53	9,514	
21.00			0	WOUND CARE	59.02	315	
22.00			0	EMERGENCY	61	23,451	
23.00			0	AMBULANCE SERVICES	65	1,531	
TOTAL RECLASSIFICATIONS FOR CODE C			2,104,536				2,104,536

RECLASS CODE: D
EXPLANATION : RECLASS OTHER CAPITAL COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	117,004	ADMINISTRATIVE & GENERAL	6	1,816,321	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	16,485			0	
3.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,682,832			0	
TOTAL RECLASSIFICATIONS FOR CODE D			1,816,321				1,816,321

RECLASS CODE: E
EXPLANATION : RECLASS MARKETING EXPENSES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MARKETING	100.02	1,619,240	ADMINISTRATIVE & GENERAL	6	1,469,293	
2.00			0	EMPLOYEE BENEFITS	5	149,947	
TOTAL RECLASSIFICATIONS FOR CODE E			1,619,240				1,619,240

RECLASS CODE: F
EXPLANATION : RECLASS MEDICAL SUPPLIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	8,495,506	CENTRAL SERVICES & SUPPLY	15	8,419,237	

RECLASSIFICATIONS

PROVIDER NO:
140084

PERIOD:
FROM 12/ 1/2008
TO 11/30/2009

PREPARED 4/30/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: F
EXPLANATION : RECLASS MEDICAL SUPPLIES

INCREASE		
LINE	COST CENTER	AMOUNT
2.00		0
3.00		0
TOTAL RECLASSIFICATIONS FOR CODE F		8,495,506

DECREASE		
COST CENTER	LINE	AMOUNT
OPERATING ROOM	37	68,129
ELECTROCARDIOLOGY	53	8,140
		8,495,506

RECLASS CODE: G
EXPLANATION : RECLASS DRUGS / IV SOLUTIONS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	4,637,749
TOTAL RECLASSIFICATIONS FOR CODE G		4,637,749

DECREASE		
COST CENTER	LINE	AMOUNT
PHARMACY	16	4,637,749
		4,637,749

RECLASS CODE: H
EXPLANATION : RECLASS LABOR & DELIVERY COSTS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	188,534
2.00	NURSERY	60,024
TOTAL RECLASSIFICATIONS FOR CODE H		248,558

DECREASE		
COST CENTER	LINE	AMOUNT
DELIVERY ROOM & LABOR ROOM	39	248,558
		0
		248,558

RECLASS CODE: I
EXPLANATION : RECLASS THERAPY COSTS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	PHYSICAL THERAPY	319,230
2.00		0
TOTAL RECLASSIFICATIONS FOR CODE I		319,230

DECREASE		
COST CENTER	LINE	AMOUNT
OCCUPATIONAL THERAPY	51	173,781
SPEECH PATHOLOGY	52	145,449
		319,230

RECLASS CODE: J
EXPLANATION : RECLASS MISC DEPARTMENTS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	90
2.00	ADULTS & PEDIATRICS	12,115
3.00	OPERATING ROOM	318,762
4.00	OTHER OUTPATIENT SERVICE COST	11
5.00		0
6.00		0
7.00		0
TOTAL RECLASSIFICATIONS FOR CODE J		330,978

DECREASE		
COST CENTER	LINE	AMOUNT
GUIDANCE	59.01	11
SOCIAL SERVICE	18	1
I&R SERVICES-SALARY & FRINGES	22	15
SUBPROVIDER	31	7,104
SUBPROVIDER 2	31.01	5,011
WOUND CARE	59.02	318,761
HOME HEALTH AGENCY	71	75
		330,978

RECLASS CODE: K
EXPLANATION : RECLASS OTHER RADIOLOGY COSTS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC	2,422,544
2.00		0
3.00		0
4.00		0
TOTAL RECLASSIFICATIONS FOR CODE K		2,422,544

DECREASE		
COST CENTER	LINE	AMOUNT
ULTRASOUND	41.01	315,536
CT SCAN	41.02	1,003,226
MRI	41.03	297,493
RADIOISOTOPE	43	806,289
		2,422,544

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS	3,653,351					3,653,351	
3 BUILDINGS & FIXTURE	81,544,481	2,846,900		2,846,900		84,391,381	
4 BUILDING IMPROVEMEN	2,380,074	2,889,624		2,889,624		5,269,698	
5 FIXED EQUIPMENT	3,636,656	923,532		923,532		4,560,188	
6 MOVABLE EQUIPMENT	69,712,476	4,256,938		4,256,938		73,969,414	
7 SUBTOTAL	160,927,038	10,916,994		10,916,994		171,844,032	
8 RECONCILING ITEMS							
9 TOTAL	160,927,038	10,916,994		10,916,994		171,844,032	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL	93,259,692		93,259,692	.542700				
4	NEW CAP REL COSTS-MV	78,584,338		78,584,338	.457300				
5	TOTAL	171,844,030		171,844,030	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
3	NEW CAP REL COSTS-BL	2,680,347		1,196,041	117,004	1,682,832		5,676,224
4	NEW CAP REL COSTS-MV	5,932,699	2,104,536		16,485			8,053,720
5	TOTAL	8,613,046	2,104,536	1,196,041	133,489	1,682,832		13,729,944

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
3	NEW CAP REL COSTS-BL	1,160,660						1,160,660
4	NEW CAP REL COSTS-MV	4,704,080						4,704,080
5	TOTAL	5,864,740						5,864,740

* 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

I PROVIDER NO: I
I 14-0084 I
I I

I PERIOD: I PREPARED 4/30/2010
I FROM 12/ 1/2008 I WORKSHEET A-8
I TO 11/30/2009 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST, A-7 REF.
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	
	1	2	COST CENTER	3	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	B	-184,925	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,368,549			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-9,632,709			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-2,667	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES	B	-54	MEDICAL SUPPLIES CHARGED	55	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-9,798	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-7,874	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)	B	-724,364	NURSING ADMINISTRATION	14	
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	1,470,367	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	1,005,445	NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 INSERVICE EDUCATION REVENUE	B	-16,226	NURSING ADMINISTRATION	14	
38 FITNESS REVENUE	B	-66,419	ADMINISTRATIVE & GENERAL	6	
39 CARELINE REVENUE	B	-43,072	ADMINISTRATIVE & GENERAL	6	
40 RADIOLOGY SCHOOL REVENUE	B	-1,360	ADMINISTRATIVE & GENERAL	6	
41 OTHER MISC REVENUE	B	-42,992	ADMINISTRATIVE & GENERAL	6	
42 GRANT INCOME	B	-24,506	ADMINISTRATIVE & GENERAL	6	
43 CON & ORG COST AMORTIZATION	A	-41,116	ADMINISTRATIVE & GENERAL	6	
44 BAD DEBTS	A	-18,235,713	ADMINISTRATIVE & GENERAL	6	
45 NON-ALLOWABLE PHONE / TV	A	-160,804	ADMINISTRATIVE & GENERAL	6	
45.01 NON-ALLOWABLE PHONE / TV	A	-752	RADIOLOGY-DIAGNOSTIC	41	
45.02 NON-ALLOWABLE PHONE / TV	A	-2,237	PHYSICAL THERAPY	50	
46 NON-ALLOWABLE PHONE / TV BENEFITS	A	-8,713	EMPLOYEE BENEFITS	5	
47 NON-ALLOWABLE PHONE / TV DEPR	A	-13,780	NEW CAP REL COSTS-MVBLE E	4	9
48 PHYSICIAN RECRUITING	A	-292,563	ADMINISTRATIVE & GENERAL	6	
49 STATE OPERATING TAX	A	-4,863,323	ADMINISTRATIVE & GENERAL	6	
49.01 CLUB DUES AND LOBBYING	A	-66,881	ADMINISTRATIVE & GENERAL	6	
49.02 LEGAL FEES	A	-554,221	ADMINISTRATIVE & GENERAL	6	
49.03 RENTAL INCOME	B	-30,012	NEW CAP REL COSTS-BLDG &	3	9
49.04 ALLOCATED SECURITY / PLANT OPS	A	-211,178	OPERATION OF PLANT	8	
49.05 ALLOCATED HOUSEKEEPING	A	-728,362	HOUSEKEEPING	10	
49.06 ALLOCATED LAUNDRY & LINEN	A	-34,018	LAUNDRY & LINEN SERVICE	9	
49.07 ALLOCATED RECOVERY ROOM	A	-6,771	RECOVERY ROOM	38	
49.08 ALLOCATED ANESTHESIA	A	-220	ANESTHESIOLOGY	40	
49.09 ALLOCATED EKG	A	-23,616	ELECTROCARDIOLOGY	53	
49.10					
50 TOTAL (SUM OF LINES 1 THRU 49)		-36,923,983			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & DIRECT CAPITAL RELATED IN	1,196,041		1,196,041	11
2	6	ADMINISTRATIVE & GENERAL PASI OPERATING COSTS	362,302		362,302	
3	3	NEW CAP REL COSTS-BLDG & PASI CAPITAL COSTS	35,162		35,162	9
4	6	ADMINISTRATIVE & GENERAL HOSPICE - FUNCTIONAL ALLO	6,475		6,475	
4.01	3	NEW CAP REL COSTS-BLDG & NEW CAPITAL BUILDING & FI	44,170		44,170	9
4.02	4	NEW CAP REL COSTS-MVBLE E NEW CAPITAL - MOVABLE EQU	236,954		236,954	9
4.03	6	ADMINISTRATIVE & GENERAL NON-CAPITAL HOME OFFICE C	2,398,162	9,409,081	-7,010,919	
4.04	6	ADMINISTRATIVE & GENERAL MALPRACTICE COSTS	459,700	4,962,594	-4,502,894	
5		TOTALS	4,738,966	14,371,675	-9,632,709	

