

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		14-0012		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/31/2011 TIME 15:25

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:
 KATHERINE SHAW BETHEA 14-0012

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

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	378,272	96,507	0	0
2	SUBPROVIDER	0	32,050	0	0	0
3	SWING BED - SNF	0	0	0	0	0
7	HOSPITAL-BASED HHA	0	1	1	0	0
100	TOTAL	0	410,323	96,508	0	0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0012
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/31/2011
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	60	21,900			5,598		1,250
2 HMO					503		435
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF					344		
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	60	21,900			5,942		1,250
6 INTENSIVE CARE UNIT	6	2,190			763		115
11 NURSERY							279
12 TOTAL	66	24,090			6,705		1,644
13 RPCH VISITS							
14 SUBPROVIDER	14	5,110			1,289		576
15 SKILLED NURSING FACILITY							
18 OTHER HOME HEALTH SERVICES-H					3,766		403
21 HOSPICE							
25 TOTAL	80						
26 OBSERVATION BED DAYS							415
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 6	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TRIPS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			10,054				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			412				
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			10,466				
6 INTENSIVE CARE UNIT			1,260				
11 NURSERY			657				
12 TOTAL			12,383			6.31	
13 RPCH VISITS							
14 SUBPROVIDER			3,169				
15 SKILLED NURSING FACILITY							
18 OTHER HOME HEALTH SERVICES-H			6,196				
21 HOSPICE							
25 TOTAL						6.31	
26 OBSERVATION BED DAYS			1,949				
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,817	680	3,729
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	6.31	795.00			1,817	680	3,729
13 RPCH VISITS							
14 SUBPROVIDER		15.00			156	121	525
15 SKILLED NURSING FACILITY							
18 OTHER HOME HEALTH SERVICES-H		8.00					
21 HOSPICE		6.00					
25 TOTAL	6.31	824.00					
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

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	54,530,552		54,530,552	1,713,452.00	31.82	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	1,073,314	133,919	1,207,233	6,972.00	173.15	WS A-8-2 & INTERNAL RECO
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	19,143,354		19,143,354	86,564.00	221.15	INTERNAL RECORDS
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	3,979,720	-420,555	3,559,165	337,878.00	10.53	INTERNAL RECORDS
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	56,387		56,387	1,117.00	50.48	INTERNAL RECORDS
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	15,964,510		15,964,510			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,320,784		1,320,784			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	183,027		183,027			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	526,547		526,547	21,167.00	24.88	
22 ADMINISTRATIVE & GENERAL	5,168,609	473,010	5,641,619	236,351.00	23.87	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	896,909	5,209	902,118	45,453.00	19.85	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	29,930		29,930	2,170.00	13.79	
26 HOUSEKEEPING	748,612	-198,054	550,558	65,110.00	8.46	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	928,485	-766,850	161,635	53,963.00	3.00	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		766,850	766,850	13,194.00	58.12	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	744,908		744,908	19,583.00	38.04	
31 CENTRAL SERVICE AND SUPPLY	48,432		48,432	4,174.00	11.60	
32 PHARMACY	861,520		861,520	23,960.00	35.96	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,726,958	-154,649	1,572,309	80,351.00	19.57	
34 SOCIAL SERVICE		216,342	216,342	6,172.00	35.05	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	35,387,198		35,387,198	1,626,888.00	21.75	
2 EXCLUDED AREA SALARIES	3,979,720	-420,555	3,559,165	337,878.00	10.53	
3 SUBTOTAL SALARIES	31,407,478	420,555	31,828,033	1,289,010.00	24.69	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	56,387		56,387	1,117.00	50.48	
5 SUBTOTAL WAGE-RELATED COSTS	16,147,537		16,147,537		50.73	
6 TOTAL	47,611,402	420,555	48,031,957	1,290,127.00	37.23	
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	11,680,910	341,858	12,022,768	571,648.00	21.03	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO: 14-0012
HHA NO: 14-7131
COUNTY:
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/31/2011
WORKSHEET S-4

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	734	18	122
2 UNDUPLICATED CENSUS COUNT		250.00	34.00	139.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	874
2 UNDUPLICATED CENSUS COUNT	423.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
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3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	2.19		2.19
5 OTHER ADMINISTRATIVE PERSONEL	.98		.98
6 DIRECTING NURSING SERVICE	4.27		4.27
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE			
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.02		.02
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.42		.42
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9914		

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	1,910	0	108	17
22 SKILLED NURSING VISIT CHARGES	506,150	0	28,620	4,505
23 PHYSICAL THERAPY VISITS	1,247	0	26	14
24 PHYSICAL THERAPY VISIT CHARGES	450,237	0	9,438	5,082
25 OCCUPATIONAL THERAPY VISITS	136	0	0	8
26 OCCUPATIONAL THERAPY VISIT CHARGES	51,136	0	0	3,008
27 SPEECH PATHOLOGY VISITS	47	0	0	8
28 SPEECH PATHOLOGY VISIT CHARGES	13,583	0	0	2,312
29 MEDICAL SOCIAL SERVICE VISITS	15	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	6,195	0	0	0
31 HOME HEALTH AIDE VISITS	227	0	3	0
32 HOME HEALTH AIDE VISIT CHARGES	27,694	0	366	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	3,582	0	137	47
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	1,054,995	0	38,424	14,907
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	278	0	49	4
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	110,331	0	13,983	3,826

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
HHA NO:	TO 12/31/2010	WORKSHEET S-4
14-7131		
COUNTY:		

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	2,035
22 SKILLED NURSING VISIT CHARGES	0	0	539,275
23 PHYSICAL THERAPY VISITS	0	0	1,287
24 PHYSICAL THERAPY VISIT CHARGES	0	0	464,757
25 OCCUPATIONAL THERAPY VISITS	0	0	144
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	54,144
27 SPEECH PATHOLOGY VISITS	0	0	55
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	15,895
29 MEDICAL SOCIAL SERVICE VISITS	0	0	15
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	6,195
31 HOME HEALTH AIDE VISITS	0	0	230
32 HOME HEALTH AIDE VISIT CHARGES	0	0	28,060
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	3,766
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	1,108,326
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	331
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	128,140

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET S-7

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

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0012
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/31/2011
WORKSHEET S-7

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

Worksheet S-2 reference data:

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

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3.01	RUX			
3.02	RUL			
4	RVC			
5	RVB			
6	RVA			
6.01	RVX			
6.02	RVL			
7	RHC			
8	RHB			
9	RHA			
9.01	RHX			
9.02	RHL			
10	RMC			
11	RMB			
12	RMA			
12.01	RMX		84	
12.02	RML		179	
13	RLB			
14	RLA			
14.01	RLX			
15	SE3		42	
16	SE2		33	
17	SE1			
18	SSC			
19	SSB			
20	SSA		6	
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45.01	ES3			
45.02	ES2			
45.03	ES1			
45.04	HE2			
45.05	HE1			
45.06	HD2			
45.07	HD1			
45.08	HC2			
45.09	HC1			
45.10	HB2			
45.11	HB1			
45.12	LE2			
45.13	LE1			
45.14	LD2			
45.15	LD1			
45.16	LC2			
45.17	LC1			
45.18	LB2			

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
	TO 12/31/2010	WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF	TOTAL
		RUGs	DAYS	DAYS	
1	2	4.05	4.06		5
45 .19 LB1					
45 .20 CE2					
45 .21 CE1					
45 .22 CD2					
45 .23 CD1					
46 TOTAL				344	

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

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

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

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

Worksheet S-2 reference data:

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

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/1/2010	5/31/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

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

- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .305708
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

- 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-0012

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

PREPARED 5/31/2011
WORKSHEET A

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		273,541	273,541	3,808	277,349
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		25,694	25,694	357	26,051
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,283,524	2,283,524	525,797	2,809,321
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		3,510,077	3,510,077	305,568	3,815,645
5	0500 EMPLOYEE BENEFITS	526,547	14,352,747	14,879,294		14,879,294
6.01	0610 NONPATIENT TELEPHONES				504,472	504,472
6.02	0620 DATA PROCESSING	1,055,116	928,510	1,983,626	-502,683	1,480,943
6.03	0630 PURCH, RECEIV. & STORES	338,808	464,860	803,668	12,173	815,841
6.04	0640 ADMIN/T/CASH/AR	750,646	137,749	888,395	498,590	1,386,985
6.05	0660 OTHER ADMIN & GENERAL	3,024,039	5,403,115	8,427,154	-92,711	8,334,443
7	0700 MAINTENANCE & REPAIRS	896,909	2,825,378	3,722,287	-172,795	3,549,492
9	0900 LAUNDRY & LINEN SERVICE	29,930	330,383	360,313		360,313
10	1000 HOUSEKEEPING	748,612	520,917	1,269,529	-213,204	1,056,325
11	1100 DIETARY	928,485	643,169	1,571,654	-1,281,385	290,269
12	1200 CAFETERIA				1,281,385	1,281,385
14	1400 NURSING ADMINISTRATION	744,908	38,702	783,610		783,610
15	1500 CENTRAL SERVICES & SUPPLY	48,432	3,206,269	3,254,701	-3,176,884	77,817
16	1600 PHARMACY	861,520	1,740,234	2,601,754	-2,433,864	167,890
17	1700 MEDICAL RECORDS & LIBRARY	1,726,958	631,780	2,358,738	-154,649	2,204,089
18	1800 SOCIAL SERVICE					
18.01	1801 UTILIZATION REVIEW				216,342	216,342
20	2000 NONPHYSICIAN ANESTHETISTS					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				633,802	633,802
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	469,059	744,209	1,213,268	-564,198	649,070
25	2500 ADULTS & PEDIATRICS	5,200,302	633,286	5,833,588	-154,565	5,679,023
26	2600 INTENSIVE CARE UNIT	1,040,985	137,446	1,178,431	-2,661	1,175,770
31	3100 SUBPROVIDER	1,059,227	93,922	1,153,149	197	1,153,346
33	3300 NURSERY	344,556	62,434	406,990	927	407,917
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,286,074	654,149	1,940,223	-160,568	1,779,655
39	3900 DELIVERY ROOM & LABOR ROOM				153,126	153,126
40	4000 ANESTHESIOLOGY		68,904	68,904	-31,786	37,118
41	4100 RADIOLOGY-DIAGNOSTIC	1,407,043	1,366,471	2,773,514	-1,512	2,772,002
41.01	3630 ULTRA SOUND	337,327	67,109	404,436	295	404,731
44	4400 LABORATORY	2,269,746	2,666,172	4,935,918	4,951	4,940,869
49	4900 RESPIRATORY THERAPY	781,346	273,464	1,054,810	4,989	1,059,799
50	5000 PHYSICAL THERAPY	1,373,668	273,826	1,647,494	-66,651	1,580,843
51	5100 OCCUPATIONAL THERAPY	279,766	29,342	309,108	33,624	342,732
52	5200 SPEECH PATHOLOGY	229,065	63,690	292,755	-33,010	259,745
53	5300 ELECTROCARDIOLOGY	941,240	1,301,277	2,242,517	-846,771	1,395,746
54	5400 ELECTROENCEPHALOGRAPHY	179,907	48,685	228,592	104	228,696
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				3,696,808	3,696,808
55.01	5501 PSYCHIATRY/PSYCHOLOGICAL SERVICES	96,237	11,660	107,897	-19	107,878
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				684,744	684,744
56	5600 DRUGS CHARGED TO PATIENTS		901,972	901,972	2,312,116	3,214,088
58	5800 ASC (NON-DISTINCT PART) OUTPUT SERVICE COST CNTRS	410,861	37,064	447,925	3,138	451,063
60	6000 CLINIC					
60.01	6001 PROVIDER BASED CLINICS	19,143,354	3,711,700	22,855,054	39,200	22,894,254
61	6100 EMERGENCY	3,079,386	398,083	3,477,469	-2,083	3,475,386
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
71	7100 OTHER HOME HEALTH SERVICES-HHA SPEC PURPOSE COST CENTERS	419,702	91,324	511,026	7,930	518,956
88	8800 INTEREST EXPENSE		559,523	559,523	-559,523	
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	344,796	147,720	492,516	16,691	509,207
95	SUBTOTALS	52,374,557	51,660,081	104,034,638	489,612	104,524,250
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	62,970	204,639	267,609		267,609
98	9800 PHYSICIANS' PRIVATE OFFICES				32,284	32,284
100	7950 RETAIL PHARMACY		715,841	715,841		715,841
100.03	7952 MEALS ON WHEELS					
100.04	7954 RMS	855,091	1,093,058	1,948,149	-488,909	1,459,240
100.05	7955 CONTINUING CARE					
100.06	7956 OTHER NONREIMBURSABLE COST CENTERS					
100.07	7957 CORPORATE HEALTH	831,629	230,643	1,062,272	-38,540	1,023,732
100.08	7958 CLINIC BLDGS	27,288	184,375	211,663	537	212,200
100.09	7959 DIABETIC CLINIC	125,367	14,012	139,379	1,521	140,900
100.10	7960 IHAP	253,650	-268,680	-15,030	3,495	-11,535
101	TOTAL	54,530,552	53,833,969	108,364,521	-0-	108,364,521

