

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 5  
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	14-0002	I	FROM 1/ 1/2010	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2011 TIME 12:05

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:

ALTON MEMORIAL HOSPITAL 14-0002  
FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
**PRESIDENT**  
TITLE  
**05/27/2011**  
DATE

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ECR ENCRYPTION INFORMATION  
DATE: 5/26/2011 TIME 12:05  
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mpTAwXCoyY9df.N1Aw8HQHE6ZX:7z0  
CtkwM0wUnRo9:.Baeap6jml.S6Pb2d6  
7:Op1lN1F40gfcUF  
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PI ENCRYPTION INFORMATION  
DATE: 5/26/2011 TIME 12:05  
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UW6GVWBW3qCQYqEdwGHR4T1lJXTk00  
FIJKF002fcsKAh1h9vyLC5JPhEKa3L  
8RF66r7IXB0a:qTy  
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PART II -- SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
1	HOSPITAL	0	165,417		-3	0
2	SUBPROVIDER	0	0		0	0
5	HOSPITAL-BASED SNF	0	0		0	0
100	TOTAL	0	165,417		-3	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: ONE MEMORIAL DRIVE P.O. BOX:  
 1.01 CITY: ALTON STATE: IL ZIP CODE: 62002- COUNTY: MADISON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;				PAYMENT SYSTEM (P,T,O OR N)			
COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	V	XVIII	XIX
02.00	HOSPITAL	ALTON MEMORIAL HOSPITAL	14-0002	7/ 1/1966	N	P	N
03.00	SUBPROVIDER	ALTON MEMORIAL HOSPITAL PSYCH	14-S002	1/ 1/2008	N	P	N
06.00	HOSPITAL-BASED SNF	ALTON MEMORIAL HOSPITAL SNF	14-5566	10/15/1986	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2010 TO: 12/31/2010  
 18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER 4

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 41180

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 (OR APPLICABLE EXTENSION)OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO.(SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 or MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

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

25.07 HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THE COST REPORTING PERIOD? ENTER "Y" FOR YES OR "N" FOR NO IN COLUMN 1.

25.08 IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. 0.00

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

25.09 0000 0.00

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

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

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

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. 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
28.02	100	0.9102	0.9090	
28.02	0.00	1	7040	41180

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

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

28.03 STAFFING % Y/N

28.04 RECRUITMENT 46.10% N

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 ELIBLIBLE 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 ELIBLIBLE 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 N  
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N  
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX  
 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 N N  
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? 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)? Y  
 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 269026

40.01 NAME: BJC HEALTH SYSTEM FI/CONTRACTOR NAME WPS FI/CONTRACTOR # 05301  
 40.02 STREET: 4444 FOREST PARK BLVD P.O. BOX:  
 40.03 CITY: ST. LOUIS STATE: MO ZIP CODE: 63108-

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?  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)  
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
49.00 SNF	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH  
 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N  
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL  
 EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N  
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN  
 EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE  
 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0  
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /  
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 0  
 PAID LOSSES: 993,479  
 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	FEE
0	1	2	3	4
	N	0.00	N	0
		0.00		0
		0.00		0
		0.00		0

56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.

56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.

56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.

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) Y N

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

MULTICAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 3/ 1/2011

MISCELLANEOUS DATA

64.00 DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. Y

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0002  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/26/2011  
WORKSHEET S-3  
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / O/P VISITS / TRIPS		TOTAL TITLE XIX 5
				TITLE V 3	TITLE XVIII 4	
1 ADULTS & PEDIATRICS	120	43,800			12,636	3,876
2 HMO						5
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	120	43,800			12,636	3,876
6 INTENSIVE CARE UNIT	12	4,380			1,597	339
12 TOTAL	132	48,180			14,233	4,215
13 RPCH VISITS						
14 SUBPROVIDER	20	7,300			2,146	
15 SKILLED NURSING FACILITY	24	8,760			3,444	
17 OTHER LONG TERM CARE						
25 TOTAL	176					
26 OBSERVATION BED DAYS						
26 01 OBSERVATION BED DAYS-SUB I						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						
29 LABOR & DELIVERY DAYS						

COMPONENT	I/P DAYS / O/P VISITS / TRIPS		O/P VISITS TOTAL ALL PATS 6	TRIPS		INTERNS & RES. FTES	
	TITLE XIX ADMITTED 5.01	OBSERVATION BEDS NOT ADMITTED 5.02		TOTAL OBSERVATION BEDS ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			23,599				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			23,599				
6 INTENSIVE CARE UNIT			3,071				
12 TOTAL			26,670				
13 RPCH VISITS							
14 SUBPROVIDER			2,182				
15 SKILLED NURSING FACILITY			5,507				
17 OTHER LONG TERM CARE							
25 TOTAL							
26 OBSERVATION BED DAYS			914				
26 01 OBSERVATION BED DAYS-SUB I							
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					2,804	6,323
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						
12 TOTAL		675.43			2,804	6,323
13 RPCH VISITS						
14 SUBPROVIDER		17.88			182	200
15 SKILLED NURSING FACILITY		26.60				
17 OTHER LONG TERM CARE						
25 TOTAL		719.91				
26 OBSERVATION BED DAYS						
26 01 OBSERVATION BED DAYS-SUB I						
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 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I WORKSHEET S-3  
 I I TO 12/31/2010 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	37,797,103		37,797,103	1,492,653.00	25.32	
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	81,421		81,421	879.00	92.63	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,314,247		1,314,247	55,307.00	23.76	
8.01 EXCLUDED AREA SALARIES	3,542,592	15,440	3,558,032	164,565.00	21.62	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	357,525		357,525	6,012.00	59.47	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	419,810		419,810	1,540.00	272.60	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	3,808,397		3,808,397	92,091.00	41.35	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	7,416,206		7,416,206			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,100,182		1,100,182			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	18,778		18,778			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,451,876	736,247	2,188,123	106,792.00	20.49	
22 ADMINISTRATIVE & GENERAL	3,743,946	-990,866	2,753,080	73,532.00	37.44	
22.01 A & G UNDER CONTRACT	2,874		2,874	18.00	159.67	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	747,831		747,831	94,432.00	7.92	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	778,739		778,739	67,516.00	11.53	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY						
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	692,322		692,322	20,182.00	34.30	
31 CENTRAL SERVICE AND SUPPLY	186,781		186,781	11,919.00	15.67	
32 PHARMACY	1,472,782		1,472,782	42,692.00	34.50	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	555,025	254,619	809,644	42,447.00	19.07	
34 SOCIAL SERVICE	586,011		586,011	21,346.00	27.45	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	37,718,556		37,718,556	1,491,792.00	25.28	
2 EXCLUDED AREA SALARIES	4,856,839	15,440	4,872,279	219,872.00	22.16	
3 SUBTOTAL SALARIES	32,861,717	-15,440	32,846,277	1,271,920.00	25.82	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	4,585,732		4,585,732	99,643.00	46.02	
5 SUBTOTAL WAGE-RELATED COSTS	7,416,206		7,416,206		22.58	
6 TOTAL	44,863,655	-15,440	44,848,215	1,371,563.00	32.70	
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	10,218,187		10,218,187	480,876.00	21.25	

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 14-0002 I FROM 1/ 1/2010 I WORKSHEET S-7  
I I TO 12/31/2010 I

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		10				
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC		4				
5	RVB		7				
6	RVA						
6 .01	RVX		9				
6 .02	RVL						
7	RHC		159				
8	RHB		181				
9	RHA		57				
9 .01	RHX		12				
9 .02	RHL						
10	RMC		29				
11	RMB		216				
12	RMA		168				
12 .01	RMX		482				
12 .02	RML		1,421				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3		16				
16	SE2		38				
17	SE1		3				
18	SSC						
19	SSB						
20	SSA		135				
21	CC2		14				
22	CC1		16				
23	CB2		12				
24	CB1		105				
25	CA2						
26	CA1		32				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1		13				
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1		18				
41	PB2						
42	PB1		38				
43	PA2						
44	PA1		22				
45	AAA		44				
45 .01	ES3						
45 .02	ES2						
45 .03	ES1		55				
45 .04	HE2						
45 .05	HE1						
45 .06	HD2						
45 .07	HD1						
45 .08	HC2		14				
45 .09	HC1						
45 .10	HB2						
45 .11	HB1		2				
45 .12	LE2						
45 .13	LE1						
45 .14	LD2						
45 .15	LD1						
45 .16	LC2		20				
45 .17	LC1						
45 .18	LB2						
45 .19	LB1		12				
45 .20	CE2						
45 .21	CE1						
45 .22	CD2		29				
45 .23	CD1		51				
46	TOTAL		3,444				

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

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 14-002 I FROM 1/ 1/2010 I WORKSHEET S-7  
I I TO 12/31/2010 I

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

Worksheet S-2 reference data:

Transition Period : 100% Federal  
Wage Index Factor (before 10/01): 0.9102  
Wage Index Factor (after 10/01): 0.9090  
SNF Facility Specific Rate : 0.00  
Urban/Rural Designation : URBAN  
SNF MSA Code : 7040  
SNF CBSA Code : 41180

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGS	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3 .01	RUX			
3 .02	RUL			
4	RVC			
5	RVB			
6	RVA			
6 .01	RVX			
6 .02	RVL			
7	RHC			
8	RHB			
9	RHA			
9 .01	RHX			
9 .02	RHL			
10	RMC			
11	RMB			
12	RMA			
12 .01	RMX			
12 .02	RML			
13	RLB			
14	RLA			
14 .01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45 .01	ES3			
45 .02	ES2			
45 .03	ES1			
45 .04	HE2			
45 .05	HE1			
45 .06	HD2			
45 .07	HD1			
45 .08	HC2			
45 .09	HC1			
45 .10	HB2			
45 .11	HB1			
45 .12	LE2			
45 .13	LE1			
45 .14	LD2			
45 .15	LD1			
45 .16	LC2			
45 .17	LC1			

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 14-0002 I FROM 1/ 1/2010 I WORKSHEET S-7  
I I TO 12/31/2010 I

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

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.
- (4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11,2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9102  
 Wage Index Factor (after 10/01) : 0.9090  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 7040  
 SNF CBSA Code : 41180

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	14-0002	I	FROM 1/ 1/2010	I	5/26/2011
I		I	TO 12/31/2010	I	WORKSHEET S-10
I		I		I	

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 13,336,388

17.01 GROSS MEDICAID REVENUES

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 13,336,388

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) .254232

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 \* LINE 24)

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 \* LINE 26)

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/26/2011
I	14-0002	I	FROM 1/ 1/2010	I	WORKSHEET S-10
I		I	TO 12/31/2010	I	
I		I		I	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	45,405,170
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	11,543,447
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	12,864,652
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	3,270,606
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	11,543,447

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-0002  
II PERIOD:  
I FROM 1/ 1/2010  
I TO 12/31/2010I PREPARED 5/26/2011  
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					
1	0100 OLD CAP REL COSTS-BLDG & FIXT				122,747	122,747
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				193	193
3	0300 NEW CAP REL COSTS-BLDG & FIXT				5,219,453	5,219,453
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				3,580,796	3,580,796
5	0500 EMPLOYEE BENEFITS	824,946	6,353,766	7,178,712	-1,463	7,177,249
5.03	0503 ADMITTING	626,930	90,715	717,645	135,721	853,366
5.04	0504 PATIENT ACCOUNTS				1,198,857	1,198,857
6	0600 ADMINISTRATIVE & GENERAL	3,743,946	26,912,931	30,656,877	-8,205,194	22,451,683
8	0800 OPERATION OF PLANT	747,831	2,222,934	2,970,765	-21,079	2,949,686
9	0900 LAUNDRY & LINEN SERVICE		427,929	427,929		427,929
10	1000 HOUSEKEEPING	778,739	386,010	1,164,749	-4,950	1,159,799
11	1100 DIETARY		1,104,267	1,104,267	-8,573	1,095,694
12	1200 CAFETERIA		1,122,386	1,122,386	-13,258	1,109,128
14	1400 NURSING ADMINISTRATION	692,322	255,435	947,757	-104,170	843,587
15	1500 CENTRAL SERVICES & SUPPLY	186,781	903,181	1,089,962	-703,506	386,456
16	1600 PHARMACY	1,472,782	4,001,239	5,474,021	-157,496	5,316,525
17	1700 MEDICAL RECORDS & LIBRARY	555,025	200,763	755,788	306,011	1,061,799
18	1800 SOCIAL SERVICE	586,011	293,919	879,930	-20	879,910
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	8,095,817	2,701,781	10,797,598	-335,220	10,462,378
26	2600 INTENSIVE CARE UNIT	1,901,248	682,211	2,583,459	-144,267	2,439,192
31	3100 SUBPROVIDER	978,947	171,082	1,150,029	-1,148	1,148,881
34	3400 SKILLED NURSING FACILITY	1,314,247	230,350	1,544,597	-29,494	1,515,103
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,730,732	6,274,139	8,004,871	-3,261,830	4,743,041
38	3800 RECOVERY ROOM	392,272	71,928	464,200	-10,022	454,178
40	4000 ANESTHESIOLOGY	25,590	378,394	403,984	-84,427	319,557
41	4100 RADIOLOGY-DIAGNOSTIC	2,071,229	2,350,090	4,421,319	-754,919	3,666,400
43	4300 RADIOISOTOPE	183,335	290,603	473,938	-74,393	399,545
44	4400 LABORATORY	1,264,225	2,082,354	3,346,579	-413,562	2,933,017
47	4700 BLOOD STORING, PROCESSING & TRANS.	287,018	1,011,090	1,298,108	253,812	1,551,920
49	4900 RESPIRATORY THERAPY	661,355	230,501	891,856	-71,669	820,187
50	5000 PHYSICAL THERAPY	1,003,267	233,288	1,236,555	-41,442	1,195,113
51	5100 OCCUPATIONAL THERAPY	185,099	25,172	210,271	6,942	217,213
52	5200 SPEECH PATHOLOGY	128,978	15,186	144,164	6,080	150,244
53	5300 ELECTROCARDIOLOGY	1,296,852	3,145,435	4,442,287	-2,352,485	2,089,802
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,627,009	1,627,009
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				4,605,131	4,605,131
56	5600 DRUGS CHARGED TO PATIENTS					
57	5700 RENAL DIALYSIS		341,341	341,341	-7,615	333,726
59	3950 ONCOLOGY	204,513	38,212	242,725	-2,748	239,977
59.01	3340 DIGESTIVE HEALTH	527,448	511,061	1,038,509	-118,223	920,286
59.02	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		623,579	623,579	-538	623,041
59.98	3998 HYPERBARIC OXYGEN THERAPY				214,329	214,329
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	44,893	10,941	55,834	-386	55,448
61	6100 EMERGENCY	2,721,080	1,857,125	4,578,205	-224,388	4,353,817
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	1,729,487	791,272	2,520,759	-127,915	2,392,844
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	36,962,945	68,342,610	105,305,555	681	105,306,236
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	26,812	3,529	30,341		30,341
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 TWIN RIVERS MRI					
99	9900 NONPAID WORKERS	9,370	8,558	17,928		17,928
99.01	9901 PHYSICIAN/PUBLIC RELATIONS	208,025	1,078,123	1,286,148	-571	1,285,577
99.02	9902 MEDICAL OFFICE BUILDING	50,846	507,811	558,657		558,657
99.03	9903 HOME CARE PHARMACY	341,758	2,498,041	2,839,799	-110	2,839,689
99.04	9904 MANAGEMENT SERVICES	191,954	37,531	229,485		229,485
99.05	9905 REFERENCE LAB	5,393	-26,263	-20,870		-20,870
99.06	9906 VACANT SPACE					
101	TOTAL	37,797,103	72,449,940	110,247,043	-0-	110,247,043

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 14-0002 I FROM 1/ 1/2010 I WORKSHEET A  
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		122,747
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		193
3 0300	NEW CAP REL COSTS-BLDG & FIXT		5,219,453
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	38,227	3,619,023
5 0500	EMPLOYEE BENEFITS	23,538	7,200,787
5.03 0503	ADMITTING		853,366
5.04 0504	PATIENT ACCOUNTS		1,198,857
6 0600	ADMINISTRATIVE & GENERAL	-9,402,175	13,049,508
8 0800	OPERATION OF PLANT	-610	2,949,076
9 0900	LAUNDRY & LINEN SERVICE		427,929
10 1000	HOUSEKEEPING		1,159,799
11 1100	DIETARY	191,440	1,287,134
12 1200	CAFETERIA	-736,554	372,574
14 1400	NURSING ADMINISTRATION		843,587
15 1500	CENTRAL SERVICES & SUPPLY		386,456
16 1600	PHARMACY		5,316,525
17 1700	MEDICAL RECORDS & LIBRARY	-96,581	965,218
18 1800	SOCIAL SERVICE		879,910
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-1,238,761	9,223,617
26 2600	INTENSIVE CARE UNIT	-197,198	2,241,994
31 3100	SUBPROVIDER	-54,000	1,094,881
34 3400	SKILLED NURSING FACILITY		1,515,103
36 3600	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-3,149	4,739,892
38 3800	RECOVERY ROOM		454,178
40 4000	ANESTHESIOLOGY	-19,403	300,154
41 4100	RADIOLOGY-DIAGNOSTIC	-308,827	3,357,573
43 4300	RADIOISOTOPE		399,545
44 4400	LABORATORY	-104,186	2,828,831
47 4700	BLOOD STORING, PROCESSING & TRANS.		1,551,920
49 4900	RESPIRATORY THERAPY	-1,376	818,811
50 5000	PHYSICAL THERAPY	-87,342	1,107,771
51 5100	OCCUPATIONAL THERAPY		217,213
52 5200	SPEECH PATHOLOGY		150,244
53 5300	ELECTROCARDIOLOGY	-109,766	1,980,036
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,627,009
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		4,605,131
56 5600	DRUGS CHARGED TO PATIENTS		
57 5700	RENAL DIALYSIS		333,726
59 3950	ONCOLOGY		239,977
59.01 3340	DIGESTIVE HEALTH		920,286
59.02 3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		623,041
59.98 3998	HYPERBARIC OXYGEN THERAPY		214,329
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-2,580	52,868
61 6100	EMERGENCY	-1,108,240	3,245,577
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65 6500	AMBULANCE SERVICES	-59,681	2,333,163
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-13,277,224	92,029,012
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		30,341
98 9800	PHYSICIANS' PRIVATE OFFICES		
98.01 9801	TWIN RIVERS MRI		
99 9900	NONPAID WORKERS		17,928
99.01 9901	PHYSICIAN/PUBLIC RELATIONS		1,285,577
99.02 9902	MEDICAL OFFICE BUILDING		558,657
99.03 9903	HOME CARE PHARMACY		2,839,689
99.04 9904	MANAGEMENT SERVICES		229,485
99.05 9905	REFERENCE LAB		-20,870
99.06 9906	VACANT SPACE		
101	TOTAL	-13,277,224	96,969,819

## COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-002 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET  
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
5.03	ADMITTING	0503	EMPLOYEE BENEFITS
5.04	PATIENT ACCOUNTS	0504	EMPLOYEE BENEFITS
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	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
34	SKILLED NURSING FACILITY	3400	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	ONCOLOGY	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	DIGESTIVE HEALTH	3340	GASTRO INTESTINAL SERVICES
59.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.98	HYPERBARIC OXYGEN THERAPY	3998	HYPERBARIC OXYGEN THERAPY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	TWIN RIVERS MRI	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
99.01	PHYSICIAN/PUBLIC RELATIONS	9901	NONPAID WORKERS
99.02	MEDICAL OFFICE BUILDING	9902	NONPAID WORKERS
99.03	HOME CARE PHARMACY	9903	NONPAID WORKERS
99.04	MANAGEMENT SERVICES	9904	NONPAID WORKERS
99.05	REFERENCE LAB	9905	NONPAID WORKERS
99.06	VACANT SPACE	9906	NONPAID WORKERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 140002	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/26/2011 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS DEPRECIATION	A	OLD CAP REL COSTS-BLDG & FIXT	1		122,747
2		OLD CAP REL COSTS-MVBLE EQUIP	2		193
3		NEW CAP REL COSTS-BLDG & FIXT	3		5,219,453
4		NEW CAP REL COSTS-MVBLE EQUIP	4		3,580,796
5 RECLASS MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		6,232,140
6					
7					
8					
9					
10					
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12					
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14					
15					
16					
17					
18					
19					
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24					
25					
26					
27					
28					
29					
30 RECLASS LAB ADMIN	C	BLOOD STORING, PROCESSING & TRANS.	47	175,951	78,593
31 RECLASS DIRECTOR'S EXPENSE	D	RECOVERY ROOM	38	9,434	722
32		ANESTHESIOLOGY	40	17,041	1,304
33		RADIOISOTOPE	43	4,300	329
34		OCCUPATIONAL THERAPY	51	13,628	1,043
35		SPEECH PATHOLOGY	52	6,289	481
1 RECLASS DIRECTOR'S EXPENSE	D	ELECTROCARDIOLOGY	53	19,480	1,490
2		ONCOLOGY	59	6,107	467
3		DIGESTIVE HEALTH	59.01	32,681	2,500
4		CLINIC	60	795	61
5		AMBULANCE SERVICES	65	15,440	1,181
6 RECLASS HYPERBARIC OXYGEN	E	HYPERBARIC OXYGEN THERAPY	59.98	728	213,601
7 RECLASS DEPARTMENTAL DEPRECIATION	F	ADMINISTRATIVE & GENERAL	6		2,358,730
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
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35					

RECLASSIFICATIONS

PROVIDER NO: 140002	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/26/2011 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		
			LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RECLASS DEPARTMENTAL DEPRECIATION	F				
2					
3					
4					
5 RECLASS NORTH REGION EXPENSES	G	ADMITTING	5.03	120,482	15,315
6		PATIENT ACCOUNTS	5.04	615,765	583,092
7		MEDICAL RECORDS & LIBRARY	17	254,619	51,462
8 TO RECLASS MEDICAL IMPLANTS	H	IMPL. DEV. CHARGED TO PATIENT	55.30		4,605,131
36 TOTAL RECLASSIFICATIONS				1,292,740	23,070,831

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

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140002	FROM 1/1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 RECLASS DEPRECIATION	A	ADMINISTRATIVE & GENERAL	6		8,923,189	9
2						9
3						9
4						9
5 RECLASS MEDICAL SUPPLIES	B	CENTRAL SERVICES & SUPPLY	15		686,067	
6		PHARMACY	16		155,304	
7		ADULTS & PEDIATRICS	25		194,332	
8		INTENSIVE CARE UNIT	26		76,028	
9		SUBPROVIDER	31		1,148	
10		SKILLED NURSING FACILITY	34		22,399	
11		OPERATING ROOM	37		2,635,857	
12		RECOVERY ROOM	38		7,467	
13		ANESTHESIOLOGY	40		27,919	
14		RADIOLOGY-DIAGNOSTIC	41		29,630	
15		RADIOISOTOPE	43		2,629	
16		LABORATORY	44		45,035	
17		BLOOD STORING, PROCESSING & TRANS.	47		331	
18		RESPIRATORY THERAPY	49		5,224	
19		PHYSICAL THERAPY	50		2,570	
20		OCCUPATIONAL THERAPY	51		7,561	
21		SPEECH PATHOLOGY	52		690	
22		ELECTROCARDIOLOGY	53		2,112,400	
23		RENAL DIALYSIS	57		7,615	
24		ONCOLOGY	59		6,400	
25		DIGESTIVE HEALTH	59.01		37,500	
26		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59.02		29	
27		CLINIC	60		360	
28		EMERGENCY	61		133,852	
29		AMBULANCE SERVICES	65		33,793	
30 RECLASS LAB ADMIN	C	LABORATORY	44	175,951	78,593	
31 RECLASS DIRECTOR'S EXPENSE	D	OPERATING ROOM	37	59,156	4,526	
32		RADIOLOGY-DIAGNOSTIC	41	10,407	796	
33		RESPIRATORY THERAPY	49	20,275	1,551	
34		PHYSICAL THERAPY	50	19,917	1,524	
35		EMERGENCY	61	15,440	1,181	
1 RECLASS DIRECTOR'S EXPENSE	D					
2						
3						
4						
5						
6 RECLASS HYPERBARIC OXYGEN	E	OPERATING ROOM	37	728	213,601	
7 RECLASS DEPARTMENTAL DEPRECIATION	F	EMPLOYEE BENEFITS	5		1,463	
8		ADMITTING	5.03		76	
9		OPERATION OF PLANT	8		21,079	
10		HOUSEKEEPING	10		4,950	
11		DIETARY	11		8,573	
12		CAFETERIA	12		13,258	
13		NURSING ADMINISTRATION	14		104,170	
14		CENTRAL SERVICES & SUPPLY	15		17,439	
15		PHARMACY	16		2,192	
16		MEDICAL RECORDS & LIBRARY	17		70	
17		SOCIAL SERVICE	18		20	
18		ADULTS & PEDIATRICS	25		140,888	
19		INTENSIVE CARE UNIT	26		68,239	
20		SKILLED NURSING FACILITY	34		7,095	
21		OPERATING ROOM	37		347,962	
22		RECOVERY ROOM	38		12,711	
23		ANESTHESIOLOGY	40		74,853	
24		RADIOLOGY-DIAGNOSTIC	41		714,086	
25		RADIOISOTOPE	43		76,393	
26		LABORATORY	44		113,983	
27		BLOOD STORING, PROCESSING & TRANS.	47		401	
28		RESPIRATORY THERAPY	49		44,619	
29		PHYSICAL THERAPY	50		17,431	
30		OCCUPATIONAL THERAPY	51		168	
31		ELECTROCARDIOLOGY	53		261,055	
32		ONCOLOGY	59		2,922	
33		DIGESTIVE HEALTH	59.01		115,904	
34		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59.02		509	
35		CLINIC	60		882	

RECLASSIFICATIONS

PROVIDER NO: 140002	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/26/2011 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE				A-7 REF 10
			LINE NO	SALARY	OTHER		
	1	6	7	8	9		
1 RECLASS DEPARTMENTAL DEPRECIATION	F	EMERGENCY	61		73,915		
2		AMBULANCE SERVICES	65		110,743		
3		PHYSICIAN/PUBLIC RELATIONS	99.01		571		
4		HOME CARE PHARMACY	99.03		110		
5 RECLASS NORTH REGION EXPENSES	G	ADMINISTRATIVE & GENERAL	6	990,866	649,869		
6							
7							
8 TO RECLASS MEDICAL IMPLANTS	H	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		4,605,131		
36 TOTAL RECLASSIFICATIONS				1,292,740	23,070,831		

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

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140002	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : RECLASS DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	122,747	ADMINISTRATIVE & GENERAL	6	8,923,189	
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	193			0	
3.00	NEW CAP REL COSTS-BLDG & FIXT	3	5,219,453			0	
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,580,796			0	
TOTAL RECLASSIFICATIONS FOR CODE A			8,923,189	8,923,189			

RECLASS CODE: B  
EXPLANATION : RECLASS MEDICAL SUPPLIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	6,232,140	CENTRAL SERVICES & SUPPLY	15	686,067	
2.00			0	PHARMACY	16	155,304	
3.00			0	ADULTS & PEDIATRICS	25	194,332	
4.00			0	INTENSIVE CARE UNIT	26	76,028	
5.00			0	SUBPROVIDER	31	1,148	
6.00			0	SKILLED NURSING FACILITY	34	22,399	
7.00			0	OPERATING ROOM	37	2,635,857	
8.00			0	RECOVERY ROOM	38	7,467	
9.00			0	ANESTHESIOLOGY	40	27,919	
10.00			0	RADIOLOGY-DIAGNOSTIC	41	29,630	
11.00			0	RADIOISOTOPE	43	2,629	
12.00			0	LABORATORY	44	45,035	
13.00			0	BLOOD STORING, PROCESSING & TR	47	331	
14.00			0	RESPIRATORY THERAPY	49	5,224	
15.00			0	PHYSICAL THERAPY	50	2,570	
16.00			0	OCCUPATIONAL THERAPY	51	7,561	
17.00			0	SPEECH PATHOLOGY	52	690	
18.00			0	ELECTROCARDIOLOGY	53	2,112,400	
19.00			0	RENAL DIALYSIS	57	7,615	
20.00			0	ONCOLOGY	59	6,400	
21.00			0	DIGESTIVE HEALTH	59.01	37,500	
22.00			0	PSYCHIATRIC/PSYCHOLOGICAL SERV	59.02	29	
23.00			0	CLINIC	60	360	
24.00			0	EMERGENCY	61	133,852	
25.00			0	AMBULANCE SERVICES	65	33,793	
TOTAL RECLASSIFICATIONS FOR CODE B			6,232,140	6,232,140			

RECLASS CODE: C  
EXPLANATION : RECLASS LAB ADMIN

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	BLOOD STORING, PROCESSING & TR	47	254,544	LABORATORY	44	254,544	
TOTAL RECLASSIFICATIONS FOR CODE C			254,544	254,544			

RECLASS CODE: D  
EXPLANATION : RECLASS DIRECTOR'S EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RECOVERY ROOM	38	10,156	OPERATING ROOM	37	63,682	
2.00	ANESTHESIOLOGY	40	18,345	RADIOLOGY-DIAGNOSTIC	41	11,203	
3.00	RADIOISOTOPE	43	4,629	RESPIRATORY THERAPY	49	21,826	
4.00	OCCUPATIONAL THERAPY	51	14,671	PHYSICAL THERAPY	50	21,441	
5.00	SPEECH PATHOLOGY	52	6,770	EMERGENCY	61	16,621	
6.00	ELECTROCARDIOLOGY	53	20,970			0	
7.00	ONCOLOGY	59	6,574			0	
8.00	DIGESTIVE HEALTH	59.01	35,181			0	
9.00	CLINIC	60	856			0	
10.00	AMBULANCE SERVICES	65	16,621			0	
TOTAL RECLASSIFICATIONS FOR CODE D			134,773	134,773			

RECLASS CODE: E  
EXPLANATION : RECLASS HYPERBARIC OXYGEN

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	HYPERBARIC OXYGEN THERAPY	59.98	214,329	OPERATING ROOM	37	214,329	
TOTAL RECLASSIFICATIONS FOR CODE E			214,329	214,329			

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140002	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: F  
 EXPLANATION : RECLASS DEPARTMENTAL DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	2,358,730	EMPLOYEE BENEFITS	5	1,463	
2.00			0	ADMITTING	5.03	76	
3.00			0	OPERATION OF PLANT	8	21,079	
4.00			0	HOUSEKEEPING	10	4,950	
5.00			0	DIETARY	11	8,573	
6.00			0	CAFETERIA	12	13,258	
7.00			0	NURSING ADMINISTRATION	14	104,170	
8.00			0	CENTRAL SERVICES & SUPPLY	15	17,439	
9.00			0	PHARMACY	16	2,192	
10.00			0	MEDICAL RECORDS & LIBRARY	17	70	
11.00			0	SOCIAL SERVICE	18	20	
12.00			0	ADULTS & PEDIATRICS	25	140,888	
13.00			0	INTENSIVE CARE UNIT	26	68,239	
14.00			0	SKILLED NURSING FACILITY	34	7,095	
15.00			0	OPERATING ROOM	37	347,962	
16.00			0	RECOVERY ROOM	38	12,711	
17.00			0	ANESTHESIOLOGY	40	74,853	
18.00			0	RADIOLOGY-DIAGNOSTIC	41	714,086	
19.00			0	RADIOISOTOPE	43	76,393	
20.00			0	LABORATORY	44	113,983	
21.00			0	BLOOD STORING, PROCESSING & TR	47	401	
22.00			0	RESPIRATORY THERAPY	49	44,619	
23.00			0	PHYSICAL THERAPY	50	17,431	
24.00			0	OCCUPATIONAL THERAPY	51	168	
25.00			0	ELECTROCARDIOLOGY	53	261,055	
26.00			0	ONCOLOGY	59	2,922	
27.00			0	DIGESTIVE HEALTH	59.01	115,904	
28.00			0	PSYCHIATRIC/PSYCHOLOGICAL SERV	59.02	509	
29.00			0	CLINIC	60	882	
30.00			0	EMERGENCY	61	73,915	
31.00			0	AMBULANCE SERVICES	65	110,743	
32.00			0	PHYSICIAN/PUBLIC RELATIONS	99.01	571	
33.00			0	HOME CARE PHARMACY	99.03	110	
TOTAL RECLASSIFICATIONS FOR CODE F			2,358,730	TOTAL RECLASSIFICATIONS FOR CODE F			2,358,730

RECLASS CODE: G  
 EXPLANATION : RECLASS NORTH REGION EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMITTING	5.03	135,797	ADMINISTRATIVE & GENERAL	6	1,640,735	
2.00	PATIENT ACCOUNTS	5.04	1,198,857			0	
3.00	MEDICAL RECORDS & LIBRARY	17	306,081			0	
TOTAL RECLASSIFICATIONS FOR CODE G			1,640,735	TOTAL RECLASSIFICATIONS FOR CODE G			1,640,735

RECLASS CODE: H  
 EXPLANATION : TO RECLASS MEDICAL IMPLANTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	4,605,131	MEDICAL SUPPLIES CHARGED TO PA	55	4,605,131	
TOTAL RECLASSIFICATIONS FOR CODE H			4,605,131	TOTAL RECLASSIFICATIONS FOR CODE H			4,605,131

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	55,113					55,113	
2	LAND IMPROVEMENTS	1,149,801					1,149,801	
3	BUILDINGS & FIXTURE	7,511,307				410,845	7,100,462	
4	BUILDING IMPROVEMEN	9,383,161				895,879	8,487,282	
5	FIXED EQUIPMENT	414,339				56,956	357,383	
6	MOVABLE EQUIPMENT	2,141,348				529,177	1,612,171	
7	SUBTOTAL	20,655,069				1,892,857	18,762,212	
8	RECONCILING ITEMS							
9	TOTAL	20,655,069				1,892,857	18,762,212	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	128,459					128,459	
2	LAND IMPROVEMENTS	2,914,718					2,914,718	
3	BUILDINGS & FIXTURE	9,568,615	3,793,594		3,793,594		13,362,209	
4	BUILDING IMPROVEMEN	32,867,884	2,607,510		2,607,510	67,838	35,407,556	
5	FIXED EQUIPMENT	1,074,868				4,968	1,069,900	
6	MOVABLE EQUIPMENT	34,961,030	3,568,910		3,568,910	2,968,803	35,561,137	
7	SUBTOTAL	81,515,574	9,970,014		9,970,014	3,041,609	88,443,979	
8	RECONCILING ITEMS							
9	TOTAL	81,515,574	9,970,014		9,970,014	3,041,609	88,443,979	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	17,094,928		17,094,928	.159732				
2	OLD CAP REL COSTS-MV	1,612,171		1,612,171	.015064				
3	NEW CAP REL COSTS-BL	52,754,383		52,754,383	.492927				
4	NEW CAP REL COSTS-MV	35,561,137		35,561,137	.332277				
5	TOTAL	107,022,619		107,022,619	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	122,747						122,747
2	OLD CAP REL COSTS-MV	193						193
3	NEW CAP REL COSTS-BL	5,219,453						5,219,453
4	NEW CAP REL COSTS-MV	3,619,023						3,619,023
5	TOTAL	8,961,416						8,961,416

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

SUMMARY OF OLD AND NEW CAPITAL

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

\* All lines numbers except line 5 are to be consistent with workshseet A line numbers for capital cost centers.  
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4. Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	
	1	2	3	LINE NO	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE	A	-610	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,140,209			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-2,289,302			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-736,554	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 ASSOCIATION DUES	A	-33,957	ADMINISTRATIVE & GENERAL	6	
37.01 ESH DIETARY COST	A	191,440	DIETARY	11	
37.02 ELIMINATE FINANCING COSTS	A	-13,800	ADMINISTRATIVE & GENERAL	6	
37.03 MEDICAID TAX ASSESSMENT	A	15,330	ADMINISTRATIVE & GENERAL	6	
37.04 ELIMINATE BAD DEBT EXPENSE	A	-4,158,159	ADMINISTRATIVE & GENERAL	6	
37.05 CONTRIBUTIONS	B	-110,854	ADMINISTRATIVE & GENERAL	6	
37.06 ELIMINATE MALPRACTICE EXPENSE	A	-1,240,000	ADMINISTRATIVE & GENERAL	6	
37.07 OTHER REVENUE - ADMIN	B	-631,132	ADMINISTRATIVE & GENERAL	6	
37.08 OTHER REVENUE - MEDICAL RECORDS	B	-96,581	MEDICAL RECORDS & LIBRARY	17	
37.09 OTHER REVENUE - ADULTS & PEDS	B	-803	ADULTS & PEDIATRICS	25	
37.10 OTHER REVENUE - ICU	B	18	INTENSIVE CARE UNIT	26	
37.11 OTHER REVENUE - SURGERY	B	259	OPERATING ROOM	37	
37.12 OTHER REVENUE - RADIOLOGY	B	-8,365	RADIOLOGY-DIAGNOSTIC	41	
37.13 OTHER REVENUE - LAB	B	-400	LABORATORY	44	
37.14 OTHER REVENUE - RESPIRATORY THERAPY	B	-1,376	RESPIRATORY THERAPY	49	
37.15 OTHER REVENUE - PHYSICAL THERAPY	B	-69,092	PHYSICAL THERAPY	50	
37.16 OTHER REVENUE - EKG	B	-17,095	ELECTROCARDIOLOGY	53	
37.17 OTHER REVENUE - AMBULANCE	B	-59,681	AMBULANCE SERVICES	65	
37.18 RCE DISALLOWANCE A&G	A	-31,680	ADMINISTRATIVE & GENERAL	6	
37.19 PENSION EXPENSE	A	25,965	EMPLOYEE BENEFITS	5	
37.20 AMORTIZED DEPREC EXPENSE	A	38,227	NEW CAP REL COSTS-MVBLE E	4	9
37.21 DISALLOWED INTEREST EXPENSE	A	-799,608	ADMINISTRATIVE & GENERAL	6	
37.22 ENTERTAINMENT EXPENSE	A	-462	ADMINISTRATIVE & GENERAL	6	
37.23 ASBESTOS REMOVAL	A	-106,316	ADMINISTRATIVE & GENERAL	6	
37.24 NON ALLOWABLE EMPLOYEE ACTIVITIES	A	-2,427	EMPLOYEE BENEFITS	5	
37.25					
37.26					
37.27					
37.28					
37.29					
37.30					
38 OTHER ADJUSTMENTS (SPECIFY)					
39 OTHER ADJUSTMENTS (SPECIFY)					
40 OTHER ADJUSTMENTS (SPECIFY)					
41 OTHER ADJUSTMENTS (SPECIFY)					
42 OTHER ADJUSTMENTS (SPECIFY)					
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-13,277,224			