* 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	0.00	COMMUNITY HEALTH SYSTEMS	100.00	HOME OFFICE
2	B	0.00	PASI	100.00	COLLECTION AGENCY
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I
I 14-0084 I
I I

I PERIOD: I
I FROM 12/ 1/2008 I
I TO 11/30/2009 I

I PREPARED 4/30/2010 I
I WORKSHEET A-8-2 I
I GROUP 1 I

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 6	ADMINISTRATIVE & GENERAL	104,400	104,400					
2 14	NURSING ADMINISTRATION	72,625		72,625	136,700	586	38,513	1,926
3 25	ADULTS & PEDIATRICS	177,900	177,900					
4 33	NURSERY	75,712	75,712					
5 37	OPERATING ROOM	920,099	920,099					
6								
7 40	ANESTHESIOLOGY	1,306,320	1,306,320					
8 53	ELECTROCARDIOLOGY	179,500	179,500					
9 61	EMERGENCY	570,000	570,000					
10 65	AMBULANCE SERVICES	900		900	136,700	6	394	20
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	3,407,456	3,333,931	73,525		592	38,907	1,946

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 4/30/2010
 I 14-0084 I FROM 12/ 1/2008 I WORKSHEET A-8-2
 I I TO 11/30/2009 I GROUP 1

LINE NO.	WKSHT A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10		11	12	13	14	15	16	17	18
1	6	ADMINISTRATIVE & GENERAL							104,400
2	14	NURSING ADMINISTRATION					38,513	34,112	34,112
3	25	ADULTS & PEDIATRICS							177,900
4	33	NURSERY							75,712
5	37	OPERATING ROOM							920,099
6									
7	40	ANESTHESIOLOGY							1,306,320
8	53	ELECTROCARDIOLOGY							179,500
9	61	EMERGENCY							570,000
10	65	AMBULANCE SERVICES					394	506	506
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL					38,907	34,618	3,368,549

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 4/30/2010
 I 14-0084 I FROM 12/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 11/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	FTE\$	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	TOTAL SUPPLIES	ENTERED
16	PHARMACY	15	COSTED REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	NOT ENTERED
18	SOCIAL SERVICE	17	PT. DAYS & OP OBSV	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	5,676,224	5,676,224					
005 NEW CAP REL COSTS-MVBLE E	8,053,720		8,053,720				
006 EMPLOYEE BENEFITS	6,586,753	87,430	124,050	6,798,233			
008 ADMINISTRATIVE & GENERAL	15,781,275	661,387	938,411	845,541	18,226,614	18,226,614	
009 OPERATION OF PLANT	3,758,516	1,588,976	2,254,524	132,077	7,734,093	1,429,137	9,163,230
010 LAUNDRY & LINEN SERVICE	504,526	97,994	139,039		741,559	137,028	268,972
011 HOUSEKEEPING	1,462,565	53,590	76,037		1,592,192	294,212	147,093
012 DIETARY	2,393,152	150,125	213,006		2,756,283	509,317	412,060
014 CAFETERIA		23,346	33,124		56,470	10,435	64,079
015 NURSING ADMINISTRATION	1,555,500	29,416	41,737	277,293	1,903,946	351,819	80,740
016 CENTRAL SERVICES & SUPPLY	1,382,534	133,398	189,272	85,675	1,790,879	330,926	366,147
017 PHARMACY	1,733,317	39,233	55,665	216,249	2,044,464	377,784	107,685
018 MEDICAL RECORDS & LIBRARY	2,583,476	62,322	88,425	142,026	2,876,249	531,485	171,059
022 SOCIAL SERVICE		5,113	7,254		12,367	2,285	14,033
025 I&R SERVICES-SALARY & FRI							
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	11,703,005	898,243	1,274,473	1,458,979	15,334,700	2,833,649	2,465,470
033 INTENSIVE CARE UNIT	3,721,393	95,461	135,445	461,772	4,414,071	815,650	262,019
031 SUBPROVIDER							
033 01 SUBPROVIDER 2							
033 NURSERY	1,379,937	29,357	41,654	164,037	1,614,985	298,423	80,579
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	5,015,616	332,807	472,203	389,338	6,209,964	1,147,502	913,478
039 RECOVERY ROOM	1,934,352	38,544	54,688	256,116	2,283,700	421,991	105,794
040 DELIVERY ROOM & LABOR RDM	1,978,798	99,733	141,507	224,091	2,444,129	451,636	273,745
041 ANESTHESIOLOGY	84,995	10,517	14,922	8,090	118,524	21,901	28,868
041 RADIOLOGY-DIAGNOSTIC	7,047,371	331,651	470,563	560,338	8,409,923	1,554,019	910,306
041 01 ULTRASOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY	6,042,571	125,904	178,639	364,746	6,711,860	1,240,244	345,578
049 RESPIRATORY THERAPY	1,329,821	50,695	71,929	144,288	1,596,733	295,051	139,148
049 01 GATRO INTESTINAL SVCS							
050 PHYSICAL THERAPY	2,090,235	169,327	240,250	260,400	2,760,212	510,043	464,765
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	2,106,096	64,610	91,671	216,655	2,479,032	458,085	177,339
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	8,562,380				8,562,380	1,582,191	
056 DRUGS CHARGED TO PATIENTS	4,627,951				4,627,951	855,171	
057 RENAL DIALYSIS	662,859				662,859	122,486	
059 CARDIAC REHAB							
059 01 GUIDANCE	210,973			27,273	238,246	44,024	
059 02 WOUND CARE							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	4,388,062	209,949	297,887	472,140	5,368,038	991,928	576,262
063 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	823,563			64,339	887,902	164,070	
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE							
095 SUBTOTALS	115,181,536	5,389,128	7,646,375	6,771,463	114,460,325	17,782,492	8,375,219
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		2,848	4,041		6,889	1,273	7,818
098 PHYSICIANS' PRIVATE OFFICE		270,205	383,380		653,585	120,772	741,650
098 01 CHIROPRACTIC WORKS LESSEE		11,673	16,562		28,235	5,217	32,039
100 OTHER NONREIMBURSABLE COS							
100 01 SENIOR CIRCLE	63,017	2,370	3,362	6,788	75,537	13,958	6,504
100 02 MARKETING	1,619,240			19,982	1,639,222	302,902	
100 03 OTHER NONREIMBURSABLE COS							
100 04 OTHER NONREIMBURSABLE COS							
100 05 OTHER NONREIMBURSABLE COS							
100 06 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	116,863,793	5,676,224	8,053,720	6,798,233	116,863,793	18,226,614	9,163,230