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0012
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/31/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		277,349
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	-2,000	24,051
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-293,393	2,515,928
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	10,609	3,826,254
5	0500 EMPLOYEE BENEFITS	83,912	14,963,206
6.01	0610 NONPATIENT TELEPHONES	-2,554	501,918
6.02	0620 DATA PROCESSING		1,480,943
6.03	0630 PURCH, RECEIV. & STORES	-11,624	804,217
6.04	0640 ADMIN/CASH/AR		1,386,985
6.05	0660 OTHER ADMIN & GENERAL	-2,005,883	6,328,560
7	0700 MAINTENANCE & REPAIRS	-18,120	3,531,372
9	0900 LAUNDRY & LINEN SERVICE		360,313
10	1000 HOUSEKEEPING		1,056,325
11	1100 DIETARY		290,269
12	1200 CAFETERIA	-343,212	938,173
14	1400 NURSING ADMINISTRATION	-15,434	768,176
15	1500 CENTRAL SERVICES & SUPPLY		77,817
16	1600 PHARMACY		167,890
17	1700 MEDICAL RECORDS & LIBRARY	-67,602	2,136,487
18	1800 SOCIAL SERVICE		
18.01	1801 UTILIZATION REVIEW		216,342
20	2000 NONPHYSICIAN ANESTHETISTS		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		633,802
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		649,070
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		5,679,023
26	2600 INTENSIVE CARE UNIT		1,175,770
31	3100 SUBPROVIDER		1,153,346
33	3300 NURSERY		407,917
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		1,779,655
39	3900 DELIVERY ROOM & LABOR ROOM		153,126
40	4000 ANESTHESIOLOGY		37,118
41	4100 RADIOLOGY-DIAGNOSTIC	-71	2,771,931
41.01	3630 ULTRA SOUND		404,731
44	4400 LABORATORY	-454,426	4,486,443
49	4900 RESPIRATORY THERAPY		1,059,799
50	5000 PHYSICAL THERAPY		1,580,843
51	5100 OCCUPATIONAL THERAPY		342,732
52	5200 SPEECH PATHOLOGY		259,745
53	5300 ELECTROCARDIOLOGY		1,395,746
54	5400 ELECTROENCEPHALOGRAPHY		228,696
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,696,808
55.01	5501 PSYCHIATRY/PSYCHOLOGICAL SERVICES		107,878
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		684,744
56	5600 DRUGS CHARGED TO PATIENTS		3,214,088
58	5800 ASC (NON-DISTINCT PART)		451,063
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 PROVIDER BASED CLINICS		22,894,254
61	6100 EMERGENCY	-1,408,564	2,066,822
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
71	7100 OTHER HOME HEALTH SERVICES-HHA		518,956
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE		509,207
95	SUBTOTALS	-4,528,362	99,995,888
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		267,609
98	9800 PHYSICIANS' PRIVATE OFFICES		32,284
100	7950 RETAIL PHARMACY		715,841
100.03	7952 MEALS ON WHEELS		
100.04	7954 RMS		1,459,240
100.05	7955 CONTINUING CARE		
100.06	7956 OTHER NONREIMBURSABLE COST CENTERS		
100.07	7957 CORPORATE HEALTH	-1,154	1,022,578
100.08	7958 CLINIC BLDGS		212,200
100.09	7959 DIABETIC CLINIC		140,900
100.10	7960 IHAP		-11,535
101	TOTAL	-4,529,516	103,835,005

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
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	PURCH, RECEIV, & STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMIT/CASH/AR	0640	ADMITTING
6.05	OTHER ADMIN & 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	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
18.01	UTILIZATION REVIEW	1801	SOCIAL SERVICE
20	NONPHYSICIAN ANESTHETISTS	2000	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRA SOUND	3630	ULTRA SOUND
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.01	PSYCHIATRY/PSYCHOLOGICAL SERVICES	5501	MEDICAL SUPPLIES CHARGED TO PATIENTS
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	PROVIDER BASED CLINICS	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
71	OTHER HOME HEALTH SERVICES-HHA	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	RETAIL PHARMACY	7950	OTHER NONREIMBURSABLE COST CENTERS
100.03	MEALS ON WHEELS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.04	RMS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	CONTINUING CARE	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	OTHER NONREIMBURSABLE COST CENTERS	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	CORPORATE HEALTH	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	CLINIC BLDGS	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	DIABETIC CLINIC	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	IHAP	7960	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140012

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

PREPARED 5/31/2011
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DIETARY TO CAFETERIA	A	CAFETERIA	12	766,850	514,535
2 LABOR & DELIVERY RECLASS	B	DELIVERY ROOM & LABOR ROOM	39	121,636	25,421
3 INTEREST EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3		494,007
4		NEW CAP REL COSTS-MVBLE EQUIP	4		26,433
5 COMMUNICATIONS EXPENSE	D	NONPATIENT TELEPHONES	6.01	211,382	293,090
6 RECLASS BILLABLE SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		3,694,909
7		IMPL. DEV. CHARGED TO PATIENT	55.30		684,744
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24 RECLASS BILLABLE DRUGS	F	DRUGS CHARGED TO PATIENTS	56		2,289,240
25 TRAVEL EXPENSES TO HHC	G	OTHER HOME HEALTH SERVICES-HHA	71		5,121
26					
27					
28 PROPERTY INSURANCE	H	OLD CAP REL COSTS-BLDG & FIXT	1		3,808
29		OLD CAP REL COSTS-MVBLE EQUIP	2		357
30		NEW CAP REL COSTS-BLDG & FIXT	3		31,790
31		NEW CAP REL COSTS-MVBLE EQUIP	4		48,865
32 PT DIRECTOR SALARY TO OT	I	OCCUPATIONAL THERAPY	51	31,077	
33 BIO-MED COSTS	J	ADULTS & PEDIATRICS	25		7,246
34		INTENSIVE CARE UNIT	26		7,104
35		SUBPROVIDER	31		197
1 BIO-MED COSTS	J	NURSERY	33		1,725
2		OTHER ADMIN & GENERAL	6.05		296
3		OPERATING ROOM	37		41,896
4		DELIVERY ROOM & LABOR ROOM	39		6,069
5		RADIOLOGY-DIAGNOSTIC	41		2,236
6		LABORATORY	44		9,837
7		RESPIRATORY THERAPY	49		11,991
8		PHYSICAL THERAPY	50		1,822
9		ELECTROCARDIOLOGY	53		12,579
10		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		11,137
11		DRUGS CHARGED TO PATIENTS	56		22,876
12		ASC (NON-DISTINCT PART)	58		3,591
13		EMERGENCY	61		5,223
14		PHYSICIANS' PRIVATE OFFICES	98		32,284
15		CORPORATE HEALTH	100.07		293
16 HOUSEKEEPING RECLASS	K	DIABETIC CLINIC	100.09	1,413	108
17		PROVIDER BASED CLINICS	60.01	127,143	9,726
18		PHYSICAL THERAPY	50	3,703	283
19		OCCUPATIONAL THERAPY	51	3,703	283
20		SPEECH PATHOLOGY	52	1,450	111
21		MAINTENANCE & REPAIRS	7	5,209	398
22		PURCH, RECEIV, & STORES	6.03	11,308	865
23		OTHER ADMIN & GENERAL	6.05	1,382	106
24		OTHER HOME HEALTH SERVICES-HHA	71	3,592	275
25		HOSPICE	93	3,592	275
26		RMS	100.04	4,497	344
27		ADMINT/CASH/AR	6.04	4,496	344
28		CLINIC BLDGS	100.08	499	38
29		ELECTROENCEPHALOGRAPHY	54	1,254	96
30		ELECTROCARDIOLOGY	53	5,087	389
31		RADIOLOGY-DIAGNOSTIC	41	548	42
32		ULTRA SOUND	41.01	550	42
33		CORPORATE HEALTH	100.07	8,154	624
34		DATA PROCESSING	6.02	1,662	127
35		I HAP	100.10	3,247	248

RECLASSIFICATIONS

PROVIDER NO:
140012

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

PREPARED 5/31/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 HOUSEKEEPING RECLASS	K	I&R SERVICES-OTHER PRGM COSTS	23	5,565	426
2 RECLASS UR COSTS	L	UTILIZATION REVIEW	18.01	213,889	
3 MEDICAL DIRECTOR COSTS	M	UTILIZATION REVIEW	18.01	2,453	
4		HOSPICE	93	13,113	
5 LEASE COSTS	N	NEW CAP REL COSTS-MVBLE EQUIP	4		230,270
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16 ADMISSION KITS	O	ADULTS & PEDIATRICS	25		9,238
17 PHYSICIAN MEETING TIME	P	MEDICAL RECORDS & LIBRARY	17	59,240	
18					
19 RECLASS PHYSICIAN BILLERS	Q	ADMIT/CASH/AR	6.04	458,662	35,088
20 PHYSICIAN PRACTICE AMORTIZATION	R	PROVIDER BASED CLINICS	60.01		39,083
21 RESIDENCY COSTS	S	I&R SERVICES-SALARY & FRINGES	22		633,802
22		I&R SERVICES-OTHER PRGM COSTS	23	63,613	
23					
36 TOTAL RECLASSIFICATIONS				2,139,969	9,253,353

(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:
140012

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

PREPARED 5/31/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
1 DIETARY TO CAFETERIA	A	DIETARY	11		766,850	514,535	
2 LABOR & DELIVERY RECLASS	B	ADULTS & PEDIATRICS	25		121,636	25,421	
3 INTEREST EXPENSE	C	INTEREST EXPENSE	88			520,440	11
4							11
5 COMMUNICATIONS EXPENSE	D	DATA PROCESSING	6.02		211,382	293,090	
6 RECLASS BILLABLE SUPPLIES	E	INTENSIVE CARE UNIT	26			3,491	
7		ADULTS & PEDIATRICS	25			3,636	
8		OPERATING ROOM	37			169,840	
9		ANESTHESIOLOGY	40			31,786	
10		RESPIRATORY THERAPY	49			3,947	
11		PHYSICAL THERAPY	50			36,647	
12		OCCUPATIONAL THERAPY	51			1,241	
13		ELECTROCARDIOLOGY	53			864,826	
14		PSYCHIATRY/PSYCHOLOGICAL SERVICES	55.01			19	
15		ASC (NON-DISTINCT PART)	58			453	
16		RADIOLOGY-DIAGNOSTIC	41			6	
17		ULTRASOUND	41.01			297	
18		SPEECH PATHOLOGY	52			34,383	
19		EMERGENCY	61			3,239	
20		OTHER HOME HEALTH SERVICES-HHA	71			1,058	
21		HOSPICE	93			289	
22		CORPORATE HEALTH	100.07			47,611	
23		CENTRAL SERVICES & SUPPLY	15			3,176,884	
24 RECLASS BILLABLE DRUGS	F	PHARMACY	16			2,289,240	
25 TRAVEL EXPENSES TO HHC	G	SPEECH PATHOLOGY	52			188	
26		PHYSICAL THERAPY	50			4,735	
27		OCCUPATIONAL THERAPY	51			198	
28 PROPERTY INSURANCE	H	OTHER ADMIN & GENERAL	6.05			84,820	12
29							12
30							12
31							12
32 PT DIRECTOR SALARY TO OT	I	PHYSICAL THERAPY	50		31,077		
33 BIO-MED COSTS	J	MAINTENANCE & REPAIRS	7			178,402	
34							
35							
1 BIO-MED COSTS	J						
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16 HOUSEKEEPING RECLASS	K	HOUSEKEEPING	10		198,054	15,150	
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
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29							
30							
31							
32							
33							
34							
35							

RECLASSIFICATIONS

PROVIDER NO:
140012

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

PREPARED 5/31/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	10
1 HOUSEKEEPING RECLASS	K					
2 RECLASS UR COSTS	L	MEDICAL RECORDS & LIBRARY	17	213,889		
3 MEDICAL DIRECTOR COSTS	M	PROVIDER BASED CLINICS	60.01	15,566		
4						
5 LEASE COSTS	N	INTENSIVE CARE UNIT	26		6,274	10
6		ADULTS & PEDIATRICS	25		20,356	
7		NURSERY	33		798	
8		OPERATING ROOM	37		32,624	
9		LABORATORY	44		4,886	
10		PHARMACY	16		144,624	
11		RESPIRATORY THERAPY	49		3,055	
12		ELECTROENCEPHALOGRAPHY	54		1,246	
13		RADIOLOGY-DIAGNOSTIC	41		4,332	
14		PROVIDER BASED CLINICS	60.01		6,900	
15		OTHER ADMIN & GENERAL	6.05		5,175	
16 ADMISSION KITS	O	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		9,238	
17 PHYSICIAN MEETING TIME	P	PROVIDER BASED CLINICS	60.01	55,173		
18		EMERGENCY	61	4,067		
19 RECLASS PHYSICIAN BILLERS	Q	RMS	100.04	458,662	35,088	
20 PHYSICIAN PRACTICE AMORTIZATION	R	INTEREST EXPENSE	88		39,083	
21 RESIDENCY COSTS	S	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		633,802	
22		PROVIDER BASED CLINICS	60.01	59,113		
23		OTHER ADMIN & GENERAL	6.05	4,500		
36 TOTAL RECLASSIFICATIONS				2,139,969	9,253,353	

(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:
140012

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

PREPARED 5/31/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : DIETARY TO CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,281,385	DIETARY	11	1,281,385	
TOTAL RECLASSIFICATIONS FOR CODE A			1,281,385				1,281,385

RECLASS CODE: B
EXPLANATION : LABOR & DELIVERY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DELIVERY ROOM & LABOR ROOM	39	147,057	ADULTS & PEDIATRICS	25	147,057	
TOTAL RECLASSIFICATIONS FOR CODE B			147,057				147,057

RECLASS CODE: C
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	494,007	INTEREST EXPENSE	88	520,440	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	26,433			0	
TOTAL RECLASSIFICATIONS FOR CODE C			520,440				520,440

RECLASS CODE: D
EXPLANATION : COMMUNICATIONS EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPATIENT TELEPHONES	6.01	504,472	DATA PROCESSING	6.02	504,472	
TOTAL RECLASSIFICATIONS FOR CODE D			504,472				504,472

RECLASS CODE: E
EXPLANATION : RECLASS BILLABLE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	3,694,909	INTENSIVE CARE UNIT	26	3,491	
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	684,744	ADULTS & PEDIATRICS	25	3,636	
3.00			0	OPERATING ROOM	37	169,840	
4.00			0	ANESTHESIOLOGY	40	31,786	
5.00			0	RESPIRATORY THERAPY	49	3,947	
6.00			0	PHYSICAL THERAPY	50	36,647	
7.00			0	OCCUPATIONAL THERAPY	51	1,241	
8.00			0	ELECTROCARDIOLOGY	53	864,826	
9.00			0	PSYCHIATRIC/PSYCHOLOGICAL SER	55.01	19	
10.00			0	ASC (NON-DISTINCT PART)	58	453	
11.00			0	RADIOLOGY-DIAGNOSTIC	41	6	
12.00			0	ULTRASOUND	41.01	297	
13.00			0	SPEECH PATHOLOGY	52	34,383	
14.00			0	EMERGENCY	61	3,239	
15.00			0	OTHER HOME HEALTH SERVICES-HHA	71	1,058	
16.00			0	HOSPICE	93	289	
17.00			0	CORPORATE HEALTH	100.07	47,611	
18.00			0	CENTRAL SERVICES & SUPPLY	15	3,176,884	
TOTAL RECLASSIFICATIONS FOR CODE E			4,379,653				4,379,653