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I  
 I 14-0002 I  
 I I

I PERIOD: I PREPARED 5/26/2011  
 I FROM 1/ 1/2010 I WORKSHEET A-8  
 I TO 12/31/2010 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
			COST CENTER	LINE NO		
	1	2	3	4	5	
50 TOTAL (SUM OF LINES 1 THRU 49)		-13,277,224				

(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	6	ADMINISTRATIVE & GENERAL	BJC HEALTH SYSTEM	6,357,490	8,650,682	-2,293,192
2	6	ADMINISTRATIVE & GENERAL	CHRISTIAN HEALTH SERVICES	3,513		3,513
3	6	ADMINISTRATIVE & GENERAL	TELEPHONE FACILITIES CORP	74,083	75,941	-1,858
4	44	LABORATORY	BARNES JEWISH LAB	36,691	31,048	5,643
4.01	37	OPERATING ROOM	MIDWEST STONE	10,613	14,021	-3,408
5		TOTALS		6,482,390	8,771,692	-2,289,302

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	100.00	BJC HEALTH SYSTEM	0.00	
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.  
HOME OFFICE

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:  
I 14-0002  
I

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

I PREPARED 5/26/2011  
I WORKSHEET A-8-2  
I GROUP 1

WKSHT A LINE NO.	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 25	OB/GYN	37,498	37,498					
2 25	HOUSESTAFF SALARIED PHYSI	81,421	81,421					
3 25	HOUSESTAFF CONTRACT PHYSI	1,119,039	1,119,039					
4 26	ICU HOUSESTAFF	209,000	192,000	17,000	171,400	143	11,784	589
5 31	PSYCH	54,000	54,000					
6 40	ANESTHESIA	32,500		32,500	200,300	136	13,097	655
7 41	RADIATION ONCOLOGY	331,349	246,724	84,625	231,100	278	30,887	1,544
8 44	LAB	137,500		137,500	219,500	266	28,071	1,404
9 50	P.T.	20,640		20,640	171,400	29	2,390	120
10 53	CARDIAC CATH	41,925		41,925	171,400	180	14,833	742
11 53	EKG	90,300	51,600	38,700	171,400	300	24,721	1,236
12 53	SLEEP LAB	4,250		4,250	171,400	73	6,015	301
13 60	OP CARE CENTER	2,580	2,580					
14 61	EMERGENCY ROOM	1,108,240	1,108,240					
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	3,270,242	2,893,102	377,140		1,405	131,798	6,591

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I  
I 14-0002 I  
I

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

I PREPARED 5/26/2011 I  
I WORKSHEET A-8-2 I  
I GROUP 1 I

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	25 OB/GYN							37,498
2	25 HOUSESTAFF SALARIED PHYSI							81,421
3	25 HOUSESTAFF CONTRACT PHYSI							1,119,039
4	26 ICU HOUSESTAFF					11,784	5,216	197,216
5	31 PSYCH							54,000
6	40 ANESTHESIA					13,097	19,403	19,403
7	41 RADIATION ONCOLOGY					30,887	53,738	300,462
8	44 LAB					28,071	109,429	109,429
9	50 P.T.					2,390	18,250	18,250
10	53 CARDIAC CATH					14,833	27,092	27,092
11	53 EKG					24,721	13,979	65,579
12	53 SLEEP LAB					6,015		
13	60 OP CARE CENTER							2,580
14	61 EMERGENCY ROOM							1,108,240
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					131,798	247,107	3,140,209

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET  
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
5.03	ADMITTING	7	GROSS REVENUE	ENTERED
5.04	PATIENT ACCOUNTS	7	GROSS REVENUE	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	14	MEALS SERVED	ENTERED
12	CAFETERIA	15	FTE'S	ENTERED
14	NURSING ADMINISTRATION	16	HOURS OF SERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED REQUISITIONS	ENTERED
16	PHARMACY	18	COSTED REQUISITIONS	ENTERED
17	MEDICAL RECORDS & LIBRARY	7	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	20	PATIENT DAYS	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	ADMITTING
	0	1	2	3	4	5	5.03
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	122,747	122,747					
003 OLD CAP REL COSTS-MVBLE E	193		193				
004 NEW CAP REL COSTS-BLDG &	5,219,453			5,219,453			
005 NEW CAP REL COSTS-MVBLE E	3,619,023				3,619,023		
005 EMPLOYEE BENEFITS	7,200,787	703		29,902	1,237	7,232,629	
005 03 ADMITTING	853,366	1,402		59,610	64	146,212	1,060,654
005 04 PATIENT ACCOUNTS	1,198,857	362		15,401		120,458	
006 ADMINISTRATIVE & GENERAL	13,049,508	6,912		293,905	1,624,854	538,569	
008 OPERATION OF PLANT	2,949,076	48,663	89	2,069,320	17,747	146,294	
009 LAUNDRY & LINEN SERVICE	427,929	314		13,371			
010 HOUSEKEEPING	1,159,799	744		31,616	4,185	152,340	
011 DIETARY	1,287,134	3,086		131,217	7,249		
012 CAFETERIA	372,574	1,386		58,954	11,210		
014 NURSING ADMINISTRATION	843,587	142		6,017	88,077	135,435	
015 CENTRAL SERVICES & SUPPLY	386,456	1,274		54,164	14,745	36,539	
016 PHARMACY	5,316,525	773		32,868	1,853	288,112	
017 MEDICAL RECORDS & LIBRARY	965,218	1,518		64,557	59	158,386	
018 SOCIAL SERVICE	879,910	150		6,369	17	114,638	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,223,617	14,147	104	601,558	119,034	1,583,721	87,151
026 INTENSIVE CARE UNIT	2,241,994	1,569		66,709	57,697	371,930	19,827
031 SUBPROVIDER	1,094,881	2,101		89,318		191,506	5,533
034 SKILLED NURSING FACILITY	1,515,103	1,105		46,993	5,999	257,098	8,606
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,739,892	5,919		251,677	294,206	326,949	36,743
038 RECOVERY ROOM	454,178	966		41,097	10,747	78,583	8,298
040 ANESTHESIOLOGY	300,154	70		2,966	63,289	8,340	14,990
041 RADIOLOGY-DIAGNOSTIC	3,357,573	4,624		196,626	603,768	403,146	190,451
043 RADIOISOTOPE	399,545	286		12,168	64,591	36,706	13,698
044 LABORATORY	2,828,831	3,631		154,386	96,374	191,165	146,136
047 BLOOD STORING, PROCESSING	1,551,920	104		4,425	339	112,295	16,140
049 RESPIRATORY THERAPY	818,811	441		18,744	37,726	125,411	26,293
050 PHYSICAL THERAPY	1,107,771	1,470		62,503	14,738	192,367	17,413
051 OCCUPATIONAL THERAPY	217,213	418		17,759	142	38,876	4,764
052 SPEECH PATHOLOGY	150,244	143		6,078		26,461	2,199
053 ELECTROCARDIOLOGY	1,980,036	1,948		82,815	220,725	257,506	80,830
055 MEDICAL SUPPLIES CHARGED	1,627,009						54,818
055 30 IMPL. DEV. CHARGED TO PAT	4,605,131						52,831
056 DRUGS CHARGED TO PATIENTS							110,498
057 RENAL DIALYSIS	333,726	80		3,404			3,624
059 ONCOLOGY	239,977	508		21,600	2,471	41,202	1,208
059 01 DIGESTIVE HEALTH	920,286	978		41,596	97,998	109,575	28,748
059 02 PSYCHIATRIC/PSYCHOLOGICAL	623,041	1,110		47,187	430		10,712
059 98 HYPERBARIC OXYGEN THERAPY	214,329						51
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	52,868				746	8,938	795
061 EMERGENCY	3,245,577	4,753		202,096	62,496	529,288	91,300
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	2,333,163	279		11,864	93,634	341,350	24,588
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	92,029,012	114,079	193	4,850,840	3,618,447	7,069,447	1,060,654
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	30,341	296		12,593		5,245	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 TWIN RIVERS MRI							
099 NONPAID WORKERS	17,928	456		19,400		1,833	
099 01 PHYSICIAN/PUBLIC RELATION	1,285,577	298		12,654	483	40,695	
099 02 MEDICAL OFFICE BUILDING	558,657					9,947	
099 03 HOME CARE PHARMACY	2,839,689	137		5,847	93	66,856	
099 04 MANAGEMENT SERVICES	229,485					37,551	
099 05 REFERENCE LAB	-20,870					1,055	
099 06 VACANT SPACE		7,481		318,119			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	96,969,819	122,747	193	5,219,453	3,619,023	7,232,629	1,060,654

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
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COST CENTER DESCRIPTION	PATIENT ACCOUNTS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5.04	5a.04	6	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 03 ADMITTING							
005 04 PATIENT ACCOUNTS	1,335,078						
006 ADMINISTRATIVE & GENERAL		15,513,748	15,513,748				
008 OPERATION OF PLANT		5,231,189	996,065	6,227,254			
009 LAUNDRY & LINEN SERVICE		441,614	84,087	30,263	555,964		
010 HOUSEKEEPING		1,348,684	256,802	71,559		1,677,045	
011 DIETARY		1,428,686	272,035	296,994		81,312	2,079,027
012 CAFETERIA		444,124	84,565	133,434		36,532	
014 NURSING ADMINISTRATION		1,073,258	204,358	13,619		3,729	
015 CENTRAL SERVICES & SUPPLY		493,178	93,906	122,594	1,729	33,564	
016 PHARMACY		5,640,131	1,073,932	74,393	83	20,368	
017 MEDICAL RECORDS & LIBRARY		1,189,738	226,537	146,117		40,005	
018 SOCIAL SERVICE		1,001,084	190,615	14,416		3,947	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	109,668	11,739,000	2,235,220	1,361,555	212,174	372,770	962,670
026 INTENSIVE CARE UNIT	24,949	2,784,675	530,227	150,987	27,409	41,338	131,381
031 SUBPROVIDER	6,963	1,390,302	264,726	202,160	10,978	55,348	93,345
034 SKILLED NURSING FACILITY	10,830	1,845,734	351,444	106,362	37,498	29,120	235,597
036 OTHER LONG TERM CARE							627,132
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	46,236	5,701,622	1,085,640	569,641	68,027	155,958	
038 RECOVERY ROOM	10,442	604,311	115,066	93,019	8,089	25,467	
040 ANESTHESIOLOGY	18,863	408,672	77,815	6,713		1,838	
041 RADIOLOGY-DIAGNOSTIC	240,045	4,996,233	951,328	445,038	31,346	121,844	
043 RADIOISOTOPE	17,237	544,231	103,626	27,540	2,931	7,540	
044 LABORATORY	183,893	3,604,416	686,313	349,433		95,669	
047 BLOOD STORING, PROCESSING	20,310	1,705,533	324,749	10,014		2,742	
049 RESPIRATORY THERAPY	33,087	1,060,513	201,931	42,424	3,293	11,615	
050 PHYSICAL THERAPY	21,912	1,418,174	270,033	141,468	14,170	38,732	
051 OCCUPATIONAL THERAPY	5,995	285,167	54,298	40,195		11,005	
052 SPEECH PATHOLOGY	2,767	187,892	35,776	13,756		3,766	
053 ELECTROCARDIOLOGY	101,714	2,725,574	518,974	187,441	6,566	51,318	
055 MEDICAL SUPPLIES CHARGED	68,981	1,750,808	333,370				
055 30 IMPL. DEV. CHARGED TO PAT	66,481	4,724,443	899,576				
056 DRUGS CHARGED TO PATIENTS	139,047	249,545	47,516				
057 RENAL DIALYSIS	4,560	345,394	65,766	7,703		2,109	
059 ONCOLOGY	1,520	308,486	58,739	48,889	3,537	13,385	
059 01 DIGESTIVE HEALTH	36,175	1,235,356	235,223	94,147	25,205	25,776	
059 02 PSYCHIATRIC/PSYCHOLOGICAL	13,479	695,959	132,517	106,802	26	29,241	
059 98 HYPERBARIC OXYGEN THERAPY	3,095	219,935	41,878				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,000	64,347	12,252		1,971		
061 EMERGENCY	114,889	4,250,399	809,314	457,418	77,108	125,234	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	30,940	2,835,818	539,965	26,852	22,042	7,352	
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,335,078	91,487,973	14,466,184	5,392,946	554,182	1,448,624	2,050,125
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		48,475	9,230	28,503		7,804	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 TWIN RIVERS MRI					1,782		
099 NONPAID WORKERS		39,617	7,543	43,910		12,022	28,902
099 01 PHYSICIAN/PUBLIC RELATION		1,339,707	255,092	28,640		7,841	
099 02 MEDICAL OFFICE BUILDING		568,604	108,267				
099 03 HOME CARE PHARMACY		2,912,622	554,589	13,233		3,623	
099 04 MANAGEMENT SERVICES		267,036	50,846				
099 05 REFERENCE LAB		-19,815					
099 06 VACANT SPACE		325,600	61,997	720,022		197,131	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,335,078	96,969,819	15,513,748	6,227,254	555,964	1,677,045	2,079,027

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COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	SUBTOTAL 25
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 03 ADMITTING							
005 04 PATIENT ACCOUNTS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	698,655						
014 NURSING ADMINISTRATION	10,725	1,305,689					
015 CENTRAL SERVICES & SUPPLY	6,380		751,351				
016 PHARMACY	22,789			6,831,696			
017 MEDICAL RECORDS & LIBRARY	15,944				1,618,341		
018 SOCIAL SERVICE	11,112					1,221,174	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	159,689	886,990			132,964	838,746	18,901,778
026 INTENSIVE CARE UNIT	33,381	186,032			30,249	109,148	4,024,827
031 SUBPROVIDER	19,770				8,442	77,552	2,122,623
034 SKILLED NURSING FACILITY	29,412	163,879			13,131	195,728	3,007,905
036 OTHER LONG TERM CARE	62,218						689,350
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	31,767				56,057		7,668,712
038 RECOVERY ROOM	5,783				12,660		864,395
040 ANESTHESIOLOGY	1,294				22,870		519,202
041 RADIOLOGY-DIAGNOSTIC	45,688				290,699		6,882,176
043 RADIOISOTOPE	3,417				20,899		710,184
044 LABORATORY	28,782				222,956		4,987,569
047 BLOOD STORING, PROCESSING	11,510				24,624		2,079,172
049 RESPIRATORY THERAPY	14,076				40,115		1,373,967
050 PHYSICAL THERAPY	19,306				26,566		1,928,449
051 OCCUPATIONAL THERAPY	3,770				7,269		401,704
052 SPEECH PATHOLOGY	1,847				3,355		246,392
053 ELECTROCARDIOLOGY	28,583				123,320		3,641,776
055 MEDICAL SUPPLIES CHARGED			751,351		83,634		2,919,163
055 30 IMPL. DEV. CHARGED TO PAT					80,603		5,704,622
056 DRUGS CHARGED TO PATIENTS				6,831,696	168,584		7,297,341
057 RENAL DIALYSIS					5,529		426,501
059 ONCOLOGY	3,074	16,792			1,842		454,744
059 01 DIGESTIVE HEALTH	9,719	51,996			43,859		1,721,281
059 02 PSYCHIATRIC/PSYCHOLOGICAL					16,342		980,887
059 98 HYPERBARIC OXYGEN THERAPY					3,753		265,566
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,382				1,212		81,164
061 EMERGENCY	50,221				139,294		5,908,988
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	52,930				37,513		3,522,472
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	684,569	1,305,689	751,351	6,831,696	1,618,341	1,221,174	89,332,910
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,183						95,195
098 PHYSICIANS' PRIVATE OFFIC							
098 01 TWIN RIVERS MRI							1,782
099 NONPAID WORKERS	442						132,436
099 01 PHYSICIAN/PUBLIC RELATION	4,290						1,635,570
099 02 MEDICAL OFFICE BUILDING	1,294						678,165
099 03 HOME CARE PHARMACY	6,678						3,490,745
099 04 MANAGEMENT SERVICES							317,882
099 05 REFERENCE LAB	199						-19,616
099 06 VACANT SPACE							1,304,750
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	698,655	1,305,689	751,351	6,831,696	1,618,341	1,221,174	96,969,819

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COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER	I&R COST POST STEP- DOWN ADJ	TOTAL
	26	27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
005	03 ADMITTING	
005	04 PATIENT ACCOUNTS	
006	ADMINISTRATIVE & GENERAL	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
025	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	18,901,778
026	INTENSIVE CARE UNIT	4,024,827
031	SUBPROVIDER	2,122,623
034	SKILLED NURSING FACILITY	3,007,905
036	OTHER LONG TERM CARE	689,350
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	7,668,712
038	RECOVERY ROOM	864,395
040	ANESTHESIOLOGY	519,202
041	RADIOLOGY-DIAGNOSTIC	6,882,176
043	RADIOISOTOPE	710,184
044	LABORATORY	4,987,569
047	BLOOD STORING, PROCESSING	2,079,172
049	RESPIRATORY THERAPY	1,373,967
050	PHYSICAL THERAPY	1,928,449
051	OCCUPATIONAL THERAPY	401,704
052	SPEECH PATHOLOGY	246,392
053	ELECTROCARDIOLOGY	3,641,776
055	MEDICAL SUPPLIES CHARGED	2,919,163
055	30 IMPL. DEV. CHARGED TO PAT	5,704,622
056	DRUGS CHARGED TO PATIENTS	7,297,341
057	RENAL DIALYSIS	426,501
059	ONCOLOGY	454,744
059	01 DIGESTIVE HEALTH	1,721,281
059	02 PSYCHIATRIC/PSYCHOLOGICAL	980,887
059	98 HYPERBARIC OXYGEN THERAPY	265,566
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	81,164
061	EMERGENCY	5,908,988
062	OBSERVATION BEDS (NON-DIS	
062	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	3,522,472
065	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	89,332,910
096	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	95,195
098	PHYSICIANS' PRIVATE OFFIC	
098	01 TWIN RIVERS MRI	1,782
099	NONPAID WORKERS	132,436
099	01 PHYSICIAN/PUBLIC RELATION	1,635,570
099	02 MEDICAL OFFICE BUILDING	678,165
099	03 HOME CARE PHARMACY	3,490,745
099	04 MANAGEMENT SERVICES	317,882
099	05 REFERENCE LAB	-19,616
099	06 VACANT SPACE	1,304,750
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	96,969,819