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	1,147,559						
011 HOUSEKEEPING		2,033,497					
012 DIETARY	1,246	95,794	3,774,700				
014 CAFETERIA		14,897	109,195	255,076			
015 NURSING ADMINISTRATION		18,770		9,237	2,364,512		
016 CENTRAL SERVICES & SUPPLY	28,832	85,120		9,064		2,610,968	
017 PHARMACY		25,034		9,009		17,177	2,581,153
018 MEDICAL RECORDS & LIBRARY		39,767		10,741		6,144	
022 SOCIAL SERVICE		3,262					
025 I&R SERVICES-SALARY & FRI							
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	468,178	573,160	2,760,246	71,617	937,818	126,334	
033 INTENSIVE CARE UNIT	92,899	60,913	380,014	18,844	296,825	46,652	
037 SUBPROVIDER							
038 01 SUBPROVIDER 2							
039 NURSERY	12,521	18,733		6,890	105,443	18,119	
041 ANCILLARY SRVC COST CNTRS							
043 OPERATING ROOM	99,879	212,361		16,286	250,265	243,575	
044 RECOVERY ROOM	47,127	24,595		9,485	164,630	5,944	
049 DELIVERY ROOM & LABOR ROO	100,366	63,639		9,409	144,045	51,852	
050 ANESTHESIOLOGY		6,711		872	5,200	41,426	
051 RADIOLOGY-DIAGNOSTIC	85,478	211,623		18,355		67,970	
052 01 ULTRASOUND							
053 02 CT SCAN							
054 03 MRI							
055 RADIOISOTOPE							
056 LABORATORY		80,338		20,951		294,430	
059 RESPIRATORY THERAPY	2,672	32,348		6,974		33,666	
061 01 GATRO INTESTINAL SVCS							
063 PHYSICAL THERAPY	1,019	108,046		3,025		5,111	
065 OCCUPATIONAL THERAPY							
066 SPEECH PATHOLOGY							
068 ELECTROCARDIOLOGY	19,531	41,227		9,034	139,265	47,237	
070 ELECTROENCEPHALOGRAPHY							
072 MEDICAL SUPPLIES CHARGED						1,516,536	
074 DRUGS CHARGED TO PATIENTS							2,581,153
076 RENAL DIALYSIS							
078 CARDIAC REHAB							
080 01 GUIDANCE			60,812	1,627	17,531	929	
082 02 WOUND CARE							
084 OUTPAT SERVICE COST CNTRS							
086 EMERGENCY	172,994	133,967	161,491	18,844	303,490	66,005	
088 OBSERVATION BEDS (NON-DIS							
090 OTHER OUTPATIENT SERVICE							
092 OTHER REIMBURS COST CNTRS							
094 AMBULANCE SERVICES				3,177		14,832	
096 HOME HEALTH AGENCY							
098 SPEC PURPOSE COST CENTERS							
099 HOSPICE							
101 SUBTOTALS	1,132,742	1,850,305	3,471,758	253,441	2,364,512	2,603,939	2,581,153
103 NONREIMBURS COST CENTERS							
104 GIFT, FLOWER, COFFEE SHOP		1,817					
106 PHYSICIANS' PRIVATE OFFIC	14,817	172,415	302,942				
108 01 CHIROPRACTIC WORKS LESSEE		7,448					
110 OTHER NONREIMBURSABLE COS							
112 01 SENIOR CIRCLE		1,512		464		352	
114 02 MARKETING				1,171		6,677	
116 03 OTHER NONREIMBURSABLE COS							
118 04 OTHER NONREIMBURSABLE COS							
120 05 OTHER NONREIMBURSABLE COS							
122 06 OTHER NONREIMBURSABLE COS							
124 CROSS FOOT ADJUSTMENT							
126 NEGATIVE COST CENTER							
128 TOTAL	1,147,559	2,033,497	3,774,700	255,076	2,364,512	2,610,968	2,581,153

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	I&R SERVICES- SALARY & FRI	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	17	18	22	25	26	27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
008 ADMINISTRATIVE & GENERAL						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY						
018 MEDICAL RECORDS & LIBRARY	3,635,445					
022 SOCIAL SERVICE			31,947			
025 I&R SERVICES-SALARY & FRI						
026 INPAT ROUTINE SRVC CNTRS						
031 ADULTS & PEDIATRICS	319,278		25,577	25,916,027		25,916,027
033 INTENSIVE CARE UNIT	73,993		3,521	6,465,401		6,465,401
037 SUBPROVIDER						
038 01 SUBPROVIDER 2						
039 NURSERY	22,778		2,849	2,181,320		2,181,320
041 ANCILLARY SRVC COST CNTRS						
042 OPERATING ROOM	801,378			9,894,688		9,894,688
043 RECOVERY ROOM	109,483			3,172,749		3,172,749
044 DELIVERY ROOM & LABOR ROO	31,117			3,569,938		3,569,938
049 ANESTHESIOLOGY	22,214			245,716		245,716
041 RADIOLOGY-DIAGNOSTIC	595,381			11,853,055		11,853,055
041 01 ULTRASOUND						
041 02 CT SCAN						
041 03 MRI						
043 RADIOISOTOPE						
044 LABORATORY	373,898			9,067,299		9,067,299
049 RESPIRATORY THERAPY	46,068			2,152,660		2,152,660
049 01 GATRO INTESTINAL SVCS						
050 PHYSICAL THERAPY	59,902			3,912,123		3,912,123
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	176,995			3,547,745		3,547,745
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARGED	268,495			11,929,602		11,929,602
056 DRUGS CHARGED TO PATIENTS	448,085			8,512,360		8,512,360
057 RENAL DIALYSIS	14,912			800,257		800,257
059 CARDIAC REHAB						
059 01 GUIDANCE	1,515			364,684		364,684
059 02 WOUND CARE						
061 OUTPAT SERVICE COST CNTRS						
062 EMERGENCY	269,953			8,062,972		8,062,972
063 OBSERVATION BEDS (NON-DIS						
063 OTHER OUTPATIENT SERVICE						
065 OTHER REIMBURS COST CNTRS						
071 AMBULANCE SERVICES				1,069,981		1,069,981
093 HOME HEALTH AGENCY						
095 SPEC PURPOSE COST CENTERS						
096 HOSPICE						
095 SUBTOTALS	3,635,445	31,947		112,718,577		112,718,577
096 NONREIMBURS COST CENTERS						
098 GIFT, FLOWER, COFFEE SHOP				17,797		17,797
098 PHYSICIANS' PRIVATE OFFIC				2,006,181		2,006,181
098 01 CHIROPRACTIC WORKS LESSEE				72,939		72,939
100 OTHER NONREIMBURSABLE COS						
100 01 SENIOR CIRCLE				98,327		98,327
100 02 MARKETING				1,949,972		1,949,972
100 03 OTHER NONREIMBURSABLE COS						
100 04 OTHER NONREIMBURSABLE COS						
100 05 OTHER NONREIMBURSABLE COS						
100 06 OTHER NONREIMBURSABLE COS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	3,635,445	31,947		116,863,793		116,863,793

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	NEW CAP REL COSTS-BLDG & OSTS-3	NEW CAP REL COSTS-MVBLE E OSTS-4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIVE E & GENERAL 6	OPERATION OF PLANT 8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		87,430	124,050	211,480	211,480		
008 ADMINISTRATIVE & GENERAL		661,387	938,411	1,599,798	26,304	1,626,102	
009 OPERATION OF PLANT		1,588,976	2,254,524	3,843,500	4,109	127,504	3,975,113
010 LAUNDRY & LINEN SERVICE		97,994	139,039	237,033		12,225	116,683
011 HOUSEKEEPING		53,590	76,037	129,627		26,249	63,811
012 DIETARY		150,125	213,006	363,131		45,440	178,756
014 CAFETERIA		23,346	33,124	56,470		931	27,798
015 NURSING ADMINISTRATION		29,416	41,737	71,153	8,626	31,388	35,026
016 CENTRAL SERVICES & SUPPLY		133,398	189,272	322,670	2,665	29,524	158,839
017 PHARMACY		39,233	55,665	94,898	6,727	33,705	46,715
018 MEDICAL RECORDS & LIBRARY		62,322	88,425	150,747	4,418	47,418	74,207
022 SOCIAL SERVICE		5,113	7,254	12,367		204	6,088
025 I&R SERVICES-SALARY & FRI							
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		898,243	1,274,473	2,172,716	45,380	252,780	1,069,549
031 INTENSIVE CARE UNIT		95,461	135,445	230,906	14,365	72,770	113,667
033 SUBPROVIDER							
033 01 SUBPROVIDER 2							
033 NURSERY		29,357	41,654	71,011	5,103	26,625	34,956
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		332,807	472,203	805,010	12,112	102,377	396,277
038 RECOVERY ROOM		38,544	54,688	93,232	7,968	37,649	45,895
039 DELIVERY ROOM & LABOR ROO		99,733	141,507	241,240	6,971	40,294	118,754
040 ANESTHESIOLOGY		10,517	14,922	25,439	252	1,954	12,523
041 RADIOLOGY-DIAGNOSTIC		331,651	470,563	802,214	17,432	138,646	394,901
041 01 ULTRASOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY		125,904	178,639	304,543	11,347	110,652	149,916
049 RESPIRATORY THERAPY		50,695	71,929	122,624	4,489	26,324	60,364
049 01 GATRO INTESTINAL SVCS							
050 PHYSICAL THERAPY		169,327	240,250	409,577	8,101	45,505	201,620
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		64,610	91,671	156,281	6,740	40,869	76,931
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED						141,159	
056 DRUGS CHARGED TO PATIENTS						76,296	
057 RENAL DIALYSIS						10,928	
059 CARDIAC REHAB							
059 01 GUIDANCE					848	3,928	
059 02 WOUND CARE							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		209,949	297,887	507,836	14,688	88,497	249,989
063 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES					2,002	14,638	
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS		5,389,128	7,646,375	13,035,503	210,647	1,586,479	3,633,265
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		2,848	4,041	6,889		114	3,391
098 PHYSICIANS' PRIVATE OFFIC		270,205	383,380	653,585		10,775	321,736
098 01 CHIROPRACTIC WORKS LESSEE		11,673	16,562	28,235		465	13,899
100 OTHER NONREIMBURSABLE COS							
100 01 SENIOR CIRCLE		2,370	3,362	5,732	211	1,245	2,822
100 02 MARKETING					622	27,024	
100 03 OTHER NONREIMBURSABLE COS							
100 04 OTHER NONREIMBURSABLE COS							
100 05 OTHER NONREIMBURSABLE COS							
100 06 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		5,676,224	8,053,720	13,729,944	211,480	1,626,102	3,975,113

