

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0011		FROM 4/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 3/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 8/23/2010 TIME 13:48

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:
 HERRIN HOSPITAL 14-0011
 FOR THE COST REPORTING PERIOD BEGINNING 4/ 1/2009 AND ENDING 3/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	-967,109	-70,679	0	
2	SUBPROVIDER	0	265,034	306	0	
100	TOTAL	0	-702,075	-70,373	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 & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-0011
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/23/2010 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 201 S. 14TH STREET P.O. BOX:
 1.01 CITY: HERRIN STATE: IL ZIP CODE: 62948- COUNTY: WILLIAMSON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	HERRIN HOSPITAL	14-0011		7/1/1966	N	P	O
03.00 SUBPROVIDER	HERRIN HOSPITAL REHAB UNIT	14-T011		4/1/1998	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 4/1/2009 TO: 3/31/2010

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 5

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. 2
- 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. 2 Y 14
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. Y
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED 8/23/2010
14-0011	FROM 4/ 1/2009	WORKSHEET S-2
	TO 3/31/2010	

- 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. Y
- 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). N
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTI CAMPUS

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
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62.00 0.00

SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 7/ 7/2010

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0011
PERIOD: FROM 4/1/2009 TO 3/31/2010
PREPARED 8/23/2010
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	59	21,535			12,814		1,871
2 HMO							368
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	59	21,535			12,814		1,871
6 INTENSIVE CARE UNIT	8	2,920			1,312		224
12 TOTAL	67	24,455			14,126		2,095
13 RPCH VISITS							
14 SUBPROVIDER	29	10,585			5,665		756
25 TOTAL	96						473
26 OBSERVATION BED DAYS							473
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	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			17,969				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			17,969				
6 INTENSIVE CARE UNIT			2,503				
12 TOTAL			20,472				
13 RPCH VISITS							
14 SUBPROVIDER			7,779				
25 TOTAL							
26 OBSERVATION BED DAYS	43	430	2,714	273	2,441		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			76				
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,868	649	4,452
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		592.73			2,868	649	4,452
13 RPCH VISITS							
14 SUBPROVIDER		40.50			511	52	697
25 TOTAL		633.23					
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

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	29,895,541		29,895,541	1,317,119.30	22.70	
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	90,510		90,510	2,080.00	43.51	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	2,127,707	37,390	2,165,097	94,148.31	23.00	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,527,640		1,527,640	38,086.50	40.11	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	112,480		112,480	917.00	122.66	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	6,769,756		6,769,756	163,525.47	41.40	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	7,263,448		7,263,448			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	558,381		558,381			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	23,753		23,753			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	391,571		391,571	17,558.81	22.30	
22 ADMINISTRATIVE & GENERAL	2,961,495		2,961,495	63,469.20	46.66	
22.01 A & G UNDER CONTRACT	134,688		134,688	689.48	195.35	
23 MAINTENANCE & REPAIRS	524,668		524,668	25,807.43	20.33	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	41,850		41,850	3,498.49	11.96	
26 HOUSEKEEPING	654,745		654,745	54,790.66	11.95	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	782,904	-329,936	452,968	33,403.57	13.56	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		329,936	329,936	24,328.14	13.56	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,306,681	-37,390	1,269,291	47,935.61	26.48	
31 CENTRAL SERVICE AND SUPPLY	138,902		138,902	10,638.91	13.06	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	265,224		265,224	19,844.21	13.37	
34 SOCIAL SERVICE	70,265		70,265	3,228.58	21.76	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	29,939,719		29,939,719	1,315,728.78	22.76	
2 EXCLUDED AREA SALARIES	2,127,707	37,390	2,165,097	94,148.31	23.00	
3 SUBTOTAL SALARIES	27,812,012	-37,390	27,774,622	1,221,580.47	22.74	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	8,409,876		8,409,876	202,528.97	41.52	
5 SUBTOTAL WAGE-RELATED COSTS	7,263,448		7,263,448		26.15	
6 TOTAL	43,485,336	-37,390	43,447,946	1,424,109.44	30.51	
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	7,272,993	-37,390	7,235,603	305,193.09	23.71	

HOSPITAL UNCOMPENSATED CARE DATA

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
17.01	GROSS MEDICAID REVENUES 4,387,107
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS 14,425
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS 9,372
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 4,410,904
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS 63,200
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .306343
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24) 19,361
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
 | PROVIDER NO: | PERIOD: | PREPARED 8/23/2010
 | 14-0011 | FROM 4/ 1/2009 | WORKSHEET S-10
 | | TO 3/31/2010 |
 | | |

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	37,533,756
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	11,498,203
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	6,171,681
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,890,651
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	11,517,564

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 8/23/2010
I 14-0011 I FROM 4/ 1/2009 I WORKSHEET A
I I TO 3/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		4,516,092	4,516,092	-3,977,201	538,891
1.01	0101 OLD CAP REL COSTS-NEW BUILDING				33,887	33,887
1.02	0102 OLD CAP REL COSTS-NEW ADDITION				54,331	54,331
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				3,127	3,127
3	0300 NEW CAP REL COSTS-BLDG & FIXT				23,064	23,064
3.01	0301 NEW CAP REL COSTS-NEW BUILDING				125,876	125,876
3.02	0302 NEW CAP REL COSTS-NEW ADDITION				1,804,309	1,804,309
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				2,210,142	2,210,142
5	0500 EMPLOYEE BENEFITS	391,571	9,293,413	9,684,984		9,684,984
6.01	0610 NONPATIENT TELEPHONES					
6.02	0620 DATA PROCESSING					
6.03	0630 PURCHASING, RECEIVING AND STORES		77,451	77,451		77,451
6.04	0650 CASHIERING/ACCOUNTS RECEIVABLE	763,547	72,776	836,323		836,323
6.05	0660 OTHER ADMINISTRATIVE AND GENERAL	2,197,948	6,087,046	8,284,994	-69,072	8,215,922
7	0700 MAINTENANCE & REPAIRS	524,668	1,140,388	1,665,056		1,665,056
9	0900 LAUNDRY & LINEN SERVICE	41,850	325,015	366,865		366,865
10	1000 HOUSEKEEPING	654,745	281,011	935,756		935,756
11	1100 DIETARY	782,904	606,598	1,389,502	-585,572	803,930
12	1200 CAFETERIA				585,572	585,572
14	1400 NURSING ADMINISTRATION	1,306,681	88,430	1,395,111	-43,704	1,351,407
15	1500 CENTRAL SERVICES & SUPPLY	138,902	64,034	202,936	-2,526	200,410
17	1700 MEDICAL RECORDS & LIBRARY	265,224	35,868	301,092		301,092
18	1800 SOCIAL SERVICE	70,265	4,365	74,630		74,630
20	2000 NONPHYSICIAN ANESTHETISTS				300,522	300,522
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,312,488	2,500,850	7,813,338	-3,937	7,809,401
26	2600 INTENSIVE CARE UNIT	1,444,991	374,091	1,819,082	-4,417	1,814,665
31	3100 SUBPROVIDER	2,127,707	1,853,213	3,980,920	-698	3,980,222
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,139,795	4,152,304	6,292,099	-2,861,252	3,430,847
38	3800 RECOVERY ROOM	197,798	30,389	228,187	-42	228,145
40	4000 ANESTHESIOLOGY	9,028	441,900	450,928	-333,301	117,627
41	4100 RADIOLOGY-DIAGNOSTIC	2,455,461	1,240,734	3,696,195	-5,213	3,690,982
42	4200 RADIOLOGY-THERAPEUTIC	440,217	488,858	929,075	-280	928,795
43	4300 RADIOISOTOPE	314,955	987,897	1,302,852	-32	1,302,820
44	4400 LABORATORY	1,093,298	2,150,880	3,244,178	-23,556	3,220,622
49	4900 RESPIRATORY THERAPY	1,020,784	261,767	1,282,551	-84,476	1,198,075
50	5000 PHYSICAL THERAPY	2,120,939	329,606	2,450,545		2,450,545
53	5300 ELECTROCARDIOLOGY	155,522	119,411	274,933		274,933
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				3,029,477	3,029,477
56	5600 DRUGS CHARGED TO PATIENTS	1,315,026	4,280,277	5,595,303		5,595,303
59.97	3997 CARDIAC REHABILITATION	297,788	15,143	312,931		312,931
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	173,915	40,150	214,065	-177	213,888
61	6100 EMERGENCY	2,137,524	2,708,007	4,845,531	-10,092	4,835,439
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		1,884,289	1,884,289	-208,463	1,675,826
95	SUBTOTALS	29,895,541	46,452,253	76,347,794	-43,704	76,304,090
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES		1,624	1,624		1,624
98.01	9801 COMMUNITY EDUCATION				43,704	43,704
98.02	9802 VACANT BUILDING					
101	TOTAL	29,895,541	46,453,877	76,349,418	-0-	76,349,418

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 8/23/2010
I 14-0011 I FROM 4/ 1/2009 I WORKSHEET A
I I TO 3/31/2010 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	45,287	584,178
1.01 0101	OLD CAP REL COSTS-NEW BUILDING	41,306	75,193
1.02 0102	OLD CAP REL COSTS-NEW ADDITION	126,141	180,472
2 0200	OLD CAP REL COSTS-MVBLE EQUIP	58,442	61,569
3 0300	NEW CAP REL COSTS-BLDG & FIXT	149,966	173,030
3.01 0301	NEW CAP REL COSTS-NEW BUILDING	777	126,653
3.02 0302	NEW CAP REL COSTS-NEW ADDITION	183,098	1,987,407
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	1,563,141	3,773,283
5 0500	EMPLOYEE BENEFITS	41,734	9,726,718
6.01 0610	NONPATIENT TELEPHONES		
6.02 0620	DATA PROCESSING	1,926,570	1,926,570
6.03 0630	PURCHASING, RECEIVING AND STORES	-14,970	62,481
6.04 0650	CASHIERING/ACCOUNTS RECEIVABLE	1,729,762	2,566,085
6.05 0660	OTHER ADMINISTRATIVE AND GENERAL	357,299	8,573,221
7 0700	MAINTENANCE & REPAIRS		1,665,056
9 0900	LAUNDRY & LINEN SERVICE		366,865
10 1000	HOUSEKEEPING		935,756
11 1100	DIETARY		803,930
12 1200	CAFETERIA	-154,331	431,241
14 1400	NURSING ADMINISTRATION	-310	1,351,097
15 1500	CENTRAL SERVICES & SUPPLY		200,410
17 1700	MEDICAL RECORDS & LIBRARY	-61,939	239,153
18 1800	SOCIAL SERVICE		74,630
20 2000	NONPHYSICIAN ANESTHETISTS	-300,522	
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-685,978	7,123,423
26 2600	INTENSIVE CARE UNIT		1,814,665
31 3100	SUBPROVIDER	-546,862	3,433,360
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-1,924	3,428,923
38 3800	RECOVERY ROOM		228,145
40 4000	ANESTHESIOLOGY		117,627
41 4100	RADIOLOGY-DIAGNOSTIC	-3,168	3,687,814
42 4200	RADIOLOGY-THERAPEUTIC		928,795
43 4300	RADIOISOTOPE		1,302,820
44 4400	LABORATORY	-15,000	3,205,622
49 4900	RESPIRATORY THERAPY	-5,966	1,192,109
50 5000	PHYSICAL THERAPY	-10,195	2,440,350
53 5300	ELECTROCARDIOLOGY	-91,722	183,211
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,029,477
56 5600	DRUGS CHARGED TO PATIENTS	-16	5,595,287
59.97 3997	CARDIAC REHABILITATION		312,931
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		213,888
61 6100	EMERGENCY	-1,549,649	3,285,790
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE	-1,675,826	-0-
95	SUBTOTALS	1,105,145	77,409,235
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 9800	PHYSICIANS' PRIVATE OFFICES		1,624
98.01 9801	COMMUNITY EDUCATION		43,704
98.02 9802	VACANT BUILDING		
101	TOTAL	1,105,145	77,454,563

I PROVIDER NO: I PERIOD: I PREPARED 8/23/2010
 I 14-0011 I FROM 4/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 3/31/2010 I

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-NEW BUILDING	0101	OLD CAP REL COSTS-BLDG & FIXT
1.02	OLD CAP REL COSTS-NEW ADDITION	0102	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-NEW BUILDING	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-NEW ADDITION	0302	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.05	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC COST		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	COMMUNITY EDUCATION	9801	PHYSICIANS' PRIVATE OFFICES
98.02	VACANT BUILDING	9802	PHYSICIANS' PRIVATE OFFICES
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140011

PERIOD:
FROM 4/1/2009
TO 3/31/2010

PREPARED 8/23/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 INSURANCE RECLASS	A	OLD CAP REL COSTS-BLDG & FIXT	1			2,266
2		OLD CAP REL COSTS-NEW BUILDING	1.01			1,182
3		OLD CAP REL COSTS-NEW ADDITION	1.02			4,150
4		NEW CAP REL COSTS-BLDG & FIXT	3			18,332
5		NEW CAP REL COSTS-NEW BUILDING	3.01			9,565
6		NEW CAP REL COSTS-NEW ADDITION	3.02			33,577
7 DEPRECIATION RECLASS	B	OLD CAP REL COSTS-NEW BUILDING	1.01			20,239
8		OLD CAP REL COSTS-NEW ADDITION	1.02			40,654
9		NEW CAP REL COSTS-NEW BUILDING	3.01			71,721
10		NEW CAP REL COSTS-NEW ADDITION	3.02			1,713,926
11		NEW CAP REL COSTS-MVBLE EQUIP	4			2,144,184
12 COMMUNITY EDUCATION	C	COMMUNITY EDUCATION	98.01		37,390	6,314
13 DIETARY RECLASS	D	CAFETERIA	12		329,936	255,636
14 MEDICAL SUPPLIES RECLASS	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			3,029,477
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28 CRNA COST RECLASS	F	NONPHYSICIAN ANESTHETISTS	20			300,522
29 INTEREST RECLASS	G	OLD CAP REL COSTS-BLDG & FIXT	1			11,257
30		NEW CAP REL COSTS-BLDG & FIXT	3			4,732
31		OLD CAP REL COSTS-NEW BUILDING	1.01			12,466
32		NEW CAP REL COSTS-NEW BUILDING	3.01			44,590
33		OLD CAP REL COSTS-NEW ADDITION	1.02			9,527
34		NEW CAP REL COSTS-NEW ADDITION	3.02			56,806
35		OLD CAP REL COSTS-MVBLE EQUIP	2			3,127
1 INTEREST RECLASS	G	NEW CAP REL COSTS-MVBLE EQUIP	4			65,958
2 PHYSICIAN FEE RECLASS	H	RESPIRATORY THERAPY	49			275
36 TOTAL RECLASSIFICATIONS					367,326	7,860,483