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSIGNED	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE
	OLD CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		703				703	703
005 03 ADMITTING		1,402				1,402	14
005 04 PATIENT ACCOUNTS		362				362	12
006 ADMINISTRATIVE & GENERAL		6,912				6,912	52
008 OPERATION OF PLANT		48,663	89			48,752	14
009 LAUNDRY & LINEN SERVICE		314				314	
010 HOUSEKEEPING		744				744	15
011 DIETARY		3,086				3,086	
012 CAFETERIA		1,386				1,386	
014 NURSING ADMINISTRATION		142				142	13
015 CENTRAL SERVICES & SUPPLY		1,274				1,274	4
016 PHARMACY		773				773	28
017 MEDICAL RECORDS & LIBRARY		1,518				1,518	15
018 SOCIAL SERVICE		150				150	11
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		14,147	104			14,251	152
026 INTENSIVE CARE UNIT		1,569				1,569	36
031 SUBPROVIDER		2,101				2,101	19
034 SKILLED NURSING FACILITY		1,105				1,105	25
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		5,919				5,919	32
038 RECOVERY ROOM		966				966	8
040 ANESTHESIOLOGY		70				70	1
041 RADIOLOGY-DIAGNOSTIC		4,624				4,624	39
043 RADIOISOTOPE		286				286	4
044 LABORATORY		3,631				3,631	19
047 BLOOD STORING, PROCESSING		104				104	11
049 RESPIRATORY THERAPY		441				441	12
050 PHYSICAL THERAPY		1,470				1,470	19
051 OCCUPATIONAL THERAPY		418				418	4
052 SPEECH PATHOLOGY		143				143	3
053 ELECTROCARDIOLOGY		1,948				1,948	25
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		80				80	
059 ONCOLOGY		508				508	4
059 01 DIGESTIVE HEALTH		978				978	11
059 02 PSYCHIATRIC/PSYCHOLOGICAL		1,110				1,110	
059 98 HYPERBARIC OXYGEN THERAPY							
OUTPAT SERVICE COST CNTRS							
060 CLINIC							1
061 EMERGENCY		4,753				4,753	51
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		279				279	33
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		114,079	193			114,272	687
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		296				296	1
098 PHYSICIANS' PRIVATE OFFIC							
098 01 TWIN RIVERS MRI							
099 NONPAID WORKERS		456				456	
099 01 PHYSICIAN/PUBLIC RELATION		298				298	4
099 02 MEDICAL OFFICE BUILDING							1
099 03 HOME CARE PHARMACY		137				137	6
099 04 MANAGEMENT SERVICES							4
099 05 REFERENCE LAB							
099 06 VACANT SPACE		7,481				7,481	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		122,747	193			122,940	703

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMITTING	PATIENT ACCOUNTS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5.03	5.04	6	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 03 ADMITTING	1,416						
005 04 PATIENT ACCOUNTS		374					
006 ADMINISTRATIVE & GENERAL			6,964				
008 OPERATION OF PLANT			445	49,211			
009 LAUNDRY & LINEN SERVICE			38	239	591		
010 HOUSEKEEPING			115	565		1,439	
011 DIETARY			121	2,347		70	5,624
012 CAFETERIA			38	1,054		31	
014 NURSING ADMINISTRATION			91	108		3	
015 CENTRAL SERVICES & SUPPLY			42	969	2	29	
016 PHARMACY			479	588		17	
017 MEDICAL RECORDS & LIBRARY			101	1,155		34	
018 SOCIAL SERVICE			85	114		3	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	115		1,036	10,759	225	324	2,605
026 INTENSIVE CARE UNIT	26	7	237	1,193	29	35	355
031 SUBPROVIDER	7	2	118	1,598	12	47	253
034 SKILLED NURSING FACILITY	11	3	157	841	40	25	637
036 OTHER LONG TERM CARE							1,696
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	49	12	485	4,502	72	134	
038 RECOVERY ROOM	11	3	51	735	9	22	
040 ANESTHESIOLOGY	20	5	35	53		2	
041 RADIOLOGY-DIAGNOSTIC	264	84	425	3,517	33	105	
043 RADIOISOTOPE	18	5	46	218	3	6	
044 LABORATORY	194	48	306	2,761		82	
047 BLOOD STORING, PROCESSING	21	5	145	79		2	
049 RESPIRATORY THERAPY	35	9	90	335	4	10	
050 PHYSICAL THERAPY	23	6	121	1,118	15	33	
051 OCCUPATIONAL THERAPY	6	2	24	318		9	
052 SPEECH PATHOLOGY	3	1	16	109		3	
053 ELECTROCARDIOLOGY	107	27	232	1,481	7	44	
055 MEDICAL SUPPLIES CHARGED	73	18	149				
055 30 IMPL. DEV. CHARGED TO PAT	70	17	402				
056 DRUGS CHARGED TO PATIENTS	146	37	21				
057 RENAL DIALYSIS	5	1	29	61		2	
059 ONCOLOGY	2		26	386	4	11	
059 01 DIGESTIVE HEALTH	38	10	105	744	27	22	
059 02 PSYCHIATRIC/PSYCHOLOGICAL	14	4	59	844		25	
059 98 HYPERBARIC OXYGEN THERAPY	3	1	19				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1		5		2		
061 EMERGENCY	121	30	361	3,615	82	107	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	33	8	241	212	23	6	
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,416	374	6,496	42,618	589	1,243	5,546
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			4	225		7	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 TWIN RIVERS MRI					2		
099 NONPAID WORKERS			3	347		10	78
099 01 PHYSICIAN/PUBLIC RELATION			114	226		7	
099 02 MEDICAL OFFICE BUILDING			48				
099 03 HOME CARE PHARMACY			248	105		3	
099 04 MANAGEMENT SERVICES			23				
099 05 REFERENCE LAB							
099 06 VACANT SPACE			28	5,690		169	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,416	374	6,964	49,211	591	1,439	5,624

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	SUBTOTAL 25
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 03 ADMITTING							
005 04 PATIENT ACCOUNTS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	2,509						
014 NURSING ADMINISTRATION	39	396					
015 CENTRAL SERVICES & SUPPLY	23		2,343				
016 PHARMACY	82			1,967			
017 MEDICAL RECORDS & LIBRARY	57				2,880		
018 SOCIAL SERVICE	40					403	
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	572	269			231	276	30,844
026 INTENSIVE CARE UNIT	120	56			53	36	3,752
031 SUBPROVIDER	71				15	26	4,269
034 SKILLED NURSING FACILITY	106	50			23	65	3,088
036 OTHER LONG TERM CARE	223						1,919
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	114				97		11,416
038 RECOVERY ROOM	21				22		1,848
040 ANESTHESIOLOGY	5				40		231
041 RADIOLOGY-DIAGNOSTIC	164				573		9,828
043 RADIOISOTOPE	12				36		634
044 LABORATORY	103				387		7,531
047 BLOOD STORING, PROCESSING	41				43		451
049 RESPIRATORY THERAPY	51				70		1,057
050 PHYSICAL THERAPY	69				46		2,920
051 OCCUPATIONAL THERAPY	14				13		808
052 SPEECH PATHOLOGY	7				6		291
053 ELECTROCARDIOLOGY	103				214		4,188
055 MEDICAL SUPPLIES CHARGED			2,343		145		2,728
055 30 IMPL. DEV. CHARGED TO PAT					140		629
056 DRUGS CHARGED TO PATIENTS				1,967	293		2,464
057 RENAL DIALYSIS					10		188
059 ONCOLOGY	11	5			3		960
059 01 DIGESTIVE HEALTH	35	16			76		2,062
059 02 PSYCHIATRIC/PSYCHOLOGICAL					28		2,084
059 98 HYPERBARIC OXYGEN THERAPY					7		30
OUTPAT SERVICE COST CNTRS							
060 CLINIC	5				2		16
061 EMERGENCY	180				242		9,542
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	190				65		1,090
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,458	396	2,343	1,967	2,880	403	106,868
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	4						537
098 PHYSICIANS' PRIVATE OFFIC							
098 01 TWIN RIVERS MRI							2
099 NONPAID WORKERS	2						896
099 01 PHYSICIAN/PUBLIC RELATION	15						664
099 02 MEDICAL OFFICE BUILDING	5						54
099 03 HOME CARE PHARMACY	24						523
099 04 MANAGEMENT SERVICES							27
099 05 REFERENCE LAB	1						1
099 06 VACANT SPACE							13,368
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,509	396	2,343	1,967	2,880	403	122,940

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER	POST STEPDOWN ADJUSTMENT	TOTAL
DESCRIPTION	26	27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
005	03 ADMITTING	
005	04 PATIENT ACCOUNTS	
006	ADMINISTRATIVE & GENERAL	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	30,844
026	INTENSIVE CARE UNIT	3,752
031	SUBPROVIDER	4,269
034	SKILLED NURSING FACILITY	3,088
036	OTHER LONG TERM CARE	1,919
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	11,416
038	RECOVERY ROOM	1,848
040	ANESTHESIOLOGY	231
041	RADIOLOGY-DIAGNOSTIC	9,828
043	RADIOISOTOPE	634
044	LABORATORY	7,531
047	BLOOD STORING, PROCESSING	451
049	RESPIRATORY THERAPY	1,057
050	PHYSICAL THERAPY	2,920
051	OCCUPATIONAL THERAPY	808
052	SPEECH PATHOLOGY	291
053	ELECTROCARDIOLOGY	4,188
055	MEDICAL SUPPLIES CHARGED	2,728
055	30 IMPL. DEV. CHARGED TO PAT	629
056	DRUGS CHARGED TO PATIENTS	2,464
057	RENAL DIALYSIS	188
059	ONCOLOGY	960
059	01 DIGESTIVE HEALTH	2,062
059	02 PSYCHIATRIC/PSYCHOLOGICAL	2,084
059	98 HYPERBARIC OXYGEN THERAPY	30
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	16
061	EMERGENCY	9,542
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	1,090
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	106,868
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	537
098	PHYSICIANS' PRIVATE OFFIC	
098	01 TWIN RIVERS MRI	2
099	NONPAID WORKERS	896
099	01 PHYSICIAN/PUBLIC RELATION	664
099	02 MEDICAL OFFICE BUILDING	54
099	03 HOME CARE PHARMACY	523
099	04 MANAGEMENT SERVICES	27
099	05 REFERENCE LAB	1
099	06 VACANT SPACE	13,368
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	122,940

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSIGNED	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE
	NEW CAPITAL REL COSTS	OSTS-BLDG & 1	OSTS-MVBLE E 2	OSTS-BLDG & 3	OSTS-MVBLE E 4		FITS 5
	0					4a	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	6,143			29,902	1,237	37,282	37,282
005 03 ADMITTING	7,129			59,610	64	66,803	753
005 04 PATIENT ACCOUNTS				15,401		15,401	621
006 ADMINISTRATIVE & GENERAL	430,606			293,905	1,624,854	2,349,365	2,775
008 OPERATION OF PLANT	2,685			2,069,320	17,747	2,089,752	754
009 LAUNDRY & LINEN SERVICE				13,371		13,371	
010 HOUSEKEEPING	359			31,616	4,185	36,160	785
011 DIETARY	2,171			131,217	7,249	140,637	
012 CAFETERIA				58,954	11,210	70,164	
014 NURSING ADMINISTRATION				6,017	88,077	94,094	698
015 CENTRAL SERVICES & SUPPLY	639,459			54,164	14,745	708,368	188
016 PHARMACY	211,397			32,868	1,853	246,118	1,485
017 MEDICAL RECORDS & LIBRARY	5,094			64,557	59	69,710	816
018 SOCIAL SERVICE	2,802			6,369	17	9,188	591
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	10,871			601,558	119,034	731,463	8,177
026 INTENSIVE CARE UNIT	1,922			66,709	57,697	126,328	1,916
031 SUBPROVIDER	1,817			89,318		91,135	987
034 SKILLED NURSING FACILITY	1,204			46,993	5,999	54,196	1,325
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	362,978			251,677	294,206	908,861	1,685
038 RECOVERY ROOM	293			41,097	10,747	52,137	405
040 ANESTHESIOLOGY				2,966	63,289	66,255	43
041 RADIOLOGY-DIAGNOSTIC	4,633			196,626	603,768	805,027	2,077
043 RADIOISOTOPE				12,168	64,591	76,759	189
044 LABORATORY	2,876			154,386	96,374	253,636	985
047 BLOOD STORING, PROCESSING				4,425	339	4,764	579
049 RESPIRATORY THERAPY	2,166			18,744	37,726	58,636	646
050 PHYSICAL THERAPY	3,104			62,503	14,738	80,345	991
051 OCCUPATIONAL THERAPY				17,759	142	17,901	200
052 SPEECH PATHOLOGY				6,078		6,078	136
053 ELECTROCARDIOLOGY	499			82,815	220,725	304,039	1,327
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS				3,404		3,404	
059 ONCOLOGY	315			21,600	2,471	24,386	212
059 01 DIGESTIVE HEALTH	734			41,596	97,998	140,328	565
059 02 PSYCHIATRIC/PSYCHOLOGICAL	2,293			47,187	430	49,910	
059 98 HYPERBARIC OXYGEN THERAPY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,557				746	3,303	46
061 EMERGENCY	8,023			202,096	62,496	272,615	2,727
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	3,331			11,864	93,634	108,829	1,759
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,717,461			4,850,840	3,618,447	10,186,748	36,443
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				12,593		12,593	27
098 PHYSICIANS' PRIVATE OFFIC							
098 01 TWIN RIVERS MRI							
099 NONPAID WORKERS				19,400		19,400	9
099 01 PHYSICIAN/PUBLIC RELATION				12,654	483	13,137	210
099 02 MEDICAL OFFICE BUILDING							51
099 03 HOME CARE PHARMACY	527			5,847	93	6,467	344
099 04 MANAGEMENT SERVICES							193
099 05 REFERENCE LAB							5
099 06 VACANT SPACE				318,119		318,119	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,717,988			5,219,453	3,619,023	10,556,464	37,282

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMITTING	PATIENT ACCO NTS	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	5.03	5.04	6	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 03 ADMITTING	67,556						
005 04 PATIENT ACCOUNTS		16,022					
006 ADMINISTRATIVE & GENERAL			2,352,140				
008 OPERATION OF PLANT			151,019	2,241,525			
009 LAUNDRY & LINEN SERVICE			12,749	10,893	37,013		
010 HOUSEKEEPING			38,935	25,758		101,638	
011 DIETARY			41,245	106,904		4,928	293,714
012 CAFETERIA			12,821	48,030		2,214	
014 NURSING ADMINISTRATION			30,984	4,902		226	
015 CENTRAL SERVICES & SUPPLY			14,238	44,128	115	2,034	
016 PHARMACY			162,825	26,778	6	1,234	
017 MEDICAL RECORDS & LIBRARY			34,347	52,596		2,424	
018 SOCIAL SERVICE			28,900	5,189		239	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	5,543	1,328	338,907	490,098	14,126	22,595	136,001
026 INTENSIVE CARE UNIT	1,261	302	80,391	54,348	1,825	2,505	18,561
031 SUBPROVIDER	352	84	40,137	72,768	731	3,354	13,187
034 SKILLED NURSING FACILITY	547	131	53,284	38,286	2,496	1,765	33,284
036 OTHER LONG TERM CARE							88,598
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,337	560	164,600	205,044	4,529	9,452	
038 RECOVERY ROOM	528	126	17,446	33,482	539	1,543	
040 ANESTHESIOLOGY	953	228	11,798	2,416		111	
041 RADIOLOGY-DIAGNOSTIC	12,215	2,763	144,236	160,193	2,087	7,384	
043 RADIOISOTOPE	871	209	15,711	9,913	195	457	
044 LABORATORY	9,294	2,227	104,056	125,780		5,798	
047 BLOOD STORING, PROCESSING	1,026	246	49,237	3,605		166	
049 RESPIRATORY THERAPY	1,672	401	30,616	15,271	219	704	
050 PHYSICAL THERAPY	1,107	265	40,941	50,922	943	2,347	
051 OCCUPATIONAL THERAPY	303	73	8,232	14,468		667	
052 SPEECH PATHOLOGY	140	34	5,424	4,952		228	
053 ELECTROCARDIOLOGY	5,141	1,232	78,685	67,470	437	3,110	
055 MEDICAL SUPPLIES CHARGED	3,486	835	50,544				
055 30 IMPL. DEV. CHARGED TO PAT	3,360	805	136,390				
056 DRUGS CHARGED TO PATIENTS	7,027	1,684	7,204				
057 RENAL DIALYSIS	230	55	9,971	2,773		128	
059 ONCOLOGY	77	18	8,906	17,598	235	811	
059 01 DIGESTIVE HEALTH	1,828	438	35,663	33,889	1,678	1,562	
059 02 PSYCHIATRIC/PSYCHOLOGICAL	681	163	20,092	38,444	2	1,772	
059 98 HYPERBARIC OXYGEN THERAPY	156	37	6,349				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	51	12	1,858		131		
061 EMERGENCY	5,806	1,391	122,705	164,650	5,133	7,590	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	1,564	375	81,867	9,665	1,467	446	
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	67,556	16,022	2,193,313	1,941,213	36,894	87,794	289,631
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			1,399	10,260		473	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 TWIN RIVERS MRI					119		
099 NONPAID WORKERS			1,144	15,805		729	4,083
099 01 PHYSICIAN/PUBLIC RELATION			38,676	10,309		475	
099 02 MEDICAL OFFICE BUILDING			16,415				
099 03 HOME CARE PHARMACY			84,084	4,763		220	
099 04 MANAGEMENT SERVICES			7,709				
099 05 REFERENCE LAB							
099 06 VACANT SPACE			9,400	259,175		11,947	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	67,556	16,022	2,352,140	2,241,525	37,013	101,638	293,714

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I WORKSHEET B  
 I I TO 12/31/2010 I PART III

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	12	14	15	16	17	18	25
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 03 ADMITTING							
005 04 PATIENT ACCOUNTS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	133,229						
014 NURSING ADMINISTRATION	2,045	132,949					
015 CENTRAL SERVICES & SUPPLY	1,217		770,288				
016 PHARMACY	4,346			442,792			
017 MEDICAL RECORDS & LIBRARY	3,040				162,933		
018 SOCIAL SERVICE	2,119					46,226	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	30,450	90,316			13,395	31,749	1,914,148
031 INTENSIVE CARE UNIT	6,366	18,942			3,047	4,132	319,924
034 SUBPROVIDER	3,770				850	2,936	230,291
036 SKILLED NURSING FACILITY	5,609	16,687			1,323	7,409	216,342
036 OTHER LONG TERM CARE	11,865						100,463
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	6,058				5,647		1,308,773
040 RECOVERY ROOM	1,103				1,275		108,584
041 ANESTHESIOLOGY	247				2,304		84,355
043 RADIOLOGY-DIAGNOSTIC	8,712				29,190		1,173,884
044 RADIOISOTOPE	652				2,105		107,061
047 LABORATORY	5,488				22,460		529,724
049 BLOOD STORING, PROCESSING	2,195				2,481		64,299
050 RESPIRATORY THERAPY	2,684				4,041		114,890
051 PHYSICAL THERAPY	3,681				2,676		184,218
052 OCCUPATIONAL THERAPY	719				732		43,295
053 SPEECH PATHOLOGY	352				338		17,682
055 ELECTROCARDIOLOGY	5,451				12,423		479,315
055 MEDICAL SUPPLIES CHARGED			770,288		8,425		833,578
055 30 IMPL. DEV. CHARGED TO PAT					8,120		148,675
056 DRUGS CHARGED TO PATIENTS					16,983		475,690
057 RENAL DIALYSIS					557		17,118
059 ONCOLOGY	586	1,710			186		54,725
059 01 DIGESTIVE HEALTH	1,853	5,294			4,418		227,516
059 02 PSYCHIATRIC/PSYCHOLOGICAL					1,646		112,710
059 98 HYPERBARIC OXYGEN THERAPY					378		6,920
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	264				122		5,787
062 EMERGENCY	9,577				14,032		606,226
065 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	10,093				3,779		219,844
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	130,542	132,949	770,288	442,792	162,933	46,226	9,706,037
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	226						24,978
098 PHYSICIANS' PRIVATE OFFIC							
098 01 TWIN RIVERS MRI							119
099 NONPAID WORKERS	84						41,254
099 01 PHYSICIAN/PUBLIC RELATION	818						63,625
099 02 MEDICAL OFFICE BUILDING	247						16,713
099 03 HOME CARE PHARMACY	1,274						97,152
099 04 MANAGEMENT SERVICES							7,902
099 05 REFERENCE LAB	38						43
099 06 VACANT SPACE							598,641
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	133,229	132,949	770,288	442,792	162,933	46,226	10,556,464