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	365,941						
010 HOUSEKEEPING		219,687					
011 DIETARY	397	10,349	598,073				
012 CAFETERIA		1,609	17,301	104,109			
014 NURSING ADMINISTRATION		2,028		3,770	151,991		
015 CENTRAL SERVICES & SUPPLY	9,194	9,196		3,699		535,787	
016 PHARMACY		2,705		3,677		3,525	191,952
017 MEDICAL RECORDS & LIBRARY		4,296		4,384		1,261	
018 SOCIAL SERVICE		352					
022 I&R SERVICES-SALARY & FRI							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	149,297	61,920	437,341	29,232	60,277	25,925	
031 INTENSIVE CARE UNIT	29,624	6,581	60,210	7,691	19,081	9,573	
031 SUBPROVIDER							
031 01 SUBPROVIDER 2							
033 NURSERY	3,993	2,024		2,812	6,778	3,718	
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	31,850	22,942		6,647	16,088	49,984	
039 RECOVERY ROOM	15,028	2,657		3,871	10,583	1,220	
040 DELIVERY ROOM & LABOR ROD	32,005	6,875		3,840	9,260	10,640	
041 ANESTHESIOLOGY		725		356	334	8,501	
041 RADIOLOGY-DIAGNOSTIC	27,258	22,863		7,492		13,948	
041 01 ULTRASOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY		8,679		8,551		60,420	
049 RESPIRATORY THERAPY	852	3,495		2,846		6,909	
049 01 GATRO INTESTINAL SVCS							
050 PHYSICAL THERAPY	325	11,673		1,235		1,049	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	6,228	4,454		3,687	8,953	9,693	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED						311,199	
056 DRUGS CHARGED TO PATIENTS							191,952
057 RENAL DIALYSIS							
059 CARDIAC REHAB							
059 01 GUIDANCE			9,635	664	1,127	191	
059 02 WOUND CARE							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	55,165	14,473	25,587	7,691	19,510	13,545	
063 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES				1,297		3,044	
093 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE							
095 SUBTOTALS	361,216	199,896	550,074	103,442	151,991	534,345	191,952
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		196					
098 PHYSICIANS' PRIVATE OFFIC	4,725	18,627	47,999				
098 01 CHIROPRACTIC WORKS LESSEE		805					
100 OTHER NONREIMBURSABLE COS							
100 01 SENIOR CIRCLE		163		189		72	
100 02 MARKETING				478		1,370	
100 03 OTHER NONREIMBURSABLE COS							
100 04 OTHER NONREIMBURSABLE COS							
100 05 OTHER NONREIMBURSABLE COS							
100 06 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	365,941	219,687	598,073	104,109	151,991	535,787	191,952

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	I&R SERVICES- SALARY & FRI	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	22	25	26	27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
008 ADMINISTRATIVE & GENERAL						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY						
017 MEDICAL RECORDS & LIBRARY	286,731					
018 SOCIAL SERVICE		19,011				
022 I&R SERVICES-SALARY & FRI						
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	25,181	15,221		4,344,819		4,344,819
026 INTENSIVE CARE UNIT	5,836	2,095		572,399		572,399
031 SUBPROVIDER						
031 01 SUBPROVIDER 2						
033 NURSERY	1,797	1,695		160,512		160,512
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	63,210			1,506,497		1,506,497
038 RECOVERY ROOM	8,635			226,738		226,738
039 DELIVERY ROOM & LABOR ROO	2,454			472,333		472,333
040 ANESTHESIOLOGY	1,752			51,836		51,836
041 RADIOLOGY-DIAGNOSTIC	46,958			1,471,712		1,471,712
041 01 ULTRASOUND						
041 02 CT SCAN						
041 03 MRI						
043 RADIOISOTOPE						
044 LABORATORY	29,489			683,597		683,597
049 RESPIRATORY THERAPY	3,633			231,536		231,536
049 01 GATRO INTESTINAL SVCS						
050 PHYSICAL THERAPY	4,724			683,809		683,809
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	13,960			327,796		327,796
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARGED	21,176			473,534		473,534
056 DRUGS CHARGED TO PATIENTS	35,340			303,588		303,588
057 RENAL DIALYSIS	1,176			12,104		12,104
059 CARDIAC REHAB						
059 01 GUIDANCE	119			16,512		16,512
059 02 WOUND CARE						
061 OUTPAT SERVICE COST CNTRS						
061 EMERGENCY	21,291			1,018,272		1,018,272
062 OBSERVATION BEDS (NON-DIS						
063 OTHER OUTPATIENT SERVICE						
065 OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES				20,981		20,981
071 HOME HEALTH AGENCY						
093 SPEC PURPOSE COST CENTERS						
093 HOSPICE						
095 SUBTOTALS	286,731	19,011		12,578,575		12,578,575
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				10,590		10,590
098 PHYSICIANS' PRIVATE OFFIC				1,057,447		1,057,447
098 01 CHIROPRACTIC WORKS LESSEE				43,404		43,404
100 OTHER NONREIMBURSABLE COS						
100 01 SENIOR CIRCLE				10,434		10,434
100 02 MARKETING				29,494		29,494
100 03 OTHER NONREIMBURSABLE COS						
100 04 OTHER NONREIMBURSABLE COS						
100 05 OTHER NONREIMBURSABLE COS						
100 06 OTHER NONREIMBURSABLE COS						
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL	286,731	19,011		13,729,944		13,729,944

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY (COSTED)REQUIS
	(POUNDS OF LAUNDRY	(SQUARE)FEET	(MEALS)SERVED	(FTES)	(DIRECT)NRSRG HRS	(TOTAL)SUPPLIES	
GENERAL SERVICE COST	9	10	11	12	14	15	16
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI	1,515,549						
010 HOUSEKEEPING		273,012					
011 DIETARY	1,645	12,861	141,834				
012 CAFETERIA		2,000	4,103	60,534			
014 NURSING ADMINISTRATIO		2,520		2,192	25,469,470		
015 CENTRAL SERVICES & SU	38,078	11,428		2,151		14,635,570	
016 PHARMACY		3,361		2,138		96,284	4,637,749
017 MEDICAL RECORDS & LIB		5,339		2,549		34,437	
018 SOCIAL SERVICE		438					
022 I&R SERVICES-SALARY &							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	618,311	76,951	103,716	16,996	10,101,754	708,153	
026 INTENSIVE CARE UNIT	122,689	8,178	14,279	4,472	3,197,266	261,502	
031 SUBPROVIDER							
031 01 SUBPROVIDER 2							
033 NURSERY	16,536	2,515		1,635	1,135,781	101,566	
ANCILLARY SRVC COST C							
037 OPERATING ROOM	131,907	28,511		3,865	2,695,744	1,365,336	
038 RECOVERY ROOM	62,239	3,302		2,251	1,773,326	33,317	
039 DELIVERY ROOM & LABOR	132,550	8,544		2,233	1,551,588	290,652	
040 ANESTHESIOLOGY		901		207	56,013	232,210	
041 RADIOLOGY-DIAGNOSTIC	112,888	28,412		4,356		381,000	
041 01 ULTRASOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY		10,786		4,972		1,650,401	
049 RESPIRATORY THERAPY	3,529	4,343		1,655		188,711	
049 01 GATRO INTESTINAL SVCS							
050 PHYSICAL THERAPY	1,346	14,506		718		28,649	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	25,794	5,535		2,144	1,500,102	264,784	
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR						8,500,831	
056 DRUGS CHARGED TO PATI							4,637,749
057 RENAL DIALYSIS							
059 CARDIAC REHAB							
059 01 GUIDANCE			2,285	386	188,837	5,209	
059 02 WOUND CARE							
OUTPAT SERVICE COST C							
061 EMERGENCY	228,468	17,986	6,068	4,472	3,269,059	369,986	
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES				754		83,141	
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
093 HOSPICE							
095 SUBTOTALS	1,495,980	248,417	130,451	60,146	25,469,470	14,596,169	4,637,749
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE		244					
098 PHYSICIANS' PRIVATE O	19,569	23,148	11,383				
098 01 CHIROPRACTIC WORKS LE		1,000					
100 OTHER NONREIMBURSABLE							
100 01 SENIOR CIRCLE		203		110		1,971	
100 02 MARKETING				278		37,430	
100 03 OTHER NONREIMBURSABLE							
100 04 OTHER NONREIMBURSABLE							
100 05 OTHER NONREIMBURSABLE							
100 06 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,147,559	2,033,497	3,774,700	255,076	2,364,512	2,610,968	2,581,153
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		7.448380		4.213764		.178399	
(WRKSHT B, PT I)	.757190		26.613506		.092837		.556553
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	365,941	219,687	598,073	104,109	151,991	535,787	191,952
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.804679		1.719843		.036609	
(WRKSHT B, PT III)	.241458		4.216711		.005968		.041389