(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:
140011

PERIOD:
FROM 4/1/2009
TO 3/31/2010

PREPARED 8/23/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
1 INSURANCE RECLASS	A	OTHER ADMINISTRATIVE AND GENERAL	6.05			69,072	9
2							9
3							9
4							9
5							9
6							9
7 DEPRECIATION RECLASS	B	OLD CAP REL COSTS-BLDG & FIXT	1			3,990,724	9
8							9
9							9
10							9
11							9
12 COMMUNITY EDUCATION	C	NURSING ADMINISTRATION	14		37,390	6,314	
13 DIETARY RECLASS	D	DIETARY	11		329,936	255,636	
14 MEDICAL SUPPLIES RECLASS	E	CENTRAL SERVICES & SUPPLY	15			2,526	
15		ADULTS & PEDIATRICS	25			3,662	
16		SUBPROVIDER	31			698	
17		OPERATING ROOM	37			2,861,252	
18		RECOVERY ROOM	38			42	
19		ANESTHESIOLOGY	40			32,779	
20		RADIOLOGY-DIAGNOSTIC	41			5,213	
21		RADIOLOGY-THERAPEUTIC	42			280	
22		RESPIRATORY THERAPY	49			84,751	
23		EMERGENCY	61			10,092	
24		INTENSIVE CARE UNIT	26			4,417	
25		LABORATORY	44			23,556	
26		CLINIC	60			177	
27		RADIOISOTOPE	43			32	
28 CRNA COST RECLASS	F	ANESTHESIOLOGY	40			300,522	
29 INTEREST RECLASS	G	INTEREST EXPENSE	88			208,463	9
30							9
31							9
32							9
33							9
34							9
35							9
1 INTEREST RECLASS	G						9
2 PHYSICIAN FEE RECLASS	H	ADULTS & PEDIATRICS	25			275	
36 TOTAL RECLASSIFICATIONS					367,326	7,860,483	

(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: 140011	PERIOD: FROM 4/ 1/2009 TO 3/31/2010	PREPARED 8/23/2010 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A
EXPLANATION : INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	2,266	OTHER ADMINISTRATIVE AND GENER	6.05	69,072	
2.00	OLD CAP REL COSTS-NEW BUILDING	1.01	1,182			0	
3.00	OLD CAP REL COSTS-NEW ADDITION	1.02	4,150			0	
4.00	NEW CAP REL COSTS-BLDG & FIXT	3	18,332			0	
5.00	NEW CAP REL COSTS-NEW BUILDING	3.01	9,565			0	
6.00	NEW CAP REL COSTS-NEW ADDITION	3.02	33,577			0	
TOTAL RECLASSIFICATIONS FOR CODE A			69,072	69,072			

RECLASS CODE: B
EXPLANATION : DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-NEW BUILDING	1.01	20,239	OLD CAP REL COSTS-BLDG & FIXT	1	3,990,724	
2.00	OLD CAP REL COSTS-NEW ADDITION	1.02	40,654			0	
3.00	NEW CAP REL COSTS-NEW BUILDING	3.01	71,721			0	
4.00	NEW CAP REL COSTS-NEW ADDITION	3.02	1,713,926			0	
5.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,144,184			0	
TOTAL RECLASSIFICATIONS FOR CODE B			3,990,724	3,990,724			

RECLASS CODE: C
EXPLANATION : COMMUNITY EDUCATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	COMMUNITY EDUCATION	98.01	43,704	NURSING ADMINISTRATION	14	43,704	
TOTAL RECLASSIFICATIONS FOR CODE C			43,704	43,704			

RECLASS CODE: D
EXPLANATION : DIETARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	585,572	DIETARY	11	585,572	
TOTAL RECLASSIFICATIONS FOR CODE D			585,572	585,572			

RECLASS CODE: E
EXPLANATION : MEDICAL SUPPLIES RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	3,029,477	CENTRAL SERVICES & SUPPLY	15	2,526	
2.00			0	ADULTS & PEDIATRICS	25	3,662	
3.00			0	SUBPROVIDER	31	698	
4.00			0	OPERATING ROOM	37	2,861,252	
5.00			0	RECOVERY ROOM	38	42	
6.00			0	ANESTHESIOLOGY	40	32,779	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	5,213	
8.00			0	RADIOLOGY-THERAPEUTIC	42	280	
9.00			0	RESPIRATORY THERAPY	49	84,751	
10.00			0	EMERGENCY	61	10,092	
11.00			0	INTENSIVE CARE UNIT	26	4,417	
12.00			0	LABORATORY	44	23,556	
13.00			0	CLINIC	60	177	
14.00			0	RADIOISOTOPE	43	32	
TOTAL RECLASSIFICATIONS FOR CODE E			3,029,477	3,029,477			

RECLASS CODE: F
EXPLANATION : CRNA COST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	300,522	ANESTHESIOLOGY	40	300,522	
TOTAL RECLASSIFICATIONS FOR CODE F			300,522	300,522			

RECLASS CODE: G
EXPLANATION : INTEREST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	11,257	INTEREST EXPENSE	88	208,463	

RECLASSIFICATIONS

PROVIDER NO: 140011	PERIOD: FROM 4/ 1/2009 TO 3/31/2010	PREPARED 8/23/2010 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: G
EXPLANATION : INTEREST RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
2.00	NEW CAP REL COSTS-BLDG & FIXT	4,732	3		0
3.00	OLD CAP REL COSTS-NEW BUILDING	12,466	1.01		0
4.00	NEW CAP REL COSTS-NEW BUILDING	44,590	3.01		0
5.00	OLD CAP REL COSTS-NEW ADDITION	9,527	1.02		0
6.00	NEW CAP REL COSTS-NEW ADDITION	56,806	3.02		0
7.00	OLD CAP REL COSTS-MVBLE EQUIP	3,127	2		0
8.00	NEW CAP REL COSTS-MVBLE EQUIP	65,958	4		0
TOTAL RECLASSIFICATIONS FOR CODE G		208,463	208,463		

RECLASS CODE: H
EXPLANATION : PHYSICIAN FEE RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	RESPIRATORY THERAPY	275	49	ADULTS & PEDIATRICS	275
TOTAL RECLASSIFICATIONS FOR CODE H		275	275		

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION					
	1	2	3	4	5	6	7	
1 LAND	473,872						473,872	
2 LAND IMPROVEMENTS	250,895					11,960	238,935	
3 BUILDINGS & FIXTURE	4,076,150					7,687	4,068,463	
4 BUILDING IMPROVEMENT	3,309,415					33,796	3,275,619	
5 FIXED EQUIPMENT								
6 MOVABLE EQUIPMENT	203,176					40,383	162,793	
7 SUBTOTAL	8,313,508					93,826	8,219,682	
8 RECONCILING ITEMS								
9 TOTAL	8,313,508					93,826	8,219,682	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION					
	1	2	3	4	5	6	7	
1 LAND	2,564,000	418,223		418,223		2,982,223		
2 LAND IMPROVEMENTS	3,301,471	187,188		187,188	9,661	3,478,998		
3 BUILDINGS & FIXTURE	22,774,131	225,840		225,840	85,818	22,914,153		
4 BUILDING IMPROVEMENT	16,968,403	122,672		122,672	194,268	16,896,807		
5 FIXED EQUIPMENT	19,850,634	1,097,084		1,097,084	552,296	20,395,422		
6 MOVABLE EQUIPMENT								
7 SUBTOTAL	65,458,639	2,051,007		2,051,007	842,043	66,667,603		
8 RECONCILING ITEMS								
9 TOTAL	65,458,639	2,051,007		2,051,007	842,043	66,667,603		

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
1 01	OLD CAP REL COSTS-NE								
1 02	OLD CAP REL COSTS-NE								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
3 01	NEW CAP REL COSTS-NE								
3 02	NEW CAP REL COSTS-NE								
4	NEW CAP REL COSTS-MV								
5	TOTAL				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	584,178						584,178
1 01	OLD CAP REL COSTS-NE	75,193						75,193
1 02	OLD CAP REL COSTS-NE	180,472						180,472
2	OLD CAP REL COSTS-MV	61,569						61,569
3	NEW CAP REL COSTS-BL	173,030						173,030
3 01	NEW CAP REL COSTS-NE	126,653						126,653
3 02	NEW CAP REL COSTS-NE	1,987,407						1,987,407
4	NEW CAP REL COSTS-MV	3,773,283						3,773,283
5	TOTAL	6,961,785						6,961,785

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	4,516,092						4,516,092
1 01	OLD CAP REL COSTS-NE							
1 02	OLD CAP REL COSTS-NE							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-NE							
3 02	NEW CAP REL COSTS-NE							
4	NEW CAP REL COSTS-MV							
5	TOTAL	4,516,092						4,516,092

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1			OLD CAP REL COSTS-BLDG &	1	
2			OLD CAP REL COSTS-MVBLE E	2	
3			NEW CAP REL COSTS-BLDG &	3	
4			NEW CAP REL COSTS-MVBLE E	4	
5					
6					
7					
8					
9					
10					
11					
12	A-8-2	-2,892,193			
13	B	-958	RADIOLOGY-DIAGNOSTIC	41	
14	A-8-1	10,436,113			
15					
16	B	-154,331	CAFETERIA	12	
17					
18					
19					
20	B	-61,939	MEDICAL RECORDS & LIBRARY	17	
21					
22					
23					
24					
25	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	A-8-3				
28			**COST CENTER DELETED**	89	
29			OLD CAP REL COSTS-BLDG &	1	
30			OLD CAP REL COSTS-MVBLE E	2	
31			NEW CAP REL COSTS-BLDG &	3	
32			NEW CAP REL COSTS-MVBLE E	4	
33	A	-300,522	NONPHYSICIAN ANESTHETISTS	20	
34					
35	A-8-4		**COST CENTER DELETED**	51	
36	A-8-4		**COST CENTER DELETED**	52	
37	A	-3,817	NEW CAP REL COSTS-MVBLE E	4	9
38	A	-4,016	EMERGENCY	61	
39	B	-83,928	OTHER ADMINISTRATIVE AND	6.05	
40	B	-1,397,168	EMPLOYEE BENEFITS	5	
41	A	-1,675,826	INTEREST EXPENSE	88	
42	A	-6,250	OTHER ADMINISTRATIVE AND	6.05	
43	B	-14,970	PURCHASING, RECEIVING AND	6.03	
44	A	37,292	OLD CAP REL COSTS-BLDG &	1	9
45	A	42,354	OLD CAP REL COSTS-NEW BUI	1.01	9
46	A	126,141	OLD CAP REL COSTS-NEW ADD	1.02	9
47	A	24,271	OLD CAP REL COSTS-MVBLE E	2	9
48	A	-20,897	OTHER ADMINISTRATIVE AND	6.05	
49	A	7,995	OLD CAP REL COSTS-BLDG &	1	9
49.01	A	731	OLD CAP REL COSTS-NEW BUI	1.01	9
49.02	A	777	NEW CAP REL COSTS-NEW BUI	3.01	9
49.03	A	183,098	NEW CAP REL COSTS-NEW ADD	3.02	9
49.04	A	34,171	OLD CAP REL COSTS-MVBLE E	2	9
49.05	A	230,060	NEW CAP REL COSTS-MVBLE E	4	9
49.06	A	-961	OTHER ADMINISTRATIVE AND	6.05	
49.07	A	-32,303	OTHER ADMINISTRATIVE AND	6.05	
49.08	B	-119,213	OTHER ADMINISTRATIVE AND	6.05	
49.09	A	-1,861,154	OTHER ADMINISTRATIVE AND	6.05	
49.10	A	-1,779	OLD CAP REL COSTS-NEW BUI	1.01	9
49.11	A	-35,192	OTHER ADMINISTRATIVE AND	6.05	
49.12	A	-1,346,964	OTHER ADMINISTRATIVE AND	6.05	
49.13	B	-49	OTHER ADMINISTRATIVE AND	6.05	
49.14	B	-22	RADIOLOGY-DIAGNOSTIC	41	
49.15	B	-16	DRUGS CHARGED TO PATIENTS	56	
49.16	B	-310	NURSING ADMINISTRATION	14	
49.17	A	-892	SUBPROVIDER	31	
49.18	A	-2,188	RADIOLOGY-DIAGNOSTIC	41	
50		1,105,145			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & HOME OFFICE EXPENSE	149,966		149,966	9
2	4	NEW CAP REL COSTS-MVBLE E HOME OFFICE EXPENSE	1,336,898		1,336,898	9
3	5	EMPLOYEE BENEFITS HOME OFFICE EXPENSE	1,438,902		1,438,902	
4	6	2 DATA PROCESSING HOME OFFICE EXPENSE	1,926,570		1,926,570	
4.01	6	4 CASHIERING/ACCOUNTS RECEI HOME OFFICE EXPENSE	1,729,762		1,729,762	
4.02	6	5 OTHER ADMINISTRATIVE AND HOME OFFICE EXPENSE	3,864,210		3,864,210	
4.03	50	PHYSICAL THERAPY RENT	21,197	31,392	-10,195	
5		TOTALS	10,467,505	31,392	10,436,113	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	SO. ILL. HOSPITAL SVCS.		100.00	100.00
2	B	SO. ILL. HEALTHCARE ENTRP		100.00	100.00
3	B	HEALTH SVCS. OF SO. ILL.		100.00	100.00
4	B	SIH CAYMAN SPC GROUP, LTD		100.00	100.00
5	B	SOUTHERN ILL MED SVCS		100.00	100.00

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0011
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED: 8/23/2010
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	DR. MUNIZ	5,638		5,638	159,800	51	3,918	196
2 44	SO IL PATHOLOGY	80,000		80,000	208,000	650	65,000	3,250
3 49	DR. PARKS/HAYS/ISTANBOULY	15,262	55	15,207	159,800	121	9,296	465
4 61	SO. ILL. MED. SVCS.	1,545,633	1,545,633					
5 31	DR. GLENNON/NEWELL	545,970	545,970					
6 53	DR. PRAMOTE/MUNIZ/PRAIRIE	96,639	89,654	6,985	159,800	64	4,917	246
7 37	DR. MANN	4,650		4,650	182,900	31	2,726	136
8 25	SO. ILL. MED SVCS.	684,258	684,258					
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,978,050	2,865,570	112,480		917	85,857	4,293

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 8/23/2010
 I 14-0011 I FROM 4/ 1/2009 I WORKSHEET A-8-2
 I I TO 3/31/2010 I GROUP 1

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	DR. MUNIZ					3,918	1,720	1,720
2 44	SO IL PATHOLOGY					65,000	15,000	15,000
3 49	DR. PARKS/HAYS/INSTANBOULY					9,296	5,911	5,966
4 61	SO. ILL. MED. SVCS.							1,545,633
5 31	DR. GLENNON/NEWELL							545,970
6 53	DR. PRAMOTE/MUNIZ/PRAIRIE					4,917	2,068	91,722
7 37	DR. MANN					2,726	1,924	1,924
8 25	SO. ILL. MED SVCS.							684,258
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					85,857	26,623	2,892,193