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
005 03	ADMITTING	
005 04	PATIENT ACCOUNTS	
006	ADMINISTRATIVE & GENERAL	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
025	INPAT ROUTINE SRVC CNTRS	1,914,148
026	ADULTS & PEDIATRICS	319,924
031	INTENSIVE CARE UNIT	230,291
034	SUBPROVIDER	216,342
036	SKILLED NURSING FACILITY	100,463
036	OTHER LONG TERM CARE	
037	ANCILLARY SRVC COST CNTRS	1,308,773
038	OPERATING ROOM	108,584
040	RECOVERY ROOM	84,355
041	ANESTHESIOLOGY	1,173,884
043	RADIOLOGY-DIAGNOSTIC	107,061
044	RADIOISOTOPE	529,724
047	LABORATORY	64,299
049	BLOOD STORING, PROCESSING	114,890
050	RESPIRATORY THERAPY	184,218
051	PHYSICAL THERAPY	43,295
052	OCCUPATIONAL THERAPY	17,682
053	SPEECH PATHOLOGY	479,315
055	ELECTROCARDIOLOGY	833,578
055 30	MEDICAL SUPPLIES CHARGED	148,675
056	IMPL. DEV. CHARGED TO PAT	475,690
057	DRUGS CHARGED TO PATIENTS	17,118
059	RENAL DIALYSIS	54,725
059 01	ONCOLOGY	227,516
059 02	DIGESTIVE HEALTH	112,710
059 98	PSYCHIATRIC/PSYCHOLOGICAL	6,920
060	HYPERBARIC OXYGEN THERAPY	
061	OUTPAT SERVICE COST CNTRS	5,787
062	CLINIC	606,226
062	EMERGENCY	
065	OBSERVATION BEDS (NON-DIS	
065	OTHER REIMBURS COST CNTRS	219,844
065	AMBULANCE SERVICES	
095	SPEC PURPOSE COST CENTERS	9,706,037
095	SUBTOTALS	
096	NONREIMBURS COST CENTERS	24,978
098	GIFT, FLOWER, COFFEE SHOP	
098 01	PHYSICIANS' PRIVATE OFFIC	119
099	TWIN RIVERS MRI	41,254
099 01	NONPAID WORKERS	63,625
099 02	PHYSICIAN/PUBLIC RELATION	16,713
099 03	MEDICAL OFFICE BUILDING	97,152
099 04	HOME CARE PHARMACY	7,902
099 05	MANAGEMENT SERVICES	43
099 06	REFERENCE LAB	598,641
101	VACANT SPACE	
102	CROSS FOOT ADJUSTMENTS	
103	NEGATIVE COST CENTER	
103	TOTAL	10,556,464

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I WORKSHEET B-1  
 I I TO 12/31/2010 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	ADMITTING
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET )	(DOLLAR VALUE )	(SQUARE FEET )	(DOLLAR VALUE )	(GROSS SALARIE )S	(GROSS REVENUE )
	1	2	3	4	5	5.03
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	429,394					
003 OLD CAP REL COSTS-MVB		193				
004 NEW CAP REL COSTS-BLD			429,394			
005 NEW CAP REL COSTS-MVB				4,280,280		
005 EMPLOYEE BENEFITS	2,460		2,460	1,463	36,972,157	
005 03 ADMITTING	4,904		4,904	76	747,412	351,383,951
005 04 PATIENT ACCOUNTS	1,267		1,267		615,765	
006 ADMINISTRATIVE & GENE	24,179		24,179	1,921,743	2,753,080	
008 OPERATION OF PLANT	170,239	89	170,239	20,990	747,831	
009 LAUNDRY & LINEN SERVI	1,100		1,100			
010 HOUSEKEEPING	2,601		2,601	4,950	778,739	
011 DIETARY	10,795		10,795	8,573		
012 CAFETERIA	4,850		4,850	13,258		
014 NURSING ADMINISTRATIO	495		495	104,170	692,322	
015 CENTRAL SERVICES & SU	4,456		4,456	17,439	186,781	
016 PHARMACY	2,704		2,704	2,192	1,472,782	
017 MEDICAL RECORDS & LIB	5,311		5,311	70	809,644	
018 SOCIAL SERVICE	524		524	20	586,011	
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	49,489	104	49,489	140,784	8,095,817	28,867,569
026 INTENSIVE CARE UNIT	5,488		5,488	68,239	1,901,248	6,567,374
031 SUBPROVIDER	7,348		7,348		978,947	1,832,880
034 SKILLED NURSING FACIL	3,866		3,866	7,095	1,314,247	2,850,746
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	20,705		20,705	347,962	1,671,314	12,170,511
038 RECOVERY ROOM	3,381		3,381	12,711	401,706	2,748,681
040 ANESTHESIOLOGY	244		244	74,853	42,631	4,965,305
041 RADIOLOGY-DIAGNOSTIC	16,176		16,176	714,086	2,060,822	63,141,597
043 RADIOISOTOPE	1,001		1,001	76,393	187,635	4,537,267
044 LABORATORY	12,701		12,701	113,983	977,207	48,405,580
047 BLOOD STORING, PROCES	364		364	401	574,036	5,346,103
049 RESPIRATORY THERAPY	1,542		1,542	44,619	641,080	8,709,306
050 PHYSICAL THERAPY	5,142		5,142	17,431	983,350	5,767,801
051 OCCUPATIONAL THERAPY	1,461		1,461	168	198,727	1,578,152
052 SPEECH PATHOLOGY	500		500		135,267	728,308
053 ELECTROCARDIOLOGY	6,813		6,813	261,055	1,316,332	26,773,820
055 MEDICAL SUPPLIES CHAR						18,157,592
055 30 IMPL. DEV. CHARGED TO						17,499,496
056 DRUGS CHARGED TO PATI						36,600,981
057 RENAL DIALYSIS	280		280			1,200,440
059 ONCOLOGY	1,777		1,777	2,922	210,620	400,014
059 01 DIGESTIVE HEALTH	3,422		3,422	115,904	560,129	9,522,205
059 02 PSYCHIATRIC/PSYCHOLOG	3,882		3,882	509		3,548,061
059 98 HYPERBARIC OXYGEN THE					262	814,800
060 OUTPAT SERVICE COST C						
060 CLINIC				882	45,688	263,175
061 EMERGENCY	16,626		16,626	73,915	2,705,640	30,241,883
062 OBSERVATION BEDS (NON						
065 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES	976		976	110,743	1,744,927	8,144,304
065 SPEC PURPOSE COST CEN						
095 SUBTOTALS	399,069	193	399,069	4,279,599	36,137,999	351,383,951
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,036		1,036		26,812	
098 PHYSICIANS' PRIVATE O						
098 01 TWIN RIVERS MRI						
099 NONPAID WORKERS	1,596		1,596		9,370	
099 01 PHYSICIAN/PUBLIC RELA	1,041		1,041	571	208,025	
099 02 MEDICAL OFFICE BUILDI					50,846	
099 03 HOME CARE PHARMACY	481		481	110	341,758	
099 04 MANAGEMENT SERVICES					191,954	
099 05 REFERENCE LAB					5,393	
099 06 VACANT SPACE	26,171		26,171			
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	122,747	193	5,219,453	3,619,023	7,232,629	1,060,654
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.285861		12.155393		.195624	
105 (WRKSHT B, PT I)		1.000000		.845511		.003019
105 COST TO BE ALLOCATED					703	1,416
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000019	
107 (WRKSHT B, PT II)						.000004
107 COST TO BE ALLOCATED					37,282	67,556
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.001008	.000192
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PATIENT ACCOUNTS		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	(GROSS REVENUE)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)
	5.04	6a.00	6	8	9	10	11
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
005 03 ADMITTING							
005 04 PATIENT ACCOUNTS	351,383,951						
006 ADMINISTRATIVE & GENERAL		-15,513,748	81,475,886				
008 OPERATION OF PLANT			5,231,189	226,345			
009 LAUNDRY & LINEN SERVICE			441,614	1,100	799,023		
010 HOUSEKEEPING			1,348,684	2,601		222,644	
011 DIETARY			1,428,686	10,795		10,795	202,346
012 CAFETERIA			444,124	4,850		4,850	
014 NURSING ADMINISTRATION			1,073,258	495		495	
015 CENTRAL SERVICES & SU			493,178	4,456	2,485	4,456	
016 PHARMACY			5,640,131	2,704	120	2,704	
017 MEDICAL RECORDS & LIB			1,189,738	5,311		5,311	
018 SOCIAL SERVICE			1,001,084	524		524	
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	28,867,569		11,739,000	49,489	304,931	49,489	93,694
026 INTENSIVE CARE UNIT	6,567,374		2,784,675	5,488	39,392	5,488	12,787
031 SUBPROVIDER	1,832,880		1,390,302	7,348	15,778	7,348	9,085
034 SKILLED NURSING FACIL	2,850,746		1,845,734	3,866	53,892	3,866	22,930
036 OTHER LONG TERM CARE							61,037
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	12,170,511		5,701,622	20,705	97,768	20,705	
038 RECOVERY ROOM	2,748,681		604,311	3,381	11,626	3,381	
040 ANESTHESIOLOGY	4,965,305		408,672	244		244	
041 RADIOLOGY-DIAGNOSTIC	63,141,597		4,996,233	16,176	45,050	16,176	
043 RADIOISOTOPE	4,537,267		544,231	1,001	4,212	1,001	
044 LABORATORY	48,405,580		3,604,416	12,701		12,701	
047 BLOOD STORING, PROCES	5,346,103		1,705,533	364		364	
049 RESPIRATORY THERAPY	8,709,306		1,060,513	1,542	4,733	1,542	
050 PHYSICAL THERAPY	5,767,801		1,418,174	5,142	20,365	5,142	
051 OCCUPATIONAL THERAPY	1,578,152		285,167	1,461		1,461	
052 SPEECH PATHOLOGY	728,308		187,892	500		500	
053 ELECTROCARDIOLOGY	26,773,820		2,725,574	6,813	9,436	6,813	
055 MEDICAL SUPPLIES CHAR	18,157,592		1,750,808				
055 30 IMPL. DEV. CHARGED TO	17,499,496		4,724,443				
056 DRUGS CHARGED TO PATI	36,600,981		249,545				
057 RENAL DIALYSIS	1,200,440		345,394	280		280	
059 ONCOLOGY	400,014		308,486	1,777	5,083	1,777	
059 01 DIGESTIVE HEALTH	9,522,205		1,235,356	3,422	36,224	3,422	
059 02 PSYCHIATRIC/PSYCHOLOG	3,548,061		695,959	3,882	37	3,882	
059 98 HYPERBARIC OXYGEN THE	814,800		219,935				
060 OUTPAT SERVICE COST C							
060 CLINIC	263,175		64,347		2,832		
061 EMERGENCY	30,241,883		4,250,399	16,626	110,819	16,626	
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	8,144,304		2,835,818	976	31,679	976	
065 SPEC PURPOSE COST CEN							
065 SUBTOTALS	351,383,951	-15,513,748	75,974,225	196,020	796,462	192,319	199,533
095 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE			48,475	1,036		1,036	
098 PHYSICIANS' PRIVATE O					2,561		
098 01 TWIN RIVERS MRI							
099 NONPAID WORKERS			39,617	1,596		1,596	2,813
099 01 PHYSICIAN/PUBLIC RELA			1,339,707	1,041		1,041	
099 02 MEDICAL OFFICE BUILDI			568,604				
099 03 HOME CARE PHARMACY			2,912,622	481		481	
099 04 MANAGEMENT SERVICES			267,036				
099 05 REFERENCE LAB		19,815					
099 06 VACANT SPACE			325,600	26,171		26,171	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,335,078		15,513,748	6,227,254	555,964	1,677,045	2,079,027
104 (WRKSHT B, PART I)				27.512222		7.532406	
104 UNIT COST MULTIPLIER							
104 (WRKSHT B, PT I)	.003799		.190409		.695805		10.274614
105 COST TO BE ALLOCATED	374		6,964	49,211	591	1,439	5,624
105 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER				.217416		.006463	
106 (WRKSHT B, PT II)	.000001		.000085		.000740		.027794
107 COST TO BE ALLOCATED	16,022		2,352,140	2,241,525	37,013	101,638	293,714
107 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER				9.903135		.456505	
108 (WRKSHT B, PT III)	.000046		.028869		.046323		1.451543

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA (FTE'S)	NURSING ADMIN ISTRATION (HOURS OF SERVICE)	CENTRAL SERVI CES & SUPPLY (COSTED )ITIONS	PHARMACY (COSTED )ITIONS	MEDICAL RECOR DS & LIBRARY (GROSS REVENUE)	SOCIAL SERVIC E (PATIENT DAYS)
	12	14	15	16	17	18
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
005 03 ADMITTING						
005 04 PATIENT ACCOUNTS						
006 ADMINISTRATIVE & GENE						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA	63,186					
014 NURSING ADMINISTRATIO	970	440,805				
015 CENTRAL SERVICES & SU	577		100			
016 PHARMACY	2,061			100		
017 MEDICAL RECORDS & LIB	1,442				351,383,951	
018 SOCIAL SERVICE	1,005					34,359
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	14,442	299,451			28,867,569	23,599
026 INTENSIVE CARE UNIT	3,019	62,805			6,567,374	3,071
031 SUBPROVIDER	1,788				1,832,880	2,182
034 SKILLED NURSING FACIL	2,660	55,326			2,850,746	5,507
036 OTHER LONG TERM CARE	5,627					
ANCILLARY SRVC COST C						
037 OPERATING ROOM	2,873				12,170,511	
038 RECOVERY ROOM	523				2,748,681	
040 ANESTHESIOLOGY	117				4,965,305	
041 RADIOLOGY-DIAGNOSTIC	4,132				63,141,597	
043 RADIOISOTOPE	309				4,537,267	
044 LABORATORY	2,603				48,405,580	
047 BLOOD STORING, PROCES	1,041				5,346,103	
049 RESPIRATORY THERAPY	1,273				8,709,306	
050 PHYSICAL THERAPY	1,746				5,767,801	
051 OCCUPATIONAL THERAPY	341				1,578,152	
052 SPEECH PATHOLOGY	167				728,308	
053 ELECTROCARDIOLOGY	2,585				26,773,820	
055 MEDICAL SUPPLIES CHAR			100		18,157,592	
055 30 IMPL. DEV. CHARGED TO					17,499,496	
056 DRUGS CHARGED TO PATI				100	36,600,981	
057 RENAL DIALYSIS					1,200,440	
059 ONCOLOGY	278	5,669			400,014	
059 01 DIGESTIVE HEALTH	879	17,554			9,522,205	
059 02 PSYCHIATRIC/PSYCHOLOG					3,548,061	
059 98 HYPERBARIC OXYGEN THE					814,800	
OUTPAT SERVICE COST C						
060 CLINIC	125				263,175	
061 EMERGENCY	4,542				30,241,883	
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES	4,787				8,144,304	
SPEC PURPOSE COST CEN						
095 SUBTOTALS	61,912	440,805	100	100	351,383,951	34,359
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	107					
098 PHYSICIANS' PRIVATE O						
098 01 TWIN RIVERS MRI						
099 NONPAID WORKERS	40					
099 01 PHYSICIAN/PUBLIC RELA	388					
099 02 MEDICAL OFFICE BUILDI	117					
099 03 HOME CARE PHARMACY	604					
099 04 MANAGEMENT SERVICES						
099 05 REFERENCE LAB	18					
099 06 VACANT SPACE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	698,655	1,305,689	751,351	6,831,696	1,618,341	1,221,174
(PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER		2.962056		68,316.960000		35.541605
(WRKSHT B, PT I)	11.057117		7,513.510000		.004606	
COST TO BE ALLOCATED	2,509	396	2,343	1,967	2,880	403
(PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER		.000898		19.670000		.011729
(WRKSHT B, PT II)	.039708		23.430000		.000008	
107 COST TO BE ALLOCATED	133,229	132,949	770,288	442,792	162,933	46,226
(PER WRKSHT B, PART						
108 UNIT COST MULTIPLIER		.301605		4,427.920000		1.345383
(WRKSHT B, PT III)	2.108521		7,702.880000		.000464	

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	18,901,778		18,901,778		18,901,778
26	INTENSIVE CARE UNIT	4,024,827		4,024,827	5,216	4,030,043
31	SUBPROVIDER	2,122,623		2,122,623		2,122,623
34	SKILLED NURSING FACILITY	3,007,905		3,007,905		3,007,905
36	OTHER LONG TERM CARE	689,350		689,350		689,350
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	7,668,712		7,668,712		7,668,712
38	RECOVERY ROOM	864,395		864,395		864,395
40	ANESTHESIOLOGY	519,202		519,202	19,403	538,605
41	RADIOLOGY-DIAGNOSTIC	6,882,176		6,882,176	53,738	6,935,914
43	RADIOISOTOPE	710,184		710,184		710,184
44	LABORATORY	4,987,569		4,987,569	109,429	5,096,998
47	BLOOD STORING, PROCESSING	2,079,172		2,079,172		2,079,172
49	RESPIRATORY THERAPY	1,373,967		1,373,967		1,373,967
50	PHYSICAL THERAPY	1,928,449		1,928,449	18,250	1,946,699
51	OCCUPATIONAL THERAPY	401,704		401,704		401,704
52	SPEECH PATHOLOGY	246,392		246,392		246,392
53	ELECTROCARDIOLOGY	3,641,776		3,641,776	41,071	3,682,847
55	MEDICAL SUPPLIES CHARGED	2,919,163		2,919,163		2,919,163
55	30 IMPL. DEV. CHARGED TO PAT	5,704,622		5,704,622		5,704,622
56	DRUGS CHARGED TO PATIENTS	7,297,341		7,297,341		7,297,341
57	RENAL DIALYSIS	426,501		426,501		426,501
59	ONCOLOGY	454,744		454,744		454,744
59	01 DIGESTIVE HEALTH	1,721,281		1,721,281		1,721,281
59	02 PSYCHIATRIC/PSYCHOLOGICAL	980,887		980,887		980,887
59	98 HYPERBARIC OXYGEN THERAPY	265,566		265,566		265,566
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	81,164		81,164		81,164
61	EMERGENCY	5,908,988		5,908,988		5,908,988
62	OBSERVATION BEDS (NON-DIS	704,776		704,776		704,776
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	3,522,472		3,522,472		3,522,472
101	SUBTOTAL	90,037,686		90,037,686	247,107	90,284,793
102	LESS OBSERVATION BEDS	704,776		704,776		704,776
103	TOTAL	89,332,910		89,332,910	247,107	89,580,017