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI
	(GROSS CHARGES)	(PT. DAYS)& OP OBSV	(ASSIGNED) TIME)
	17	18	22
003 GENERAL SERVICE COST			
004 NEW CAP REL COSTS-BLD			
005 NEW CAP REL COSTS-MVB			
006 EMPLOYEE BENEFITS			
008 ADMINISTRATIVE & GENE			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVI			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
015 NURSING ADMINISTRATIO			
016 CENTRAL SERVICES & SU			
017 PHARMACY			
018 MEDICAL RECORDS & LIB	713,319,700		
022 SOCIAL SERVICE		49,237	
025 I&R SERVICES-SALARY &			
026 INPAT ROUTINE SRVC CN			
031 ADULTS & PEDIATRICS	62,640,463	39,419	
031 INTENSIVE CARE UNIT	14,517,055	5,427	
031 SUBPROVIDER			
031 01 SUBPROVIDER 2			
033 NURSERY	4,468,967	4,391	
037 ANCILLARY SRVC COST C			
038 OPERATING ROOM	157,292,813		
039 RECOVERY ROOM	21,479,858		
040 DELIVERY ROOM & LABOR	6,105,050		
041 ANESTHESIOLOGY	4,358,264		
041 RADIOLOGY-DIAGNOSTIC	116,810,144		
041 01 ULTRASOUND			
041 02 CT SCAN			
041 03 MRI			
043 RADIOISOTOPE			
044 LABORATORY	73,356,443		
049 RESPIRATORY THERAPY	9,038,187		
049 01 GATRO INTESTINAL SVCS			
050 PHYSICAL THERAPY	11,752,369		
051 OCCUPATIONAL THERAPY			
052 SPEECH PATHOLOGY			
053 ELECTROCARDIOLOGY	34,725,373		
054 ELECTROENCEPHALOGRAPH			
055 MEDICAL SUPPLIES CHAR	52,676,971		
056 DRUGS CHARGED TO PATI	87,911,609		
057 RENAL DIALYSIS	2,925,717		
059 CARDIAC REHAB			
059 01 GUIDANCE	297,226		
059 02 WOUND CARE			
061 OUTPAT SERVICE COST C			
062 EMERGENCY	52,963,191		
063 OBSERVATION BEDS (NON			
065 OTHER OUTPATIENT SERV			
071 OTHER REIMBURS COST C			
093 AMBULANCE SERVICES			
095 HOME HEALTH AGENCY			
095 SPEC PURPOSE COST CEN			
095 HOSPICE			
095 SUBTOTALS	713,319,700	49,237	
096 NONREIMBURS COST CENT			
098 GIFT, FLOWER, COFFEE			
098 PHYSICIANS' PRIVATE O			
100 01 CHIROPRACTIC WORKS LE			
100 OTHER NONREIMBURSABLE			
100 01 SENIOR CIRCLE			
100 02 MARKETING			
100 03 OTHER NONREIMBURSABLE			
100 04 OTHER NONREIMBURSABLE			
100 05 OTHER NONREIMBURSABLE			
100 06 OTHER NONREIMBURSABLE			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED	3,635,445	31,947	
(PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER		.648841	
(WRKSHT B, PT I)	.005097		
105 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER			
(WRKSHT B, PT II)			
107 COST TO BE ALLOCATED	286,731	19,011	
(PER WRKSHT B, PART			
108 UNIT COST MULTIPLIER		.386112	
(WRKSHT B, PT III)	.000402		

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 4/30/2010
 I 14-0084 I FROM 12/ 1/2008 I WORKSHEET C
 I I TO 11/30/2009 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27. 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	25,916,027		25,916,027		25,916,027
26	INTENSIVE CARE UNIT	6,465,401		6,465,401		6,465,401
31	SUBPROVIDER					
31	01 SUBPROVIDER 2					
33	NURSERY	2,181,320		2,181,320		2,181,320
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	9,894,688		9,894,688		9,894,688
38	RECOVERY ROOM	3,172,749		3,172,749		3,172,749
39	DELIVERY ROOM & LABOR ROO	3,569,938		3,569,938		3,569,938
40	ANESTHESIOLOGY	245,716		245,716		245,716
41	RADIOLOGY-DIAGNOSTIC	11,853,055		11,853,055		11,853,055
41	01 ULTRASOUND					
41	02 CT SCAN					
41	03 MRI					
43	RADIOISOTOPE					
44	LABORATORY	9,067,299		9,067,299		9,067,299
49	RESPIRATORY THERAPY	2,152,660		2,152,660		2,152,660
49	01 GATRO INTESTINAL SVCS					
50	PHYSICAL THERAPY	3,912,123		3,912,123		3,912,123
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	3,547,745		3,547,745		3,547,745
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	11,929,602		11,929,602		11,929,602
56	DRUGS CHARGED TO PATIENTS	8,512,360		8,512,360		8,512,360
57	RENAL DIALYSIS	800,257		800,257		800,257
59	CARDIAC REHAB					
59	01 GUIDANCE	364,684		364,684		364,684
59	02 WOUND CARE					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	8,062,972		8,062,972		8,062,972
62	OBSERVATION BEDS (NON-DIS	762,312		762,312		762,312
63	OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,069,981		1,069,981	506	1,070,487
101	SUBTOTAL	113,480,889		113,480,889	506	113,481,395
102	LESS OBSERVATION BEDS	762,312		762,312		762,312
103	TOTAL	112,718,577		112,718,577	506	112,719,083

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 4/30/2010
 I 14-0084 I FROM 12/ 1/2008 I WORKSHEET C
 I I TO 11/30/2009 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	61,094,317		61,094,317			
26	INTENSIVE CARE UNIT	14,517,055		14,517,055			
31	SUBPROVIDER						
31	01 SUBPROVIDER 2						
33	NURSERY	4,468,967		4,468,967			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	89,134,980	68,157,833	157,292,813	.062906	.062906	.062906
38	RECOVERY ROOM	9,214,320	12,265,538	21,479,858	.147708	.147708	.147708
39	DELIVERY ROOM & LABOR ROO	5,441,047	664,003	6,105,050	.584752	.584752	.584752
40	ANESTHESIOLOGY	2,894,597	1,463,667	4,358,264	.056379	.056379	.056379
41	RADIOLOGY-DIAGNOSTIC	36,888,345	79,921,799	116,810,144	.101473	.101473	.101473
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	45,701,533	27,654,910	73,356,443	.123606	.123606	.123606
49	RESPIRATORY THERAPY	7,661,223	1,376,964	9,038,187	.238174	.238174	.238174
49	01 GATRO INTESTINAL SVCS						
50	PHYSICAL THERAPY	4,028,046	7,724,323	11,752,369	.332880	.332880	.332880
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	23,494,945	11,230,428	34,725,373	.102166	.102166	.102166
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	42,433,000	10,243,971	52,676,971	.226467	.226467	.226467
56	DRUGS CHARGED TO PATIENTS	64,561,737	23,349,872	87,911,609	.096829	.096829	.096829
57	RENAL DIALYSIS	2,817,312	108,405	2,925,717	.273525	.273525	.273525
59	CARDIAC REHAB						
59	01 GUIDANCE	16,451	280,775	297,226	1.226959	1.226959	1.226959
59	02 WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	18,293,596	34,669,595	52,963,191	.152237	.152237	.152237
62	OBSERVATION BEDS (NON-DIS	285,265	1,260,881	1,546,146	.493040	.493040	.493040
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	432,946,736	280,372,964	713,319,700			
102	LESS OBSERVATION BEDS						
103	TOTAL	432,946,736	280,372,964	713,319,700			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	25,916,027		25,916,027		25,916,027
26	INTENSIVE CARE UNIT	6,465,401		6,465,401		6,465,401
31	SUBPROVIDER					
31	01 SUBPROVIDER 2					
33	NURSERY	2,181,320		2,181,320		2,181,320
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	9,894,688		9,894,688		9,894,688
38	RECOVERY ROOM	3,172,749		3,172,749		3,172,749
39	DELIVERY ROOM & LABOR ROO	3,569,938		3,569,938		3,569,938
40	ANESTHESIOLOGY	245,716		245,716		245,716
41	RADIOLOGY-DIAGNOSTIC	11,853,055		11,853,055		11,853,055
41	01 ULTRASOUND					
41	02 CT SCAN					
41	03 MRI					
43	RADIOISOTOPE					
44	LABORATORY	9,067,299		9,067,299		9,067,299
49	RESPIRATORY THERAPY	2,152,660		2,152,660		2,152,660
49	01 GATRO INTESTINAL SVCS					
50	PHYSICAL THERAPY	3,912,123		3,912,123		3,912,123
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	3,547,745		3,547,745		3,547,745
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	11,929,602		11,929,602		11,929,602
56	DRUGS CHARGED TO PATIENTS	8,512,360		8,512,360		8,512,360
57	RENAL DIALYSIS	800,257		800,257		800,257
59	CARDIAC REHAB					
59	01 GUIDANCE	364,684		364,684		364,684
59	02 WOUND CARE					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	8,062,972		8,062,972		8,062,972
62	OBSERVATION BEDS (NON-DIS	762,312		762,312		762,312
63	OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,069,981		1,069,981	506	1,070,487
101	SUBTOTAL	113,480,889		113,480,889	506	113,481,395
102	LESS OBSERVATION BEDS	762,312		762,312		762,312
103	TOTAL	112,718,577		112,718,577	506	112,719,083