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 8/23/2010
 I 14-0011 I FROM 4/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 3/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
1.01	OLD CAP REL COSTS-NEW BUILDING	2	SQUARE FEET	ENTERED
1.02	OLD CAP REL COSTS-NEW ADDITION	3	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-NEW BUILDING	2	SQUARE FEET	ENTERED
3.02	NEW CAP REL COSTS-NEW ADDITION	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	5	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	6	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	7	NUMBER OF PHONES	ENTERED
6.02	DATA PROCESSING	8	NUMBER OF PCS	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	9	PURCH SUPPLIES	ENTERED
6.04	CASHIERING/ACCOUNTS RECEIVABLE	10	GROSS REVENUE	ENTERED
6.05	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	11	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	PATIENT DAYS	ENTERED
10	HOUSEKEEPING	13	SQUARE FEET	ENTERED
11	DIETARY	14	MEALS SERVED	ENTERED
12	CAFETERIA	15	GROSS SALARIES	ENTERED
14	NURSING ADMINISTRATION	16	DI RECT NURSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	TIME SPENT	ENTERED
17	MEDICAL RECORDS & LIBRARY	10	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	12	PATIENT DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	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-NEW BUI	OLD CAP REL C OSTS-NEW ADD	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-NEW BUI
	0	1	1.01	1.02	2	3	3.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &	584,178	584,178					
001 02 OLD CAP REL COSTS-NEW BUI	75,193		75,193				
002 02 OLD CAP REL COSTS-NEW ADD	180,472			180,472			
002 02 OLD CAP REL COSTS-MVBLE E	61,569				61,569		
003 01 NEW CAP REL COSTS-BLDG &	173,030					173,030	
003 02 NEW CAP REL COSTS-NEW BUI	126,653						126,653
003 02 NEW CAP REL COSTS-NEW ADD	1,987,407						
004 02 NEW CAP REL COSTS-MVBLE E	3,773,283						
005 01 EMPLOYEE BENEFITS	9,726,718	6,796		177	247	2,013	
006 02 NONPATIENT TELEPHONES							
006 03 DATA PROCESSING	1,926,570	1,406		364	112	416	
006 04 PURCHASING, RECEIVING AND	62,481						
006 05 CASHIERING/ACCOUNTS RECEI	2,566,085			2,581	481		
007 05 OTHER ADMINISTRATIVE AND	8,573,221	101,785	11,692	45,788	13,222	30,148	19,694
009 07 MAINTENANCE & REPAIRS	1,665,056	72,480	7,887	13,800	5,854	21,468	13,284
010 09 LAUNDRY & LINEN SERVICE	366,865						
011 01 HOUSEKEEPING	935,756	20,908	386	137	732	6,193	650
012 01 DIETARY	803,930	28,728		203	941	8,509	
014 02 CAFETERIA	431,241	14,811		3,503	1,118	4,387	
015 04 NURSING ADMINISTRATION	1,351,097	3,975	512	1,275	428	1,177	863
017 05 CENTRAL SERVICES & SUPPLY	200,410	17,482			549	5,178	
018 07 MEDICAL RECORDS & LIBRARY	239,153						
020 08 SOCIAL SERVICE	74,630	2,690			85	797	
025 01 NONPHYSICIAN ANESTHETISTS							
026 02 INPAT ROUTINE SRVC CNTRS							
026 03 ADULTS & PEDIATRICS	7,123,423	39,861	29,312	22,701	9,217	11,807	49,373
031 03 INTENSIVE CARE UNIT	1,814,665			6,748	1,257		
037 03 SUBPROVIDER	3,433,360	142,259		6,632	5,707	42,137	
037 03 ANCILLARY SRVC COST CNTRS							
038 03 OPERATING ROOM	3,428,923			21,946	4,090		
040 03 RECOVERY ROOM	228,145			1,788	333		
041 03 ANESTHESIOLOGY	117,627						
042 03 RADIOLOGY-DIAGNOSTIC	3,687,814			19,270	3,591		
043 03 RADIOLOGY-THERAPEUTIC	928,795			1,600	298		
044 03 RADIOISOTOPE	1,302,820			2,492	464		
049 03 LABORATORY	3,205,622		9,977	2,974	1,825		16,805
050 03 RESPIRATORY THERAPY	1,192,109		9,494	228	1,252		15,992
053 03 PHYSICAL THERAPY	2,440,350			11,109	2,070		
055 03 ELECTROCARDIOLOGY	183,211			276	51		
056 03 MEDICAL SUPPLIES CHARGED	3,029,477						
059 03 DRUGS CHARGED TO PATIENTS	5,595,287	17,520			551	5,189	
060 97 CARDIAC REHABILITATION	312,931		317	2,339	476		534
061 03 OUTPAT SERVICE COST CNTRS							
062 03 CLINIC	213,888			1,013	189		
062 03 EMERGENCY	3,285,790	1,825	1,755	9,447	2,041	540	2,955
095 03 OBSERVATION BEDS (NON-DIS							
095 03 SPEC PURPOSE COST CENTERS							
095 03 SUBTOTALS	77,409,235	472,526	71,332	178,391	57,181	139,959	120,150
096 03 NONREIMBURS COST CENTERS							
098 01 GIFT, FLOWER, COFFEE SHOP				1,407	262		
098 02 PHYSICIANS' PRIVATE OFFIC	1,624						
101 01 COMMUNITY EDUCATION	43,704						
102 02 VACANT BUILDING		111,652	3,861	674	4,126	33,071	6,503
103 01 CROSS FOOT ADJUSTMENT							
103 02 NEGATIVE COST CENTER							
103 03 TOTAL	77,454,563	584,178	75,193	180,472	61,569	173,030	126,653

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-NEW ADD	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/ACCOUNTS RECEIVABLE
	3.02	4	5	6.01	6.02	6.03	6.04
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
002 OLD CAP REL COSTS-NEW ADD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD	1,987,407						
004 NEW CAP REL COSTS-MVBLE E		3,773,283					
005 EMPLOYEE BENEFITS	1,954	1,895	9,739,800				
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	4,011				1,932,879		
006 03 PURCHASING, RECEIVING AND		1,610			12,915	77,006	
006 04 CASHIERING/ACCOUNTS RECEI	28,424	4,803	252,065		120,536	608	2,975,583
006 05 OTHER ADMINISTRATIVE AND	504,249	1,748,330	725,595		133,450	12	
007 MAINTENANCE & REPAIRS	151,974	197,092	173,205		21,524		
009 LAUNDRY & LINEN SERVICE			13,816				
010 HOUSEKEEPING	1,504	17,340	216,147		25,829	12	
011 DIETARY	2,230	12,998	149,542		21,524		
012 CAFETERIA	38,573	9,468	108,913		17,219		
014 NURSING ADMINISTRATION	14,039	10,014	419,023		60,268		
015 CENTRAL SERVICES & SUPPLY		39,101	45,855			1,454	
017 MEDICAL RECORDS & LIBRARY		9,923	87,557		77,487		
018 SOCIAL SERVICE		65	23,196		8,610		
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	249,988	117,179	1,753,784		292,732	14,116	196,676
026 INTENSIVE CARE UNIT	74,310	40,951	477,026		51,658	4,551	36,487
031 SUBPROVIDER	73,031	82,906	702,407		258,291	2,525	112,973
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	241,672	239,792	674,702		111,926	29,037	314,802
038 RECOVERY ROOM	19,693	2,052	96,994		4,305	1,222	19,694
040 ANESTHESIOLOGY		47,566	2,808			4,394	39,803
041 RADIOLOGY-DIAGNOSTIC	212,211	743,541	810,607		142,060	611	352,259
042 RADIOLOGY-THERAPEUTIC	17,618	136,781	145,326		17,219	568	350,577
043 RADIOISOTOPE	27,438	78,539	103,974		17,219	404	143,417
044 LABORATORY	32,746	73,141	360,924		86,097	5,387	468,235
049 RESPIRATORY THERAPY	2,507	31,149	336,985		55,963	1,219	86,332
050 PHYSICAL THERAPY	122,340	23,705	700,173		133,450	486	142,119
053 ELECTROCARDIOLOGY	3,043	25,073	51,342		12,915	264	71,312
055 MEDICAL SUPPLIES CHARGED							179,475
056 DRUGS CHARGED TO PATIENTS		6,025	434,122		64,573	15	266,387
059 97 CARDIAC REHABILITATION	25,761	25,176	98,307		55,963	155	9,656
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	11,152	472	57,414		8,610	599	4,340
061 EMERGENCY	104,031	28,227	705,648		120,536	9,346	181,039
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,964,499	3,754,914	9,727,457		1,932,879	77,006	2,975,583
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	15,491						
098 PHYSICIANS' PRIVATE OFFIC		18,369					
098 01 COMMUNITY EDUCATION			12,343				
098 02 VACANT BUILDING	7,417						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,987,407	3,773,283	9,739,800		1,932,879	77,006	2,975,583

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6a. 04	6. 05	7	9	10	11	12
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
002 OLD CAP REL COSTS-NEW ADD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND	11,907,186	11,907,186					
007 MAINTENANCE & REPAIRS	2,343,624	425,738	2,769,362				
009 LAUNDRY & LINEN SERVICE	380,681	69,154		449,835			
010 HOUSEKEEPING	1,225,594	222,639	48,648		1,496,881		
011 DIETARY	1,028,605	186,854	62,536		34,406	1,312,401	
012 CAFETERIA	629,233	114,305	74,343		40,902		858,783
014 NURSING ADMINISTRATION	1,862,692	338,373	28,438		15,646		44,423
015 CENTRAL SERVICES & SUPPLY	310,029	56,319	36,530		20,098		4,861
017 MEDICAL RECORDS & LIBRARY	414,120	75,228					9,282
018 SOCIAL SERVICE	110,073	19,996	5,621		3,093		2,459
020 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,910,169	1,800,244	612,802	286,117	337,148	834,750	185,936
026 INTENSIVE CARE UNIT	2,507,653	455,535	83,602	39,855	45,996	116,277	50,572
031 SUBPROVIDER	4,862,228	883,263	379,420	123,863	208,749	361,374	74,465
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	5,066,890	920,441	271,892		149,590		71,528
040 RECOVERY ROOM	374,226	67,981	22,155		12,189		10,283
041 ANESTHESIOLOGY	212,198	38,547					298
042 RADIOLOGY-DIAGNOSTIC	5,971,964	1,084,855	238,747		131,354		85,936
043 RADIOLOGY-THERAPEUTIC	1,598,782	290,432	19,821		10,905		15,407
044 RADIOISOTOPE	1,676,767	304,598	30,869		16,984		11,023
049 LABORATORY	4,263,733	774,541	121,338		66,758		38,263
050 RESPIRATORY THERAPY	1,733,230	314,855	83,233		45,793		35,725
053 PHYSICAL THERAPY	3,575,802	649,573	137,638		75,726		74,229
055 ELECTROCARDIOLOGY	347,487	63,124	3,423		1,884		5,443
056 MEDICAL SUPPLIES CHARGED	3,208,952	582,932					
059 97 DRUGS CHARGED TO PATIENTS	6,389,669	1,160,734	36,608		20,141		46,023
060 OUTPAT SERVICE COST CNTRS	531,615	96,572	31,667		17,423		10,422
061 CLINIC	297,677	54,075	12,546		6,903		74,809
062 EMERGENCY	4,453,180	808,956	135,713		74,666		6,087
095 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS SUBTOTALS	77,194,059	11,859,864	2,477,590	449,835	1,336,354	1,312,401	857,474
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	17,160	3,117	17,429		9,589		
098 01 PHYSICIANS' PRIVATE OFFIC	19,993	3,632					
098 02 COMMUNITY EDUCATION	56,047	10,181					1,309
101 VACANT BUILDING	167,304	30,392	274,343		150,938		
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	77,454,563	11,907,186	2,769,362	449,835	1,496,881	1,312,401	858,783

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	14	15	17	18	20	25	
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
002 02 OLD CAP REL COSTS-NEW ADD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION	2,289,572						
015 CENTRAL SERVICES & SUPPLY		427,837					
017 MEDICAL RECORDS & LIBRARY			498,630				
018 SOCIAL SERVICE				141,242			
020 NONPHYSICIAN ANESTHETISTS							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,025,355	517	32,966	89,837		15,115,841	
026 INTENSIVE CARE UNIT	317,772	624	6,116	12,514		3,636,516	
031 SUBPROVIDER	174,644	99	18,936	38,891		7,125,932	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	24,882	403,616	52,766			6,961,605	
038 RECOVERY ROOM	17,773	468	3,301			508,376	
040 ANESTHESIOLOGY		4,629	6,672			262,344	
041 RADIOLOGY-DIAGNOSTIC		736	59,044			7,572,636	
042 RADIOLOGY-THERAPEUTIC		40	58,762			1,994,149	
043 RADIOISOTOPE		5	24,039			2,064,285	
044 LABORATORY		3,327	78,360			5,346,320	
049 RESPIRATORY THERAPY		11,969	14,471			2,239,276	
050 PHYSICAL THERAPY			23,821			4,536,789	
053 ELECTROCARDIOLOGY			11,953			433,314	
055 MEDICAL SUPPLIES CHARGED		357	30,083			3,822,324	
056 DRUGS CHARGED TO PATIENTS	7,109		44,650			7,704,934	
059 97 CARDIAC REHABILITATION			1,618			689,317	
OUTPAT SERVICE COST CNTRS							
060 CLINIC		25	727			446,762	
061 EMERGENCY	722,037	1,425	30,345			6,232,409	
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,289,572	427,837	498,630	141,242		76,693,129	
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						47,295	
098 PHYSICIANS' PRIVATE OFFIC						23,625	
098 01 COMMUNITY EDUCATION						67,537	
098 02 VACANT BUILDING						622,977	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,289,572	427,837	498,630	141,242		77,454,563	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0011
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/23/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
001	01 OLD CAP REL COSTS-BLDG &	
001	02 OLD CAP REL COSTS-NEW BUI	
002	02 OLD CAP REL COSTS-NEW ADD	
002	02 OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
003	01 NEW CAP REL COSTS-NEW BUI	
003	02 NEW CAP REL COSTS-NEW ADD	
004	02 NEW CAP REL COSTS-NEW ADD	
004	02 NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	01 NONPATIENT TELEPHONES	
006	02 DATA PROCESSING	
006	03 PURCHASING, RECEIVING AND	
006	04 CASHIERING/ACCOUNTS RECEI	
006	05 OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
020	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	15,115,841
026	INTENSIVE CARE UNIT	3,636,516
031	SUBPROVIDER	7,125,932
031	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	6,961,605
038	RECOVERY ROOM	508,376
040	ANESTHESIOLOGY	262,344
041	RADIOLOGY-DIAGNOSTIC	7,572,636
042	RADIOLOGY-THERAPEUTIC	1,994,149
043	RADIOISOTOPE	2,064,285
044	LABORATORY	5,346,320
049	RESPIRATORY THERAPY	2,239,276
050	PHYSICAL THERAPY	4,536,789
053	ELECTROCARDIOLOGY	433,314
055	MEDICAL SUPPLIES CHARGED	3,822,324
056	DRUGS CHARGED TO PATIENTS	7,704,934
059	97 CARDIAC REHABILITATION	689,317
059	OUTPAT SERVICE COST CNTRS	
060	CLINIC	446,762
061	EMERGENCY	6,232,409
062	OBSERVATION BEDS (NON-DIS	
062	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	76,693,129
095	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	47,295
098	PHYSICIANS' PRIVATE OFFIC	23,625
098	01 COMMUNITY EDUCATION	67,537
098	02 VACANT BUILDING	622,977
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	77,454,563

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0011
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/23/2010
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-NEW BUI 1.01	OLD CAP REL C OSTS-NEW ADD 1.02	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-NEW BUI 3.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
002 OLD CAP REL COSTS-NEW ADD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		6,796		177	247		
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING		1,406		364	112		
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI				2,581	481		
006 05 OTHER ADMINISTRATIVE AND		101,785	11,692	45,788	13,222		
007 MAINTENANCE & REPAIRS		72,480	7,887	13,800	5,854		
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		20,908	386	137	732		
011 DIETARY		28,728		203	941		
012 CAFETERIA		14,811		3,503	1,118		
014 NURSING ADMINISTRATION		3,975	512	1,275	428		
015 CENTRAL SERVICES & SUPPLY		17,482			549		
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE		2,690			85		
020 NONPHYSICIAN ANESTHETISTS							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		39,861	29,312	22,701	9,217		
026 INTENSIVE CARE UNIT				6,748	1,257		
031 SUBPROVIDER		142,259		6,632	5,707		
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				21,946	4,090		
038 RECOVERY ROOM				1,788	333		
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC				19,270	3,591		
042 RADIOLOGY-THERAPEUTIC				1,600	298		
043 RADIOISOTOPE				2,492	464		
044 LABORATORY			9,977	2,974	1,825		
049 RESPIRATORY THERAPY			9,494	228	1,252		
050 PHYSICAL THERAPY				11,109	2,070		
053 ELECTROCARDIOLOGY				276	51		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		17,520			551		
059 97 CARDIAC REHABILITATION			317	2,339	476		
OUTPAT SERVICE COST CNTRS							
060 CLINIC				1,013	189		
061 EMERGENCY		1,825	1,755	9,447	2,041		
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		472,526	71,332	178,391	57,181		
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				1,407	262		
098 PHYSICIANS' PRIVATE OFFIC							
098 01 COMMUNITY EDUCATION							
098 02 VACANT BUILDING		111,652	3,861	674	4,126		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		584,178	75,193	180,472	61,569		