RECLASS CODE: F
EXPLANATION : RECLASS BILLABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	2,289,240	PHARMACY	16	2,289,240	
TOTAL RECLASSIFICATIONS FOR CODE F			2,289,240				2,289,240

RECLASS CODE: G
EXPLANATION : TRAVEL EXPENSES TO HHC

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER HOME HEALTH SERVICES-HHA	71	5,121	SPEECH PATHOLOGY	52	188	
2.00			0	PHYSICAL THERAPY	50	4,735	
3.00			0	OCCUPATIONAL THERAPY	51	198	
TOTAL RECLASSIFICATIONS FOR CODE G			5,121				5,121

RECLASSIFICATIONS

PROVIDER NO:
140012

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

PREPARED 5/31/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: H
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	3,808	OTHER ADMIN & GENERAL	6.05	84,820	
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	357			0	
3.00	NEW CAP REL COSTS-BLDG & FIXT	3	31,790			0	
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4	48,865			0	
TOTAL RECLASSIFICATIONS FOR CODE H			84,820			84,820	

RECLASS CODE: I
EXPLANATION : PT DIRECTOR SALARY TO OT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	31,077	PHYSICAL THERAPY	50	31,077	
TOTAL RECLASSIFICATIONS FOR CODE I			31,077			31,077	

RECLASS CODE: J
EXPLANATION : BIO-MED COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	7,246	MAINTENANCE & REPAIRS	7	178,402	
2.00	INTENSIVE CARE UNIT	26	7,104			0	
3.00	SUBPROVIDER	31	197			0	
4.00	NURSERY	33	1,725			0	
5.00	OTHER ADMIN & GENERAL	6.05	296			0	
6.00	OPERATING ROOM	37	41,896			0	
7.00	DELIVERY ROOM & LABOR ROOM	39	6,069			0	
8.00	RADIOLOGY-DIAGNOSTIC	41	2,236			0	
9.00	LABORATORY	44	9,837			0	
10.00	RESPIRATORY THERAPY	49	11,991			0	
11.00	PHYSICAL THERAPY	50	1,822			0	
12.00	ELECTROCARDIOLOGY	53	12,579			0	
13.00	MEDICAL SUPPLIES CHARGED TO PA	55	11,137			0	
14.00	DRUGS CHARGED TO PATIENTS	56	22,876			0	
15.00	ASC (NON-DISTINCT PART)	58	3,591			0	
16.00	EMERGENCY	61	5,223			0	
17.00	PHYSICIANS' PRIVATE OFFICES	98	32,284			0	
18.00	CORPORATE HEALTH	100.07	293			0	
TOTAL RECLASSIFICATIONS FOR CODE J			178,402			178,402	

RECLASS CODE: K
EXPLANATION : HOUSEKEEPING RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DIABETIC CLINIC	100.09	1,521	HOUSEKEEPING	10	213,204	
2.00	PROVIDER BASED CLINICS	60.01	136,869			0	
3.00	PHYSICAL THERAPY	50	3,986			0	
4.00	OCCUPATIONAL THERAPY	51	3,986			0	
5.00	SPEECH PATHOLOGY	52	1,561			0	
6.00	MAINTENANCE & REPAIRS	7	5,607			0	
7.00	PURCH, RECEIV, & STORES	6.03	12,173			0	
8.00	OTHER ADMIN & GENERAL	6.05	1,488			0	
9.00	OTHER HOME HEALTH SERVICES-HHA	71	3,867			0	
10.00	HOSPICE	93	3,867			0	
11.00	RMS	100.04	4,841			0	
12.00	ADMIN/CASH/AR	6.04	4,840			0	
13.00	CLINIC BLDGS	100.08	537			0	
14.00	ELECTROENCEPHALOGRAPHY	54	1,350			0	
15.00	ELECTROCARDIOLOGY	53	5,476			0	
16.00	RADIOLOGY-DIAGNOSTIC	41	590			0	
17.00	ULTRA SOUND	41.01	592			0	
18.00	CORPORATE HEALTH	100.07	8,778			0	
19.00	DATA PROCESSING	6.02	1,789			0	
20.00	IHAP	100.10	3,495			0	
21.00	I&R SERVICES-OTHER PRGM COSTS	23	5,991			0	
TOTAL RECLASSIFICATIONS FOR CODE K			213,204			213,204	

RECLASS CODE: L
EXPLANATION : RECLASS UR COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	UTILIZATION REVIEW	18.01	213,889	MEDICAL RECORDS & LIBRARY	17	213,889	
TOTAL RECLASSIFICATIONS FOR CODE L			213,889			213,889	

RECLASSIFICATIONS

PROVIDER NO: 140012

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

PREPARED 5/31/2011 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: M
EXPLANATION: MEDICAL DIRECTOR COSTS

Table with 4 columns: LINE, COST CENTER, INCREASE, AMOUNT. Rows include UTILIZATION REVIEW and HOSPICE.

Table with 4 columns: COST CENTER, DECREASE, LINE, AMOUNT. Row includes PROVIDER BASED CLINICS.

RECLASS CODE: N
EXPLANATION: LEASE COSTS

Table with 4 columns: LINE, COST CENTER, INCREASE, AMOUNT. Rows include NEW CAP REL COSTS-MVBLE EQUIP.

Table with 4 columns: COST CENTER, DECREASE, LINE, AMOUNT. Rows include INTENSIVE CARE UNIT, ADULTS & PEDIATRICS, etc.

RECLASS CODE: O
EXPLANATION: ADMINISTRATION KITS

Table with 4 columns: LINE, COST CENTER, INCREASE, AMOUNT. Row includes ADULTS & PEDIATRICS.

Table with 4 columns: COST CENTER, DECREASE, LINE, AMOUNT. Row includes MEDICAL SUPPLIES CHARGED TO PA.

RECLASS CODE: P
EXPLANATION: PHYSICIAN MEETING TIME

Table with 4 columns: LINE, COST CENTER, INCREASE, AMOUNT. Row includes MEDICAL RECORDS & LIBRARY.

Table with 4 columns: COST CENTER, DECREASE, LINE, AMOUNT. Rows include PROVIDER BASED CLINICS and EMERGENCY.

RECLASS CODE: Q
EXPLANATION: RECLASS PHYSICIAN BILLERS

Table with 4 columns: LINE, COST CENTER, INCREASE, AMOUNT. Row includes ADMIN/CASH/AR.

Table with 4 columns: COST CENTER, DECREASE, LINE, AMOUNT. Row includes RMS.

RECLASS CODE: R
EXPLANATION: PHYSICIAN PRACTICE AMORTIZATION

Table with 4 columns: LINE, COST CENTER, INCREASE, AMOUNT. Row includes PROVIDER BASED CLINICS.

Table with 4 columns: COST CENTER, DECREASE, LINE, AMOUNT. Row includes INTEREST EXPENSE.

RECLASS CODE: S
EXPLANATION: RESIDENCY COSTS

Table with 4 columns: LINE, COST CENTER, INCREASE, AMOUNT. Rows include I&R SERVICES-SALARY & FRINGES, I&R SERVICES-OTHER PRGM COSTS.

Table with 4 columns: COST CENTER, DECREASE, LINE, AMOUNT. Rows include I&R SERVICES-OTHER PRGM COSTS, PROVIDER BASED CLINICS, OTHER ADMIN & GENERAL.

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	836,617					836,617	
2	LAND IMPROVEMENTS	281,799					281,799	265,639
3	BUILDINGS & FIXTURE	6,575,082				1,691	6,573,391	3,729,782
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	2,678,266				20,170	2,658,096	2,621,697
6	MOVABLE EQUIPMENT	1,752,220				184,709	1,567,511	1,556,595
7	SUBTOTAL	12,123,984				206,570	11,917,414	8,173,713
8	RECONCILING ITEMS							
9	TOTAL	12,123,984				206,570	11,917,414	8,173,713

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	1,274,110					1,274,110	
2	LAND IMPROVEMENTS	2,733,406	1,657,304		1,657,304		4,390,710	441,800
3	BUILDINGS & FIXTURE	27,900,602	743,996		743,996	28,285	28,616,313	4,770,973
4	BUILDING IMPROVEMEN	19,000					19,000	
5	FIXED EQUIPMENT	17,346,651	1,176,154		1,176,154	36,577	18,486,228	2,797,946
6	MOVABLE EQUIPMENT	27,778,850	3,389,591		3,389,591	613,616	30,554,825	11,333,287
7	SUBTOTAL	77,052,619	6,967,045		6,967,045	678,478	83,341,186	19,344,006
8	RECONCILING ITEMS							
9	TOTAL	77,052,619	6,967,045		6,967,045	678,478	83,341,186	19,344,006

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES		OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	10,349,903		10,349,903	.109406				
2	OLD CAP REL COSTS-MV	1,567,511		1,567,511	.016570				
3	NEW CAP REL COSTS-BL	52,786,362		52,786,362	.557989				
4	NEW CAP REL COSTS-MV	30,554,828	657,532	29,897,296	.316035				
5	TOTAL	95,258,604	657,532	94,601,072	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	273,541			3,808			277,349
2	OLD CAP REL COSTS-MV	23,694			357			24,051
3	NEW CAP REL COSTS-BL	2,283,524		200,614	31,790			2,515,928
4	NEW CAP REL COSTS-MV	3,536,128	230,270	10,991	48,865			3,826,254
5	TOTAL	6,116,887	230,270	211,605	84,820			6,643,582

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	273,541						273,541
2	OLD CAP REL COSTS-MV	25,694						25,694
3	NEW CAP REL COSTS-BL	2,283,524						2,283,524
4	NEW CAP REL COSTS-MV	3,510,077						3,510,077
5	TOTAL	6,092,836						6,092,836

* 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 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-293,393	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-15,442	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-11,624	PURCH, RECEIV, & STORES	6.03	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-2,554	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE	A	-18,120	MAINTENANCE & REPAIRS	7	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,848,440			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-342,583	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-67,602	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-629	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 GAIN ON SALE OF ASSET	B	-2,000	OLD CAP REL COSTS-MVBLE E	2	9
38 LOSS ON SALE OF ASSET	B	26,051	NEW CAP REL COSTS-MVBLE E	4	9
39 NON ALLOWABLE A&G	A	-260,819	OTHER ADMIN & GENERAL	6.05	
40 EMS TUI TION	B	-14,550	EMERGENCY	61	
40.01 EDUCATION REV (LIFE SUPPORT)	B	-15,434	NURSING ADMINISTRATION	14	
41 SALE OF RADIOLOGY COPIES	B	-71	RADIOLOGY-DIAGNOSTIC	41	
42 SALE OF MEDICAL RECORDS	B	-1,154	CORPORATE HEALTH	100.07	
43 NON ALLOW ADVERTISING	A	-88,339	OTHER ADMIN & GENERAL	6.05	
44 MISC REVENUE	B	-2,100	OTHER ADMIN & GENERAL	6.05	
45 OFFSET AHA LOBBYING DUES	A	-22,630	OTHER ADMIN & GENERAL	6.05	
46 EMPLOYEE PHYSICALS	A	83,912	EMPLOYEE BENEFITS	5	
47 PHYSICIAN RECRUITMENT COSTS	A	-162,952	OTHER ADMIN & GENERAL	6.05	
48 IPA TAX	A	-1,469,043	OTHER ADMIN & GENERAL	6.05	
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,529,516			

(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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/31/2011
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
44	LABORATORY	604,920	392,190	212,730	208,000	1,463	146,300	7,315
61	EMERGENCY ROOM	1,756,294	895,710	860,584	159,800	4,287	329,357	16,468
101	TOTAL	2,361,214	1,287,900	1,073,314		5,750	475,657	23,783

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/31/2011
 WORKSHEET A-8-2
 GROUP 1

LINE NO.	WKSHT A 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUSTMENT 18
1	44	LABORATORY	5,765	2,027	6,162	2,167	150,494	62,236	454,426
2	61	EMERGENCY ROOM	20,429	10,010	46,762	22,913	362,280	498,304	1,394,014
3									
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30									
101		TOTAL	26,194	12,037	52,924	25,080	512,774	560,540	1,848,440