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 4/30/2010
I 14-0084 I FROM 12/ 1/2008 I WORKSHEET C
I I TO 11/30/2009 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	61,094,317		61,094,317			
26	INTENSIVE CARE UNIT	14,517,055		14,517,055			
31	SUBPROVIDER						
31	01 SUBPROVIDER 2						
33	NURSERY	4,468,967		4,468,967			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	89,134,980	68,157,833	157,292,813	.062906	.062906	.062906
38	RECOVERY ROOM	9,214,320	12,265,538	21,479,858	.147708	.147708	.147708
39	DELIVERY ROOM & LABOR ROO	5,441,047	664,003	6,105,050	.584752	.584752	.584752
40	ANESTHESIOLOGY	2,894,597	1,463,667	4,358,264	.056379	.056379	.056379
41	RADIOLOGY-DIAGNOSTIC	36,888,345	79,921,799	116,810,144	.101473	.101473	.101473
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	45,701,533	27,654,910	73,356,443	.123606	.123606	.123606
49	RESPIRATORY THERAPY	7,661,223	1,376,964	9,038,187	.238174	.238174	.238174
49	01 GATRO INTESTINAL SVCS						
50	PHYSICAL THERAPY	4,028,046	7,724,323	11,752,369	.332880	.332880	.332880
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	23,494,945	11,230,428	34,725,373	.102166	.102166	.102166
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	42,433,000	10,243,971	52,676,971	.226467	.226467	.226467
56	DRUGS CHARGED TO PATIENTS	64,561,737	23,349,872	87,911,609	.096829	.096829	.096829
57	RENAL DIALYSIS	2,817,312	108,405	2,925,717	.273525	.273525	.273525
59	CARDIAC REHAB						
59	01 GUIDANCE	16,451	280,775	297,226	1.226959	1.226959	1.226959
59	02 WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	18,293,596	34,669,595	52,963,191	.152237	.152237	.152237
62	OBSERVATION BEDS (NON-DIS	285,265	1,260,881	1,546,146	.493040	.493040	.493040
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	432,946,736	280,372,964	713,319,700			
102	LESS OBSERVATION BEDS						
103	TOTAL	432,946,736	280,372,964	713,319,700			

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	9,894,688	1,506,497	8,388,191			9,894,688
38	RECOVERY ROOM	3,172,749	226,738	2,946,011			3,172,749
39	DELIVERY ROOM & LABOR ROO	3,569,938	472,333	3,097,605			3,569,938
40	ANESTHESIOLOGY	245,716	51,836	193,880			245,716
41	RADIOLOGY-DIAGNOSTIC	11,853,055	1,471,712	10,381,343			11,853,055
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	9,067,299	683,597	8,383,702			9,067,299
49	RESPIRATORY THERAPY	2,152,660	231,536	1,921,124			2,152,660
49	01 GATRO INTESTINAL SVCS						
50	PHYSICAL THERAPY	3,912,123	683,809	3,228,314			3,912,123
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,547,745	327,796	3,219,949			3,547,745
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	11,929,602	473,534	11,456,068			11,929,602
56	DRUGS CHARGED TO PATIENTS	8,512,360	303,588	8,208,772			8,512,360
57	RENAL DIALYSIS	800,257	12,104	788,153			800,257
59	CARDIAC REHAB						
59	01 GUIDANCE	364,684	16,512	348,172			364,684
59	02 WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	8,062,972	1,018,272	7,044,700			8,062,972
62	OBSERVATION BEDS (NON-DIS	762,312	127,802	634,510			762,312
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,069,981	20,981	1,049,000			1,069,981
101	SUBTOTAL	78,918,141	7,628,647	71,289,494			78,918,141
102	LESS OBSERVATION BEDS	762,312	127,802	634,510			762,312
103	TOTAL	78,155,829	7,500,845	70,654,984			78,155,829

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	157,292,813	.062906	.062906
38	RECOVERY ROOM	21,479,858	.147708	.147708
39	DELIVERY ROOM & LABOR ROO	6,105,050	.584752	.584752
40	ANESTHESIOLOGY	4,358,264	.056379	.056379
41	RADIOLOGY-DIAGNOSTIC	116,810,144	.101473	.101473
41	01 ULTRASOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	73,356,443	.123606	.123606
49	RESPIRATORY THERAPY	9,038,187	.238174	.238174
49	01 GATRO INTESTINAL SVCS			
50	PHYSICAL THERAPY	11,752,369	.332880	.332880
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	34,725,373	.102166	.102166
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	52,676,971	.226467	.226467
56	DRUGS CHARGED TO PATIENTS	87,911,609	.096829	.096829
57	RENAL DIALYSIS	2,925,717	.273525	.273525
59	CARDIAC REHAB			
59	01 GUIDANCE	297,226	1.226959	1.226959
59	02 WOUND CARE			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	52,963,191	.152237	.152237
62	OBSERVATION BEDS (NON-DIS	1,546,146	.493040	.493040
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	633,239,361		
102	LESS OBSERVATION BEDS	1,546,146		
103	TOTAL	631,693,215		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	9,894,688	1,506,497	8,388,191	150,650	486,515	9,257,523
39	RECOVERY ROOM	3,172,749	226,738	2,946,011	22,674	170,869	2,979,206
40	DELIVERY ROOM & LABOR ROO	3,569,938	472,333	3,097,605	47,233	179,661	3,343,044
41	ANESTHESIOLOGY	245,716	51,836	193,880	5,184	11,245	229,287
41	RADIOLOGY-DIAGNOSTIC	11,853,055	1,471,712	10,381,343	147,171	602,118	11,103,766
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	9,067,299	683,597	8,383,702	68,360	486,255	8,512,684
49	RESPIRATORY THERAPY	2,152,660	231,536	1,921,124	23,154	111,425	2,018,081
49	01 GATRO INTESTINAL SVCS						
50	PHYSICAL THERAPY	3,912,123	683,809	3,228,314	68,381	187,242	3,656,500
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,547,745	327,796	3,219,949	32,780	186,757	3,328,208
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	11,929,602	473,534	11,456,068	47,353	664,452	11,217,797
56	DRUGS CHARGED TO PATIENTS	8,512,360	303,588	8,208,772	30,359	476,109	8,005,892
57	RENAL DIALYSIS	800,257	12,104	788,153	1,210	45,713	753,334
59	CARDIAC REHAB						
59	01 GUIDANCE	364,684	16,512	348,172	1,651	20,194	342,839
59	02 WOUND CARE						
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY	8,062,972	1,018,272	7,044,700	101,827	408,593	7,552,552
63	OBSERVATION BEDS (NON-DIS	762,312	127,802	634,510	12,780	36,802	712,730
63	OTHER OUTPATIENT SERVICE						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,069,981	20,981	1,049,000	2,098	60,842	1,007,041
101	SUBTOTAL	78,918,141	7,628,647	71,289,494	762,865	4,134,792	74,020,484
102	LESS OBSERVATION BEDS	762,312	127,802	634,510	12,780	36,802	712,730
103	TOTAL	78,155,829	7,500,845	70,654,984	750,085	4,097,990	73,307,754

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	157,292,813	.058855	.061948
38	RECOVERY ROOM	21,479,858	.138698	.146653
39	DELIVERY ROOM & LABOR ROO	6,105,050	.547587	.577015
40	ANESTHESIOLOGY	4,358,264	.052610	.055190
41	RADIOLOGY-DIAGNOSTIC	116,810,144	.095058	.100213
41	01 ULTRASOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	73,356,443	.116045	.122674
49	RESPIRATORY THERAPY	9,038,187	.223284	.235612
49	01 GATRO INTESTINAL SVCS			
50	PHYSICAL THERAPY	11,752,369	.311129	.327061
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	34,725,373	.095844	.101222
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	52,676,971	.212954	.225568
56	DRUGS CHARGED TO PATIENTS	87,911,609	.091068	.096483
57	RENAL DIALYSIS	2,925,717	.257487	.273112
59	CARDIAC REHAB			
59	01 GUIDANCE	297,226	1.153462	1.221404
59	02 WOUND CARE			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	52,963,191	.142600	.150315
62	OBSERVATION BEDS (NON-DIS	1,546,146	.460972	.484774
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	633,239,361		
102	LESS OBSERVATION BEDS	1,546,146		
103	TOTAL	631,693,215		

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	----- CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	----- REDUCED CAP RELATED COST 3	----- CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	----- REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				4,344,819		4,344,819
26	INTENSIVE CARE UNIT				572,399		572,399
31	SUBPROVIDER						
31 01	SUBPROVIDER 2						
33	NURSERY				160,512		160,512
101	TOTAL				5,077,730		5,077,730

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	40,150	18,890			108.21	2,044,087
26	INTENSIVE CARE UNIT	5,427	2,708			105.47	285,613
31	SUBPROVIDER						
31	01 SUBPROVIDER 2						
33	NURSERY	4,391				36.55	
101	TOTAL	49,968	21,598				2,329,700