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0011
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/23/2010
 WORKSHEET B
 PART 11

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-NEW ADD	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	TE DATA NG	PROCESSING	PURCHASING, RECEIVING AND
	3.02	4	4a	5	6.01		6.02	6.03
001 GENERAL SERVICE COST CNTR								
001 01 OLD CAP REL COSTS-BLDG &								
001 02 OLD CAP REL COSTS-NEW BUI								
002 02 OLD CAP REL COSTS-NEW ADD								
002 02 OLD CAP REL COSTS-MVBLE E								
003 01 NEW CAP REL COSTS-BLDG &								
003 01 NEW CAP REL COSTS-NEW BUI								
003 02 NEW CAP REL COSTS-NEW ADD								
004 02 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS			7,220	7,220				
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING			1,882				1,882	
006 03 PURCHASING, RECEIVING AND								13
006 04 CASHIERING/ACCOUNTS RECEI			3,062	187			117	
006 05 OTHER ADMINISTRATIVE AND			172,487	538			130	
007 MAINTENANCE & REPAIRS			100,021	129			21	
009 LAUNDRY & LINEN SERVICE				10				
010 HOUSEKEEPING			22,163	160			25	
011 DIETARY			29,872	111			21	
012 CAFETERIA			19,432	81			17	
014 NURSING ADMINISTRATION			6,190	311			59	
015 CENTRAL SERVICES & SUPPLY			18,031	34				
017 MEDICAL RECORDS & LIBRARY				65			75	
018 SOCIAL SERVICE			2,775	17			8	
020 NONPHYSICIAN ANESTHETISTS								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS			101,091	1,293			287	3
026 INTENSIVE CARE UNIT			8,005	354			50	1
031 SUBPROVIDER			154,598	521			251	
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM			26,036	501			109	5
038 RECOVERY ROOM			2,121	72			4	
040 ANESTHESIOLOGY				2				1
041 RADIOLOGY-DIAGNOSTIC			22,861	602			138	
042 RADIOLOGY-THERAPEUTIC			1,898	108			17	
043 RADIOISOTOPE			2,956	77			17	
044 LABORATORY			14,776	268			84	1
049 RESPIRATORY THERAPY			10,974	250			54	
050 PHYSICAL THERAPY			13,179	520			130	
053 ELECTROCARDIOLOGY			327	38			13	
055 MEDICAL SUPPLIES CHARGED								
056 DRUGS CHARGED TO PATIENTS			18,071	322			63	
059 97 CARDIAC REHABILITATION			3,132	73			54	
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC			1,202	43			8	
061 EMERGENCY			15,068	524			117	2
062 OBSERVATION BEDS (NON-DIS								
062 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS			779,430	7,211			1,882	13
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP			1,669					
098 PHYSICIANS' PRIVATE OFFICE								
098 01 COMMUNITY EDUCATION				9				
098 02 VACANT BUILDING			120,313					
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL			901,412	7,220			1,882	13

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0011 PERIOD: FROM 4/1/2009 TO 3/31/2010 PREPARED 8/23/2010 WORKSHEET B PART II

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6.04	6.05	7	9	10	11	12
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
002 OLD CAP REL COSTS-NEW ADD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI	3,366						
006 05 OTHER ADMINISTRATION AND		173,155					
007 MAINTENANCE & REPAIRS		6,192	106,363				
009 LAUNDRY & LINEN SERVICE		1,006			1,016		
010 HOUSEKEEPING		3,238	1,868		27,454		
011 DIETARY		2,718	2,402		631	35,755	
012 CAFETERIA		1,662	2,855		750		24,797
014 NURSING ADMINISTRATION		4,921	1,092		287		1,283
015 CENTRAL SERVICES & SUPPLY		819	1,403		369		140
017 MEDICAL RECORDS & LIBRARY		1,094					268
018 SOCIAL SERVICE		291	216		57		71
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	217	26,161	23,537	646	6,182	22,742	5,363
026 INTENSIVE CARE UNIT	40	6,625	3,211	90	844	3,168	1,461
031 SUBPROVIDER	125	12,846	14,572	280	3,829	9,845	2,151
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	347	13,387	10,443		2,744		2,066
038 RECOVERY ROOM	22	989	851		224		297
040 ANESTHESIOLOGY	44	561					9
041 RADIOLOGY-DIAGNOSTIC	389	15,778	9,170		2,409		2,482
042 RADIOLOGY-THERAPEUTIC	387	4,224	761		200		445
043 RADIOISOTOPE	158	4,430	1,186		311		318
044 LABORATORY	598	11,265	4,660		1,224		1,105
049 RESPIRATORY THERAPY	95	4,579	3,197		840		1,032
050 PHYSICAL THERAPY	157	9,447	5,286		1,389		2,144
053 ELECTROCARDIOLOGY	79	918	131		35		157
055 MEDICAL SUPPLIES CHARGED	198	8,478					
056 DRUGS CHARGED TO PATIENTS	294	16,882	1,406		369		1,329
059 97 CARDIAC REHABILITATION	11	1,405	1,216		320		301
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	5	786	482		127		2,161
061 EMERGENCY	200	11,765	5,212		1,369		176
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,366	172,467	95,157	1,016	24,510	35,755	24,759
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		45	669		176		
098 PHYSICIANS' PRIVATE OFFIC		53					
098 01 COMMUNITY EDUCATION		148					38
098 02 VACANT BUILDING		442	10,537		2,768		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,366	173,155	106,363	1,016	27,454	35,755	24,797

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	14	15	17	18	20	25	26
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
002 02 OLD CAP REL COSTS-NEW ADD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
004 02 NEW CAP REL COSTS-NEW ADD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION	14,143						
015 CENTRAL SERVICES & SUPPLY		20,796					
017 MEDICAL RECORDS & LIBRARY			1,502				
018 SOCIAL SERVICE				3,435			
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	6,333	25	100	2,185		196,165	
026 INTENSIVE CARE UNIT	1,963	30	19	304		26,165	
031 SUBPROVIDER	1,079	5	58	946		201,106	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	154	19,619	160			75,571	
038 RECOVERY ROOM	110	23	10			4,723	
040 ANESTHESIOLOGY		225	20			862	
041 RADIOLOGY-DIAGNOSTIC		36	179			54,044	
042 RADIOLOGY-THERAPEUTIC		2	179			8,221	
043 RADIOISOTOPE			73			9,526	
044 LABORATORY		162	226			34,369	
049 RESPIRATORY THERAPY		582	44			21,647	
050 PHYSICAL THERAPY			72			32,324	
053 ELECTROCARDIOLOGY			36			1,734	
055 MEDICAL SUPPLIES CHARGED		17	91			8,784	
056 DRUGS CHARGED TO PATIENTS	44		136			38,916	
059 97 CARDIAC REHABILITATION			5			6,517	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		1	2			4,817	
061 EMERGENCY	4,460	69	92			39,054	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	14,143	20,796	1,502	3,435		764,545	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						2,559	
098 PHYSICIANS' PRIVATE OFFIC						53	
098 01 COMMUNITY EDUCATION						195	
098 02 VACANT BUILDING						134,060	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	14,143	20,796	1,502	3,435		901,412	

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0011
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/23/2010
 WORKSHEET B
 PART II

TOTAL

27

001	GENERAL SERVICE COST CNTR	
001	01 OLD CAP REL COSTS-BLDG &	
001	02 OLD CAP REL COSTS-NEW BUI	
002	02 OLD CAP REL COSTS-NEW ADD	
002	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
003	01 NEW CAP REL COSTS-NEW BUI	
003	02 NEW CAP REL COSTS-NEW ADD	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	01 NONPATIENT TELEPHONES	
006	02 DATA PROCESSING	
006	03 PURCHASING, RECEIVING AND	
006	04 CASHIERING/ACCOUNTS RECEI	
006	05 OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	196,165
026	INTENSIVE CARE UNIT	26,165
031	SUBPROVIDER	201,106
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	75,571
038	RECOVERY ROOM	4,723
040	ANESTHESIOLOGY	862
041	RADIOLOGY-DIAGNOSTIC	54,044
042	RADIOLOGY-THERAPEUTIC	8,221
043	RADIOISOTOPE	9,526
044	LABORATORY	34,369
049	RESPIRATORY THERAPY	21,647
050	PHYSICAL THERAPY	32,324
053	ELECTROCARDIOLOGY	1,734
055	MEDICAL SUPPLIES CHARGED	8,784
056	DRUGS CHARGED TO PATIENTS	38,916
059	97 CARDIAC REHABILITATION	6,517
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	4,817
061	EMERGENCY	39,054
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	764,545
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	2,559
098	PHYSICIANS' PRIVATE OFFICE	53
098	01 COMMUNITY EDUCATION	195
098	02 VACANT BUILDING	134,060
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	901,412

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0011
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/23/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-NEW BUI	OLD CAP REL C OSTS-NEW ADD	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-NEW BUI
	0	1	1.01	1.02	2	3	3.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
002 OLD CAP REL COSTS-NEW ADD							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS						2,013	
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING						416	
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND						30,148	19,694
007 MAINTENANCE & REPAIRS						21,468	13,284
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING						6,193	650
011 DIETARY						8,509	
012 CAFETERIA						4,387	
014 NURSING ADMINISTRATION						1,177	863
015 CENTRAL SERVICES & SUPPLY						5,178	
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE						797	
020 NONPHYSICIAN ANESTHETISTS							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS						11,807	49,373
026 INTENSIVE CARE UNIT							
031 SUBPROVIDER						42,137	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							
038 RECOVERY ROOM							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY							16,805
049 RESPIRATORY THERAPY							15,992
050 PHYSICAL THERAPY							
053 ELECTROCARDIOLOGY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS						5,189	
059 97 CARDIAC REHABILITATION							534
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY						540	2,955
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS						139,959	120,150
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 COMMUNITY EDUCATION							
098 02 VACANT BUILDING						33,071	6,503
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL						173,030	126,653

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL COSTS-NEW ADD	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	TELE DATA NG	PROCESSING	PURCHASING, RECEIVING AND
	3.02	4	4a	5	6.01		6.02	6.03
001 GENERAL SERVICE COST CNTR								
001 01 OLD CAP REL COSTS-BLDG &								
001 02 OLD CAP REL COSTS-NEW BUI								
002 02 OLD CAP REL COSTS-NEW ADD								
002 02 OLD CAP REL COSTS-MVBLE E								
003 01 NEW CAP REL COSTS-BLDG &								
003 01 NEW CAP REL COSTS-NEW BUI								
003 02 NEW CAP REL COSTS-NEW ADD								
004 02 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS	1,954	1,895	5,862	5,862				
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING	4,011		4,427				4,427	
006 03 PURCHASING, RECEIVING AND		1,610	1,610				30	1,640
006 04 CASHIERING/ACCOUNTS RECEI	28,424	4,803	33,227	152			276	13
006 05 OTHER ADMINISTRATIVE AND	504,249	1,748,330	2,302,421	437			306	
007 MAINTENANCE & REPAIRS	151,974	197,092	383,818	104			49	
009 LAUNDRY & LINEN SERVICE				8				
010 HOUSEKEEPING	1,504	17,340	25,687	130			59	
011 DIETARY	2,230	12,998	23,737	90			49	
012 CAFETERIA	38,573	9,468	52,428	66			39	
014 NURSING ADMINISTRATION	14,039	10,014	26,093	253			138	
015 CENTRAL SERVICES & SUPPLY		39,101	44,279	28				31
017 MEDICAL RECORDS & LIBRARY		9,923	9,923	53			177	
018 SOCIAL SERVICE		65	862	14			20	
020 NONPHYSICIAN ANESTHETISTS								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	249,988	117,179	428,347	1,047			672	301
026 INTENSIVE CARE UNIT	74,310	40,951	115,261	288			118	97
031 SUBPROVIDER	73,031	82,906	198,074	423			592	54
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	241,672	239,792	481,464	407			256	618
038 RECOVERY ROOM	19,693	2,052	21,745	58			10	26
040 ANESTHESIOLOGY		47,566	47,566	2				94
041 RADIOLOGY-DIAGNOSTIC	212,211	743,541	955,752	489			325	13
042 RADIOLOGY-THERAPEUTIC	17,618	136,781	154,399	88			39	12
043 RADIOISOTOPE	27,438	78,539	105,977	63			39	9
044 LABORATORY	32,746	73,141	122,692	218			197	115
049 RESPIRATORY THERAPY	2,507	31,149	49,648	203			128	26
050 PHYSICAL THERAPY	122,340	23,705	146,045	422			306	10
053 ELECTROCARDIOLOGY	3,043	25,073	28,116	31			30	6
055 MEDICAL SUPPLIES CHARGED								
056 DRUGS CHARGED TO PATIENTS		6,025	11,214	262			148	
059 97 CARDIAC REHABILITATION	25,761	25,176	51,471	59			128	3
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC	11,152	472	11,624	35			20	13
061 EMERGENCY	104,031	28,227	135,753	425			276	199
062 OBSERVATION BEDS (NON-DIS								
062 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	1,964,499	3,754,914	5,979,522	5,855			4,427	1,640
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	15,491		15,491					
098 PHYSICIANS' PRIVATE OFFIC		18,369	18,369					
098 01 COMMUNITY EDUCATION				7				
098 02 VACANT BUILDING	7,417		46,991					
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	1,987,407	3,773,283	6,060,373	5,862			4,427	1,640

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6.04	6.05	7	9	10	11	12
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
002 02 OLD CAP REL COSTS-NEW ADD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI	33,668						
006 05 OTHER ADMINISTRATION AND		2,303,164					
007 MAINTENANCE & REPAIRS		82,348	466,319				
009 LAUNDRY & LINEN SERVICE		13,376		13,384			
010 HOUSEKEEPING		43,064	8,192		77,132		
011 DIETARY		36,142	10,530		1,773	72,321	
012 CAFETERIA		22,109	12,518		2,108		89,268
014 NURSING ADMINISTRATION		65,449	4,789		806		4,618
015 CENTRAL SERVICES & SUPPLY		10,893	6,151		1,036		505
017 MEDICAL RECORDS & LIBRARY		14,551					965
018 SOCIAL SERVICE		3,868	947		159		256
020 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,221	348,241	103,185	8,513	17,372	45,999	19,325
026 INTENSIVE CARE UNIT	412	88,111	14,077	1,186	2,370	6,408	5,257
031 SUBPROVIDER	1,276	170,844	63,889	3,685	10,757	19,914	7,741
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,555	178,035	45,783		7,708		7,435
038 RECOVERY ROOM	222	13,149	3,731		628		1,069
040 ANESTHESIOLOGY	450	7,456					31
041 RADIOLOGY-DIAGNOSTIC	3,978	209,837	40,201		6,768		8,933
042 RADIOLOGY-THERAPEUTIC	3,959	56,176	3,338		562		1,602
043 RADIOISOTOPE	1,620	58,917	5,198		875		1,146
044 LABORATORY	5,352	149,815	20,432		3,440		3,977
049 RESPIRATORY THERAPY	975	60,901	14,015		2,360		3,714
050 PHYSICAL THERAPY	1,605	125,643	23,176		3,902		7,716
053 ELECTROCARDIOLOGY	805	12,210	576		97		566
055 MEDICAL SUPPLIES CHARGED	2,027	112,753					
056 DRUGS CHARGED TO PATIENTS	3,008	224,514	6,164		1,038		4,784
059 97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	109	18,679	5,332		898		1,083
060 CLINIC	49	10,459	2,113		356		7,776
061 EMERGENCY	2,045	156,471	22,852		3,847		633
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	33,668	2,294,011	417,189	13,384	68,860	72,321	89,132
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		603	2,935		494		
098 PHYSICIANS' PRIVATE OFFIC		702					
098 01 COMMUNITY EDUCATION		1,969					136
098 02 VACANT BUILDING		5,879	46,195		7,778		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	33,668	2,303,164	466,319	13,384	77,132	72,321	89,268