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/31/2011
 I 14-0012 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	6	TELEPHONES	ENTERED
6.02	DATA PROCESSING	7	NUMBER OF MACHINES	ENTERED
6.03	PURCH, RECEIV, & STORES	8	COST OF SUPPLIES	ENTERED
6.04	ADMIT/CASH/AR	9	GROSS CHARGES	ENTERED
6.05	OTHER ADMIN & GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	13	HOURS OF SERVICE	ENTERED
11	DIETARY	14	MEALS SERVED	ENTERED
12	CAFETERIA	15	FTE's	ENTERED
14	NURSING ADMINISTRATION	16	HOURS OF SERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED REQUISITIONS	ENTERED
16	PHARMACY	18	COSTED REQUISITIONS	ENTERED
17	MEDICAL RECORDS & LIBRARY	19	I/P GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	20	PATIENT DAYS	ENTERED
18.01	UTILIZATION REVIEW	20	PATIENT DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	21	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	22	TIME SPENT	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	TIME SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	277,349	277,349					
003 OLD CAP REL COSTS-MVBLE E	24,051		24,051				
004 NEW CAP REL COSTS-BLDG &	2,515,928			2,515,928			
005 NEW CAP REL COSTS-MVBLE E	3,826,254				3,826,254		
006 EMPLOYEE BENEFITS	14,963,206	3,035		27,528	18,932	15,012,701	
006 01 NONPATIENT TELEPHONES	501,918	240		2,175		58,763	563,096
006 02 DATA PROCESSING	1,480,943	5,177		46,967	619,832	235,408	26,069
006 03 PURCH, RECEIV, & STORES	804,217	8,072		73,220	49,108	98,455	8,193
006 04 ADMN/CASH/AR	1,386,985	5,516		50,041	16,606	348,715	20,111
006 05 OTHER ADMIN & GENERAL	6,328,560	8,129	23,618	73,737	48,513	842,091	38,731
007 MAINTENANCE & REPAIRS	3,531,372	84,560		767,070	32,208	221,812	12,662
009 LAUNDRY & LINEN SERVICE	360,313	123		1,115		8,320	
010 HOUSEKEEPING	1,056,325	2,662		24,146	2,494	148,915	2,235
011 DIETARY	290,269	3,033		27,510	3,168	44,933	8,938
012 CAFETERIA	938,173	2,453		22,248	12,674	213,178	1,490
014 NURSING ADMINISTRATION	768,176	1,549		14,048	3,596	207,078	13,407
015 CENTRAL SERVICES & SUPPLY	77,817	460		4,171	2,019	13,464	1,490
016 PHARMACY	167,890	1,566		14,202	198,622	239,496	11,173
017 MEDICAL RECORDS & LIBRARY	2,136,487	3,530		32,020	19,791	441,315	23,835
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW	216,342	92		838		55,916	1,490
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI	633,802						
023 I&R SERVICES-OTHER PRGM C	649,070	2,834		25,705	8,171	130,395	17,131
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	5,679,023	21,756		197,356	137,170	1,411,829	41,711
026 INTENSIVE CARE UNIT	1,175,770	2,387		21,657	46,764	289,386	9,683
031 SUBPROVIDER	1,153,346	5,943		53,911	2,973	294,457	13,407
033 NURSERY	407,917	359		3,259	9,973	95,784	1,490
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,779,655	8,825	433	80,059	319,426	357,518	25,324
039 DELIVERY ROOM & LABOR ROO	153,126	852		7,726	15,888	33,814	745
040 ANESTHESIOLOGY	37,118	48		437	33,683		
041 RADIOLOGY-DIAGNOSTIC	2,771,931	5,002		45,377	1,050,045	391,354	16,386
041 01 ULTRA SOUND	404,731	215		1,953	38,482	93,982	2,979
044 LABORATORY	4,486,443	3,486		31,625	204,057	524,095	17,876
049 RESPIRATORY THERAPY	1,059,799	1,761		15,976	82,963	217,208	15,642
050 PHYSICAL THERAPY	1,580,843	4,557		41,342	74,490	384,665	9,683
051 OCCUPATIONAL THERAPY	342,732	1,519		13,783	296	77,773	2,235
052 SPEECH PATHOLOGY	259,745	1,190		10,794	9,304	64,226	4,469
053 ELECTROCARDIOLOGY	1,395,746	6,136		55,660	455,349	263,578	13,407
054 ELECTROENCEPHALOGRAPHY	228,696	1,108		10,055	34,858	50,486	1,490
055 MEDICAL SUPPLIES CHARGED	3,696,808						
055 01 PSYCHIATRY/PSYCHOLOGICA	107,878	1,991		18,065	2,138	26,753	4,469
055 30 IMPL. DEV. CHARGED TO PAT	684,744						
056 DRUGS CHARGED TO PATIENTS	3,214,088						
058 ASC (NON-DISTINCT PART)	451,063	2,584		23,443	12,101	114,216	5,959
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 01 PROVIDER BASED CLINICS	22,894,254	51,938		471,147	210,203	5,710,059	113,957
061 EMERGENCY	2,066,822	4,075		36,967	22,056	617,779	21,600
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE	518,956	2,948		26,740	1,419	118,030	11,173
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	509,207	2,948		26,740	2,822	100,494	4,469
095 SUBTOTALS	99,995,888	264,659	24,051	2,400,813	3,802,194	14,545,740	525,109
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	267,609	1,032		9,359	1,312	17,505	2,979
098 PHYSICIANS' PRIVATE OFFIC	32,284						
100 RETAIL PHARMACY	715,841	68		616			745
100 03 MEALS ON WHEELS							
100 04 RMS	1,459,240	1,787		16,210	4,708	101,520	14,152
100 05 CONTINUING CARE							745
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH	1,022,578	6,691		60,700	6,189	234,265	17,876
100 08 CLINIC BLDGS	212,200	410		3,715	10,034	7,774	745
100 09 DIABETIC CLINIC	140,900	1,159		10,517	1,817	35,384	745
100 10 IHAP	-11,535	1,543		13,998		70,513	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	103,835,005	277,349	24,051	2,515,928	3,826,254	15,012,701	563,096

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING	PURCH, RECEIV & STORES	ADM T/CASH/AR	SUBTOTAL	OTHER ADMIN & MAINTENANCE & LAUNDRY & LIN EN SERVICE	GENERAL	REPAIRS	
	6.02	6.03	6.04	6a.04	6.05	7	9	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING	2,414,396							
006 03 PURCH, RECEIV, & STORES	40,725	1,081,990						
006 04 ADM T/CASH/AR	122,174	5,738	1,955,886					
006 05 OTHER ADMIN & GENERAL	154,172	9,441		7,526,992	7,526,992			
007 MAINTENANCE & REPAIRS	26,180	45,895		4,721,759	369,029	5,090,788		
009 LAUNDRY & LINEN SERVICE				369,871	28,907	3,848	402,626	
010 HOUSEKEEPING		12,487		1,249,264	97,636	83,326		
011 DIETARY	20,362	3,909		402,122	31,428	94,935		
012 CAFETERIA				1,190,216	93,021	76,777		
014 NURSING ADMINISTRATION	61,087	264		1,069,205	83,564	48,477		
015 CENTRAL SERVICES & SUPPLY	5,818			105,239	8,225	14,394	9,165	
016 PHARMACY	29,089	2,207		664,245	51,914	49,009		
017 MEDICAL RECORDS & LIBRARY	189,079	11,870		2,857,927	223,361	110,498		
018 SOCIAL SERVICE								
018 01 UTILIZATION REVIEW	11,636			286,314	22,377	2,892		
020 NONPHYSICIAN ANESTHETISTS								
022 I&R SERVICES-SALARY & FRI				633,802	49,535			
023 I&R SERVICES-OTHER PRGM C	43,634	3,584		880,524	68,817	88,705		
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	98,903	25,239	124,480	7,737,467	604,722	681,062	186,136	
026 INTENSIVE CARE UNIT	14,545	7,178	34,282	1,601,652	125,177	74,736	21,018	
031 SUBPROVIDER	26,180	1,532	54,874	1,606,623	125,566	186,042	14,257	
033 NURSERY		3,374	7,090	529,246	41,363	11,248	7,030	
034 SKILLED NURSING FACILITY								
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	78,541	77,894	245,623	2,973,298	232,378	276,278	33,921	
039 DELIVERY ROOM & LABOR ROO			11,336	223,487	17,467	26,662	3,855	
040 ANESTHESIOLOGY		9,103	32,829	113,218	8,849	1,510		
041 RADIOLOGY-DIAGNOSTIC	93,085	57,213	341,925	4,772,318	372,981	156,594	30,406	
041 01 ULTRA SOUND		2,841	38,129	583,312	45,589	6,740	3,379	
044 LABORATORY	66,905	191,882	213,210	5,739,579	448,577	109,138		
049 RESPIRATORY THERAPY	26,180	18,984	69,105	1,507,618	117,828	55,132		
050 PHYSICAL THERAPY	98,903	8,288	57,710	2,260,481	176,668	142,668	8,357	
051 OCCUPATIONAL THERAPY		455	12,953	451,746	35,306	47,563		
052 SPEECH PATHOLOGY	8,727	4,842	7,049	370,346	28,944	37,251		
053 ELECTROCARDIOLOGY	75,632	161,932	15,609	2,443,049	190,936	192,080	11,087	
054 ELECTROENCEPHALOGRAPHY	8,727	2,462	13,050	350,932	27,427	34,699		
055 MEDICAL SUPPLIES CHARGED		306,666	265,641	4,269,115	333,653			
055 01 PSYCHIATRY/PSYCHOLOGICA	5,818	360	4,662	172,134	13,453	62,340		
055 30 IMPL. DEV. CHARGED TO PAT				684,744	53,516			
056 DRUGS CHARGED TO PATIENTS		15,767	294,892	3,524,747	275,477			
058 ASC (NON-DISTINCT PART)	11,636	1,020	7,507	629,529	49,201	80,902	16,703	
060 OUTPAT SERVICE COST CNTRS								
060 01 CLINIC								
060 01 PROVIDER BASED CLINICS	823,220	61,857		30,336,635	2,370,999	1,625,898		
061 EMERGENCY	55,269	14,165	103,930	2,942,663	229,984	127,572	47,664	
062 OBSERVATION BEDS (NON-DIS								
066 OTHER REIMBURS COST CNTRS								
066 DURABLE MEDICAL EQUIP-REN								
067 DURABLE MEDICAL EQUIP-SOL								
071 OTHER HOME HEALTH SERVICE	58,178	2,052		739,496	57,795	92,277		
093 SPEC PURPOSE COST CENTERS								
093 HOSPICE	8,727	236		655,643	51,242	92,277		
095 SUBTOTALS	2,263,132	1,070,737	1,955,886	99,176,558	7,162,912	4,693,530	392,978	
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	8,727	52		308,575	24,117	32,297		
098 PHYSICIANS' PRIVATE OFFIC				32,284	2,523			
100 RETAIL PHARMACY	2,909			720,179	56,286	2,126		
100 03 MEALS ON WHEELS								
100 04 RMS	61,087	2,999		1,661,703	129,870	55,940		
100 05 CONTINUING CARE				745	58			
100 06 OTHER NONREIMBURSABLE COS								
100 07 CORPORATE HEALTH	40,725	4,224		1,393,248	108,889	209,473	9,648	
100 08 CLINIC BLDGS	2,909	3,224		241,011	18,836	12,821		
100 09 DIABETIC CLINIC	14,545	296		205,363	16,050	36,294		
100 10 IHAP	20,362	458		95,339	7,451	48,307		
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	2,414,396	1,081,990	1,955,886	103,835,005	7,526,992	5,090,788	402,626	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCH, RECEIV, & STORES							
006 04 ADMIT/CASH/AR							
006 05 OTHER ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	1,430,226						
011 DIETARY	10,203	538,688					
012 CAFETERIA	13,804		1,373,818				
014 NURSING ADMINISTRATION	9,603		28,037	1,238,886			
015 CENTRAL SERVICES & SUPPLY	19,206		6,230		162,459		
016 PHARMACY	15,605		34,268			815,041	
017 MEDICAL RECORDS & LIBRARY	34,210		80,996			7	3,306,999
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW	1,200		9,346				
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C			24,922				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	374,509	302,890	249,220	609,794		950	391,211
026 INTENSIVE CARE UNIT	30,009	26,746	40,498	119,442		232	117,277
031 SUBPROVIDER	36,611	78,347	46,729	119,117		46	192,464
033 NURSERY	5,402		9,346	31,221			24,863
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	100,830		80,996	149,904		843	316,646
039 DELIVERY ROOM & LABOR ROO	14,404		3,115	10,703		22	35,015
040 ANESTHESIOLOGY						43	48,454
041 RADIOLOGY-DIAGNOSTIC	55,216		68,535			2,300	215,772
041 01 ULTRA SOUND	2,401		12,461			6	18,902
044 LABORATORY	36,611		84,111			157	226,413
049 RESPIRATORY THERAPY	57,017		31,152			1,700	162,727
050 PHYSICAL THERAPY	29,409		59,189			825	20,475
051 OCCUPATIONAL THERAPY	9,003		12,461				4,219
052 SPEECH PATHOLOGY	5,402		9,346				1,616
053 ELECTROCARDIOLOGY	15,605		49,844			323	244,770
054 ELECTROENCEPHALOGRAPHY	6,002		6,230				2,406
055 MEDICAL SUPPLIES CHARGED					162,459		548,268
055 01 PSYCHIATRY/PSYCHOLOGICA	16,205		6,230	12,597			
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS						478,251	658,747
058 ASC (NON-DIAGNOSTIC PART)	36,011	5,491	24,922	44,378		154	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 PROVIDER BASED CLINICS			183,799				
061 EMERGENCY	151,245		74,766	141,730		1,439	76,754
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE			24,922				
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			18,691				
095 SUBTOTALS	1,085,723	413,474	1,280,362	1,238,886	162,459	487,298	3,306,999
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	8,403		3,115				
098 PHYSICIANS' PRIVATE OFFIC							
100 RETAIL PHARMACY			3,115			327,743	
100 03 MEALS ON WHEELS		125,214					
100 04 RMS			46,729				
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH			31,152				
100 08 CLINIC BLDGS	336,100		3,115				
100 09 DIABETIC CLINIC			6,230				
100 10 IHAP							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,430,226	538,688	1,373,818	1,238,886	162,459	815,041	3,306,999

COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	SOCIAL SERVICE	UTILIZATION REVIEW	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	18	18.01	20	22	23	25	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCH, RECEIV, & STORES							
006 04 ADMIT/CASH/AR							
006 05 OTHER ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW		322,129					
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI				683,337			
023 I&R SERVICES-OTHER PRGM C					1,062,968		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		235,103		3,559		11,376,623	-3,559
026 INTENSIVE CARE UNIT		25,315				2,182,102	
031 SUBPROVIDER		61,711				2,467,513	
033 NURSERY						659,719	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS						4,165,094	
039 OPERATING ROOM						334,730	
040 DELIVERY ROOM & LABOR ROO						172,074	
041 ANESTHESIOLOGY						5,674,122	
041 01 RADIOLOGY-DIAGNOSTIC						672,790	
044 ULTRASOUND						6,644,586	
049 LABORATORY						1,933,174	
050 RESPIRATORY THERAPY						2,698,072	
051 PHYSICAL THERAPY						560,298	
052 OCCUPATIONAL THERAPY						452,905	
053 SPEECH PATHOLOGY						3,147,694	
054 ELECTROCARDIOLOGY						427,696	
055 ELECTROENCEPHALOGRAPHY						5,313,495	
055 01 MEDICAL SUPPLIES CHARGED						282,959	
055 30 PSYCHIATRY/PSYCHOLOGI CA						738,260	
056 IMPL. DEV. CHARGED TO PAT						4,937,222	
058 DRUGS CHARGED TO PATIENTS						887,291	
060 ASC (NON-DISTINCT PART)							
060 01 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 01 PROVIDER BASED CLINICS				679,778	1,062,968	36,260,077	-1,742,746
061 EMERGENCY						3,793,817	
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
093 OTHER HOME HEALTH SERVICE						914,490	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE						817,853	
095 SUBTOTALS		322,129		683,337	1,062,968	97,514,656	-1,746,305
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						376,507	
098 PHYSICIANS' PRIVATE OFFIC						34,807	
100 RETAIL PHARMACY						1,109,449	
100 03 MEALS ON WHEELS						125,214	
100 04 RMS						1,894,242	
100 05 CONTINUING CARE						803	
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH						1,752,410	
100 08 CLINIC BLDGS						611,883	
100 09 DIABETIC CLINIC						263,937	
100 10 IHAP						151,097	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		322,129		683,337	1,062,968	103,835,005	-1,746,305