TITLE XVIII, PART A		HOSPITAL		PPS			
WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,506,497	157,292,813	39,245,855		
38	RECOVERY ROOM		226,738	21,479,858	2,917,069		
39	DELIVERY ROOM & LABOR ROO		472,333	6,105,050	10,791		
40	ANESTHESIOLOGY		51,836	4,358,264	639,553		
41	RADIOLOGY-DIAGNOSTIC		1,471,712	116,810,144	19,117,192		
41 01	ULTRASOUND						
41 02	CT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY		683,597	73,356,443	21,975,169		
49	RESPIRATORY THERAPY		231,536	9,038,187	4,207,736		
49 01	GATRO INTESTINAL SVCS						
50	PHYSICAL THERAPY		683,809	11,752,369	2,369,659		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		327,796	34,725,373	12,056,710		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		473,534	52,676,971	21,432,874		
56	DRUGS CHARGED TO PATIENTS		303,588	87,911,609	30,051,703		
57	RENAL DIALYSIS		12,104	2,925,717	1,856,484		
59	CARDIAC REHAB						
59 01	GUIDANCE		16,512	297,226	11,475		
59 02	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		1,018,272	52,963,191	9,004,638		
62	OBSERVATION BEDS (NON-DIS		127,802	1,546,146	134,661		
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		7,607,666	633,239,361	165,031,569		

I PROVIDER NO: I PERIOD: I PREPARED 4/30/2010
 I 14-0084 I FROM 12/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 11/30/2009 I PART II
 I 14-0084 I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.009578	375,897
38	RECOVERY ROOM	.010556	30,793
39	DELIVERY ROOM & LABOR ROO	.077368	835
40	ANESTHESIOLOGY	.011894	7,607
41	RADIOLOGY-DIAGNOSTIC	.012599	240,858
41 01	ULTRASOUND		
41 02	CT SCAN		
41 03	MRI		
43	RADIOISOTOPE		
44	LABORATORY	.009319	204,787
49	RESPIRATORY THERAPY	.025618	107,794
49 01	GATRO INTESTINAL SVCS		
50	PHYSICAL THERAPY	.058185	137,879
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.009440	113,815
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.008989	192,660
56	DRUGS CHARGED TO PATIENTS	.003453	103,769
57	RENAL DIALYSIS	.004137	7,680
59	CARDIAC REHAB		
59 01	GUIDANCE	.055554	637
59 02	WOUND CARE		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.019226	173,123
62	OBSERVATION BEDS (NON-DIS	.082658	11,131
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		1,709,265

I PROVIDER NO: I PERIOD: I PREPARED 4/30/2010
 I 14-0084 I FROM 12/ 1/2008 I WORKSHEET D
 I I TO 11/30/2009 I PART III

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

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					40,150	
26	INTENSIVE CARE UNIT					5,427	
31	SUBPROVIDER						
31	01 SUBPROVIDER 2						
33	NURSERY					4,391	
101	TOTAL					49,968	

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

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	18,890	
26	INTENSIVE CARE UNIT	2,708	
31	SUBPROVIDER		
31	01 SUBPROVIDER 2		
33	NURSERY		
101	TOTAL	21,598	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
41 02	CT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	GATRO INTESTINAL SVCS						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CARDIAC REHAB						
59 01	GUIDANCE						
59 02	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A		HOSPITAL		PPS				
WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			157,292,813			39,245,855	
38	RECOVERY ROOM			21,479,858			2,917,069	
39	DELIVERY ROOM & LABOR ROO			6,105,050			10,791	
40	ANESTHESIOLOGY			4,358,264			639,553	
41	RADIOLOGY-DIAGNOSTIC			116,810,144			19,117,192	
41	01 ULTRASOUND							
41	02 CT SCAN							
41	03 MRI							
43	RADIOISOTOPE							
44	LABORATORY			73,356,443			21,975,169	
49	RESPIRATORY THERAPY			9,038,187			4,207,736	
49	01 GATRO INTESTINAL SVCS							
50	PHYSICAL THERAPY			11,752,369			2,369,659	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			34,725,373			12,056,710	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			52,676,971			21,432,874	
56	DRUGS CHARGED TO PATIENTS			87,911,609			30,051,703	
57	RENAL DIALYSIS			2,925,717			1,856,484	
59	CARDIAC REHAB							
59	01 GUIDANCE			297,226			11,475	
59	02 WOUND CARE							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			52,963,191			9,004,638	
62	OBSERVATION BEDS (NON-DIS			1,546,146			134,661	
63	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			633,239,361			165,031,569	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
		CHARGES 8	D,V COL 5.03 8.01	D,V COL 5.04 8.02	PASS THRU COST 9	* COL 5 9.01	* COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	19,661,238					
38	RECOVERY ROOM	3,278,580					
39	DELIVERY ROOM & LABOR ROO	5,230					
40	ANESTHESIOLOGY	338,121					
41	RADIOLOGY-DIAGNOSTIC	19,270,005					
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	1,679,700					
49	RESPIRATORY THERAPY	550,239					
49	01 GATRO INTESTINAL SVCS						
50	PHYSICAL THERAPY	135					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,956,710					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	3,769,273					
56	DRUGS CHARGED TO PATIENTS	8,249,986					
57	RENAL DIALYSIS	104,508					
59	CARDIAC REHAB						
59	01 GUIDANCE	31,740					
59	02 WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,490,933					
62	OBSERVATION BEDS (NON-DIS	296,121					
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	65,682,519					

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.062906	.062906			
38 RECOVERY ROOM	.147708	.147708			
39 DELIVERY ROOM & LABOR ROOM	.584752	.584752			
40 ANESTHESIOLOGY	.056379	.056379			
41 RADIOLOGY-DIAGNOSTIC	.101473	.101473			
41 01 ULTRASOUND					
41 02 CT SCAN					
41 03 MRI					
43 RADIOISOTOPE					
44 LABORATORY	.123606	.123606			
49 RESPIRATORY THERAPY	.238174	.238174			
49 01 GATRO INTESTINAL SVCS					
50 PHYSICAL THERAPY	.332880	.332880			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.102166	.102166			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.226467	.226467			
56 DRUGS CHARGED TO PATIENTS	.096829	.096829			
57 RENAL DIALYSIS	.273525	.273525			
59 CARDIAC REHAB					
59 01 GUIDANCE	1.226959	1.226959			
59 02 WOUND CARE					
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.152237	.152237			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.493040	.493040			
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
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

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		19,661,238			
38 RECOVERY ROOM		3,278,580			
39 DELIVERY ROOM & LABOR ROOM		5,230			
40 ANESTHESIOLOGY		338,121			
41 RADIOLOGY-DIAGNOSTIC		19,270,005			
41 01 ULTRASOUND					
41 02 CT SCAN					
41 03 MRI					
43 RADIOISOTOPE					
44 LABORATORY		1,679,700			
49 RESPIRATORY THERAPY		550,239			
49 01 GATRO INTESTINAL SVCS					
50 PHYSICAL THERAPY		135			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		3,956,710			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,769,273			
56 DRUGS CHARGED TO PATIENTS		8,249,986			
57 RENAL DIALYSIS		104,508			
59 CARDIAC REHAB					
59 01 GUIDANCE		31,740			
59 02 WOUND CARE					
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		4,490,933			
62 OBSERVATION BEDS (NON-DISTINCT PART)		296,121			
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		65,682,519			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		65,682,519			

(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				
		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				1,236,810	
38	RECOVERY ROOM				484,272	
39	DELIVERY ROOM & LABOR ROOM				3,058	
40	ANESTHESIOLOGY				19,063	
41	RADIOLOGY-DIAGNOSTIC				1,955,385	
41	01 ULTRASOUND					
41	02 CT SCAN					
41	03 MRI					
43	RADIOISOTOPE					
44	LABORATORY				207,621	
49	RESPIRATORY THERAPY				131,053	
49	01 GATRO INTESTINAL SVCS					
50	PHYSICAL THERAPY				45	
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY				404,241	
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				853,616	
56	DRUGS CHARGED TO PATIENTS				798,838	
57	RENAL DIALYSIS				28,586	
59	CARDIAC REHAB					
59	01 GUIDANCE				38,944	
59	02 WOUND CARE					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY				683,686	
62	OBSERVATION BEDS (NON-DISTINCT PART)				145,999	
63	OTHER OUTPATIENT SERVICE COST CENTER					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL				6,991,217	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES				6,991,217	

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 ULTRASOUND			
41 02 CT SCAN			
41 03 MRI			
43 RADIOISOTOPE			
44 LABORATORY			
49 RESPIRATORY THERAPY			
49 01 GATRO INTESTINAL SVCS			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
59 CARDIAC REHAB			
59 01 GUIDANCE			
59 02 WOUND CARE			
61 OUTPAT SERVICE COST CNTRS			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
63 OTHER OUTPATIENT SERVICE COST CENTER			
63 OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	----- CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	----- REDUCED CAP RELATED COST 3	----- CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	----- REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				4,344,819		4,344,819
26	INTENSIVE CARE UNIT				572,399		572,399
31	SUBPROVIDER						
31 01	SUBPROVIDER 2						
33	NURSERY				160,512		160,512
101	TOTAL				5,077,730		5,077,730