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	14	15	17	18	20	25	26
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
002 OLD CAP REL COSTS-NEW ADD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION	102,146						
015 CENTRAL SERVICES & SUPPLY		62,923					
017 MEDICAL RECORDS & LIBRARY			25,669				
018 SOCIAL SERVICE				6,126			
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	45,744	76	1,703	3,896		1,026,642	
026 INTENSIVE CARE UNIT	14,177	92	316	543		248,713	
031 SUBPROVIDER	7,792	14	978	1,687		487,720	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,110	59,361	2,726			788,458	
038 RECOVERY ROOM	793	69	171			41,671	
040 ANESTHESIOLOGY		681	345			56,625	
041 RADIOLOGY-DIAGNOSTIC		108	3,051			1,229,455	
042 RADIOLOGY-THERAPEUTIC		6	3,036			223,217	
043 RADIOISOTOPE		1	1,242			175,087	
044 LABORATORY		489	3,953			310,680	
049 RESPIRATORY THERAPY		1,760	748			134,478	
050 PHYSICAL THERAPY			1,231			310,056	
053 ELECTROCARDIOLOGY			618			43,055	
055 MEDICAL SUPPLIES CHARGED		52	1,554			116,386	
056 DRUGS CHARGED TO PATIENTS	317		2,307			253,756	
059 97 CARDIAC REHABILITATION			84			77,846	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		4	38			32,487	
061 EMERGENCY	32,213	210	1,568			356,492	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	102,146	62,923	25,669	6,126		5,912,824	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						19,523	
098 PHYSICIANS' PRIVATE OFFIC						19,071	
098 01 COMMUNITY EDUCATION						2,112	
098 02 VACANT BUILDING						106,843	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	102,146	62,923	25,669	6,126		6,060,373	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0011
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/23/2010
 WORKSHEET B
 PART III

TOTAL

27

001	GENERAL SERVICE COST CNTR	
001	01 OLD CAP REL COSTS-BLDG &	
001	02 OLD CAP REL COSTS-NEW BUI	
002	02 OLD CAP REL COSTS-NEW ADD	
002	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
003	01 NEW CAP REL COSTS-NEW BUI	
003	02 NEW CAP REL COSTS-NEW ADD	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	01 NONPATIENT TELEPHONES	
006	02 DATA PROCESSING	
006	03 PURCHASING, RECEIVING AND	
006	04 CASHIERING/ACCOUNTS RECEI	
006	05 OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	1,026,642
026	INTENSIVE CARE UNIT	248,713
031	SUBPROVIDER	487,720
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	788,458
038	RECOVERY ROOM	41,671
040	ANESTHESIOLOGY	56,625
041	RADIOLOGY-DIAGNOSTIC	1,229,455
042	RADIOLOGY-THERAPEUTIC	223,217
043	RADIOISOTOPE	175,087
044	LABORATORY	310,680
049	RESPIRATORY THERAPY	134,478
050	PHYSICAL THERAPY	310,056
053	ELECTROCARDIOLOGY	43,055
055	MEDICAL SUPPLIES CHARGED	116,386
056	DRUGS CHARGED TO PATIENTS	253,756
059	97 CARDIAC REHABILITATION	77,846
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	32,487
061	EMERGENCY	356,492
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	5,912,824
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	19,523
098	PHYSICIANS' PRIVATE OFFIC	19,071
098	01 COMMUNITY EDUCATION	2,112
098	02 VACANT BUILDING	106,843
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	6,060,373

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & (SQUARE FEET)	OSTS-NEW BUI (SQUARE FEET)	OSTS-NEW ADD (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-NEW BUI (SQUARE FEET)
	1	1.01	1.02	2	3	3.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	62,754					
001 01 OLD CAP REL COSTS-NEW		32,740				
001 02 OLD CAP REL COSTS-NEW			114,949			
002 OLD CAP REL COSTS-MVB				210,443		
003 NEW CAP REL COSTS-BLD					62,754	
003 01 NEW CAP REL COSTS-NEW						32,740
003 02 NEW CAP REL COSTS-NEW						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS	730		113	843	730	
006 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING	151		232	383	151	
006 03 PURCHASING, RECEIVING						
006 04 CASHIERING/ACCOUNTS R			1,644	1,644		
006 05 OTHER ADMIN STRATIO	10,934	5,091	29,165	45,190	10,934	5,091
007 MAINTENANCE & REPAIRS	7,786	3,434	8,790	20,010	7,786	3,434
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING	2,246	168	87	2,501	2,246	168
011 DIETARY	3,086		129	3,215	3,086	
012 CAFETERIA	1,591		2,231	3,822	1,591	
014 NURSING ADMIN STRATIO	427	223	812	1,462	427	223
015 CENTRAL SERVICES & SU	1,878			1,878	1,878	
017 MEDICAL RECORDS & LIB						
018 SOCIAL SERVICE	289			289	289	
020 NONPHYSICIAN ANESTHET						
025 INPAT ROUTINE SRVC CN	4,282	12,763	14,459	31,504	4,282	12,763
026 ADULTS & PEDIATRICS			4,298	4,298		
031 INTENSIVE CARE UNIT	15,282		4,224	19,506	15,282	
037 SUBPROVIDER						
038 ANCILLARY SRVC COST C						
040 OPERATING ROOM			13,978	13,978		
041 RECOVERY ROOM			1,139	1,139		
042 ANESTHESIOLOGY						
043 RADIOLOGY-DIAGNOSTIC			12,274	12,274		
044 RADIOLOGY-THERAPEUTIC			1,019	1,019		
049 RADIOISOTOPE			1,587	1,587		
050 LABORATORY		4,344	1,894	6,238		4,344
053 RESPIRATORY THERAPY		4,134	145	4,279		4,134
055 PHYSICAL THERAPY			7,076	7,076		
056 ELECTROCARDIOLOGY			176	176		
059 97 MEDICAL SUPPLIES CHAR	1,882			1,882	1,882	
060 DRUGS CHARGED TO PATI		138	1,490	1,628		138
061 CARDIAC REHABILITATIO						
062 OUTPAT SERVICE COST C						
095 CLINIC	196	764	6,017	6,977	196	764
096 EMERGENCY						
098 OBSERVATION BEDS (NON						
098 01 SPEC PURPOSE COST CEN						
098 02 SUBTOTALS	50,760	31,059	113,624	195,443	50,760	31,059
096 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE			896	896		
098 01 PHYSICIANS' PRIVATE O						
098 02 COMMUNITY EDUCATION						
101 VACANT BUILDING	11,994	1,681	429	14,104	11,994	1,681
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
104 COST TO BE ALLOCATED	584,178	75,193	180,472	61,569	173,030	126,653
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	9.309016		1.570018		2.757274	
(WRKSHT B, PT I)		2.296671		.292569		3.868448
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0011
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/23/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-NEW ADD (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (NUMBER OF PCS)	PURCHASING, RECEIVING AND SUPPLIES (PURCH SUPPLIES)	CASHIERING/AC COUNTS RECEI (GROSS REVENUE)
	3.02	4	5	6.01	6.02	6.03	6.04
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-NEW							
001 02 OLD CAP REL COSTS-NEW							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-NEW							
003 02 NEW CAP REL COSTS-NEW	114,949						
004 NEW CAP REL COSTS-MVB		4,432,629					
005 EMPLOYEE BENEFITS	113	2,226	29,503,448				
006 01 NONPATIENT TELEPHONES				761			
006 02 DATA PROCESSING	232			10	449		
006 03 PURCHASING, RECEIVING		1,891		4	3	2,313,179	
006 04 CASHIERING/ACCOUNTS R	1,644	5,642	763,547	20	28	18,256	252,660,816
006 05 OTHER ADMIN STRATIVE	29,165	2,053,838	2,197,948	61	31	375	
007 MAINTENANCE & REPAIRS	8,790	231,532	524,668	32	5		
009 LAUNDRY & LINEN SERVI			41,850				
010 HOUSEKEEPING	87	20,370	654,745	14	6	347	
011 DIETARY	129	15,269	452,988	17	5		
012 CAFETERIA	2,231	11,122	329,916		4		
014 NURSING ADMIN STRATIO	812	11,764	1,269,291	27	14	631	
015 CENTRAL SERVICES & SU		45,933	138,902	3		43,683	
017 MEDICAL RECORDS & LIB		11,657	265,224	37	18		
018 SOCIAL SERVICE		76	70,265	5	2		
020 NONPHYSICIAN ANESTHET							
025 INPAT ROUTINE SRVC CN							
ADULTS & PEDIATRICS	14,459	137,655	5,312,488	95	68	424,033	16,700,023
026 INTENSIVE CARE UNIT	4,298	48,107	1,444,991	15	12	136,710	3,098,166
031 SUBPROVIDER	4,224	97,393	2,127,707	62	60	75,842	9,592,640
ANCILLARY SRVC COST C							
037 OPERATING ROOM	13,978	281,693	2,043,783	56	26	872,301	26,730,277
038 RECOVERY ROOM	1,139	2,411	293,810	4	1	36,694	1,672,201
040 ANESTHESIOLOGY		55,878	8,506	7		131,977	3,379,732
041 RADIOLOGY-DIAGNOSTIC	12,274	873,467	2,455,461	54	33	18,354	29,910,716
042 RADIOLOGY-THERAPEUTIC	1,019	160,682	440,217	7	4	17,050	29,767,897
043 RADIOISOTOPE	1,587	92,263	314,955	5	4	12,122	12,177,679
044 LABORATORY	1,894	85,922	1,093,298	36	20	161,827	39,758,857
049 RESPIRATORY THERAPY	145	36,592	1,020,784	42	13	36,617	7,330,573
050 PHYSICAL THERAPY	7,076	27,847	2,120,939	19	31	14,603	12,067,520
053 ELECTROCARDIOLOGY	176	29,454	155,522	4	3	7,943	6,055,160
055 MEDICAL SUPPLIES CHAR							15,239,463
056 DRUGS CHARGED TO PATI		7,078	1,315,026	18	15	439	22,619,259
059 97 CARDIAC REHABILITATIO	1,490	29,575	297,788	10	13	4,650	819,863
OUTPAT SERVICE COST C							
060 CLINIC	645	554	173,915	7	2	17,992	368,536
061 EMERGENCY	6,017	33,159	2,137,524	41	28	280,733	15,372,254
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	113,624	4,411,050	29,466,058	712	449	2,313,179	252,660,816
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	896			2			
098 PHYSICIANS' PRIVATE O		21,579		47			
098 01 COMMUNITY EDUCATION			37,390				
098 02 VACANT BUILDING	429						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,987,407	3,773,283	9,739,800		1,932,879	77,006	2,975,583
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.851252				.033290	
(WRKSHT B, PT I)	17.289468		.330124		4,304.853007		.011777
105 COST TO BE ALLOCATED			7,220		1,882	13	3,366
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER			.000245		4.191537	.000006	.000013
(WRKSHT B, PT II)			5,862		4,427	1,640	33,668
107 COST TO BE ALLOCATED							
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER			.000199		9.859688	.000709	.000133
(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (GROSS LARIES)	SA
	6a.05	6.05	7	9	10	11	12	
GENERAL SERVICE COST								
001 OLD CAP REL COSTS-BLD								
001 01 OLD CAP REL COSTS-NEW								
001 02 OLD CAP REL COSTS-NEW								
002 OLD CAP REL COSTS-MVB								
003 NEW CAP REL COSTS-BLD								
003 01 NEW CAP REL COSTS-NEW								
003 02 NEW CAP REL COSTS-NEW								
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING								
006 03 PURCHASING, RECEIVING								
006 04 CASHIERING/ACCOUNTS R								
006 05 OTHER ADMINISTRATIVE	-11,907,186	65,547,377						
007 MAINTENANCE & REPAIRS		2,343,624	142,373					
009 LAUNDRY & LINEN SERVICE		380,681		28,251				
010 HOUSEKEEPING		1,225,594	2,501		139,872			
011 DIETARY		1,028,605	3,215		3,215	84,753		
012 CAFETERIA		629,233	3,822		3,822		24,537,786	
014 NURSING ADMINISTRATIO		1,862,692	1,462		1,462		1,269,291	
015 CENTRAL SERVICES & SU		310,029	1,878		1,878		138,902	
017 MEDICAL RECORDS & LIB		414,120					265,224	
018 SOCIAL SERVICE		110,073	289		289		70,265	
020 NONPHYSICIAN ANESTHET								
025 ADULTS & PEDIATRICS		9,910,169	31,504	17,969	31,504	53,907	5,312,488	
026 INTENSIVE CARE UNIT		2,507,653	4,298	2,503	4,298	7,509	1,444,991	
031 SUBPROVIDER		4,862,228	19,506	7,779	19,506	23,337	2,127,707	
ANCILLARY SRVC COST C								
037 OPERATING ROOM		5,066,890	13,978		13,978		2,043,783	
038 RECOVERY ROOM		374,226	1,139		1,139		293,810	
040 ANESTHESIOLOGY		212,198					8,506	
041 RADIOLOGY-DIAGNOSTIC		5,971,964	12,274		12,274		2,455,461	
042 RADIOLOGY-THERAPEUTIC		1,598,782	1,019		1,019		440,217	
043 RADIOISOTOPE		1,676,767	1,587		1,587		314,955	
044 LABORATORY		4,263,733	6,238		6,238		1,093,298	
049 RESPIRATORY THERAPY		1,733,230	4,279		4,279		1,020,784	
050 PHYSICAL THERAPY		3,575,802	7,076		7,076		2,120,939	
053 ELECTROCARDIOLOGY		347,487	176		176		155,522	
055 MEDICAL SUPPLIES CHAR		3,208,952						
056 DRUGS CHARGED TO PATI		6,389,669	1,882		1,882		1,315,026	
059 97 CARDIAC REHABILITATIO		531,615	1,628		1,628		297,788	
OUTPAT SERVICE COST C								
060 CLINIC		297,677	645		645		2,137,524	
061 EMERGENCY		4,453,180	6,977		6,977		173,915	
062 OBSERVATION BEDS (NON								
SPEC PURPOSE COST CEN								
095 SUBTOTALS	-11,907,186	65,286,873	127,373	28,251	124,872	84,753	24,500,396	
NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE		17,160	896		896			
098 PHYSICIANS' PRIVATE O		19,993						
098 01 COMMUNITY EDUCATION		56,047					37,390	
098 02 VACANT BUILDING		167,304	14,104		14,104			
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED		11,907,186	2,769,362	449,835	1,496,881	1,312,401	858,783	
(WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		.181658		15.922799		15.485009		
(WRKSHT B, PT I)			19.451455		10.701792		.034998	
105 COST TO BE ALLOCATED		173,155	106,363	1,016	27,454	35,755	24,797	
(WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER		.002642		.035963		.421873		
(WRKSHT B, PT II)			.747073		.196279		.001011	
107 COST TO BE ALLOCATED		2,303,164	466,319	13,384	77,132	72,321	89,268	
(WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER		.035137		.473753		.853315		
(WRKSHT B, PT III)			3.275333		.551447		.003638	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	(DIRECT NURSING HRS)	(TIME SPENT)	(GROSS REVENUE)	(PATIENT DAYS)	(ASSIGNED TIME)
GENERAL SERVICE COST	14	15	17	18	20
001 OLD CAP REL COSTS-BLD					
001 01 OLD CAP REL COSTS-NEW					
001 02 OLD CAP REL COSTS-NEW					
002 OLD CAP REL COSTS-MVB					
003 NEW CAP REL COSTS-BLD					
003 01 NEW CAP REL COSTS-NEW					
003 02 NEW CAP REL COSTS-NEW					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING					
006 04 CASHIERING/ACCOUNTS R					
006 05 OTHER ADMINISTRATIVE					
007 MAINTENANCE & REPAIRS					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION	48,310				
015 CENTRAL SERVICES & SUPPLY		3,029,474			
017 MEDICAL RECORDS & LIBRARY			252,660,816		
018 SOCIAL SERVICE				28,251	
020 NONPHYSICIAN ANESTHETIST					100
025 INPATIENT ROUTINE SRVC CN					
ADULTS & PEDIATRICS	21,635	3,661	16,700,023	17,969	
026 INTENSIVE CARE UNIT	6,705	4,417	3,098,166	2,503	
031 SUBPROVIDER	3,685	698	9,592,640	7,779	
037 ANCILLARY SRVC COST CENTER					
OPERATING ROOM	525	2,857,981	26,730,277		
038 RECOVERY ROOM	375	3,313	1,672,201		
040 ANESTHESIOLOGY		32,779	3,379,732		100
041 RADIOLOGY-DIAGNOSTIC		5,212	29,910,716		
042 RADIOLOGY-THERAPEUTIC		280	29,767,897		
043 RADIOISOTOPE		32	12,177,679		
044 LABORATORY		23,556	39,758,857		
049 RESPIRATORY THERAPY		84,750	7,330,573		
050 PHYSICAL THERAPY			12,067,520		
053 ELECTROCARDIOLOGY			6,055,160		
055 MEDICAL SUPPLIES CHARGED TO PATIENT		2,526	15,239,463		
056 DRUGS CHARGED TO PATIENT	150		22,619,259		
059 97 CARDIAC REHABILITATION			819,863		
060 OUTPAT SERVICE COST CENTER					
CLINIC		177	368,536		
061 EMERGENCY	15,235	10,092	15,372,254		
062 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)					
095 SUBTOTALS	48,310	3,029,474	252,660,816	28,251	100
096 NONREIMBURS COST CENTER					
GIFT, FLOWER, COFFEE					
098 PHYSICIANS' PRIVATE OFFICE					
098 01 COMMUNITY EDUCATION					
098 02 VACANT BUILDING					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED (PER WRKSHT B, PART I)	2,289,572	427,837	498,630	141,242	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.141225		4.999540	
105 COST TO BE ALLOCATED (PER WRKSHT B, PART II)	47.393335		.001974		
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	14,143	20,796	1,502	3,435	
107 COST TO BE ALLOCATED (PER WRKSHT B, PART III)		.006865		.121589	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.292755		.000006		
107 COST TO BE ALLOCATED (PER WRKSHT B, PART IV)	102,146	62,923	25,669	6,126	
108 UNIT COST MULTIPLIER (WRKSHT B, PT IV)	2.114386	.020770	.000102	.216842	