COST ALLOCATION - GENERAL SERVICE COSTS

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TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
001 GENERAL SERVICE COST CNTR	
002 OLD CAP REL COSTS-BLDG &	
003 OLD CAP REL COSTS-MVBLE E	
004 NEW CAP REL COSTS-BLDG &	
005 NEW CAP REL COSTS-MVBLE E	
006 EMPLOYEE BENEFITS	
006 01 NONPATIENT TELEPHONES	
006 02 DATA PROCESSING	
006 03 PURCH, RECEIV, & STORES	
006 04 ADMIT/CASH/AR	
006 05 OTHER ADMIN & GENERAL	
007 MAINTENANCE & REPAIRS	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
018 01 UTILIZATION REVIEW	
020 NONPHYSICIAN ANESTHETISTS	
022 I&R SERVICES-SALARY & FRI	
023 I&R SERVICES-OTHER PRGM C	
INPAT ROUTINE SRVC CNTRS	
025 ADULTS & PEDIATRICS	11,373,064
026 INTENSIVE CARE UNIT	2,182,102
031 SUBPROVIDER	2,467,513
033 NURSERY	659,719
034 SKILLED NURSING FACILITY	
ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	4,165,094
039 DELIVERY ROOM & LABOR ROO	334,730
040 ANESTHESIOLOGY	172,074
041 RADIOLOGY-DIAGNOSTIC	5,674,122
041 01 ULTRASOUND	672,790
044 LABORATORY	6,644,586
049 RESPIRATORY THERAPY	1,933,174
050 PHYSICAL THERAPY	2,698,072
051 OCCUPATIONAL THERAPY	560,298
052 SPEECH PATHOLOGY	452,905
053 ELECTROCARDIOLOGY	3,147,694
054 ELECTROENCEPHALOGRAPHY	427,696
055 MEDICAL SUPPLIES CHARGED	5,313,495
055 01 PSYCHIATRY/PSYCHOLOGI CA	282,959
055 30 IMPL. DEV. CHARGED TO PAT	738,260
056 DRUGS CHARGED TO PATIENTS	4,937,222
058 ASC (NON-DIAGNOSTIC PART)	887,291
060 OUTPAT SERVICE COST CNTRS	
CLINIC	
060 01 PROVIDER BASED CLINICS	34,517,331
061 EMERGENCY	3,793,817
062 OBSERVATION BEDS (NON-DIS	
OTHER REIMBURS COST CNTRS	
066 DURABLE MEDICAL EQUIP-REN	
067 DURABLE MEDICAL EQUIP-SOL	
071 OTHER HOME HEALTH SERVICE	914,490
SPEC PURPOSE COST CENTERS	
093 HOSPICE	817,853
095 SUBTOTALS	95,768,351
NONREIMBURS COST CENTERS	
096 GIFT, FLOWER, COFFEE SHOP	376,507
098 PHYSICIANS' PRIVATE OFFIC	34,807
100 RETAIL PHARMACY	1,109,449
100 03 MEALS ON WHEELS	125,214
100 04 RMS	1,894,242
100 05 CONTINUING CARE	803
100 06 OTHER NONREIMBURSABLE COS	
100 07 CORPORATE HEALTH	1,752,410
100 08 CLINIC BLDGS	611,883
100 09 DIABETIC CLINIC	263,937
100 10 IHAP	151,097
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 TOTAL	102,088,700

ALLOCATION OF OLD CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		3,035				3,035	3,035
006 01 NONPATIENT TELEPHONES		240				240	12
006 02 DATA PROCESSING		5,177				5,177	47
006 03 PURCH, RECEIV, & STORES		8,072				8,072	20
006 04 ADMN/T/CASH/AR		5,516				5,516	70
006 05 OTHER ADMIN & GENERAL		8,129	23,618			31,747	170
007 MAINTENANCE & REPAIRS		84,560				84,560	45
009 LAUNDRY & LINEN SERVICE		123				123	2
010 HOUSEKEEPING		2,662				2,662	30
011 DIETARY		3,033				3,033	9
012 CAFETERIA		2,453				2,453	43
014 NURSING ADMINISTRATION		1,549				1,549	42
015 CENTRAL SERVICES & SUPPLY		460				460	3
016 PHARMACY		1,566				1,566	48
017 MEDICAL RECORDS & LIBRARY		3,530				3,530	89
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW		92				92	11
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C		2,834				2,834	26
023 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		21,756				21,756	284
026 INTENSIVE CARE UNIT		2,387				2,387	58
031 SUBPROVIDER		5,943				5,943	59
033 NURSERY		359				359	19
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		8,825	433			9,258	72
039 DELIVERY ROOM & LABOR ROO		852				852	7
040 ANESTHESIOLOGY		48				48	
041 RADIOLOGY-DIAGNOSTIC		5,002				5,002	79
041 01 ULTRA SOUND		215				215	19
044 LABORATORY		3,486				3,486	106
049 RESPIRATORY THERAPY		1,761				1,761	44
050 PHYSICAL THERAPY		4,557				4,557	77
051 OCCUPATIONAL THERAPY		1,519				1,519	16
052 SPEECH PATHOLOGY		1,190				1,190	13
053 ELECTROCARDIOLOGY		6,136				6,136	53
054 ELECTROENCEPHALOGRAPHY		1,108				1,108	10
055 MEDICAL SUPPLIES CHARGED							
055 01 PSYCHIATRY/PSYCHOLOGICA		1,991				1,991	5
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)		2,584				2,584	23
060 OUTPAT SERVICE COST CNTRS							
060 01 PROVIDER BASED CLINICS		51,938				51,938	1,162
061 EMERGENCY		4,075				4,075	124
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE		2,948				2,948	24
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE		2,948				2,948	20
095 SUBTOTALS		264,659	24,051			288,710	2,941
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,032				1,032	4
098 PHYSICIANS' PRIVATE OFFIC							
100 RETAIL PHARMACY		68				68	
100 03 MEALS ON WHEELS							
100 04 RMS		1,787				1,787	20
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH		6,691				6,691	47
100 08 CLINIC BLDGS		410				410	2
100 09 DIABETIC CLINIC		1,159				1,159	7
100 10 IHAP		1,543				1,543	14
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		277,349	24,051			301,400	3,035

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COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCH, RECEIV, & STORES	ADMIN/CASH/AR	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	6.04	6.05	7	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	252						
006 02 DATA PROCESSING	12	5,236					
006 03 PURCH, RECEIV, & STORES	4	88	8,184				
006 04 ADMIN/CASH/AR	9	265	43	5,903			
006 05 OTHER ADMIN & GENERAL	17	334	71		32,339		
007 MAINTENANCE & REPAIRS	6	57	347		1,587	86,602	
009 LAUNDRY & LINEN SERVICE					124	65	314
010 HOUSEKEEPING	1		94		420	1,417	
011 DIETARY	4	44	30		135	1,615	
012 CAFETERIA	1				400	1,306	
014 NURSING ADMINISTRATION	6	132	2		359	825	
015 CENTRAL SERVICES & SUPPLY	1	13			35	245	7
016 PHARMACY	5	63	17		223	834	
017 MEDICAL RECORDS & LIBRARY	11	410	90		960	1,880	
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW	1	25			96	49	
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					213		
023 I&R SERVICES-OTHER PRGM C	8	95	27		296	1,509	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	19	214	191	377	2,600	11,586	145
026 INTENSIVE CARE UNIT	4	32	54	104	538	1,271	16
031 SUBPROVIDER	6	57	12	166	540	3,165	11
033 NURSERY	1		26	21	178	191	5
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	11	170	589	744	999	4,700	26
039 DELIVERY ROOM & LABOR ROO				34	75	454	3
040 ANESTHESIOLOGY				99	38	26	
041 RADIOLOGY-DIAGNOSTIC	7	202	433	1,017	1,603	2,664	24
041 01 ULTRA SOUND	1		21	115	196	115	3
044 LABORATORY	8	145	1,452	646	1,928	1,857	
049 RESPIRATORY THERAPY	7	57	144	209	507	938	
050 PHYSICAL THERAPY	4	214	63	175	760	2,427	7
051 OCCUPATIONAL THERAPY	1		3	39	152	809	
052 SPEECH PATHOLOGY	2	19	37	21	124	634	
053 ELECTROCARDIOLOGY	6	164	1,225	47	821	3,268	9
054 ELECTROENCEPHALOGRAPHY	1	19	19	40	118	590	
055 MEDICAL SUPPLIES CHARGED			2,318	804	1,434		
055 01 PSYCHIATRY/PSYCHOLOGICA	2	13	3	14	58	1,060	
055 30 IMPL. DEV. CHARGED TO PAT					230		
056 DRUGS CHARGED TO PATIENTS			119	893	1,184		
058 ASC (NON-DISTINCT PART)	3	25	8	23	212	1,376	13
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 01 PROVIDER BASED CLINICS	51	1,787	468		10,174	27,659	
061 EMERGENCY	10	120	107	315	989	2,170	37
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE	5	126	16		248	1,570	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	2	19	2		220	1,570	
095 SUBTOTALS	237	4,909	8,100	5,903	30,774	79,845	306
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1	19			104	549	
098 PHYSICIANS' PRIVATE OFFIC					11		
100 RETAIL PHARMACY		6			242	36	
100 03 MEALS ON WHEELS							
100 04 RMS	6	132	23		558	952	
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH	8	88	32		468	3,563	8
100 08 CLINIC BLDGS		6	24		81	218	
100 09 DIABETIC CLINIC		32	2		69	617	
100 10 IHAP		44	3		32	822	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	252	5,236	8,184	5,903	32,339	86,602	314

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COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCH, RECEIV, & STORES							
006 04 ADMIT/CASH/AR							
006 05 OTHER ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	4,624						
011 DIETARY	33	4,903					
012 CAFETERIA	45		4,248				
014 NURSING ADMINISTRATION	31		87	3,033			
015 CENTRAL SERVICES & SUPPLY	62		19		845		
016 PHARMACY	50		106			2,912	
017 MEDICAL RECORDS & LIBRARY	111		250				7,331
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW	4		29				
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C			77				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,213	2,757	772	1,493		3	865
026 INTENSIVE CARE UNIT	97	243	125	292		1	259
031 SUBPROVIDER	118	713	144	292			425
033 NURSERY	17		29	76			55
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	326		250	367		3	700
039 DELIVERY ROOM & LABOR ROO	47		10	26			77
040 ANESTHESIOLOGY							107
041 RADIOLOGY-DIAGNOSTIC	179		212			8	477
041 01 ULTRASOUND	8		39				42
044 LABORATORY	118		260			1	500
049 RESPIRATORY THERAPY	184		96			6	360
050 PHYSICAL THERAPY	95		183			3	45
051 OCCUPATIONAL THERAPY	29		39				9
052 SPEECH PATHOLOGY	17		29				4
053 ELECTROCARDIOLOGY	50		154			1	541
054 ELECTROENCEPHALOGRAPHY	19		19				5
055 MEDICAL SUPPLIES CHARGED					845		1,212
055 01 PSYCHIATRY/PSYCHOLOGICA	52		19	31			
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS						1,709	1,478
058 ASC (NON-DISTINCT PART)	116	50	77	109		1	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 01 PROVIDER BASED CLINICS			568				
061 EMERGENCY	489		231	347		5	170
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE			77				
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			58				
095 SUBTOTALS	3,510	3,763	3,959	3,033	845	1,741	7,331
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	27		10				
098 PHYSICIANS' PRIVATE OFFIC							
100 RETAIL PHARMACY			10			1,171	
100 03 MEALS ON WHEELS		1,140					
100 04 RMS			144				
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH			96				
100 08 CLINIC BLDGS	1,087		10				
100 09 DIABETIC CLINIC			19				
100 10 IHAP							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	4,624	4,903	4,248	3,033	845	2,912	7,331

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COST CENTER DESCRIPTION	SOCIAL SERVICE	UTILIZATION REVIEW	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	18	18.01	20	22	23	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCH, RECEIV, & STORES							
006 04 ADMIT/CASH/AR							
006 05 OTHER ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW		307					
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI				213			
023 I&R SERVICES-OTHER PRGM C					4,872		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		224				44,499	
026 INTENSIVE CARE UNIT		24				5,505	
031 SUBPROVIDER		59				11,710	
033 NURSERY						977	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS						18,215	
039 OPERATING ROOM						1,585	
040 DELIVERY ROOM & LABOR ROO						387	
041 ANESTHESIOLOGY						11,907	
041 01 RADIOLOGY-DIAGNOSTIC						774	
044 ULTRA SOUND						10,507	
049 LABORATORY						4,313	
050 RESPIRATORY THERAPY						8,610	
051 PHYSICAL THERAPY						2,616	
052 OCCUPATIONAL THERAPY						2,090	
053 SPEECH PATHOLOGY						12,475	
054 ELECTROCARDIOLOGY						1,948	
055 ELECTROENCEPHALOGRAPHY						6,613	
055 01 MEDICAL SUPPLIES CHARGED						3,248	
055 30 PSYCHIATRY/PSYCHOLOGI CA						230	
056 IMPL. DEV. CHARGED TO PAT						5,383	
058 DRUGS CHARGED TO PATIENTS						4,620	
060 ASC (NON-DISTINCT PART)							
060 01 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC						93,807	
061 PROVIDER BASED CLINICS						9,189	
062 EMERGENCY							
066 OBSERVATION BEDS (NON-DIS							
067 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE						5,014	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE						4,839	
095 SUBTOTALS		307				271,061	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						1,746	
098 PHYSICIANS' PRIVATE OFFIC						11	
100 RETAIL PHARMACY						1,533	
100 03 MEALS ON WHEELS						1,140	
100 04 RMS						3,622	
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH						11,001	
100 08 CLINIC BLDGS						1,838	
100 09 DIABETIC CLINIC						1,905	
100 10 IHAP						2,458	
101 CROSS FOOT ADJUSTMENTS				213	4,872	5,085	
102 NEGATIVE COST CENTER							
103 TOTAL		307		213	4,872	301,400	