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	27,938,454		27,938,454			
26	INTENSIVE CARE UNIT	6,567,374		6,567,374			
31	SUBPROVIDER	1,832,880		1,832,880			
34	SKILLED NURSING FACILITY	2,850,746		2,850,746			
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,538,859	8,631,652	12,170,511	.630106	.630106	.630106
38	RECOVERY ROOM	610,995	2,137,686	2,748,681	.314476	.314476	.314476
40	ANESTHESIOLOGY	1,627,258	3,338,047	4,965,305	.104566	.104566	.108474
41	RADIOLOGY-DIAGNOSTIC	11,906,575	51,235,022	63,141,597	.108996	.108996	.109847
43	RADIOISOTOPE	1,430,303	3,106,964	4,537,267	.156522	.156522	.156522
44	LABORATORY	23,925,696	24,479,884	48,405,580	.103037	.103037	.105298
47	BLOOD STORING, PROCESSING	3,895,703	1,450,400	5,346,103	.388914	.388914	.388914
49	RESPIRATORY THERAPY	7,660,611	1,048,695	8,709,306	.157758	.157758	.157758
50	PHYSICAL THERAPY	2,189,916	3,577,885	5,767,801	.334347	.334347	.337511
51	OCCUPATIONAL THERAPY	1,172,487	405,665	1,578,152	.254541	.254541	.254541
52	SPEECH PATHOLOGY	277,214	451,094	728,308	.338307	.338307	.338307
53	ELECTROCARDIOLOGY	9,830,321	16,943,499	26,773,820	.136020	.136020	.137554
55	MEDICAL SUPPLIES CHARGED	8,813,175	9,344,417	18,157,592	.160768	.160768	.160768
55	30 IMPL. DEV. CHARGED TO PAT	9,838,383	7,661,113	17,499,496	.325988	.325988	.325988
56	DRUGS CHARGED TO PATIENTS	26,992,581	9,608,400	36,600,981	.199376	.199376	.199376
57	RENAL DIALYSIS	1,172,156	28,284	1,200,440	.355287	.355287	.355287
59	ONCOLOGY	53,740	346,274	400,014	1.136820	1.136820	1.136820
59	01 DIGESTIVE HEALTH	981,913	8,540,292	9,522,205	.180765	.180765	.180765
59	02 PSYCHIATRIC/PSYCHOLOGICAL	18,894	3,529,167	3,548,061	.276457	.276457	.276457
59	98 HYPERBARIC OXYGEN THERAPY	17,100	797,700	814,800	.325928	.325928	.325928
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	4,635	258,540	263,175	.308403	.308403	.308403
61	EMERGENCY	7,015,244	23,226,639	30,241,883	.195391	.195391	.195391
62	OBSERVATION BEDS (NON-DIS	220,602	708,513	929,115	.758545	.758545	.758545
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	247,790	7,896,514	8,144,304	.432507	.432507	.432507
101	SUBTOTAL	162,631,605	188,752,346	351,383,951			
102	LESS OBSERVATION BEDS						
103	TOTAL	162,631,605	188,752,346	351,383,951			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 14-0002 I FROM 1/ 1/2010 I WORKSHEET C  
I I TO 12/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	18,901,778		18,901,778		18,901,778
26	INTENSIVE CARE UNIT	4,024,827		4,024,827	5,216	4,030,043
31	SUBPROVIDER	2,122,623		2,122,623		2,122,623
34	SKILLED NURSING FACILITY	3,007,905		3,007,905		3,007,905
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS	689,350		689,350		689,350
37	OPERATING ROOM	7,668,712		7,668,712		7,668,712
38	RECOVERY ROOM	864,395		864,395		864,395
40	ANESTHESIOLOGY	519,202		519,202	19,403	538,605
41	RADIOLOGY-DIAGNOSTIC	6,882,176		6,882,176	53,738	6,935,914
43	RADIOISOTOPE	710,184		710,184		710,184
44	LABORATORY	4,987,569		4,987,569	109,429	5,096,998
47	BLOOD STORING, PROCESSING	2,079,172		2,079,172		2,079,172
49	RESPIRATORY THERAPY	1,373,967		1,373,967		1,373,967
50	PHYSICAL THERAPY	1,928,449		1,928,449	18,250	1,946,699
51	OCCUPATIONAL THERAPY	401,704		401,704		401,704
52	SPEECH PATHOLOGY	246,392		246,392		246,392
53	ELECTROCARDIOLOGY	3,641,776		3,641,776	41,071	3,682,847
55	MEDICAL SUPPLIES CHARGED	2,919,163		2,919,163		2,919,163
55	30 IMPL. DEV. CHARGED TO PAT	5,704,622		5,704,622		5,704,622
56	DRUGS CHARGED TO PATIENTS	7,297,341		7,297,341		7,297,341
57	RENAL DIALYSIS	426,501		426,501		426,501
59	ONCOLOGY	454,744		454,744		454,744
59	01 DIGESTIVE HEALTH	1,721,281		1,721,281		1,721,281
59	02 PSYCHIATRIC/PSYCHOLOGICAL	980,887		980,887		980,887
59	98 HYPERBARIC OXYGEN THERAPY OUTPAT SERVICE COST CNTRS	265,566		265,566		265,566
60	CLINIC	81,164		81,164		81,164
61	EMERGENCY	5,908,988		5,908,988		5,908,988
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	704,776		704,776		704,776
65	AMBULANCE SERVICES	3,522,472		3,522,472		3,522,472
101	SUBTOTAL	90,037,686		90,037,686	247,107	90,284,793
102	LESS OBSERVATION BEDS	704,776		704,776		704,776
103	TOTAL	89,332,910		89,332,910	247,107	89,580,017

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 14-0002 I FROM 1/ 1/2010 I WORKSHEET C  
I I TO 12/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	27,938,454		27,938,454			
26	INTENSIVE CARE UNIT	6,567,374		6,567,374			
31	SUBPROVIDER	1,832,880		1,832,880			
34	SKILLED NURSING FACILITY	2,850,746		2,850,746			
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,538,859	8,631,652	12,170,511	.630106	.630106	.630106
38	RECOVERY ROOM	610,995	2,137,686	2,748,681	.314476	.314476	.314476
40	ANESTHESIOLOGY	1,627,258	3,338,047	4,965,305	.104566	.104566	.108474
41	RADIOLOGY-DIAGNOSTIC	11,906,575	51,235,022	63,141,597	.108996	.108996	.109847
43	RADIOISOTOPE	1,430,303	3,106,964	4,537,267	.156522	.156522	.156522
44	LABORATORY	23,925,696	24,479,884	48,405,580	.103037	.103037	.105298
47	BLOOD STORING, PROCESSING	3,895,703	1,450,400	5,346,103	.388914	.388914	.388914
49	RESPIRATORY THERAPY	7,660,611	1,048,695	8,709,306	.157758	.157758	.157758
50	PHYSICAL THERAPY	2,189,916	3,577,885	5,767,801	.334347	.334347	.337511
51	OCCUPATIONAL THERAPY	1,172,487	405,665	1,578,152	.254541	.254541	.254541
52	SPEECH PATHOLOGY	277,214	451,094	728,308	.338307	.338307	.338307
53	ELECTROCARDIOLOGY	9,830,321	16,943,499	26,773,820	.136020	.136020	.137554
55	MEDICAL SUPPLIES CHARGED	8,813,175	9,344,417	18,157,592	.160768	.160768	.160768
55	30 IMPL. DEV. CHARGED TO PAT	9,838,383	7,661,113	17,499,496	.325988	.325988	.325988
56	DRUGS CHARGED TO PATIENTS	26,992,581	9,608,400	36,600,981	.199376	.199376	.199376
57	RENAL DIALYSIS	1,172,156	28,284	1,200,440	.355287	.355287	.355287
59	ONCOLOGY	53,740	346,274	400,014	1.136820	1.136820	1.136820
59	01 DIGESTIVE HEALTH	981,913	8,540,292	9,522,205	.180765	.180765	.180765
59	02 PSYCHIATRIC/PSYCHOLOGICAL	18,894	3,529,167	3,548,061	.276457	.276457	.276457
59	98 HYPERBARIC OXYGEN THERAPY	17,100	797,700	814,800	.325928	.325928	.325928
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	4,635	258,540	263,175	.308403	.308403	.308403
61	EMERGENCY	7,015,244	23,226,639	30,241,883	.195391	.195391	.195391
62	OBSERVATION BEDS (NON-DIS	220,602	708,513	929,115	.758545	.758545	.758545
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	247,790	7,896,514	8,144,304	.432507	.432507	.432507
101	SUBTOTAL	162,631,605	188,752,346	351,383,951			
102	LESS OBSERVATION BEDS						
103	TOTAL	162,631,605	188,752,346	351,383,951			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,668,712	1,320,189	6,348,523			7,668,712
38	RECOVERY ROOM	864,395	110,432	753,963			864,395
40	ANESTHESIOLOGY	519,202	84,586	434,616			519,202
41	RADIOLOGY-DIAGNOSTIC	6,882,176	1,183,712	5,698,464			6,882,176
43	RADIOISOTOPE	710,184	107,695	602,489			710,184
44	LABORATORY	4,987,569	537,255	4,450,314			4,987,569
47	BLOOD STORING, PROCESSING	2,079,172	64,750	2,014,422			2,079,172
49	RESPIRATORY THERAPY	1,373,967	115,947	1,258,020			1,373,967
50	PHYSICAL THERAPY	1,928,449	187,138	1,741,311			1,928,449
51	OCCUPATIONAL THERAPY	401,704	44,103	357,601			401,704
52	SPEECH PATHOLOGY	246,392	17,973	228,419			246,392
53	ELECTROCARDIOLOGY	3,641,776	483,503	3,158,273			3,641,776
55	MEDICAL SUPPLIES CHARGED	2,919,163	836,306	2,082,857			2,919,163
55	30 IMPL. DEV. CHARGED TO PAT	5,704,622	149,304	5,555,318			5,704,622
56	DRUGS CHARGED TO PATIENTS	7,297,341	478,154	6,819,187			7,297,341
57	RENAL DIALYSIS	426,501	17,306	409,195			426,501
59	ONCOLOGY	454,744	55,685	399,059			454,744
59	01 DIGESTIVE HEALTH	1,721,281	229,578	1,491,703			1,721,281
59	02 PSYCHIATRIC/PSYCHOLOGICAL	980,887	114,794	866,093			980,887
59	98 HYPERBARIC OXYGEN THERAPY	265,566	6,950	258,616			265,566
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	81,164	5,803	75,361			81,164
61	EMERGENCY	5,908,988	615,768	5,293,220			5,908,988
62	OBSERVATION BEDS (NON-DIS	704,776	72,521	632,255			704,776
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	3,522,472	220,934	3,301,538			3,522,472
101	SUBTOTAL	61,291,203	7,060,386	54,230,817			61,291,203
102	LESS OBSERVATION BEDS	704,776	72,521	632,255			704,776
103	TOTAL	60,586,427	6,987,865	53,598,562			60,586,427

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	12,170,511	.630106	.630106
38	RECOVERY ROOM	2,748,681	.314476	.314476
40	ANESTHESIOLOGY	4,965,305	.104566	.104566
41	RADIOLOGY-DIAGNOSTIC	63,141,597	.108996	.108996
43	RADIOISOTOPE	4,537,267	.156522	.156522
44	LABORATORY	48,405,580	.103037	.103037
47	BLOOD STORING, PROCESSING	5,346,103	.388914	.388914
49	RESPIRATORY THERAPY	8,709,306	.157758	.157758
50	PHYSICAL THERAPY	5,767,801	.334347	.334347
51	OCCUPATIONAL THERAPY	1,578,152	.254541	.254541
52	SPEECH PATHOLOGY	728,308	.338307	.338307
53	ELECTROCARDIOLOGY	26,773,820	.136020	.136020
55	MEDICAL SUPPLIES CHARGED	18,157,592	.160768	.160768
55 30	IMPL. DEV. CHARGED TO PAT	17,499,496	.325988	.325988
56	DRUGS CHARGED TO PATIENTS	36,600,981	.199376	.199376
57	RENAL DIALYSIS	1,200,440	.355287	.355287
59	ONCOLOGY	400,014	1.136820	1.136820
59 01	DIGESTIVE HEALTH	9,522,205	.180765	.180765
59 02	PSYCHIATRIC/PSYCHOLOGICAL	3,548,061	.276457	.276457
59 98	HYPERBARIC OXYGEN THERAPY	814,800	.325928	.325928
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	263,175	.308403	.308403
61	EMERGENCY	30,241,883	.195391	.195391
62	OBSERVATION BEDS (NON-DIS	929,115	.758545	.758545
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	8,144,304	.432507	.432507
101	SUBTOTAL	312,194,497		
102	LESS OBSERVATION BEDS	929,115		
103	TOTAL	311,265,382		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,668,712	1,320,189	6,348,523	132,019	368,214	7,168,479
38	RECOVERY ROOM	864,395	110,432	753,963	11,043	43,730	809,622
40	ANESTHESIOLOGY	519,202	84,586	434,616	8,459	25,208	485,535
41	RADIOLOGY-DIAGNOSTIC	6,882,176	1,183,712	5,698,464	118,371	330,511	6,433,294
43	RADIOISOTOPE	710,184	107,695	602,489	10,770	34,944	664,470
44	LABORATORY	4,987,569	537,255	4,450,314	53,726	258,118	4,675,725
47	BLOOD STORING, PROCESSING	2,079,172	64,750	2,014,422	6,475	116,836	1,955,861
49	RESPIRATORY THERAPY	1,373,967	115,947	1,258,020	11,595	72,965	1,289,407
50	PHYSICAL THERAPY	1,928,449	187,138	1,741,311	18,714	100,996	1,808,739
51	OCCUPATIONAL THERAPY	401,704	44,103	357,601	4,410	20,741	376,553
52	SPEECH PATHOLOGY	246,392	17,973	228,419	1,797	13,248	231,347
53	ELECTROCARDIOLOGY	3,641,776	483,503	3,158,273	48,350	183,180	3,410,246
55	MEDICAL SUPPLIES CHARGED	2,919,163	836,306	2,082,857	83,631	120,806	2,714,726
55	30 IMPL. DEV. CHARGED TO PAT	5,704,622	149,304	5,555,318	14,930	322,208	5,367,484
56	DRUGS CHARGED TO PATIENTS	7,297,341	478,154	6,819,187	47,815	395,513	6,854,013
57	RENAL DIALYSIS	426,501	17,306	409,195	1,731	23,733	401,037
59	ONCOLOGY	454,744	55,685	399,059	5,569	23,145	426,030
59	01 DIGESTIVE HEALTH	1,721,281	229,578	1,491,703	22,958	86,519	1,611,804
59	02 PSYCHIATRIC/PSYCHOLOGICAL	980,887	114,794	866,093	11,479	50,233	919,175
59	98 HYPERBARIC OXYGEN THERAPY	265,566	6,950	258,616	695	15,000	249,871
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	81,164	5,803	75,361	580	4,371	76,213
61	EMERGENCY	5,908,988	615,768	5,293,220	61,577	307,007	5,540,404
62	OBSERVATION BEDS (NON-DIS	704,776	72,521	632,255	7,252	36,671	660,853
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	3,522,472	220,934	3,301,538	22,093	191,489	3,308,890
101	SUBTOTAL	61,291,203	7,060,386	54,230,817	706,039	3,145,386	57,439,778
102	LESS OBSERVATION BEDS	704,776	72,521	632,255	7,252	36,671	660,853
103	TOTAL	60,586,427	6,987,865	53,598,562	698,787	3,108,715	56,778,925

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	12,170,511	.589004	.619259
38	RECOVERY ROOM	2,748,681	.294549	.310459
40	ANESTHESIOLOGY	4,965,305	.097786	.102862
41	RADIOLOGY-DIAGNOSTIC	63,141,597	.101887	.107121
43	RADIOISOTOPE	4,537,267	.146447	.154149
44	LABORATORY	48,405,580	.096595	.101927
47	BLOOD STORING, PROCESSING	5,346,103	.365848	.387702
49	RESPIRATORY THERAPY	8,709,306	.148049	.156427
50	PHYSICAL THERAPY	5,767,801	.313592	.331103
51	OCCUPATIONAL THERAPY	1,578,152	.238604	.251746
52	SPEECH PATHOLOGY	728,308	.317650	.335840
53	ELECTROCARDIOLOGY	26,773,820	.127372	.134214
55	MEDICAL SUPPLIES CHARGED	18,157,592	.149509	.156162
55 30	IMPL. DEV. CHARGED TO PAT	17,499,496	.306722	.325135
56	DRUGS CHARGED TO PATIENTS	36,600,981	.187263	.198069
57	RENAL DIALYSIS	1,200,440	.334075	.353845
59	ONCOLOGY	400,014	1.065038	1.122898
59 01	DIGESTIVE HEALTH	9,522,205	.169268	.178354
59 02	PSYCHIATRIC/PSYCHOLOGICAL	3,548,061	.259064	.273222
59 98	HYPERBARIC OXYGEN THERAPY	814,800	.306665	.325075
	OUTPUT SERVICE COST CNTRS			
60	CLINIC	263,175	.289591	.306199
61	EMERGENCY	30,241,883	.183203	.193355
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	929,115	.711271	.750740
65	AMBULANCE SERVICES	8,144,304	.406283	.429795
101	SUBTOTAL	312,194,497		
102	LESS OBSERVATION BEDS	929,115		
103	TOTAL	311,265,382		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I WORKSHEET D  
 I I TO 12/31/2010 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS	30,844		30,844	1,914,148		1,914,148
26	ADULTS & PEDIATRICS	3,752		3,752	319,924		319,924
31	INTENSIVE CARE UNIT	4,269		4,269	230,291		230,291
101	SUBPROVIDER						
	TOTAL	38,865		38,865	2,464,363		2,464,363

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I WORKSHEET D  
 I I TO 12/31/2010 I PART I

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

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	24,513	12,636	1.26	15,921	78.09	986,745
26	INTENSIVE CARE UNIT	3,071	1,597	1.22	1,948	104.18	166,375
31	SUBPROVIDER	2,182	2,146	1.96	4,206	105.54	226,489
101	TOTAL	29,766	16,379		22,075		1,379,609

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2010 I PART II  
 I 14-0002 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