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	15,115,841		15,115,841	1,720	15,117,561
26	INTENSIVE CARE UNIT	3,636,516		3,636,516		3,636,516
31	SUBPROVIDER	7,125,932		7,125,932		7,125,932
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,961,605		6,961,605	1,924	6,963,529
38	RECOVERY ROOM	508,376		508,376		508,376
40	ANESTHESIOLOGY	262,344		262,344		262,344
41	RADIOLOGY-DIAGNOSTIC	7,572,636		7,572,636		7,572,636
42	RADIOLOGY-THERAPEUTIC	1,994,149		1,994,149		1,994,149
43	RADIOISOTOPE	2,064,285		2,064,285		2,064,285
44	LABORATORY	5,346,320		5,346,320	15,000	5,361,320
49	RESPIRATORY THERAPY	2,239,276		2,239,276	5,911	2,245,187
50	PHYSICAL THERAPY	4,536,789		4,536,789		4,536,789
53	ELECTROCARDIOLOGY	433,314		433,314	2,068	435,382
55	MEDICAL SUPPLIES CHARGED	3,822,324		3,822,324		3,822,324
56	DRUGS CHARGED TO PATIENTS	7,704,934		7,704,934		7,704,934
59	97 CARDIAC REHABILITATION	689,317		689,317		689,317
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	446,762		446,762		446,762
61	EMERGENCY	6,232,409		6,232,409		6,232,409
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,983,717		1,983,717		1,983,717
101	SUBTOTAL	78,676,846		78,676,846	26,623	78,703,469
102	LESS OBSERVATION BEDS	1,983,717		1,983,717		1,983,717
103	TOTAL	76,693,129		76,693,129	26,623	76,719,752

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	14,594,665		14,594,665			
26	INTENSIVE CARE UNIT	3,098,166		3,098,166			
31	SUBPROVIDER	9,592,640		9,592,640			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	8,761,241	17,772,295	26,533,536	.262370	.262370	.262443
38	RECOVERY ROOM	771,841	842,076	1,613,917	.314995	.314995	.314995
40	ANESTHESIOLOGY	1,423,492	1,933,085	3,356,577	.078158	.078158	.078158
41	RADIOLOGY-DIAGNOSTIC	4,946,256	24,520,034	29,466,290	.256993	.256993	.256993
42	RADIOLOGY-THERAPEUTIC	6,522,997	22,952,170	29,475,167	.067655	.067655	.067655
43	RADIOISOTOPE	1,571,429	10,435,907	12,007,336	.171919	.171919	.171919
44	LABORATORY	15,621,344	23,632,625	39,253,969	.136198	.136198	.136580
49	RESPIRATORY THERAPY	5,982,649	1,335,606	7,318,255	.305985	.305985	.306793
50	PHYSICAL THERAPY	6,414,197	5,446,007	11,860,204	.382522	.382522	.382522
53	ELECTROCARDIOLOGY	1,691,651	4,301,039	5,992,690	.072307	.072307	.072652
55	MEDICAL SUPPLIES CHARGED	8,768,064	6,415,897	15,183,961	.251734	.251734	.251734
56	DRUGS CHARGED TO PATIENTS	16,485,001	6,030,082	22,515,083	.342212	.342212	.342212
59	97 CARDIAC REHABILITATION	124,758	675,410	800,168	.861465	.861465	.861465
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,905	365,631	368,536	1.212261	1.212261	1.212261
61	EMERGENCY	3,267,124	11,982,663	15,249,787	.408688	.408688	.408688
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	198,884	1,870,980	2,069,864	.958380	.958380	.958380
101	SUBTOTAL	109,839,304	140,511,507	250,350,811			
102	LESS OBSERVATION BEDS						
103	TOTAL	109,839,304	140,511,507	250,350,811			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0011
PERIOD: FROM 4/1/2009 TO 3/31/2010
PREPARED 8/23/2010
WORKSHEET C PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	15,115,841		15,115,841	1,720	15,117,561
26	INTENSIVE CARE UNIT	3,636,516		3,636,516		3,636,516
31	SUBPROVIDER	7,125,932		7,125,932		7,125,932
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,961,605		6,961,605	1,924	6,963,529
38	RECOVERY ROOM	508,376		508,376		508,376
40	ANESTHESIOLOGY	262,344		262,344		262,344
41	RADIOLOGY-DIAGNOSTIC	7,572,636		7,572,636		7,572,636
42	RADIOLOGY-THERAPEUTIC	1,994,149		1,994,149		1,994,149
43	RADIOISOTOPE	2,064,285		2,064,285		2,064,285
44	LABORATORY	5,346,320		5,346,320	15,000	5,361,320
49	RESPIRATORY THERAPY	2,239,276		2,239,276	5,911	2,245,187
50	PHYSICAL THERAPY	4,536,789		4,536,789		4,536,789
53	ELECTROCARDIOLOGY	433,314		433,314	2,068	435,382
55	MEDICAL SUPPLIES CHARGED	3,822,324		3,822,324		3,822,324
56	DRUGS CHARGED TO PATIENTS	7,704,934		7,704,934		7,704,934
59	97 CARDIAC REHABILITATION	689,317		689,317		689,317
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	446,762		446,762		446,762
61	EMERGENCY	6,232,409		6,232,409		6,232,409
62	OBSERVATION BEDS (NON-DIS	1,983,717		1,983,717		1,983,717
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	78,676,846		78,676,846	26,623	78,703,469
102	LESS OBSERVATION BEDS	1,983,717		1,983,717		1,983,717
103	TOTAL	76,693,129		76,693,129	26,623	76,719,752

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	14,594,665		14,594,665			
26	INTENSIVE CARE UNIT	3,098,166		3,098,166			
31	SUBPROVIDER	9,592,640		9,592,640			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	8,761,241	17,772,295	26,533,536	.262370	.262370	.262443
38	RECOVERY ROOM	771,841	842,076	1,613,917	.314995	.314995	.314995
40	ANESTHESIOLOGY	1,423,492	1,933,085	3,356,577	.078158	.078158	.078158
41	RADIOLOGY-DIAGNOSTIC	4,946,256	24,520,034	29,466,290	.256993	.256993	.256993
42	RADIOLOGY-THERAPEUTIC	6,522,997	22,952,170	29,475,167	.067655	.067655	.067655
43	RADIOISOTOPE	1,571,429	10,435,907	12,007,336	.171919	.171919	.171919
44	LABORATORY	15,621,344	23,632,625	39,253,969	.136198	.136198	.136580
49	RESPIRATORY THERAPY	5,982,649	1,335,606	7,318,255	.305985	.305985	.306793
50	PHYSICAL THERAPY	6,414,197	5,446,007	11,860,204	.382522	.382522	.382522
53	ELECTROCARDIOLOGY	1,691,651	4,301,039	5,992,690	.072307	.072307	.072652
55	MEDICAL SUPPLIES CHARGED	8,768,064	6,415,897	15,183,961	.251734	.251734	.251734
56	DRUGS CHARGED TO PATIENTS	16,485,001	6,030,082	22,515,083	.342212	.342212	.342212
59	97 CARDIAC REHABILITATION	124,758	675,410	800,168	.861465	.861465	.861465
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,905	365,631	368,536	1.212261	1.212261	1.212261
61	EMERGENCY	3,267,124	11,982,663	15,249,787	.408688	.408688	.408688
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	198,884	1,870,980	2,069,864	.958380	.958380	.958380
101	SUBTOTAL	109,839,304	140,511,507	250,350,811			
102	LESS OBSERVATION BEDS						
103	TOTAL	109,839,304	140,511,507	250,350,811			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	6,961,605	864,029	6,097,576			6,961,605
38	RECOVERY ROOM	508,376	46,394	461,982			508,376
40	ANESTHESIOLOGY	262,344	57,487	204,857			262,344
41	RADIOLOGY-DIAGNOSTIC	7,572,636	1,283,499	6,289,137			7,572,636
42	RADIOLOGY-THERAPEUTIC	1,994,149	231,438	1,762,711			1,994,149
43	RADIOISOTOPE	2,064,285	184,613	1,879,672			2,064,285
44	LABORATORY	5,346,320	345,049	5,001,271			5,346,320
49	RESPIRATORY THERAPY	2,239,276	156,125	2,083,151			2,239,276
50	PHYSICAL THERAPY	4,536,789	342,380	4,194,409			4,536,789
53	ELECTROCARDIOLOGY	433,314	44,789	388,525			433,314
55	MEDICAL SUPPLIES CHARGED	3,822,324	125,170	3,697,154			3,822,324
56	DRUGS CHARGED TO PATIENTS	7,704,934	292,672	7,412,262			7,704,934
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	689,317	84,363	604,954			689,317
60	CLINIC	446,762	37,304	409,458			446,762
61	EMERGENCY	6,232,409	395,546	5,836,863			6,232,409
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,983,717	160,457	1,823,260			1,983,717
101	SUBTOTAL	52,798,557	4,651,315	48,147,242			52,798,557
102	LESS OBSERVATION BEDS	1,983,717	160,457	1,823,260			1,983,717
103	TOTAL	50,814,840	4,490,858	46,323,982			50,814,840

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	26,533,536	.262370	.262370
38	RECOVERY ROOM	1,613,917	.314995	.314995
40	ANESTHESIOLOGY	3,356,577	.078158	.078158
41	RADIOLOGY-DIAGNOSTIC	29,466,290	.256993	.256993
42	RADIOLOGY-THERAPEUTIC	29,475,167	.067655	.067655
43	RADIOISOTOPE	12,007,336	.171919	.171919
44	LABORATORY	39,253,969	.136198	.136198
49	RESPIRATORY THERAPY	7,318,255	.305985	.305985
50	PHYSICAL THERAPY	11,860,204	.382522	.382522
53	ELECTROCARDIOLOGY	5,992,690	.072307	.072307
55	MEDICAL SUPPLIES CHARGED	15,183,961	.251734	.251734
56	DRUGS CHARGED TO PATIENTS	22,515,083	.342212	.342212
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	800,168	.861465	.861465
60	CLINIC	368,536	1.212261	1.212261
61	EMERGENCY	15,249,787	.408688	.408688
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,069,864	.958380	.958380
101	SUBTOTAL	223,065,340		
102	LESS OBSERVATION BEDS	2,069,864		
103	TOTAL	220,995,476		

Health Financial Systems MCRIF32 FOR HERRIN HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

**NOT A CMS WORKSHEET ** (09/2000)
 PROVIDER NO: 14-0011 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/23/2010 WORKSHEET C PART II

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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	6,961,605	864,029	6,097,576	86,403	353,659	6,521,543
38	RECOVERY ROOM	508,376	46,394	461,982	4,639	26,795	476,942
40	ANESTHESIOLOGY	262,344	57,487	204,857	5,749	11,882	244,713
41	RADIOLOGY-DIAGNOSTIC	7,572,636	1,283,499	6,289,137	128,350	364,770	7,079,516
42	RADIOLOGY-THERAPEUTIC	1,994,149	231,438	1,762,711	23,144	102,237	1,868,768
43	RADIOISOTOPE	2,064,285	184,613	1,879,672	18,461	109,021	1,936,803
44	LABORATORY	5,346,320	345,049	5,001,271	34,505	290,074	5,021,741
49	RESPIRATORY THERAPY	2,239,276	156,125	2,083,151	15,613	120,823	2,102,840
50	PHYSICAL THERAPY	4,536,789	342,380	4,194,409	34,238	243,276	4,259,275
53	ELECTROCARDIOLOGY	433,314	44,789	388,525	4,479	22,534	406,301
55	MEDICAL SUPPLIES CHARGED	3,822,324	125,170	3,697,154	12,517	214,435	3,595,372
56	DRUGS CHARGED TO PATIENTS	7,704,934	292,672	7,412,262	29,267	429,911	7,245,756
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	689,317	84,363	604,954	8,436	35,087	645,794
60	CLINIC	446,762	37,304	409,458	3,730	23,749	419,283
61	EMERGENCY	6,232,409	395,546	5,836,863	39,555	338,538	5,854,316
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,983,717	160,457	1,823,260	16,046	105,749	1,861,922
101	SUBTOTAL	52,798,557	4,651,315	48,147,242	465,132	2,792,540	49,540,885
102	LESS OBSERVATION BEDS	1,983,717	160,457	1,823,260	16,046	105,749	1,861,922
103	TOTAL	50,814,840	4,490,858	46,323,982	449,086	2,686,791	47,678,963