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 PREPARED 5/31/2011
 WORKSHEET B
 PART II

TOTAL

27

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006	01 NONPATIENT TELEPHONES	
006	02 DATA PROCESSING	
006	03 PURCH, RECEIV, & STORES	
006	04 ADMIT/CASH/AR	
006	05 OTHER ADMIN & GENERAL	
007	MAINTENANCE & REPAIRS	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
018	01 UTILIZATION REVIEW	
020	NONPHYSICIAN ANESTHETISTS	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	44,499
026	INTENSIVE CARE UNIT	5,505
031	SUBPROVIDER	11,710
033	NURSERY	977
034	SKILLED NURSING FACILITY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	18,215
039	DELIVERY ROOM & LABOR ROO	1,585
040	ANESTHESIOLOGY	387
041	RADIOLOGY-DIAGNOSTIC	11,907
041	01 ULTRASOUND	774
044	LABORATORY	10,507
049	RESPIRATORY THERAPY	4,313
050	PHYSICAL THERAPY	8,610
051	OCCUPATIONAL THERAPY	2,616
052	SPEECH PATHOLOGY	2,090
053	ELECTROCARDIOLOGY	12,475
054	ELECTROENCEPHALOGRAPHY	1,948
055	MEDICAL SUPPLIES CHARGED	6,613
055	01 PSYCHIATRY/PSYCHOLOGI CA	3,248
055	30 IMPL. DEV. CHARGED TO PAT	230
056	DRUGS CHARGED TO PATIENTS	5,383
058	ASC (NON-DISTINCT PART)	4,620
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	
060	01 PROVIDER BASED CLINICS	93,807
061	EMERGENCY	9,189
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
066	DURABLE MEDICAL EQUIP-REN	
067	DURABLE MEDICAL EQUIP-SOL	
071	OTHER HOME HEALTH SERVICE	5,014
	SPEC PURPOSE COST CENTERS	
093	HOSPICE	4,839
095	SUBTOTALS	271,061
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	1,746
098	PHYSICIANS' PRIVATE OFFIC	11
100	RETAIL PHARMACY	1,533
100	03 MEALS ON WHEELS	1,140
100	04 RMS	3,622
100	05 CONTINUING CARE	
100	06 OTHER NONREIMBURSABLE COS	
100	07 CORPORATE HEALTH	11,001
100	08 CLINIC BLDGS	1,838
100	09 DIABETIC CLINIC	1,905
100	10 IHAP	2,458
101	CROSS FOOT ADJUSTMENTS	5,085
102	NEGATIVE COST CENTER	
103	TOTAL	301,400

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				27,528	18,932	46,460	46,460
006 01 NONPATIENT TELEPHONES				2,175		2,175	182
006 02 DATA PROCESSING				46,967	619,832	666,799	728
006 03 PURCH, RECEIV, & STORES				73,220	49,108	122,328	305
006 04 ADMNIT/CASH/AR				50,041	16,606	66,647	1,079
006 05 OTHER ADMIN & GENERAL				73,737	48,513	122,250	2,605
007 MAINTENANCE & REPAIRS				767,070	32,208	799,278	686
009 LAUNDRY & LINEN SERVICE				1,115		1,115	26
010 HOUSEKEEPING				24,146	2,494	26,640	461
011 DIETARY				27,510	3,168	30,678	139
012 CAFETERIA				22,248	12,674	34,922	659
014 NURSING ADMINISTRATION				14,048	3,596	17,644	641
015 CENTRAL SERVICES & SUPPLY				4,171	2,019	6,190	42
016 PHARMACY				14,202	198,622	212,824	741
017 MEDICAL RECORDS & LIBRARY				32,020	19,791	51,811	1,365
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW				838		838	173
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C				25,705	8,171	33,876	403
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				197,356	137,170	334,526	4,368
026 INTENSIVE CARE UNIT				21,657	46,764	68,421	895
031 SUBPROVIDER				53,911	2,973	56,884	911
033 NURSERY				3,259	9,973	13,232	296
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				80,059	319,426	399,485	1,106
039 DELIVERY ROOM & LABOR ROO				7,726	15,888	23,614	105
040 ANESTHESIOLOGY				437	33,683	34,120	
041 RADIOLOGY-DIAGNOSTIC				45,377	1,050,045	1,095,422	1,211
041 01 ULTRA SOUND				1,953	38,482	40,435	291
044 LABORATORY				31,625	204,057	235,682	1,621
049 RESPIRATORY THERAPY				15,976	82,963	98,939	672
050 PHYSICAL THERAPY				41,342	74,490	115,832	1,190
051 OCCUPATIONAL THERAPY				13,783	296	14,079	241
052 SPEECH PATHOLOGY				10,794	9,304	20,098	199
053 ELECTROCARDIOLOGY				55,660	455,349	511,009	815
054 ELECTROENCEPHALOGRAPHY				10,055	34,858	44,913	156
055 MEDICAL SUPPLIES CHARGED							
055 01 PSYCHIATRY/PSYCHOLOGICA				18,065	2,138	20,203	83
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)				23,443	12,101	35,544	353
060 OUTPAT SERVICE COST CNTRS							
060 01 PROVIDER BASED CLINICS				471,147	210,203	681,350	17,681
061 EMERGENCY				36,967	22,056	59,023	1,911
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE				26,740	1,419	28,159	365
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE				26,740	2,822	29,562	311
095 SUBTOTALS				2,400,813	3,802,194	6,203,007	45,016
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				9,359	1,312	10,671	54
098 PHYSICIANS' PRIVATE OFFIC							
100 RETAIL PHARMACY				616		616	
100 03 MEALS ON WHEELS							
100 04 RMS				16,210	4,708	20,918	314
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH				60,700	6,189	66,889	725
100 08 CLINIC BLDGS				3,715	10,034	13,749	24
100 09 DIABETIC CLINIC				10,517	1,817	12,334	109
100 10 IHAP				13,998		13,998	218
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				2,515,928	3,826,254	6,342,182	46,460

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCH, RECEIV, & STORES	ADMIN/CASH/AR	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	6.04	6.05	7	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	2,357						
006 02 DATA PROCESSING	109	667,636					
006 03 PURCH, RECEIV, & STORES	34	11,261	133,928				
006 04 ADMIN/CASH/AR	84	33,784	710	102,304			
006 05 OTHER ADMIN & GENERAL	162	42,632	1,169		168,818		
007 MAINTENANCE & REPAIRS	53	7,239	5,681		8,277	821,214	
009 LAUNDRY & LINEN SERVICE					648	621	2,410
010 HOUSEKEEPING	9		1,546		2,190	13,442	
011 DIETARY	37	5,631	484		705	15,314	
012 CAFETERIA	6				2,086	12,385	
014 NURSING ADMINISTRATION	56	16,892	33		1,874	7,820	
015 CENTRAL SERVICES & SUPPLY	6	1,609			184	2,322	55
016 PHARMACY	47	8,044	273		1,164	7,906	
017 MEDICAL RECORDS & LIBRARY	100	52,285	1,469		5,010	17,825	
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW	6	3,218			502	466	
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					1,111		
023 I&R SERVICES-OTHER PRGM C	72	12,066	444		1,544	14,309	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	175	27,349	3,124	6,513	13,564	109,865	1,115
026 INTENSIVE CARE UNIT	41	4,022	888	1,794	2,808	12,056	126
031 SUBPROVIDER	56	7,239	190	2,871	2,816	30,011	85
033 NURSERY	6		418	371	928	1,814	42
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	106	21,718	9,641	12,851	5,212	44,567	203
039 DELIVERY ROOM & LABOR ROO	3			593	392	4,301	23
040 ANESTHESIOLOGY			1,127	1,718	198	244	
041 RADIOLOGY-DIAGNOSTIC	69	25,740	7,082	17,859	8,366	25,261	182
041 01 ULTRA SOUND	12		352	1,995	1,023	1,087	20
044 LABORATORY	75	18,501	23,750	11,155	10,061	17,605	
049 RESPIRATORY THERAPY	65	7,239	2,350	3,616	2,643	8,894	
050 PHYSICAL THERAPY	41	27,349	1,026	3,019	3,963	23,014	50
051 OCCUPATIONAL THERAPY	9		56	678	792	7,673	
052 SPEECH PATHOLOGY	19	2,413	599	369	649	6,009	
053 ELECTROCARDIOLOGY	56	20,914	20,043	817	4,283	30,985	66
054 ELECTROENCEPHALOGRAPHY	6	2,413	305	683	615	5,598	
055 MEDICAL SUPPLIES CHARGED			37,960	13,898	7,484		
055 01 PSYCHIATRY/PSYCHOLOGICA	19	1,609	45	244	302	10,056	
055 30 IMPL. DEV. CHARGED TO PAT					1,200		
056 DRUGS CHARGED TO PATIENTS			1,952	15,429	6,179		
058 ASC (NON-DISTINCT PART)	25	3,218	126	393	1,104	13,051	100
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 01 PROVIDER BASED CLINICS	479	227,640	7,656		53,173	262,278	
061 EMERGENCY	90	15,283	1,753	5,438	5,158	20,579	285
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE	47	16,088	254		1,296	14,886	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	19	2,413	29		1,149	14,886	
095 SUBTOTALS	2,199	625,809	132,535	102,304	160,653	757,130	2,352
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	12	2,413	6		541	5,210	
098 PHYSICIANS' PRIVATE OFFIC					57		
100 RETAIL PHARMACY	3	804			1,262	343	
100 03 MEALS ON WHEELS							
100 04 RMS	59	16,892	371		2,913	9,024	
100 05 CONTINUING CARE	3				1		
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH	75	11,261	523		2,442	33,791	58
100 08 CLINIC BLDGS	3	804	399		422	2,068	
100 09 DIABETIC CLINIC	3	4,022	37		360	5,855	
100 10 IHAP		5,631	57		167	7,793	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,357	667,636	133,928	102,304	168,818	821,214	2,410

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCH, RECEIV, & STORES							
006 04 ADMIT/CASH/AR							
006 05 OTHER ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	44,288						
011 DIETARY	316	53,304					
012 CAFETERIA	427		50,485				
014 NURSING ADMINISTRATION	297		1,030	46,287			
015 CENTRAL SERVICES & SUPPLY	595		229		11,232		
016 PHARMACY	483		1,259			232,741	
017 MEDICAL RECORDS & LIBRARY	1,059		2,976			2	133,902
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW	37		343				
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C			916				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	11,598	29,971	9,162	22,783		271	15,847
026 INTENSIVE CARE UNIT	929	2,647	1,488	4,463		66	4,751
031 SUBPROVIDER	1,134	7,753	1,717	4,450		13	7,796
033 NURSERY	167		343	1,166			1,007
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,122		2,976	5,601		241	12,827
039 DELIVERY ROOM & LABOR ROO	446		114	400		6	1,418
040 ANESTHESIOLOGY						12	1,963
041 RADIOLOGY-DIAGNOSTIC	1,710		2,519			657	8,741
041 01 ULTRASOUND	74		458			2	766
044 LABORATORY	1,134		3,091			45	9,172
049 RESPIRATORY THERAPY	1,766		1,145			485	6,592
050 PHYSICAL THERAPY	911		2,175			236	829
051 OCCUPATIONAL THERAPY	279		458				171
052 SPEECH PATHOLOGY	167		343				65
053 ELECTROCARDIOLOGY	483		1,832			92	9,915
054 ELECTROENCEPHALOGRAPHY	186		229				97
055 MEDICAL SUPPLIES CHARGED					11,232		22,209
055 01 PSYCHIATRY/PSYCHOLOGICA	502		229	471			
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS						136,568	26,627
058 ASC (NON-DISTINCT PART)	1,115	543	916	1,658		44	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 01 PROVIDER BASED CLINICS			6,754				
061 EMERGENCY	4,683		2,747	5,295		411	3,109
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE			916				
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			687				
095 SUBTOTALS	33,620	40,914	47,052	46,287	11,232	139,151	133,902
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	260		114				
098 PHYSICIANS' PRIVATE OFFIC							
100 RETAIL PHARMACY			114			93,590	
100 03 MEALS ON WHEELS		12,390					
100 04 RMS			1,717				
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH			1,145				
100 08 CLINIC BLDGS	10,408		114				
100 09 DIABETIC CLINIC			229				
100 10 IHAP							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	44,288	53,304	50,485	46,287	11,232	232,741	133,902

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	UTILIZATION REVIEW	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	18	18.01	20	22	23	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCH, RECEIV, & STORES							
006 04 ADMIT/CASH/AR							
006 05 OTHER ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW		5,583					
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI				1,111			
023 I&R SERVICES-OTHER PRGM C					63,630		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		4,074				594,305	
026 INTENSIVE CARE UNIT		439				105,834	
031 SUBPROVIDER		1,070				124,996	
033 NURSERY						19,790	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS						519,656	
039 OPERATING ROOM						31,415	
040 DELIVERY ROOM & LABOR ROO						39,382	
041 ANESTHESIOLOGY						1,194,819	
041 01 RADIOLOGY-DIAGNOSTIC						46,515	
044 ULTRA SOUND						331,892	
044 LABORATORY						134,406	
049 RESPIRATORY THERAPY						179,635	
050 PHYSICAL THERAPY						24,436	
051 OCCUPATIONAL THERAPY						30,930	
052 SPEECH PATHOLOGY						601,310	
053 ELECTROCARDIOLOGY						55,201	
054 ELECTROENCEPHALOGRAPHY						92,783	
055 MEDICAL SUPPLIES CHARGED						33,763	
055 01 PSYCHIATRY/PSYCHOLOGI CA						1,200	
055 30 IMPL. DEV. CHARGED TO PAT						186,755	
056 DRUGS CHARGED TO PATIENTS						58,190	
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC						1,257,011	
061 PROVIDER BASED CLINICS						125,765	
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
093 OTHER HOME HEALTH SERVICE						62,011	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE						49,056	
095 SUBTOTALS		5,583				5,901,056	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						19,281	
098 PHYSICIANS' PRIVATE OFFIC						57	
100 RETAIL PHARMACY						96,732	
100 03 MEALS ON WHEELS						12,390	
100 04 RMS						52,208	
100 05 CONTINUING CARE						4	
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH						116,909	
100 08 CLINIC BLDGS						27,991	
100 09 DIABETIC CLINIC						22,949	
100 10 IHAP						27,864	
101 CROSS FOOT ADJUSTMENTS				1,111	63,630	64,741	
102 NEGATIVE COST CENTER							
103 TOTAL		5,583		1,111	63,630	6,342,182	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET B
 PART III