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	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	11,416	1,308,773	12,170,511	2,236,683	.000938	2,098
38	RECOVERY ROOM	1,848	108,584	2,748,681	293,357	.000672	197
40	ANESTHESIOLOGY	231	84,355	4,965,305	726,488	.000047	34
41	RADIOLOGY-DIAGNOSTIC	9,828	1,173,884	63,141,597	8,526,529	.000156	1,330
43	RADIOISOTOPE	634	107,061	4,537,267	844,563	.000140	118
44	LABORATORY	7,531	529,724	48,405,580	13,896,957	.000156	2,168
47	BLOOD STORING, PROCESSING	451	64,299	5,346,103	1,486,576	.000084	125
49	RESPIRATORY THERAPY	1,057	114,890	8,709,306	4,585,981	.000121	555
50	PHYSICAL THERAPY	2,920	184,218	5,767,801	852,717	.000506	431
51	OCCUPATIONAL THERAPY	808	43,295	1,578,152	300,811	.000512	154
52	SPEECH PATHOLOGY	291	17,682	728,308	147,313	.000400	59
53	ELECTROCARDIOLOGY	4,188	479,315	26,773,820	5,975,242	.000156	932
55	MEDICAL SUPPLIES CHARGED	2,728	833,578	18,157,592	5,505,479	.000150	826
55 30	IMPL. DEV. CHARGED TO PAT	629	148,675	17,499,496	5,724,325	.000036	206
56	DRUGS CHARGED TO PATIENTS	2,464	475,690	36,600,981	14,239,947	.000067	954
57	RENAL DIALYSIS	188	17,118	1,200,440	734,214	.000157	115
59	ONCOLOGY	960	54,725	400,014	4,251	.002400	10
59 01	DIGESTIVE HEALTH	2,062	227,516	9,522,205	500,334	.000217	109
59 02	PSYCHIATRIC/PSYCHOLOGICAL	2,084	112,710	3,548,061	7,184	.000587	4
59 98	HYPERBARIC OXYGEN THERAPY	30	6,920	814,800		.000037	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	16	5,787	263,175		.000061	
61	EMERGENCY	9,542	606,226	30,241,883	2,594,585	.000316	820
62	OBSERVATION BEDS (NON-DIS	1,150	71,371	929,115	124,902	.001238	155
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	63,056	6,776,396	304,050,193	69,308,438		11,400

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2010 I PART II  
 I 14-0002 I PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.107536	240,524
38	RECOVERY ROOM	.039504	11,589
40	ANESTHESIOLOGY	.016989	12,342
41	RADIOLOGY-DIAGNOSTIC	.018591	158,517
43	RADIOISOTOPE	.023596	19,928
44	LABORATORY	.010943	152,074
47	BLOOD STORING, PROCESSING	.012027	17,879
49	RESPIRATORY THERAPY	.013192	60,498
50	PHYSICAL THERAPY	.031939	27,235
51	OCCUPATIONAL THERAPY	.027434	8,252
52	SPEECH PATHOLOGY	.024278	3,576
53	ELECTROCARDIOLOGY	.017902	106,969
55	MEDICAL SUPPLIES CHARGED	.045908	252,746
55 30	IMPL. DEV. CHARGED TO PAT	.008496	48,634
56	DRUGS CHARGED TO PATIENTS	.012997	185,077
57	RENAL DIALYSIS	.014260	10,470
59	ONCOLOGY	.136808	582
59 01	DIGESTIVE HEALTH	.023893	11,954
59 02	PSYCHIATRIC/PSYCHOLOGICAL	.031767	228
59 98	HYPERBARIC OXYGEN THERAPY	.008493	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.021989	
61	EMERGENCY	.020046	52,011
62	OBSERVATION BEDS (NON-DIS	.076816	9,594
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		1,390,679

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

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I WORKSHEET D  
 I I TO 12/31/2010 I PART III  
 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
		1	2	3	4	5	6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					24,513	
26	INTENSIVE CARE UNIT					3,071	
31	SUBPROVIDER					2,182	
34	SKILLED NURSING FACILITY					5,507	
101	TOTAL					35,273	

Health Financial Systems MCRIF32

FOR ALTON MEMORIAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(11/1998)

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

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
I 14-0002 I FROM 1/ 1/2010 I WORKSHEET D  
I I TO 12/31/2010 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	12,636	
26	INTENSIVE CARE UNIT	1,597	
31	SUBPROVIDER	2,146	
34	SKILLED NURSING FACILITY	3,444	
101	TOTAL	19,823	

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						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ONCOLOGY						
59	01 DIGESTIVE HEALTH						
59	02 PSYCHIATRIC/PSYCHOLOGICAL						
59	98 HYPERBARIC OXYGEN THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	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			12,170,511			2,236,683	
38	RECOVERY ROOM			2,748,681			293,357	
40	ANESTHESIOLOGY			4,965,305			726,488	
41	RADIOLOGY-DIAGNOSTIC			63,141,597			8,526,529	
43	RADIOISOTOPE			4,537,267			844,563	
44	LABORATORY			48,405,580			13,896,957	
47	BLOOD STORING, PROCESSING			5,346,103			1,486,576	
49	RESPIRATORY THERAPY			8,709,306			4,585,981	
50	PHYSICAL THERAPY			5,767,801			852,717	
51	OCCUPATIONAL THERAPY			1,578,152			300,811	
52	SPEECH PATHOLOGY			728,308			147,313	
53	ELECTROCARDIOLOGY			26,773,820			5,975,242	
55	MEDICAL SUPPLIES CHARGED			18,157,592			5,505,479	
55 30	IMPL. DEV. CHARGED TO PAT			17,499,496			5,724,325	
56	DRUGS CHARGED TO PATIENTS			36,600,981			14,239,947	
57	RENAL DIALYSIS			1,200,440			734,214	
59	ONCOLOGY			400,014			4,251	
59 01	DIGESTIVE HEALTH			9,522,205			500,334	
59 02	PSYCHIATRIC/PSYCHOLOGICAL			3,548,061			7,184	
59 98	HYPERBARIC OXYGEN THERAPY			814,800				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			263,175				
61	EMERGENCY			30,241,883			2,594,585	
62	OBSERVATION BEDS (NON-DIS			929,115			124,902	
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			304,050,193			69,308,438	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,079,178					
38	RECOVERY ROOM	686,648					
40	ANESTHESIOLOGY	945,536					
41	RADIOLOGY-DIAGNOSTIC	15,396,848					
43	RADIOISOTOPE	1,215,055					
44	LABORATORY	944,918					
47	BLOOD STORING, PROCESSING	275,046					
49	RESPIRATORY THERAPY	233,913					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	6,040,487					
55	MEDICAL SUPPLIES CHARGED	3,091,064					
55	30 IMPL. DEV. CHARGED TO PAT	3,464,289					
56	DRUGS CHARGED TO PATIENTS	5,301,644					
57	RENAL DIALYSIS						
59	ONCOLOGY	129,369					
59	01 DIGESTIVE HEALTH	2,699,907					
59	02 PSYCHIATRIC/PSYCHOLOGICAL	3,528,002					
59	98 HYPERBARIC OXYGEN THERAPY	372,600					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	3,664,852					
62	OBSERVATION BEDS (NON-DIS	240,262					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	51,309,618					

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	.630106	.630106			
38 RECOVERY ROOM	.314476	.314476			
40 ANESTHESIOLOGY	.104566	.104566			
41 RADIOLOGY-DIAGNOSTIC	.108996	.108996			
43 RADIOISOTOPE	.156522	.156522			
44 LABORATORY	.103037	.103037			
47 BLOOD STORING, PROCESSING & TRANS.	.388914	.388914			
49 RESPIRATORY THERAPY	.157758	.157758			
50 PHYSICAL THERAPY	.334347	.334347			
51 OCCUPATIONAL THERAPY	.254541	.254541			
52 SPEECH PATHOLOGY	.338307	.338307			
53 ELECTROCARDIOLOGY	.136020	.136020			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.160768	.160768			
55 30 IMPL. DEV. CHARGED TO PATIENT	.325988	.325988			
56 DRUGS CHARGED TO PATIENTS	.199376	.199376			
57 RENAL DIALYSIS	.355287	.355287			
59 ONCOLOGY	1.136820	1.136820			
59 01 DIGESTIVE HEALTH	.180765	.180765			
59 02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.276457	.276457			
59 98 HYPERBARIC OXYGEN THERAPY	.325928	.325928			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.308403	.308403			
61 EMERGENCY	.195391	.195391			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.758545	.758545			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.432507	.432507			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS--					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

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		3,079,178			
38 RECOVERY ROOM		686,648			
40 ANESTHESIOLOGY		945,536			
41 RADIOLOGY-DIAGNOSTIC		15,396,848			
43 RADIOISOTOPE		1,215,055			
44 LABORATORY		944,918			
47 BLOOD STORING, PROCESSING & TRANS.		275,046			
49 RESPIRATORY THERAPY		233,913			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		6,040,487			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,091,064			
55 30 IMPL. DEV. CHARGED TO PATIENT		3,464,289			
56 DRUGS CHARGED TO PATIENTS		5,301,644	7,102		
57 RENAL DIALYSIS					
59 ONCOLOGY		129,369			
59 01 DIGESTIVE HEALTH		2,699,907			
59 02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		3,528,002			
59 98 HYPERBARIC OXYGEN THERAPY		372,600			
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY		3,664,852			
62 OBSERVATION BEDS (NON-DISTINCT PART)		240,262			
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		51,309,618	7,102		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		51,309,618	7,102		

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other outpatient Diagnostic	All other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,940,209	
38 RECOVERY ROOM				215,934	
40 ANESTHESIOLOGY				98,871	
41 RADIOLOGY-DIAGNOSTIC				1,678,195	
43 RADIOISOTOPE				190,183	
44 LABORATORY				97,362	
47 BLOOD STORING, PROCESSING & TRANS.				106,969	
49 RESPIRATORY THERAPY				36,902	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				821,627	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				496,944	
55 30 IMPL. DEV. CHARGED TO PATIENT				1,129,317	
56 DRUGS CHARGED TO PATIENTS				1,057,021	1,416
57 RENAL DIALYSIS					
59 ONCOLOGY				147,069	
59 01 DIGESTIVE HEALTH				488,049	
59 02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES				975,341	
59 98 HYPERBARIC OXYGEN THERAPY				121,441	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY				716,079	
62 OBSERVATION BEDS (NON-DISTINCT PART)				182,250	
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				10,499,763	1,416
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				10,499,763	1,416

(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

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			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
43 RADIOISOTOPE			
44 LABORATORY			
47 BLOOD STORING, PROCESSING & TRANS.			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30 IMPL. DEV. CHARGED TO PATIENT			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
59 ONCOLOGY			
59 01 DIGESTIVE HEALTH			
59 02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES			
59 98 HYPERBARIC OXYGEN THERAPY			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
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 ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2010 I PART II  
 I 14-S002 I I

TITLE XVIII, PART A

SUBPROVIDER 1

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	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	11,416	1,308,773	12,170,511	1,848	.000938	2
38	RECOVERY ROOM	1,848	108,584	2,748,681	183	.000672	
40	ANESTHESIOLOGY	231	84,355	4,965,305		.000047	
41	RADIOLOGY-DIAGNOSTIC	9,828	1,173,884	63,141,597	168,164	.000156	26
43	RADIOISOTOPE	634	107,061	4,537,267		.000140	
44	LABORATORY	7,531	529,724	48,405,580	358,518	.000156	56
47	BLOOD STORING, PROCESSING	451	64,299	5,346,103		.000084	
49	RESPIRATORY THERAPY	1,057	114,890	8,709,306	26,998	.000121	3
50	PHYSICAL THERAPY	2,920	184,218	5,767,801	35,450	.000506	18
51	OCCUPATIONAL THERAPY	808	43,295	1,578,152	3,629	.000512	2
52	SPEECH PATHOLOGY	291	17,682	728,308	6,195	.000400	2
53	ELECTROCARDIOLOGY	4,188	479,315	26,773,820	67,583	.000156	11
55	MEDICAL SUPPLIES CHARGED	2,728	833,578	18,157,592	60,419	.000150	9
55 30	IMPL. DEV. CHARGED TO PAT	629	148,675	17,499,496		.000036	
56	DRUGS CHARGED TO PATIENTS	2,464	475,690	36,600,981	366,723	.000067	25
57	RENAL DIALYSIS	188	17,118	1,200,440		.000157	
59	ONCOLOGY	960	54,725	400,014		.002400	
59 01	DIGESTIVE HEALTH	2,062	227,516	9,522,205	5,947	.000217	1
59 02	PSYCHIATRIC/PSYCHOLOGICAL	2,084	112,710	3,548,061	11,683	.000587	7
59 98	HYPERBARIC OXYGEN THERAPY	30	6,920	814,800		.000037	
	OUTPUT SERVICE COST CNTRS						
60	CLINIC	16	5,787	263,175		.000061	
61	EMERGENCY	9,542	606,226	30,241,883	121,421	.000316	38
62	OBSERVATION BEDS (NON-DIS	1,150	71,371	929,115		.001238	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	63,056	6,776,396	304,050,193	1,234,761		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2010 I PART II  
 I 14-S002 I

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.107536	199
38	RECOVERY ROOM	.039504	7
40	ANESTHESIOLOGY	.016989	
41	RADIOLOGY-DIAGNOSTIC	.018591	3,126
43	RADIOISOTOPE	.023596	
44	LABORATORY	.010943	3,923
47	BLOOD STORING, PROCESSING	.012027	
49	RESPIRATORY THERAPY	.013192	356
50	PHYSICAL THERAPY	.031939	1,132
51	OCCUPATIONAL THERAPY	.027434	100
52	SPEECH PATHOLOGY	.024278	150
53	ELECTROCARDIOLOGY	.017902	1,210
55	MEDICAL SUPPLIES CHARGED	.045908	2,774
55 30	IMPL. DEV. CHARGED TO PAT	.008496	
56	DRUGS CHARGED TO PATIENTS	.012997	4,766
57	RENAL DIALYSIS	.014260	
59	ONCOLOGY	.136808	
59 01	DIGESTIVE HEALTH	.023893	142
59 02	PSYCHIATRIC/PSYCHOLOGICAL	.031767	371
59 98	HYPERBARIC OXYGEN THERAPY	.008493	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.021989	
61	EMERGENCY	.020046	2,434
62	OBSERVATION BEDS (NON-DIS	.076816	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		20,690

Health Financial Systems MCRIF32 FOR ALTON MEMORIAL HOSPITAL  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE  
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(07/2009)  
 I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2010 I PART IV  
 I 14-S002 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		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						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ONCOLOGY						
59	01 DIGESTIVE HEALTH						
59	02 PSYCHIATRIC/PSYCHOLOGICAL						
59	98 HYPERBARIC OXYGEN THERAPY						
	OUTPUT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

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			12,170,511			1,848	
38	RECOVERY ROOM			2,748,681			183	
40	ANESTHESIOLOGY			4,965,305				
41	RADIOLOGY-DIAGNOSTIC			63,141,597			168,164	
43	RADIOISOTOPE			4,537,267				
44	LABORATORY			48,405,580			358,518	
47	BLOOD STORING, PROCESSING			5,346,103				
49	RESPIRATORY THERAPY			8,709,306			26,998	
50	PHYSICAL THERAPY			5,767,801			35,450	
51	OCCUPATIONAL THERAPY			1,578,152			3,629	
52	SPEECH PATHOLOGY			728,308			6,195	
53	ELECTROCARDIOLOGY			26,773,820			67,583	
55	MEDICAL SUPPLIES CHARGED			18,157,592			60,419	
55 30	IMPL. DEV. CHARGED TO PAT			17,499,496				
56	DRUGS CHARGED TO PATIENTS			36,600,981			366,723	
57	RENAL DIALYSIS			1,200,440				
59	ONCOLOGY			400,014				
59 01	DIGESTIVE HEALTH			9,522,205			5,947	
59 02	PSYCHIATRIC/PSYCHOLOGICAL			3,548,061			11,683	
59 98	HYPERBARIC OXYGEN THERAPY			814,800				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			263,175				
61	EMERGENCY			30,241,883			121,421	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			929,115				
65	AMBULANCE SERVICES							
101	TOTAL			304,050,193			1,234,761	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ONCOLOGY						
59 01	DIGESTIVE HEALTH						
59 02	PSYCHIATRIC/PSYCHOLOGICAL						
59 98	HYPERBARIC OXYGEN THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0002  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 COMPONENT NO: 14-5566  
 PREPARED 5/26/2011  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ONCOLOGY						
59	01 DIGESTIVE HEALTH						
59	02 PSYCHIATRIC/PSYCHOLOGICAL						
59	98 HYPERBARIC OXYGEN THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-002 I FROM 1/ 1/2010 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2010 I PART II  
 I 14-5566 I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
38	RECOVERY ROOM		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
43	RADIOISOTOPE		
44	LABORATORY		
47	BLOOD STORING, PROCESSING		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
55	MEDICAL SUPPLIES CHARGED		
55 30	IMPL. DEV. CHARGED TO PAT		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
59	ONCOLOGY		
59 01	DIGESTIVE HEALTH		
59 02	PSYCHIATRIC/PSYCHOLOGICAL		
59 98	HYPERBARIC OXYGEN THERAPY		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD HEMOPHILIACS	CLOT FOR
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02		2.03
37	OPERATING ROOM							
38	RECOVERY ROOM							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC							
43	RADIOISOTOPE							
44	LABORATORY							
47	BLOOD STORING, PROCESSING							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
55	MEDICAL SUPPLIES CHARGED							
55 30	IMPL. DEV. CHARGED TO PAT							
56	DRUGS CHARGED TO PATIENTS							
57	RENAL DIALYSIS							
59	ONCOLOGY							
59 01	DIGESTIVE HEALTH							
59 02	PSYCHIATRIC/PSYCHOLOGICAL							
59 98	HYPERBARIC OXYGEN THERAPY							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL							

TITLE XVIII, PART A

SKILLED NURSING FACILITY

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			12,170,511			2,406	
38	RECOVERY ROOM			2,748,681				
40	ANESTHESIOLOGY			4,965,305				
41	RADIOLOGY-DIAGNOSTIC			63,141,597			81,083	
43	RADIOISOTOPE			4,537,267			22,197	
44	LABORATORY			48,405,580			670,587	
47	BLOOD STORING, PROCESSING			5,346,103			45,748	
49	RESPIRATORY THERAPY			8,709,306			2,965	
50	PHYSICAL THERAPY			5,767,801			616,192	
51	OCCUPATIONAL THERAPY			1,578,152			488,653	
52	SPEECH PATHOLOGY			728,308			49,959	
53	ELECTROCARDIOLOGY			26,773,820			58,490	
55	MEDICAL SUPPLIES CHARGED			18,157,592			401,270	
55 30	IMPL. DEV. CHARGED TO PAT			17,499,496				
56	DRUGS CHARGED TO PATIENTS			36,600,981			1,338,992	
57	RENAL DIALYSIS			1,200,440			4,074	
59	ONCOLOGY			400,014				
59 01	DIGESTIVE HEALTH			9,522,205			2,397	
59 02	PSYCHIATRIC/PSYCHOLOGICAL			3,548,061				
59 98	HYPERBARIC OXYGEN THERAPY			814,800				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			263,175				
61	EMERGENCY			30,241,883				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			929,115				
65	AMBULANCE SERVICES							
101	TOTAL			304,050,193			3,785,013	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ONCOLOGY						
59	01 DIGESTIVE HEALTH						
59	02 PSYCHIATRIC/PSYCHOLOGICAL						
59	98 HYPERBARIC OXYGEN THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.589004				1,181,594
38 RECOVERY ROOM	.294549				247,858
40 ANESTHESIOLOGY	.097786				382,708
41 RADIOLOGY-DIAGNOSTIC	.101887				7,150,247
43 RADIOISOTOPE	.146447				270,117
44 LABORATORY	.096595				4,118,467
47 BLOOD STORING, PROCESSING & TRANS.	.365848				306,040
49 RESPIRATORY THERAPY	.148049				172,057
50 PHYSICAL THERAPY	.313592				480,850
51 OCCUPATIONAL THERAPY	.238604				71,442
52 SPEECH PATHOLOGY	.317650				36,302
53 ELECTROCARDIOLOGY	.127372				1,618,875
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.149509				946,353
55 30 IMPL. DEV. CHARGED TO PATIENT	.306722				
56 DRUGS CHARGED TO PATIENTS	.187263				1,484,572
57 RENAL DIALYSIS	.334075				1,358
59 ONCOLOGY	1.065038				49,099
59 01 DIGESTIVE HEALTH	.169268				133,652
59 02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.259064				
59 98 HYPERBARIC OXYGEN THERAPY	.306665				
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.289591				7,257
61 EMERGENCY	.183203				7,920,730
62 OBSERVATION BEDS (NON-DISTINCT PART)	.711271				355,227
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.406283				1,330,915
101 SUBTOTAL					28,265,720
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					28,265,720