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	26,533,536	.245785	.259114
38	RECOVERY ROOM	1,613,917	.295518	.312121
40	ANESTHESIOLOGY	3,356,577	.072906	.076445
41	RADIOLOGY-DIAGNOSTIC	29,466,290	.240258	.252637
42	RADIOLOGY-THERAPEUTIC	29,475,167	.063401	.066870
43	RADIOISOTOPE	12,007,336	.161302	.170381
44	LABORATORY	39,253,969	.127930	.135319
49	RESPIRATORY THERAPY	7,318,255	.287342	.303852
50	PHYSICAL THERAPY	11,860,204	.359123	.379635
53	ELECTROCARDIOLOGY	5,992,690	.067799	.071560
55	MEDICAL SUPPLIES CHARGED	15,183,961	.236787	.250910
56	DRUGS CHARGED TO PATIENTS	22,515,083	.321818	.340912
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	800,168	.807073	.850923
60	CLINIC	368,536	1.137699	1.202140
61	EMERGENCY	15,249,787	.383895	.406094
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,069,864	.899538	.950628
101	SUBTOTAL	223,065,340		
102	LESS OBSERVATION BEDS	2,069,864		
103	TOTAL	220,995,476		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0011 PERIOD: FROM 4/1/2009 TO 3/31/2010 PREPARED 8/23/2010 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	196,165		196,165	1,026,642		1,026,642
26	INTENSIVE CARE UNIT	26,165		26,165	248,713		248,713
31	SUBPROVIDER	201,106		201,106	487,720		487,720
101	TOTAL	423,436		423,436	1,763,075		1,763,075

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0011 PERIOD: FROM 4/1/2009 TO 3/31/2010 PREPARED 8/23/2010 WORKSHEET D PART I

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	20,683	12,814	9.48	121,477	49.64	636,087
26	INTENSIVE CARE UNIT	2,503	1,312	10.45	13,710	99.37	130,373
31	SUBPROVIDER	7,779	5,665	25.85	146,440	62.70	355,196
101	TOTAL	30,965	19,791		281,627		1,121,656

PROVIDER NO: 14-0011 PERIOD: FROM 4/1/2009 TO 3/31/2010 PREPARED 8/23/2010
 COMPONENT NO: 14-0011 TO 3/31/2010 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL

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	75,571	788,458	26,533,536	4,877,636	.002848	13,892
38	RECOVERY ROOM	4,723	41,671	1,613,917	448,545	.002926	1,312
40	ANESTHESIOLOGY	862	56,625	3,356,577	772,241	.000257	198
41	RADIOLOGY-DIAGNOSTIC	54,044	1,229,455	29,466,290	3,231,173	.001834	5,926
42	RADIOLOGY-THERAPEUTIC	8,221	223,217	29,475,167	4,013,911	.000279	1,120
43	RADIOISOTOPE	9,526	175,087	12,007,336	1,061,656	.000793	842
44	LABORATORY	34,369	310,680	39,253,969	10,107,157	.000876	8,854
49	RESPIRATORY THERAPY	21,647	134,478	7,318,255	2,919,938	.002958	8,637
50	PHYSICAL THERAPY	32,324	310,056	11,860,204	644,947	.002725	1,757
53	ELECTROCARDIOLOGY	1,734	43,055	5,992,690	1,215,623	.000289	351
55	MEDICAL SUPPLIES CHARGED	8,784	116,386	15,183,961	6,719,650	.000579	3,891
56	DRUGS CHARGED TO PATIENTS	38,916	253,756	22,515,083	9,720,080	.001728	16,796
59	97 CARDIAC REHABILITATION	6,517	77,846	800,168	33,755	.008145	275
	OUTPAT SERVICE COST CNTRS						
	CLINIC	4,817	32,487	368,536	1,831	.013071	24
60	EMERGENCY	39,054	356,492	15,249,787	2,016,530	.002561	5,164
62	OBSERVATION BEDS (NON-DIS	25,741	134,716	2,069,864	181,454	.012436	2,257
	OTHER REIMBURS COST CNTRS						
101	TOTAL	366,850	4,284,465	223,065,340	47,966,127		71,296

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 8/23/2010
 I 14-0011 I FROM 4/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 3/31/2010 I PART II
 I 14-0011 I
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.029716	144,944
38	RECOVERY ROOM	.025820	11,581
40	ANESTHESIOLOGY	.016870	13,028
41	RADIOLOGY-DIAGNOSTIC	.041724	134,817
42	RADIOLOGY-THERAPEUTIC	.007573	30,397
43	RADIOISOTOPE	.014582	15,481
44	LABORATORY	.007915	79,998
49	RESPIRATORY THERAPY	.018376	53,657
50	PHYSICAL THERAPY	.026143	16,861
53	ELECTROCARDIOLOGY	.007185	8,734
55	MEDICAL SUPPLIES CHARGED	.007665	51,506
56	DRUGS CHARGED TO PATIENTS	.011270	109,545
59	97 CARDIAC REHABILITATION	.097287	3,284
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.088151	161
61	EMERGENCY	.023377	47,140
62	OBSERVATION BEDS (NON-DIS	.065084	11,810
	OTHER REIMBURS COST CNTRS		
101	TOTAL		732,944

I PROVIDER NO: I PERIOD: I PREPARED 8/23/2010
 I 14-0011 I FROM 4/ 1/2009 I WORKSHEET D
 I I TO 3/31/2010 I PART III
 PPS

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

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					20,683	
26	INTENSIVE CARE UNIT					2,503	
31	SUBPROVIDER					7,779	
101	TOTAL					30,965	

PROVIDER NO:	PERIOD:	PREPARED 8/23/2010
14-0011	FROM 4/ 1/2009	WORKSHEET D
	TO 3/31/2010	PART III

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

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	12,814	
26	INTENSIVE CARE UNIT	1,312	
31	SUBPROVIDER	5,665	
101	TOTAL	19,791	

TITLE XVIII, PART A HOSPITAL

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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
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
37	ANCILLARY SRVC COST CNTRS			26,533,536			4,877,636	
38	OPERATING ROOM			1,613,917			448,545	
40	RECOVERY ROOM			3,356,577			772,241	
41	ANESTHESIOLOGY			29,466,290			3,231,173	
42	RADIOLOGY-DIAGNOSTIC			29,475,167			4,013,911	
43	RADIOLOGY-THERAPEUTIC			12,007,336			1,061,656	
44	RADIOISOTOPE			39,253,969			10,107,157	
49	LABORATORY			7,318,255			2,919,938	
50	RESPIRATORY THERAPY			11,860,204			644,947	
53	PHYSICAL THERAPY			5,992,690			1,215,623	
55	ELECTROCARDIOLOGY			15,183,961			6,719,650	
56	MEDICAL SUPPLIES CHARGED			22,515,083			9,720,080	
59	DRUGS CHARGED TO PATIENTS			800,168			33,755	
97	CARDIAC REHABILITATION							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC			368,536			1,831	
62	EMERGENCY			15,249,787			2,016,530	
62	OBSERVATION BEDS (NON-DIS			2,069,864			181,454	
101	OTHER REIMBURS COST CNTRS							
	TOTAL			223,065,340			47,966,127	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	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	5,817,348					
38	RECOVERY ROOM	293,088					
40	ANESTHESIOLOGY	631,719					
41	RADIOLOGY-DIAGNOSTIC	7,414,017					
42	RADIOLOGY-THERAPEUTIC	7,222,100					
43	RADIOISOTOPE	5,151,813					
44	LABORATORY	1,318,050					
49	RESPIRATORY THERAPY	479,568					
50	PHYSICAL THERAPY	2,340					
53	ELECTROCARDIOLOGY	1,852,256					
55	MEDICAL SUPPLIES CHARGED	1,557,886					
56	DRUGS CHARGED TO PATIENTS	2,902,093					
59	97 CARDIAC REHABILITATION	330,095					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	124,281					
61	EMERGENCY	3,235,959					
62	OBSERVATION BEDS (NON-DIS	1,410,597					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	39,743,210					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 8/23/2010
 | 14-0011 | FROM 4/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 3/31/2010 | PART V
 | 14-0011 | |

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	.262370	.262370			
38 RECOVERY ROOM	.314995	.314995			
40 ANESTHESIOLOGY	.078158	.078158			
41 RADIOLOGY-DIAGNOSTIC	.256993	.256993			
42 RADIOLOGY-THERAPEUTIC	.067655	.067655			
43 RADIOISOTOPE	.171919	.171919			
44 LABORATORY	.136198	.136198			
49 RESPIRATORY THERAPY	.305985	.305985			
50 PHYSICAL THERAPY	.382522	.382522			
53 ELECTROCARDIOLOGY	.072307	.072307			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.251734	.251734			
56 DRUGS CHARGED TO PATIENTS	.342212	.342212			
59 97 CARDIAC REHABILITATION	.861465	.861465			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.212261	1.212261			
61 EMERGENCY	.408688	.408688			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.958380	.958380			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 8/23/2010
 | 14-0011 | FROM 4/1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 3/31/2010 | PART V
 | 14-0011 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		5,817,348			
38 RECOVERY ROOM		293,088			
40 ANESTHESIOLOGY		631,719			
41 RADIOLOGY-DIAGNOSTIC		7,414,017			
42 RADIOLOGY-THERAPEUTIC		7,222,100			
43 RADIOISOTOPE		5,151,813			
44 LABORATORY		1,318,050			
49 RESPIRATORY THERAPY		479,568			
50 PHYSICAL THERAPY		2,340			
53 ELECTROCARDIOLOGY		1,852,256			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,557,886			
56 DRUGS CHARGED TO PATIENTS		2,902,093			
59 97 CARDIAC REHABILITATION		330,095			
OUTPAT SERVICE COST CNTRS					
60 CLINIC		124,281			
61 EMERGENCY		3,235,959			
62 OBSERVATION BEDS (NON-DISTINCT PART)		1,410,597			
101 SUBTOTAL		39,743,210			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		39,743,210			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 8/23/2010
 | 14-0011 | FROM 4/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 3/31/2010 | PART V
 | 14-0011 | |

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				1,526,298	
38 RECOVERY ROOM				92,321	
40 ANESTHESIOLOGY				49,374	
41 RADIOLOGY-DIAGNOSTIC				1,905,350	
42 RADIOLOGY-THERAPEUTIC				488,611	
43 RADIOISOTOPE				885,695	
44 LABORATORY				179,516	
49 RESPIRATORY THERAPY				146,741	
50 PHYSICAL THERAPY				895	
53 ELECTROCARDIOLOGY				133,931	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				392,173	
56 DRUGS CHARGED TO PATIENTS				993,131	
59 97 CARDIAC REHABILITATION				284,365	
OUTPAT SERVICE COST CNTRS					
60 CLINIC				150,661	
61 EMERGENCY				1,322,498	
62 OBSERVATION BEDS (NON-DISTINCT PART)				1,351,888	
101 SUBTOTAL				9,903,448	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				9,903,448	

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 8/23/2010
 | 14-0011 | FROM 4/1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 3/31/2010 | PART V
 | 14-0011 | |

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
- 42 RADIOLOGY-THERAPEUTIC
- 43 RADIOISOTOPE
- 44 LABORATORY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 53 ELECTROCARDIOLOGY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 59 97 CARDIAC REHABILITATION
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0011	FROM 4/ 1/2009	8/23/2010
COMPONENT NO:	TO 3/31/2010	WORKSHEET D
14-0011		PART VI

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

1	.342212
	68,268
	23,362

PROVIDER NO: 14-0011 PERIOD: FROM 4/1/2009 TO 3/31/2010 PREPARED 8/23/2010
 COMPONENT NO: 14-T011 TO 3/31/2010 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

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	75,571	788,458	26,533,536	12,331	.002848	35
38	RECOVERY ROOM	4,723	41,671	1,613,917		.002926	
40	ANESTHESIOLOGY	862	56,625	3,356,577	680	.000257	
41	RADIOLOGY-DIAGNOSTIC	54,044	1,229,455	29,466,290	146,814	.001834	269
42	RADIOLOGY-THERAPEUTIC	8,221	223,217	29,475,167	100,324	.000279	28
43	RADIOISOTOPE	9,526	175,087	12,007,336	6,944	.000793	6
44	LABORATORY	34,369	310,680	39,253,969	907,649	.000876	795
49	RESPIRATORY THERAPY	21,647	134,478	7,318,255	195,477	.002958	578
50	PHYSICAL THERAPY	32,324	310,056	11,860,204	4,071,341	.002725	11,094
53	ELECTROCARDIOLOGY	1,734	43,055	5,992,690	37,050	.000289	11
55	MEDICAL SUPPLIES CHARGED	8,784	116,386	15,183,961	28,063	.000579	16
56	DRUGS CHARGED TO PATIENTS	38,916	253,756	22,515,083	1,406,022	.001728	2,430
59	97 CARDIAC REHABILITATION	6,517	77,846	800,168	22,040	.008145	180
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	4,817	32,487	368,536		.013071	
61	EMERGENCY	39,054	356,492	15,249,787		.002561	
62	OBSERVATION BEDS (NON-DIS	25,741	134,716	2,069,864		.012436	
101	OTHER REIMBURS COST CNTRS						
	TOTAL	366,850	4,284,465	223,065,340	6,934,735		15,442

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 8/23/2010
 I 14-0011 I FROM 4/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 3/31/2010 I PART II
 I 14-T011 I
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.029716	366
38	RECOVERY ROOM	.025820	
40	ANESTHESIOLOGY	.016870	11
41	RADIOLOGY-DIAGNOSTIC	.041724	6,126
42	RADIOLOGY-THERAPEUTIC	.007573	760
43	RADIOISOTOPE	.014582	101
44	LABORATORY	.007915	7,184
49	RESPIRATORY THERAPY	.018376	3,592
50	PHYSICAL THERAPY	.026143	106,437
53	ELECTROCARDIOLOGY	.007185	266
55	MEDICAL SUPPLIES CHARGED	.007665	215
56	DRUGS CHARGED TO PATIENTS	.011270	15,846
59	97 CARDIAC REHABILITATION	.097287	2,144
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.088151	
61	EMERGENCY	.023377	
62	OBSERVATION BEDS (NON-DIS	.065084	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		143,048

TITLE XVIII, PART A SUBPROVIDER 1

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						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

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
37	ANCILLARY SRVC COST CNTRS			26,533,536			12,331	
38	OPERATING ROOM			1,613,917				
40	RECOVERY ROOM			3,356,577			680	
41	ANESTHESIOLOGY			29,466,290			146,814	
42	RADIOLOGY-DIAGNOSTIC			29,475,167			100,324	
43	RADIOLOGY-THERAPEUTIC			12,007,336			6,944	
44	RADIOISOTOPE			39,253,969			907,649	
49	LABORATORY			7,318,255			195,477	
50	RESPIRATORY THERAPY			11,860,204			4,071,341	
53	PHYSICAL THERAPY			5,992,690			37,050	
55	ELECTROCARDIOLOGY			15,183,961			28,063	
56	MEDICAL SUPPLIES CHARGED			22,515,083			1,406,022	
59	DRUGS CHARGED TO PATIENTS			800,168			22,040	
97	CARDIAC REHABILITATION							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			368,536				
61	EMERGENCY			15,249,787				
62	OBSERVATION BEDS (NON-DIS			2,069,864				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			223,065,340			6,934,735	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	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						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		694				
42	RADIOLOGY-THERAPEUTIC		10,191				
43	RADIOISOTOPE						
44	LABORATORY		171				
49	RESPIRATORY THERAPY		146				
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY		1,904				
55	MEDICAL SUPPLIES CHARGED		168				
56	DRUGS CHARGED TO PATIENTS		4,096				
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY		4,572				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL		21,942				