TOTAL

27

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006	01 NONPATIENT TELEPHONES	
006	02 DATA PROCESSING	
006	03 PURCH, RECEIV, & STORES	
006	04 ADMIT/CASH/AR	
006	05 OTHER ADMIN & GENERAL	
007	MAINTENANCE & REPAIRS	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
018	01 UTILIZATION REVIEW	
020	NONPHYSICIAN ANESTHETISTS	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	594,305
026	INTENSIVE CARE UNIT	105,834
031	SUBPROVIDER	124,996
033	NURSERY	19,790
034	SKILLED NURSING FACILITY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	519,656
039	DELIVERY ROOM & LABOR ROO	31,415
040	ANESTHESIOLOGY	39,382
041	RADIOLOGY-DIAGNOSTIC	1,194,819
041	01 ULTRA SOUND	46,515
044	LABORATORY	331,892
049	RESPIRATORY THERAPY	134,406
050	PHYSICAL THERAPY	179,635
051	OCCUPATIONAL THERAPY	24,436
052	SPEECH PATHOLOGY	30,930
053	ELECTROCARDIOLOGY	601,310
054	ELECTROENCEPHALOGRAPHY	55,201
055	MEDICAL SUPPLIES CHARGED	92,783
055	01 PSYCHIATRY/PSYCHOLOGI CA	33,763
055	30 IMPL. DEV. CHARGED TO PAT	1,200
056	DRUGS CHARGED TO PATIENTS	186,755
058	ASC (NON-DISTINCT PART)	58,190
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	
060	01 PROVIDER BASED CLINICS	1,257,011
061	EMERGENCY	125,765
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
066	DURABLE MEDICAL EQUIP-REN	
067	DURABLE MEDICAL EQUIP-SOL	
071	OTHER HOME HEALTH SERVICE	62,011
	SPEC PURPOSE COST CENTERS	
093	HOSPICE	49,056
095	SUBTOTALS	5,901,056
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	19,281
098	PHYSICIANS' PRIVATE OFFIC	57
100	RETAIL PHARMACY	96,732
100	03 MEALS ON WHEELS	12,390
100	04 RMS	52,208
100	05 CONTINUING CARE	4
100	06 OTHER NONREIMBURSABLE COS	
100	07 CORPORATE HEALTH	116,909
100	08 CLINIC BLDGS	27,991
100	09 DIABETIC CLINIC	22,949
100	10 IHAP	27,864
101	CROSS FOOT ADJUSTMENTS	64,741
102	NEGATIVE COST CENTER	
103	TOTAL	6,342,182

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARY)	NONPATIENT TELEPHONES (TELEPHONES)
	1	2	3	4	5	6.01
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	408,350					
003 OLD CAP REL COSTS-MVB		1,778				
004 NEW CAP REL COSTS-BLD			408,350			
005 NEW CAP REL COSTS-MVB				3,678,426		
006 EMPLOYEE BENEFITS	4,468		4,468	18,201	54,004,005	
006 01 NONPATIENT TELEPHONES	353		353		211,382	756
006 02 DATA PROCESSING	7,623		7,623	595,885	846,814	35
006 03 PURCH, RECEIV, & STORES	11,884		11,884	47,211	354,166	11
006 04 ADMIT/CASH/AR	8,122		8,122	15,964	1,254,406	27
006 05 OTHER ADMIN & GENERAL	11,968	1,746	11,968	46,639	3,029,190	52
007 MAINTENANCE & REPAIRS	124,500		124,500	30,964	797,909	17
009 LAUNDRY & LINEN SERVI	181		181		29,930	
010 HOUSEKEEPING	3,919		3,919	2,398	535,682	3
011 DIETARY	4,465		4,465	3,046	161,635	12
012 CAFETERIA	3,611		3,611	12,184	766,850	2
014 NURSING ADMINISTRATION	2,280		2,280	3,457	744,908	18
015 CENTRAL SERVICES & SU	677		677	1,941	48,432	2
016 PHARMACY	2,305		2,305	190,948	861,520	15
017 MEDICAL RECORDS & LIB	5,197		5,197	19,026	1,587,509	32
018 SOCIAL SERVICE						
018 01 UTILIZATION REVIEW	136		136		201,142	2
020 NONPHYSICIAN ANESTHET						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR	4,172		4,172	7,855	469,059	23
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	32,032		32,032	131,870	5,078,666	56
026 INTENSIVE CARE UNIT	3,515		3,515	44,957	1,040,985	13
031 SUBPROVIDER	8,750		8,750	2,858	1,059,227	18
033 NURSERY	529		529	9,588	344,556	2
034 SKILLED NURSING FACIL						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	12,994	32	12,994	307,085	1,286,074	34
039 DELIVERY ROOM & LABOR	1,254		1,254	15,274	121,636	1
040 ANESTHESIOLOGY	71		71	32,382		
041 RADIOLOGY-DIAGNOSTIC	7,365		7,365	1,009,477	1,407,787	22
041 01 ULTRA SOUND	317		317	36,995	338,074	4
044 LABORATORY	5,133		5,133	196,173	1,885,289	24
049 RESPIRATORY THERAPY	2,593		2,593	79,758	781,346	21
050 PHYSICAL THERAPY	6,710		6,710	71,612	1,383,726	13
051 OCCUPATIONAL THERAPY	2,237		2,237	285	279,766	3
052 SPEECH PATHOLOGY	1,752		1,752	8,945	231,035	6
053 ELECTROCARDIOLOGY	9,034		9,034	437,756	948,149	18
054 ELECTROENCEPHALOGRAPH	1,632		1,632	33,511	181,610	2
055 MEDICAL SUPPLIES CHAR						
055 01 PSYCHIATRY/PSYCHOLO	2,932		2,932	2,055	96,237	6
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
058 ASC (NON-DISTINCT PAR	3,805		3,805	11,633	410,861	8
060 OUTPAT SERVICE COST C						
060 01 PROVIDER BASED CLINIC	76,470		76,470	202,082	20,540,307	153
061 EMERGENCY	6,000		6,000	21,204	2,222,290	29
062 OBSERVATION BEDS (NON						
066 OTHER REIMBURS COST C						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
071 OTHER HOME HEALTH SER	4,340		4,340	1,364	424,581	15
093 SPEC PURPOSE COST CEN						
093 HOSPICE	4,340		4,340	2,713	361,501	6
095 SUBTOTALS	389,666	1,778	389,666	3,655,296	52,324,237	705
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,519		1,519	1,261	62,970	4
098 PHYSICIANS' PRIVATE O						
100 RETAIL PHARMACY	100		100			1
100 03 MEALS ON WHEELS						
100 04 RMS	2,631		2,631	4,526	365,192	19
100 05 CONTINUING CARE						1
100 06 OTHER NONREIMBURSABLE						
100 07 CORPORATE HEALTH	9,852		9,852	5,950	842,704	24
100 08 CLINIC BLDGS	603		603	9,646	27,966	1
100 09 DIABETIC CLINIC	1,707		1,707	1,747	127,286	1
100 10 IHAP	2,272		2,272		253,650	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	277,349	24,051	2,515,928	3,826,254	15,012,701	563,096
(WRKSH T B, PART I)						
104 UNIT COST MULTIPLIER	.679194	13.526997	6.161205	1.040188	.277992	744.835979
(WRKSH T B, PT I)						252
105 COST TO BE ALLOCATED					3,035	
(WRKSH T B, PART II)						
106 UNIT COST MULTIPLIER					.000056	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
	TO 12/31/2010	WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TE
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	LEPHONES
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(TELEPHONES)
	1	2	3	4	5	6.01
NONREIMBURS COST CENT (WRKSHT B, PT I I)						.333333
107 COST TO BE ALLOCATED (WRKSHT B, PART I I I)					46,460	2,357
108 UNIT COST MULTIPLIER (WRKSHT B, PT I I I)					.000860	3.117725

COST ALLOCATION - STATISTICAL BASIS

14-0012

FROM 1/ 1/2010

WORKSHEET B-1

TO 12/31/2010

COST CENTER DESCRIPTION	DATA PROCESSING	PURCH, RECEIV, & STORES	ADM T/CASH/AR	GROSS CHARGES RECONCILIATION	OTHER ADMIN & MAINTENANCE & LAUNDRY & LINEN SERVICE		
					GENERAL	REPAIRS	EN SERVICE
	(NUMBER OF LINES)	MAC(COST OF SUPPLIES)	(GROSS CHARGES)	(RECONCILIATION)	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
	6.02	6.03	6.04	6a.05	6.05	7	9
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	830						
006 03 PURCH, RECEIV, & STORES	14	8,145,300					
006 04 ADM T/CASH/AR	42	43,199	236,885,445				
006 05 OTHER ADMIN & GENERAL	53	71,069		-7,526,992	96,308,013		
007 MAINTENANCE & REPAIRS	9	345,498			4,721,759	239,432	
009 LAUNDRY & LINEN SERVI					369,871	181	460,199
010 HOUSEKEEPING		94,003			1,249,264	3,919	
011 DIETARY	7	29,429			402,122	4,465	
012 CAFETERIA					1,190,216	3,611	
014 NURSING ADMINISTRATION	21	1,989			1,069,205	2,280	
015 CENTRAL SERVICES & SU	2				105,239	677	10,476
016 PHARMACY	10	16,611			664,245	2,305	
017 MEDICAL RECORDS & LIB	65	89,356			2,857,927	5,197	
018 01 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW	4				286,314	136	
020 NONPHYSICIAN ANESTHET							
022 I&R SERVICES-SALARY &					633,802		
023 I&R SERVICES-OTHER PR	15	26,982			880,524	4,172	
025 ADULTS & PEDIATRICS	34	190,000	15,075,746		7,737,467	32,032	212,750
026 INTENSIVE CARE UNIT	5	54,035	4,151,921		1,601,652	3,515	24,024
031 SUBPROVIDER	9	11,534	6,645,704		1,606,623	8,750	16,296
033 NURSERY		25,396	858,615		529,246	529	8,035
034 SKILLED NURSING FACIL							
037 ANCILLARY SRVC COST C	27	586,389	29,747,187		2,973,298	12,994	38,772
039 OPERATING ROOM			1,372,950		223,487	1,254	4,406
040 DELIVERY ROOM & LABOR			3,975,862		113,218	71	
041 ANESTHESIOLOGY		68,530	41,419,512		4,772,318	7,365	34,754
041 01 RADIOLOGY-DIAGNOSTIC	32	430,707	4,617,772		583,312	317	3,862
044 ULTRA SOUND	23	1,444,501	25,821,779		5,739,579	5,133	
049 LABORATORY	9	142,912	8,369,274		1,507,618	2,593	
050 RESPIRATORY THERAPY	34	62,394	6,989,278		2,260,481	6,710	9,552
051 PHYSICAL THERAPY		3,423	1,568,770		451,746	2,237	
052 OCCUPATIONAL THERAPY		36,450	853,687		370,346	1,752	
053 SPEECH PATHOLOGY	26	1,219,039	1,890,357		2,443,049	9,034	12,672
054 ELECTROCARDIOLOGY	3	18,531	1,580,455		350,932	1,632	
054 ELECTROENCEPHALOGRAPH			32,171,670		4,269,115		
055 MEDICAL SUPPLIES CHAR		2,308,602	564,609		172,134	2,932	
055 01 PSYCHIATRY/PSYCHOLO	2	2,712			684,744		
055 30 IMPL. DEV. CHARGED TO			35,714,203		3,524,747		
056 DRUGS CHARGED TO PATI		118,698	909,172		629,529	3,805	19,092
058 ASC (NON-DISTINCT PAR	4	7,676					
060 OUTPAT SERVICE COST C							
060 01 CLINIC							
060 01 PROVIDER BASED CLINIC	283	465,667			30,336,635	76,470	
061 EMERGENCY	19	106,637	12,586,922		2,942,663	6,000	54,480
062 OBSERVATION BEDS (NON							
066 OTHER REIMBURS COST C							
067 DURABLE MEDICAL EQUIP							
071 DURABLE MEDICAL EQUIP							
093 OTHER HOME HEALTH SER	20	15,448			739,496	4,340	
095 SPEC PURPOSE COST CEN							
095 HOSPICE	3	1,779			655,643	4,340	
095 SUBTOTALS	778	8,060,586	236,885,445	-7,526,992	91,649,566	220,748	449,171
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	3	393			308,575	1,519	
098 PHYSICIANS' PRIVATE O					32,284		
100 RETAIL PHARMACY	1				720,179	100	
100 03 MEALS ON WHEELS							
100 04 RMS	21	22,573			1,661,703	2,631	
100 05 CONTINUING CARE					745		
100 06 OTHER NONREIMBURSABLE							
100 07 CORPORATE HEALTH	14	31,802			1,393,248	9,852	11,028
100 08 CLINIC BLDGS	1	24,273			241,011	603	
100 09 DIABETIC CLINIC	5	2,228			205,363	1,707	
100 10 IHAP	7	3,445			95,339	2,272	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2,414,396	1,081,990	1,955,886		7,526,992	5,090,788	402,626
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.132836				21.261937	
(WRKSHT B, PT I)	2,908,910843		.008257		.078155		.874895
105 COST TO BE ALLOCATED	5,236	8,184	5,903		32,339	86,602	314
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.001005				.361698	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET B-1

	COST CENTER DESCRIPTION	DATA PROCESSING	PURCH, RECEIV, & STORES	ADMIT/CASH/AR	RECONCILIATION	OTHER ADMIN & MAINTENANCE & LAUNDRY & LINEN SERVICE		
						GENERAL	REPAIRS	EN SERVICE
		(NUMBER OF LINES)	(COST OF SUPPLIES)	(GROSS CHARGES)	(RECONCILIATION)	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
	NONREIMBURS COST CENT (WRKSHT B, PT I I)	6.02	6.03	6.04	6a.05	6.05	7	9
	COST TO BE ALLOCATED (WRKSHT B, PART I I I)	6.308434		.000025		.000336		.000682
107		667,636	133,928	102,304		168,818	821,214	2,410
108	UNIT COST MULTIPLIER (WRKSHT B, PT I I I)	804.380723	.016442	.000432		.001753	3.429842	.005237