(A) WORKSHEET A LINE NUMBERS

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

TITLE XIX - O/P

HOSPITAL

PPS Services  
FYB to 12/31

Non-PPS  
Services

PPS Services  
1/1 to FYE

Outpatient  
Ambulatory  
Surgical Ctr

Outpatient  
Radiology

Cost Center Description	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
43 RADIOISOTOPE					
44 LABORATORY					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
59 ONCOLOGY					
59 01 DIGESTIVE HEALTH					
59 02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 98 HYPERBARIC OXYGEN THERAPY					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XIX - O/P	HOSPITAL	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center Description		8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS						
37 OPERATING ROOM			695,964			
38 RECOVERY ROOM			73,006			
40 ANESTHESIOLOGY			37,423			
41 RADIOLOGY-DIAGNOSTIC			728,517			
43 RADIOISOTOPE			39,558			
44 LABORATORY			397,823			
47 BLOOD STORING, PROCESSING & TRANS.			111,964			
49 RESPIRATORY THERAPY			25,473			
50 PHYSICAL THERAPY			150,791			
51 OCCUPATIONAL THERAPY			17,046			
52 SPEECH PATHOLOGY			11,531			
53 ELECTROCARDIOLOGY			206,199			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			141,488			
55 30 IMPL. DEV. CHARGED TO PATIENT						
56 DRUGS CHARGED TO PATIENTS			278,005			
57 RENAL DIALYSIS			454			
59 ONCOLOGY			52,292			
59 01 DIGESTIVE HEALTH			22,623			
59 02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES						
59 98 HYPERBARIC OXYGEN THERAPY						
60 OUTPAT SERVICE COST CNTRS						
60 CLINIC			2,102			
61 EMERGENCY			1,451,101			
62 OBSERVATION BEDS (NON-DISTINCT PART)			252,663			
65 OTHER REIMBURS COST CNTRS						
65 AMBULANCE SERVICES			540,728			
101 SUBTOTAL			5,236,751			
102 CRNA CHARGES						
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES						
104 NET CHARGES			5,236,751			

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2010 I PART I  
 I 14-0002 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)	24,513
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	24,513
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24,513
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)	12,636
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	18,901,778
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	18,901,778

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	27,938,454
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	27,938,454
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.676551
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,139.74
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	18,901,778

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 771.09  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 9,743,493  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 9,743,493

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	4,030,043	3,071	1,312.29	1,597	2,095,727
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					13,200,377
49 TOTAL PROGRAM INPATIENT COSTS					25,039,597

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 1,170,989  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 1,402,079  
 52 TOTAL PROGRAM EXCLUDABLE COST 2,573,068  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 22,466,529

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 914  
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 771.09  
 85 OBSERVATION BED COST 704,776

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	30,844	18,901,778	.001632	704,776	1,150
87 NEW CAPITAL-RELATED COST	1,914,148	18,901,778	.101268	704,776	71,371
88 NON PHYSICIAN ANESTHETIST		18,901,778		704,776	
89 MEDICAL EDUCATION		18,901,778		704,776	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,182
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,182
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,182
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,146
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	2,122,623
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	2,122,623

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,832,880
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,832,880
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.158081
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	840.00
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,122,623

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-002 I FROM 1/ 1/2010 I WORKSHEET D-1  
 I COMPONENT NO: I TO 12/31/2010 I PART II  
 I 14-S02 I I

TITLE XVIII PART A

SUBPROVIDER I

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 972.79  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,087,607  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,087,607

	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)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					196,844
49 TOTAL PROGRAM INPATIENT COSTS					2,284,451

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 230,695  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 20,890  
 52 TOTAL PROGRAM EXCLUDABLE COST 251,585  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS 2,032,866

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 SUBPROVIDER I PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 972.79
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST	4,269	2,122,623	.002011		
87 NEW CAPITAL-RELATED COST	230,291	2,122,623	.108494		
88 NON PHYSICIAN ANESTHETIST		2,122,623			
89 MEDICAL EDUCATION		2,122,623			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					



TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	3,007,905
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	546.20	
68	PROGRAM ROUTINE SERVICE COST	1,881,113	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,881,113	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	219,430	
72	PER DIEM CAPITAL-RELATED COSTS	39.85	
73	PROGRAM CAPITAL-RELATED COSTS	137,243	
74	INPATIENT ROUTINE SERVICE COST	1,743,870	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,743,870	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,881,113	
80	PROGRAM INPATIENT ANCILLARY SERVICES	789,798	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	2,670,911	

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I WORKSHEET D-4  
 I COMPONENT NO: I TO 12/31/2010 I  
 I 14-0002 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		14,502,507	
26	INTENSIVE CARE UNIT		3,433,332	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.630106	2,236,683	1,409,347
38	RECOVERY ROOM	.314476	293,357	92,254
40	ANESTHESIOLOGY	.108474	726,488	78,805
41	RADIOLOGY-DIAGNOSTIC	.109847	8,526,529	936,614
43	RADIOISOTOPE	.156522	844,563	132,193
44	LABORATORY	.105298	13,896,957	1,463,322
47	BLOOD STORING, PROCESSING & TRANS.	.388914	1,486,576	578,150
49	RESPIRATORY THERAPY	.157758	4,585,981	723,475
50	PHYSICAL THERAPY	.337511	852,717	287,801
51	OCCUPATIONAL THERAPY	.254541	300,811	76,569
52	SPEECH PATHOLOGY	.338307	147,313	49,837
53	ELECTROCARDIOLOGY	.137554	5,975,242	821,918
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.160768	5,505,479	885,105
55	30 IMPL. DEV. CHARGED TO PATIENT	.325988	5,724,325	1,866,061
56	DRUGS CHARGED TO PATIENTS	.199376	14,239,947	2,839,104
57	RENAL DIALYSIS	.355287	734,214	260,857
59	ONCOLOGY	1.136820	4,251	4,833
59	01 DIGESTIVE HEALTH	.180765	500,334	90,443
59	02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.276457	7,184	1,986
59	98 HYPERBARIC OXYGEN THERAPY	.325928		
60	OUTPAT SERVICE COST CNTRS CLINIC	.308403		
61	EMERGENCY	.195391	2,594,585	506,959
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.758545	124,902	94,744
65	AMBULANCE SERVICES			
101	TOTAL		69,308,438	13,200,377
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		69,308,438	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,799,828	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.630106	1,848	1,164
38	RECOVERY ROOM	.314476	183	58
40	ANESTHESIOLOGY	.108474		
41	RADIOLOGY-DIAGNOSTIC	.109847	168,164	18,472
43	RADIOISOTOPE	.156522		
44	LABORATORY	.105298	358,518	37,751
47	BLOOD STORING, PROCESSING & TRANS.	.388914		
49	RESPIRATORY THERAPY	.157758	26,998	4,259
50	PHYSICAL THERAPY	.337511	35,450	11,965
51	OCCUPATIONAL THERAPY	.254541	3,629	924
52	SPEECH PATHOLOGY	.338307	6,195	2,096
53	ELECTROCARDIOLOGY	.137554	67,583	9,296
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.160768	60,419	9,713
55	30 IMPL. DEV. CHARGED TO PATIENT	.325988		
56	DRUGS CHARGED TO PATIENTS	.199376	366,723	73,116
57	RENAL DIALYSIS	.355287		
59	ONCOLOGY	1.136820		
59	01 DIGESTIVE HEALTH	.180765	5,947	1,075
59	02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.276457	11,683	3,230
59	98 HYPERBARIC OXYGEN THERAPY	.325928		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.308403		
61	EMERGENCY	.195391	121,421	23,725
62	OBSERVATION BEDS (NON-DISTINCT PART)	.758545		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		1,234,761	196,844
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,234,761	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT			
	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.630106	2,406	1,516
38	RECOVERY ROOM	.314476		
40	ANESTHESIOLOGY	.104566		
41	RADIOLOGY-DIAGNOSTIC	.108996	81,083	8,838
43	RADIOISOTOPE	.156522	22,197	3,474
44	LABORATORY	.103037	670,587	69,095
47	BLOOD STORING, PROCESSING & TRANS.	.388914	45,748	17,792
49	RESPIRATORY THERAPY	.157758	2,965	468
50	PHYSICAL THERAPY	.334347	616,192	206,022
51	OCCUPATIONAL THERAPY	.254541	488,653	124,382
52	SPEECH PATHOLOGY	.338307	49,959	16,901
53	ELECTROCARDIOLOGY	.136020	58,490	7,956
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.160768	401,270	64,511
55 30	IMPL. DEV. CHARGED TO PATIENT	.325988		
56	DRUGS CHARGED TO PATIENTS	.199376	1,338,992	266,963
57	RENAL DIALYSIS	.355287	4,074	1,447
59	ONCOLOGY	1.136820		
59 01	DIGESTIVE HEALTH	.180765	2,397	433
59 02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.276457		
59 98	HYPERBARIC OXYGEN THERAPY	.325928		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.308403		
61	EMERGENCY	.195391		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.758545		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		3,785,013	789,798
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,785,013	

TITLE XIX HOSPITAL OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		4,238,630	
26	INTENSIVE CARE UNIT		721,889	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.630106	267,566	168,595
38	RECOVERY ROOM	.314476	53,113	16,703
40	ANESTHESIOLOGY	.104566	183,510	19,189
41	RADIOLOGY-DIAGNOSTIC	.108996	1,641,158	178,880
43	RADIOISOTOPE	.156522	151,880	23,773
44	LABORATORY	.103037	2,585,631	266,416
47	BLOOD STORING, PROCESSING & TRANS.	.388914	575,859	223,960
49	RESPIRATORY THERAPY	.157758	659,551	104,049
50	PHYSICAL THERAPY	.334347	50,580	16,911
51	OCCUPATIONAL THERAPY	.254541	20,351	5,180
52	SPEECH PATHOLOGY	.338307	11,372	3,847
53	ELECTROCARDIOLOGY	.136020	738,988	100,517
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.160768	1,186,547	190,759
55	30 IMPL. DEV. CHARGED TO PATIENT	.325988		
56	DRUGS CHARGED TO PATIENTS	.199376	3,031,158	604,340
57	RENAL DIALYSIS	.355287	22,579	8,022
59	ONCOLOGY	1.136820	16,822	19,124
59	01 DIGESTIVE HEALTH	.180765	76,071	13,751
59	02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.276457		
59	98 HYPERBARIC OXYGEN THERAPY	.325928		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.308403	71	22
61	EMERGENCY	.195391	769,284	150,311
62	OBSERVATION BEDS (NON-DISTINCT PART)	.758545		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		12,042,091	2,114,349
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		12,042,091	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I WORKSHEET E  
 I COMPONENT NO: I TO 12/31/2010 I PART A  
 I 14-0002 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	15,578,128	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	4,824,935	
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	408,194	
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)		
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	129.50	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST 5-3, 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 3.21 - 3.23	PLUS E-3, PT 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)	3.82	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	15.82	
4.02 SUM OF LINES 4 AND 4.01	19.64	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	5.52	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	1,126,249	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST 5-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I WORKSHEET E  
 I COMPONENT NO: I TO 12/31/2010 I PART A  
 I 14-0002 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
 HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
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)	21,937,506	
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)	21,937,506	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,771,005	
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	23,708,511	
17 PRIMARY PAYER PAYMENTS	3,880	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	23,704,631	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,225,568	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	57,750	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,083,222	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	758,255	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	814,302	
22 SUBTOTAL	22,179,568	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
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	22,179,568	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	22,014,151	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	165,417	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	745,000	
----- 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 ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I WORKSHEET E  
 I COMPONENT NO: I TO 12/31/2010 I PART B  
 I 14-0002 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1,416
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	10,499,763
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	10,512,597
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	1,416
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	7,102
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	7,102
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)	7,102
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	5,686
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	1,416
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	10,512,597
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,454,531
19	SUBTOTAL (SEE INSTRUCTIONS)	8,059,482
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	8,059,482
24	PRIMARY PAYER PAYMENTS	2,096
25	SUBTOTAL	8,057,386
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	8,057,386
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	8,057,386
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	8,057,389
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-3
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I WORKSHEET E-1  
 I COMPONENT NO: I TO 12/31/2010 I  
 I 14-0002 I I

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	21,920,151	3	8,057,389
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	7/ 9/2010	94,000		
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		94,000		NONE
4 TOTAL INTERIM PAYMENTS		22,014,151		8,057,389
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)		165,417		3
7 TOTAL MEDICARE PROGRAM LIABILITY		22,179,568		8,057,386

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I WORKSHEET E-1  
 I COMPONENT NO: I TO 12/31/2010 I  
 I 14-S002 I I

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,648,225		
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		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			1,648,225	
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		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				1,648,225

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I WORKSHEET E-1  
 I COMPONENT NO: I TO 12/31/2010 I  
 I 14-5566 I I

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,175,087		
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			
4 TOTAL INTERIM PAYMENTS		1,175,087		NONE
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			
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY		1,175,087		

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.

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I WORKSHEET E-3  
 I COMPONENT NO: I TO 12/31/2010 I PART I  
 I 14-S002 I I

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
 SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,735,160
1.09	NET IPF PPS OUTLIER PAYMENTS	35,280
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	5.978082
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/\text{LINE } 1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,770,440
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,770,440
1.35	INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,770,440
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,770,440
7	DEDUCTIBLES	117,540
8	SUBTOTAL	1,652,900
9	COINSURANCE	4,675
10	SUBTOTAL	1,648,225
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	1,648,225
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2011
I	14-0002	I	FROM 1/ 1/2010	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART I	
I	14-S002	I		I		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 1

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,648,225
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,648,225
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

50	ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS).	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).	

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I WORKSHEET E-3  
 I COMPONENT NO: I TO 12/31/2010 I PART III  
 I 14-5566 I I

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/26/2011
I	14-0002	I	FROM 1/ 1/2010	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART III
I	14-5566	I		I	

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

TITLE XVIII

SNF

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

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

BALANCE SHEET

PROVIDER NO: 14-0002  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,145,498			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	33,213,331			
5	OTHER RECEIVABLES	766,749			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-19,156,679			
7	INVENTORY	1,241,856			
8	PREPAID EXPENSES	1,561,419			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	18,772,174			
FIXED ASSETS					
12	LAND	183,572			
12.01					
13	LAND IMPROVEMENTS	4,528,230			
13.01	LESS ACCUMULATED DEPRECIATION	-3,987,595			
14	BUILDINGS	89,927,382			
14.01	LESS ACCUMULATED DEPRECIATION	-22,321,235			
15	LEASEHOLD IMPROVEMENTS	76,181			
15.01	LESS ACCUMULATED DEPRECIATION	-65,343			
16	FIXED EQUIPMENT	31,329,414			
16.01	LESS ACCUMULATED DEPRECIATION	-24,572,846			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	41,213,496			
18.01	LESS ACCUMULATED DEPRECIATION	-34,804,711			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	81,506,545			
OTHER ASSETS					
22	INVESTMENTS	141,051,937			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	931,582			
26	TOTAL OTHER ASSETS	141,983,519			
27	TOTAL ASSETS	242,262,238			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,229,756			
29 SALARIES, WAGES & FEES PAYABLE	6,323,460			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	645,156			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	20,648,355			
36 TOTAL CURRENT LIABILITIES	28,846,727			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	18,576,748			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	748,520			
42 TOTAL LONG-TERM LIABILITIES	19,325,268			
43 TOTAL LIABILITIES	48,171,995			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	194,090,243			
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	194,090,243			
52 TOTAL LIABILITIES AND FUND BALANCES	242,262,238			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		174,593,109		
2	NET INCOME (LOSS)		23,190,924		
3	TOTAL		197,784,033		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		197,784,033		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	CHANGE IN RESTRICTED ASSE	3,693,790			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		3,693,790		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		194,090,243		

		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	CHANGE IN RESTRICTED ASSE				
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	27,938,454		27,938,454
2 00 SUBPROVIDER	1,832,880		1,832,880
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	2,850,746		2,850,746
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	32,622,080		32,622,080
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	6,567,374		6,567,374
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	6,567,374		6,567,374
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	39,189,454		39,189,454
17 00 ANCILLARY SERVICES	122,734,249	182,808,774	305,543,023
18 00 OUTPATIENT SERVICES			
20 00 AMBULANCE SERVICES	247,790	7,896,514	8,144,304
24 00			
25 00 TOTAL PATIENT REVENUES	162,171,493	190,705,288	352,876,781

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		110,247,043	
ADD (SPECIFY)			
27 00 ADJUSTMENT	7		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		7	
DEDUCT (SPECIFY)			
34 00 MOB EXPENSES	558,657		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		558,657	
40 00 TOTAL OPERATING EXPENSES		109,688,393	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I WORKSHEET G-3  
 I TO 12/31/2010 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	352,876,781
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	242,627,548
3	NET PATIENT REVENUES	110,249,233
4	LESS: TOTAL OPERATING EXPENSES	109,688,393
5	NET INCOME FROM SERVICE TO PATIENTS	560,840
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	110,354
7	INCOME FROM INVESTMENTS	18,029,202
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	704,363
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	8,427,785
25	TOTAL OTHER INCOME	27,271,704
26	TOTAL	27,832,544
	OTHER EXPENSES	
27	NET LOSS ON NON HOSPITAL ENTITIES	4,641,620
28		
29		
30	TOTAL OTHER EXPENSES	4,641,620
31	NET INCOME (OR LOSS) FOR THE PERIOD	23,190,924

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0002 I FROM 1/ 1/2010 I WORKSHEET L  
 I COMPONENT NO: I TO 12/31/2010 I PARTS I-IV  
 I 14-0002 I I

CALCULATION OF CAPITAL PAYMENT

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	1,661,353
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	42,201
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	73.07
	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	3.82
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	15.82
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	19.64
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.06
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	67,451
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,771,005
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)	