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: 14-0011 | PERIOD: FROM 4/1/2009 TO 3/31/2010 | PREPARED 8/23/2010
 | COMPONENT NO: 14-T011 | | WORKSHEET D PART V

TITLE XVIII, PART B SUBPROVIDER 1

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	.262370	.262370			
38 RECOVERY ROOM	.314995	.314995			
40 ANESTHESIOLOGY	.078158	.078158			
41 RADIOLOGY-DIAGNOSTIC	.256993	.256993			
42 RADIOLOGY-THERAPEUTIC	.067655	.067655			
43 RADIOISOTOPE	.171919	.171919			
44 LABORATORY	.136198	.136198			
49 RESPIRATORY THERAPY	.305985	.305985			
50 PHYSICAL THERAPY	.382522	.382522			
53 ELECTROCARDIOLOGY	.072307	.072307			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.251734	.251734			
56 DRUGS CHARGED TO PATIENTS	.342212	.342212			
59 97 CARDIAC REHABILITATION	.861465	.861465			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.212261	1.212261			
61 EMERGENCY	.408688	.408688			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.958380	.958380			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 8/23/2010
 | 14-0011 | FROM 4/1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 3/31/2010 | PART V
 | 14-T011 | |

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		694			
42 RADIOLOGY-THERAPEUTIC		10,191			
43 RADIOISOTOPE					
44 LABORATORY		171			
49 RESPIRATORY THERAPY		146			
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY		1,904			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		168			
56 DRUGS CHARGED TO PATIENTS		4,096			
59 97 CARDIAC REHABILITATION					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY		4,572			
101 OBSERVATION BEDS (NON-DISTINCT PART)					
102 SUBTOTAL		21,942			
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
NET CHARGES		21,942			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 8/23/2010
 | 14-0011 | FROM 4/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 3/31/2010 | PART V
 | 14-T011 | |

TITLE XVIII, PART B SUBPROVIDER 1

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					
38 RECOVERY ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				178	
42 RADIOLOGY-THERAPEUTIC				689	
43 RADIOISOTOPE					
44 LABORATORY				23	
49 RESPIRATORY THERAPY				45	
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY				138	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				42	
56 DRUGS CHARGED TO PATIENTS				1,402	
59 97 CARDIAC REHABILITATION					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY				1,869	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL				4,386	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				4,386	

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 8/23/2010
 | 14-0011 | FROM 4/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 3/31/2010 | PART V
 | 14-T011 | |

TITLE XVIII, PART B SUBPROVIDER 1

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
- 42 RADIOLOGY-THERAPEUTIC
- 43 RADIOISOTOPE
- 44 LABORATORY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 53 ELECTROCARDIOLOGY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 59 97 CARDIAC REHABILITATION
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0011	FROM 4/ 1/2009	8/23/2010
COMPONENT NO:	TO 3/31/2010	WORKSHEET D-1
14-0011		PART 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)	20,683
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	20,683
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	20,683
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)	12,814
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	15,117,561
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	15,117,561

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	12,263,748
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	12,263,748
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.232703
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	592.94
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	15,117,561

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-0011
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 COMPONENT NO: 14-0011
 PREPARED 8/23/2010
 WORKSHEET D-1
 PART II

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					730.92
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					9,366,009
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					9,366,009

	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	3,636,516	2,503	1,452.86	1,312	1,906,152
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES				901,647
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				804,240
52	TOTAL PROGRAM EXCLUDABLE COST				1,705,887
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				20,990,991

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0011	FROM 4/ 1/2009	8/23/2010
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14-0011		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,714
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	730.92
85	OBSERVATION BED COST	1,983,717

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	196,165	.012976	1,983,717	25,741
87	NEW CAPITAL-RELATED COST	1,026,642	.067911	1,983,717	134,716
88	NON PHYSICIAN ANESTHETIST	15,117,561		1,983,717	
89	MEDICAL EDUCATION	15,117,561		1,983,717	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 8/23/2010
14-0011	FROM 4/ 1/2009	WORKSHEET D-1
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14-T011		

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)	7,779
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,779
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,779
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)	5,665
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	7,125,932
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	7,125,932

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,592,640
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,592,640
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.742854
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,233.15
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	7,125,932

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-0011
 COMPONENT NO: 14-T011
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/23/2010
 WORKSHEET D-1
 PART II

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 916.05
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 5,189,423
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 5,189,423

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					2,300,217
49 TOTAL PROGRAM INPATIENT COSTS					7,489,640

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 501,636
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 158,490
 52 TOTAL PROGRAM EXCLUDABLE COST 660,126
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 6,829,514

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0011	FROM 4/ 1/2009	8/23/2010
COMPONENT NO:	TO 3/31/2010	WORKSHEET D-1
14-T011		PART III

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	916.05
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	201,106	7,125,932	.028222	
87	NEW CAPITAL-RELATED COST	487,720	7,125,932	.068443	
88	NON PHYSICIAN ANESTHETIST		7,125,932		
89	MEDICAL EDUCATION		7,125,932		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0011
 COMPONENT NO: 14-0011
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/23/2010
 WORKSHEET D-4

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		8,447,638	
26	INTENSIVE CARE UNIT		1,794,816	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.262443	4,877,636	1,280,101
38	RECOVERY ROOM	.314995	448,545	141,289
40	ANESTHESIOLOGY	.078158	772,241	60,357
41	RADIOLOGY-DIAGNOSTIC	.256993	3,231,173	830,389
42	RADIOLOGY-THERAPEUTIC	.067655	4,013,911	271,561
43	RADIOISOTOPE	.171919	1,061,656	182,519
44	LABORATORY	.136580	10,107,157	1,380,436
49	RESPIRATORY THERAPY	.306793	2,919,938	895,817
50	PHYSICAL THERAPY	.382522	644,947	246,706
53	ELECTROCARDIOLOGY	.072652	1,215,623	88,317
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.251734	6,719,650	1,691,564
56	DRUGS CHARGED TO PATIENTS	.342212	9,720,080	3,326,328
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	.861465	33,755	29,079
60	CLINIC	1.212261	1,831	2,220
61	EMERGENCY	.408688	2,016,530	824,132
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.958380	181,454	173,902
101	TOTAL		47,966,127	11,424,717
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		47,966,127	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0011
 COMPONENT NO: 14-T011
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/23/2010
 WORKSHEET D-4

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS		7,025,236	
37	OPERATING ROOM	.262443	12,331	3,236
38	RECOVERY ROOM	.314995		
40	ANESTHESIOLOGY	.078158	680	53
41	RADIOLOGY-DIAGNOSTIC	.256993	146,814	37,730
42	RADIOLOGY-THERAPEUTIC	.067655	100,324	6,787
43	RADIOISOTOPE	.171919	6,944	1,194
44	LABORATORY	.136580	907,649	123,967
49	RESPIRATORY THERAPY	.306793	195,477	59,971
50	PHYSICAL THERAPY	.382522	4,071,341	1,557,378
53	ELECTROCARDIOLOGY	.072652	37,050	2,692
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.251734	28,063	7,064
56	DRUGS CHARGED TO PATIENTS	.342212	1,406,022	481,158
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	.861465	22,040	18,987
60	CLINIC	1.212261		
61	EMERGENCY	.408688		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.958380		
101	TOTAL		6,934,735	2,300,217
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		6,934,735	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	16,161,021	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	267,672	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	60.31	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME 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)		5.66
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		12.04
4.02 SUM OF LINES 4 AND 4.01		17.70
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		4.26
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		688,459
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0011	FROM 4/ 1/2009	8/23/2010
COMPONENT NO:	TO 3/31/2010	WORKSHEET E
14-0011		PART A

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)	17,117,152	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	19,918,416	
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)	19,218,100	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,359,192	
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	20,577,292	
17 PRIMARY PAYER PAYMENTS	3,523	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	20,573,769	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,901,204	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	101,753	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	684,088	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	478,862	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	19,049,674	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	19,049,674	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	20,016,783	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-967,109	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0011	FROM 4/ 1/2009	8/23/2010
COMPONENT NO:	TO 3/31/2010	WORKSHEET E
14-0011		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	23,362
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	9,903,448
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	7,514,186
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.804
1.04	LINE 1.01 TIMES LINE 1.03.	7,962,372
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	94.37
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	380,958
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	23,362
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	68,268
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	68,268
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)	68,268
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	44,906
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	23,362
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	7,895,144
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,889,733
19	SUBTOTAL (SEE INSTRUCTIONS)	6,028,773
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	6,028,773
24	PRIMARY PAYER PAYMENTS	210
25	SUBTOTAL	6,028,563
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	525,065
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	367,546
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	6,396,109
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	6,396,109
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	6,466,788
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-70,679
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	118,145
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0011	FROM 4/ 1/2009	8/23/2010
COMPONENT NO:	TO 3/31/2010	WORKSHEET E
14-T011		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	4,386
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	3,165
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.804
1.04	LINE 1.01 TIMES LINE 1.03.	3,526
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	89.76
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	307
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	3,472

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	645
19	SUBTOTAL (SEE INSTRUCTIONS)	2,827
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,827
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	2,827
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	2,827
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,827
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,521
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	306
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0011
 COMPONENT NO: 14-0011
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/23/2010
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		18,158,787		6,466,788
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	9/18/2009	1,553,885		
ADJUSTMENTS TO PROVIDER .03	12/18/2009	41,340		
ADJUSTMENTS TO PROVIDER .04	3/5/2010	262,771		
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		1,857,996		NONE
4 TOTAL INTERIM PAYMENTS		20,016,783		6,466,788
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)		967,109		70,679
7 TOTAL MEDICARE PROGRAM LIABILITY		19,049,674		6,396,109

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0011
 COMPONENT NO: 14-T011
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/23/2010
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		7,822,292		2,521
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	10/16/2009	40,515		
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		40,515		NONE
4 TOTAL INTERIM PAYMENTS		7,862,807		2,521
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)		265,034		306
7 TOTAL MEDICARE PROGRAM LIABILITY		8,127,841		2,827

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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	7,500,096
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0474
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	658,186
1.05	OUTLIER PAYMENTS	70,030
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	8,228,312
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
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)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
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)	
1.20	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)	
INPATIENT REHABILITATION FACILITY (IRF)		
1.35	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)	21.312329
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
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)	8,228,312
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	8,228,312
7	DEDUCTIBLES	88,344
8	SUBTOTAL	8,139,968
9	COINSURANCE	26,352
10	SUBTOTAL	8,113,616
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	20,321
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	14,225
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	8,127,841
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	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0011	FROM 4/ 1/2009	8/23/2010
COMPONENT NO:	TO 3/31/2010	WORKSHEET E-3
14-T011		PART I

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	8,127,841
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	7,862,807
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	265,034
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).	
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).	
53	ENTER THE TIME VALUE OF MONEY.	

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	645,575		7,228	
2	TEMPORARY INVESTMENTS	52,159			
3	NOTES RECEIVABLE	121,714			
4	ACCOUNTS RECEIVABLE	52,811,506			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-34,349,747			
7	INVENTORY	1,039,384			
8	PREPAID EXPENSES	364,484			
9	OTHER CURRENT ASSETS	139,361			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	20,824,436		7,228	
FIXED ASSETS					
12	LAND	3,456,094			
12.01	LAND IMPROVEMENTS	3,717,933			
13	LESS ACCUMULATED DEPRECIATION	-1,284,750			
13.01	BUILDINGS	47,155,042			
14	LESS ACCUMULATED DEPRECIATION	-21,027,570			
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT				
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS	139,362			
17	LESS ACCUMULATED DEPRECIATION	-91,950			
17.01	MAJOR MOVABLE EQUIPMENT	20,418,853			
18	LESS ACCUMULATED DEPRECIATION	-12,501,770			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE	9,548,269			
20	TOTAL FIXED ASSETS	49,529,513			
21	OTHER ASSETS				
22	INVESTMENTS	63,208,693			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	2,200,729			
26	TOTAL OTHER ASSETS	65,409,422			
27	TOTAL ASSETS	135,763,371		7,228	

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3,511,863			
29 SALARIES, WAGES & FEES PAYABLE	4,021,876			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	686,605			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	4,166,198			
35 OTHER CURRENT LIABILITIES	484,945			
36 TOTAL CURRENT LIABILITIES	12,871,487			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	50,375,599			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1,080,148			
42 TOTAL LONG-TERM LIABILITIES	51,455,747			
43 TOTAL LIABILITIES	64,327,234			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	71,436,137			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			7,228	
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
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	71,436,137		7,228	
52 TOTAL LIABILITIES AND FUND BALANCES	135,763,371		7,228	

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		67,138,466		
2	NET INCOME (LOSS)		4,297,670		
3	TOTAL		71,436,136		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	ROUNDING	1			
7					
8					
9					
10	TOTAL ADDITIONS		1		
11	SUBTOTAL		71,436,137		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	TRANSFERS				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		71,436,137		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD		107,760		
2	NET INCOME (LOSS)				
3	TOTAL		107,760		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	ROUNDING				
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		107,760		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	TRANSFERS	100,532			
15					
16					
17					
18	TOTAL DEDUCTIONS		100,532		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		7,228		

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-0011
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/23/2010
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	14,594,724		14,594,724
2 00 SUBPROVIDER	9,900,343		9,900,343
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	24,495,067		24,495,067
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	3,098,166		3,098,166
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	3,098,166		3,098,166
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	27,593,233		27,593,233
17 00 ANCILLARY SERVICES	82,833,131	144,325,092	227,158,223
18 00 OUTPATIENT SERVICES			
24 00			
25 00 TOTAL PATIENT REVENUES	110,426,364	144,325,092	254,751,456

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		76,349,418	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		76,349,418	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0011 PERIOD: FROM 4/1/2009 TO 3/31/2010 PREPARED 8/23/2010 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	254,751,456
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	165,104,676
3	NET PATIENT REVENUES	89,646,780
4	LESS: TOTAL OPERATING EXPENSES	76,349,418
5	NET INCOME FROM SERVICE TO PATIENTS	13,297,362
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	13,025,116
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	14,740
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	154,331
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	958
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	61,939
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	119,213
23	GOVERNMENTAL APPROPRIATIONS	9,372
24	MISCELLANEOUS	397
25	TOTAL OTHER INCOME	13,386,066
26	TOTAL	26,683,428
	OTHER EXPENSES	
27	LOSS ON EQUIPMENT	56,590
28	CORPORATE ALLOCATION	22,329,135
29	ROUNDING	33
30	TOTAL OTHER EXPENSES	22,385,758
31	NET INCOME (OR LOSS) FOR THE PERIOD	4,297,670

PROVIDER NO:	PERIOD:	PREPARED
14-0011	FROM 4/1/2009	8/23/2010
COMPONENT NO:	TO 3/31/2010	WORKSHEET L
14-0011		PARTS I-IV

FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,311,822
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	47,370
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	56.30
	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 RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,359,192
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)	