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	40,150	8,359			108.21	904,527
26	INTENSIVE CARE UNIT	5,427	685			105.47	72,247
31	SUBPROVIDER						
31	01 SUBPROVIDER 2						
33	NURSERY	4,391	3,734			36.55	136,478
101	TOTAL	49,968	12,778				1,113,252

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 4/30/2010
 I 14-0084 I FROM 12/ 1/2008 I WORKSHEET D
 I I TO 11/30/2009 I PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					40,150	
26	INTENSIVE CARE UNIT					5,427	
31	SUBPROVIDER						
31	01 SUBPROVIDER 2						
33	NURSERY					4,391	
101	TOTAL					49,968	

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	8,359	
26	INTENSIVE CARE UNIT	685	
31	SUBPROVIDER		
31 01	SUBPROVIDER 2		
33	NURSERY	3,734	
101	TOTAL	12,778	

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 4/30/2010
I	14-0084	I	FROM 12/ 1/2008	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 11/30/2009	I	PART I
I	14-0084	I		I	

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	40,150
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	40,150
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,378
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	32,772
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	18,890
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	25,916,027
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	25,916,027

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	76,896,598
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	17,383,520
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	59,513,078
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.337024
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	2,356.13
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,815.97
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	540.16
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	182.05
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	1,343,165
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	24,572,862

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					645.48
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					12,193,117
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					12,193,117

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	6,465,401	5,427	1,191.34	2,708	3,226,149
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					2,329,700
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					1,709,265
52	TOTAL PROGRAM EXCLUDABLE COST					4,038,965
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					31,724,076

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,181
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	645.48
85	OBSERVATION BED COST	762,312

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	25,916,027		762,312	
87	NEW CAPITAL-RELATED COST	4,344,819		762,312	127,802
88	NON PHYSICIAN ANESTHETIST	25,916,027	.167650	762,312	
89	MEDICAL EDUCATION	25,916,027		762,312	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 4/30/2010
 I 14-0084 I FROM 12/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 11/30/2009 I
 I 14-0084 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		30,580,813	
26	INTENSIVE CARE UNIT		7,231,309	
31	SUBPROVIDER			
31 01	SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.062906	39,245,855	2,468,800
38	RECOVERY ROOM	.147708	2,917,069	430,874
39	DELIVERY ROOM & LABOR ROOM	.584752	10,791	6,310
40	ANESTHESIOLOGY	.056379	639,553	36,057
41	RADIOLOGY-DIAGNOSTIC	.101473	19,117,192	1,939,879
41 01	ULTRASOUND			
41 02	CT SCAN			
41 03	MRI			
43	RADIOISOTOPE			
44	LABORATORY	.123606	21,975,169	2,716,263
49	RESPIRATORY THERAPY	.238174	4,207,736	1,002,173
49 01	GATRO INTESTINAL SVCS			
50	PHYSICAL THERAPY	.332880	2,369,659	788,812
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.102166	12,056,710	1,231,786
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.226467	21,432,874	4,853,839
56	DRUGS CHARGED TO PATIENTS	.096829	30,051,703	2,909,876
57	RENAL DIALYSIS	.273525	1,856,484	507,795
59	CARDIAC REHAB			
59 01	GUIDANCE	1.226959	11,475	14,079
59 02	WOUND CARE			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.152237	9,004,638	1,370,839
62	OBSERVATION BEDS (NON-DISTINCT PART)	.493040	134,661	66,393
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		165,031,569	20,343,775
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		165,031,569	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	5,348,725	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	26,300,332	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	1,653,868	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		206.23
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES	PLUS E-3, PT
	3.21 - 3.23	VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		6.81
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		28.97
4.02 SUM OF LINES 4 AND 4.01		35.78
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		18.73
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		5,927,868
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	39,230,793	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	39,230,793	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,120,066	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	42,350,859	
17 PRIMARY PAYER PAYMENTS	45,183	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	42,305,676	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,273,124	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	177,069	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	814,431	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	570,102	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	786,360	
22 SUBTOTAL	39,425,585	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	39,425,585	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	38,048,171	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	1,377,414	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	1,916,167	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	6,991,217
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	8,083,113
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

6	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	
11	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)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	8,083,113

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,979,038
19	SUBTOTAL (SEE INSTRUCTIONS)	6,104,075
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	6,104,075
24	PRIMARY PAYER PAYMENTS	2,760
25	SUBTOTAL	6,101,315

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	643,594
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	450,516
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	637,252
28	SUBTOTAL	6,551,831
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	6,551,831
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	6,412,816
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	139,015
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		38,048,171		6,412,816
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		NONE		NONE
4 TOTAL INTERIM PAYMENTS		38,048,171		6,412,816
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		1,377,414		139,015
7 TOTAL MEDICARE PROGRAM LIABILITY		39,425,585		6,551,831

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.

BALANCE SHEET

I
I
IPROVIDER NO:
14-0084I PERIOD:
I FROM 12/ 1/2008
I TO 11/30/2009I PREPARED 4/30/2010
I
I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	-1,054,886			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	28,443,686			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-8,398,312			
7 INVENTORY	3,014,504			
8 PREPAID EXPENSES	1,719,987			
9 OTHER CURRENT ASSETS	375,754			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	24,100,733			
FIXED ASSETS				
12 LAND	3,596,832			
12.01				
13 LAND IMPROVEMENTS	1,499,374			
13.01 LESS ACCUMULATED DEPRECIATION	-266,501			
14 BUILDINGS	38,900,443			
14.01 LESS ACCUMULATED DEPRECIATION	-3,297,240			
15 LEASEHOLD IMPROVEMENTS	4,549,938			
15.01 LESS ACCUMULATED DEPRECIATION	-307,037			
16 FIXED EQUIPMENT	1,902,670			
16.01 LESS ACCUMULATED DEPRECIATION	-336,792			
17 AUTOMOBILES AND TRUCKS	62,732			
17.01 LESS ACCUMULATED DEPRECIATION	-33,652			
18 MAJOR MOVABLE EQUIPMENT	16,057,340			
18.01 LESS ACCUMULATED DEPRECIATION	-5,405,227			
19 MINOR EQUIPMENT DEPRECIABLE	8,804,216			
19.01 LESS ACCUMULATED DEPRECIATION	-4,476,956			
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	61,250,140			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	-13,823,220			
26 TOTAL OTHER ASSETS	-13,823,220			
27 TOTAL ASSETS	71,527,653			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	12,655,031			
29 SALARIES, WAGES & FEES PAYABLE	5,505,155			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	31,385,403			
35 OTHER CURRENT LIABILITIES	1,595,081			
36 TOTAL CURRENT LIABILITIES	51,140,670			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	51,140,670			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	20,386,983			
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	20,386,983			
52 TOTAL LIABILITIES AND FUND BALANCES	71,527,653			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING		18,448,741		
	OF PERIOD				
2	NET INCOME (LOSS)		8,835,588		
3	TOTAL		27,284,329		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		27,284,329		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	ADJUSTMENT TO PRIOR PERIO	6,897,346			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		6,897,346		
19	FUND BALANCE AT END OF		20,386,983		
	PERIOD PER BALANCE SHEET				

		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	ADJUSTMENT TO PRIOR PERIO				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF				
	PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	61,094,317		61,094,317
2 00 SUBPROVIDER			
2 01 SUBPROVIDER 2			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	61,094,317		61,094,317
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	14,517,055		14,517,055
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	14,517,055		14,517,055
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	75,611,372		75,611,372
17 00 ANCILLARY SERVICES	352,866,397		352,866,397
18 00 OUTPATIENT SERVICES		280,372,964	280,372,964
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
23 00 HOSPICE			
24 00 NURSERY SERVICES	4,468,967		4,468,967
25 00 TOTAL PATIENT REVENUES	432,946,736	280,372,964	713,319,700

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	153,787,776		
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES	153,787,776		

DESCRIPTION

1	TOTAL PATIENT REVENUES	713,319,700
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	552,583,731
3	NET PATIENT REVENUES	160,735,969
4	LESS: TOTAL OPERATING EXPENSES	153,787,776
5	NET INCOME FROM SERVICE TO PATIENTS	6,948,193
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	184,925
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	2,667
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	54
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	9,798
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	7,874
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	808,369
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	1,560
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	780,057
23	GOVERNMENTAL APPROPRIATIONS	24,506
24	OTHER MISCELLANEOUS REVENUE	67,585
25	TOTAL OTHER INCOME	1,887,395
26	TOTAL	8,835,588
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	8,835,588

CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	4/30/2010
I	14-0084	I	FROM 12/ 1/2008	I	WORKSHEET L	
I	COMPONENT NO:	I	TO 11/30/2009	I	PARTS I-IV	
I	14-0084	I		I		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,613,519
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	310,272
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	121.63
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	6.81
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	28.97
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	35.78
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	7.51
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	196,275
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,120,066
PART II	- HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III	- PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV	- COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

CALCULATION OF CAPITAL PAYMENT

TITLE XIX HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	