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)	(HOURS OF SERVICE)	(COSTED REQUISITIONS)	(COSTED REQUISITIONS)	(I/P GROSS CHARGES)
	10	11	12	14	15	16	17
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCH, RECEIV, & STORES							
006 04 ADMIT/CASH/AR							
006 05 OTHER ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,383						
011 DIETARY	17	66,907					
012 CAFETERIA	23		441				
014 NURSING ADMINISTRATION	16		9	400,267			
015 CENTRAL SERVICES & SUPPLY	32		2		1,000		
016 PHARMACY	26		11			3,903,642	
017 MEDICAL RECORDS & LIBRARY	57		26			34	114,202,017
018 01 UTILIZATION REVIEW	2		3				
020 NONPHYSICIAN ANESTHETIC							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL			8				
025 ADULTS & PEDIATRICS	624	37,620	80	197,016		4,552	13,510,083
026 INTENSIVE CARE UNIT	50	3,322	13	38,590		1,109	4,050,025
031 SUBPROVIDER	61	9,731	15	38,485		222	6,646,562
033 NURSERY	9		3	10,087			858,615
034 SKILLED NURSING FACILITY							
037 ANCILLARY SERVICE COST CENTER							
039 OPERATING ROOM	168		26	48,432		4,037	10,935,025
040 DELIVERY ROOM & LABOR	24		1	3,458		103	1,209,194
041 ANESTHESIOLOGY						208	1,673,304
041 01 RADIOLOGY-DIAGNOSTIC	92		22			11,015	7,451,477
044 ULTRA SOUND	4		4			28	652,745
044 LABORATORY	61		27			752	7,818,934
049 RESPIRATORY THERAPY	95		10			8,142	5,619,597
050 PHYSICAL THERAPY	49		19			3,951	707,069
051 OCCUPATIONAL THERAPY	15		4				145,714
052 SPEECH PATHOLOGY	9		3				55,799
053 ELECTROCARDIOLOGY	26		16			1,546	8,452,883
054 ELECTROENCEPHALOGRAPHY	10		2				83,082
055 MEDICAL SUPPLIES CHARACTERIZED					1,000		18,933,859
055 01 PSYCHIATRY/PSYCHOLOGY	27		2	4,070			
055 30 IMPL. DEV. CHARGED TO PATIENT							
056 DRUGS CHARGED TO PATIENT						2,290,585	22,747,422
058 ASC (NON-DISTINCT PARAPATIENT SERVICE COST CENTER CLINIC)	60	682	8	14,338		739	
060 01 PROVIDER BASED CLINIC			59				
061 EMERGENCY	252		24	45,791		6,894	2,650,628
062 OBSERVATION BEDS (NON-PATIENT REIMBURSEMENT COST CENTER)							
066 DURABLE MEDICAL EQUIPMENT							
067 DURABLE MEDICAL EQUIPMENT							
071 OTHER HOME HEALTH SERVICES			8				
093 SPEC PURPOSE COST CENTER							
095 HOSPICE			6				
NONREIMBURSEMENT COST CENTER							
096 GIFT, FLOWER, COFFEE	14		1				
098 PHYSICIANS' PRIVATE OFFICE							
100 RETAIL PHARMACY			1			1,569,725	
100 03 MEALS ON WHEELS		15,552					
100 04 RMS			15				
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE							
100 07 CORPORATE HEALTH			10				
100 08 CLINIC BLDGS	560		1				
100 09 DIABETIC CLINIC			2				
100 10 IHAP							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WORKSHEET B, PART I)	1,430,226	538,688	1,373,818	1,238,886	162,459	815,041	3,306,999
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)		8.051295	3,115.233560	3.095149		.208790	
105 COST TO BE ALLOCATED (WORKSHEET B, PART II)	600.178766	4,903	4,248	3,033	162.459000	845	.028957
106 UNIT COST MULTIPLIER	4,624	.073281		.007577		2,912	7,331
						.000746	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0012
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 PREPARED 5/31/2011
 WORKSHEET B-1

	COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)	(HOURS OF SERVICE)	(COSTED REQUISITIONS)	(COSTED REQUISITIONS)	(I/P REQUISITIONS)
	NONREIMBURS COST CENT (WRKSHT B, PT I I)	10	11	12	14	15	16	17
	COST TO BE ALLOCATED (WRKSHT B, PART I I I)	1.940411		9.632653		.845000		.000064
107	UNIT COST MULTIPLIER (WRKSHT B, PT I I I)	44,288	53,304	50,485	46,287	11,232	232,741	133,902
108		18.584977	.796688	114.478458	.115640	11.232000	.059622	.001173

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE UTILIZATION REVIEW		NONPHYSICIAN ANESTHETISTS		I&R SERVICES- SALARY & FRI		I&R SERVICES- OTHER PRGM C	
	(PATIENT S)	DAY(PATIENT S)	DAY(ASSIGNED)	TIM (TIME SPENT)	(TIME SPENT)	(TIME SPENT)	(TIME SPENT)	(TIME SPENT)
GENERAL SERVICE COST	18	18.01	20	22	23			
001 OLD CAP REL COSTS-BLD								
002 OLD CAP REL COSTS-MVB								
003 NEW CAP REL COSTS-BLD								
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING								
006 03 PURCH, RECEIV, & STORES								
006 04 ADMIT/CASH/AR								
006 05 OTHER ADMIN & GENERAL								
007 MAINTENANCE & REPAIRS								
009 LAUNDRY & LINEN SERVI								
010 HOUSEKEEPING								
011 DIETARY								
012 CAFETERIA								
014 NURSING ADMINISTRATION								
015 CENTRAL SERVICES & SU								
016 PHARMACY								
017 MEDICAL RECORDS & LIB								
018 SOCIAL SERVICE	16,542		16,542					
018 01 UTILIZATION REVIEW								
020 NONPHYSICIAN ANESTHET								
022 I&R SERVICES-SALARY &					960			
023 I&R SERVICES-OTHER PR							1,000	
025 ADULTS & PEDIATRICS	12,073	12,073		5				
026 INTENSIVE CARE UNIT	1,300	1,300						
031 SUBPROVIDER	3,169	3,169						
033 NURSERY								
034 SKILLED NURSING FACIL								
037 ANCILLARY SRVC COST C								
039 OPERATING ROOM								
040 DELIVERY ROOM & LABOR								
041 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC								
041 01 ULTRA SOUND								
044 LABORATORY								
049 RESPIRATORY THERAPY								
050 PHYSICAL THERAPY								
051 OCCUPATIONAL THERAPY								
052 SPEECH PATHOLOGY								
053 ELECTROCARDIOLOGY								
054 ELECTROENCEPHALOGRAPH								
055 MEDICAL SUPPLIES CHAR								
055 01 PSYCHIATRY/PSYCHOLO								
055 30 IMPL. DEV. CHARGED TO								
056 DRUGS CHARGED TO PATI								
058 ASC (NON-DISTINCT PAR								
060 OUTPAT SERVICE COST C								
060 01 PROVIDER BASED CLINIC					955		1,000	
061 EMERGENCY								
062 OBSERVATION BEDS (NON								
066 OTHER REIMBURS COST C								
067 DURABLE MEDICAL EQUIP								
071 DURABLE MEDICAL EQUIP								
093 OTHER HOME HEALTH SER								
095 SPEC PURPOSE COST CEN								
HOSPICE								
SUBTOTALS	16,542	16,542		960		1,000		
NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE								
098 PHYSICIANS' PRIVATE O								
100 RETAIL PHARMACY								
100 03 MEALS ON WHEELS								
100 04 RMS								
100 05 CONTINUING CARE								
100 06 OTHER NONREIMBURSABLE								
100 07 CORPORATE HEALTH								
100 08 CLINIC BLDGS								
100 09 DIABETIC CLINIC								
100 10 IHAP								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED		322,129		683,337		1,062,968		
(PER WRKSHT B, PART								
104 UNIT COST MULTIPLIER		19.473401		711.809375		1,062.968000		
(WRKSHT B, PT I)								
105 COST TO BE ALLOCATED		307		213		4,872		
(PER WRKSHT B, PART								
106 UNIT COST MULTIPLIER		.018559		.221875				

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED 5/31/2011
14-0012	FROM 1/ 1/2010	WORKSHEET B-1
	TO 12/31/2010	

COST CENTER DESCRIPTION	SOCIAL SERVICE (PATIENT S	UTILIZATION VIEW DAY(PATIENT S)	NONPHYSICIAN ANESTHETISTS DAY(ASSIGNED TIME)	I&R SERVICES- SALARY & FRI (TIME SPENT)	I&R SERVICES- OTHER PRGM C (TIME SPENT)
NONREIMBURS COST CENT (WRKSHT B, PT I I)	18	18.01	20	22	23
107 COST TO BE ALLOCATED (PER WRKSHT B, PART		5,583		1,111	4.872000 63,630
108 UNIT COST MULTIPLIER (WRKSHT B, PT I I I)		.337505		1.157292	63.630000

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 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 DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	11,373,064		11,373,064		11,373,064
26	INTENSIVE CARE UNIT	2,182,102		2,182,102		2,182,102
31	SUBPROVIDER	2,467,513		2,467,513		2,467,513
33	NURSERY	659,719		659,719		659,719
34	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,165,094		4,165,094		4,165,094
39	DELIVERY ROOM & LABOR ROO	334,730		334,730		334,730
40	ANESTHESIOLOGY	172,074		172,074		172,074
41	RADIOLOGY-DIAGNOSTIC	5,674,122		5,674,122		5,674,122
41	01 ULTRA SOUND	672,790		672,790		672,790
44	LABORATORY	6,644,586		6,644,586	62,236	6,706,822
49	RESPIRATORY THERAPY	1,933,174		1,933,174		1,933,174
50	PHYSICAL THERAPY	2,698,072		2,698,072		2,698,072
51	OCCUPATIONAL THERAPY	560,298		560,298		560,298
52	SPEECH PATHOLOGY	452,905		452,905		452,905
53	ELECTROCARDIOLOGY	3,147,694		3,147,694		3,147,694
54	ELECTROENCEPHALOGRAPHY	427,696		427,696		427,696
55	MEDICAL SUPPLIES CHARGED	5,313,495		5,313,495		5,313,495
55	01 PSYCHIATRIC/PSYCHOLOGICA	282,959		282,959		282,959
55	30 IMPL. DEV. CHARGED TO PAT	738,260		738,260		738,260
56	DRUGS CHARGED TO PATIENTS	4,937,222		4,937,222		4,937,222
58	ASC (NON-DISTINCT PART)	887,291		887,291		887,291
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 PROVIDER BASED CLINICS	34,517,331		34,517,331		34,517,331
61	EMERGENCY	3,793,817		3,793,817	498,304	4,292,121
62	OBSERVATION BEDS (NON-DIS	1,834,399		1,834,399		1,834,399
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	95,870,407		95,870,407	560,540	96,430,947
102	LESS OBSERVATION BEDS	1,834,399		1,834,399		1,834,399
103	TOTAL	94,036,008		94,036,008	560,540	94,596,548

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	15,075,746		15,075,746			
26	INTENSIVE CARE UNIT	4,151,921		4,151,921			
31	SUBPROVIDER	6,645,704		6,645,704			
33	NURSERY	858,617		858,617			
34	SKILLED NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	10,935,025	18,812,162	29,747,187	.140016	.140016	.140016
39	DELIVERY ROOM & LABOR ROO	1,209,194	163,756	1,372,950	.243803	.243803	.243803
40	ANESTHESIOLOGY	1,673,304	2,302,558	3,975,862	.043280	.043280	.043280
41	RADIOLOGY-DIAGNOSTIC	7,451,477	33,968,035	41,419,512	.136992	.136992	.136992
41	01 ULTRA SOUND	652,745	3,965,027	4,617,772	.145696	.145696	.145696
44	LABORATORY	7,818,934	18,002,845	25,821,779	.257325	.257325	.257325
49	RESPIRATORY THERAPY	5,619,597	2,749,677	8,369,274	.230985	.230985	.230985
50	PHYSICAL THERAPY	707,069	6,282,209	6,989,278	.386030	.386030	.386030
51	OCCUPATIONAL THERAPY	145,714	1,423,056	1,568,770	.357158	.357158	.357158
52	SPEECH PATHOLOGY	55,799	797,888	853,687	.530528	.530528	.530528
53	ELECTROCARDIOLOGY	8,452,883	10,450,695	18,903,578	.166513	.166513	.166513
54	ELECTROENCEPHALOGRAPHY	83,082	1,580,455	1,663,537	.257100	.257100	.257100
55	MEDICAL SUPPLIES CHARGED	17,701,100	12,483,729	30,184,829	.176032	.176032	.176032
55	01 PSYCHIATRI CE/PSYCHOLOGI CA	510,141	54,468	564,609	.501159	.501159	.501159
55	30 IMPL. DEV. CHARGED TO PAT	1,232,759	754,082	1,986,841	.371575	.371575	.371575
56	DRUGS CHARGED TO PATIENTS	22,747,422	12,966,781	35,714,203	.138243	.138243	.138243
58	ASC (NON-DISTINCT PART)		909,172	909,172	.975933	.975933	.975933
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PROVIDER BASED CLINICS		51,662,202	51,662,202	.668135	.668135	.668135
61	EMERGENCY	2,650,628	9,936,294	12,586,922	.301409	.301409	.301409
62	OBSERVATION BEDS (NON-DIS	782,509	1,174,056	1,956,565	.937561	.937561	.937561
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	117,161,370	190,439,147	307,600,517			
102	LESS OBSERVATION BEDS						
103	TOTAL	117,161,370	190,439,147	307,600,517			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

14-0012

FROM 1/ 1/2010
TO 12/31/2010

WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	15,075,746		15,075,746			
26	INTENSIVE CARE UNIT	4,151,921		4,151,921			
31	SUBPROVIDER	6,645,704		6,645,704			
33	NURSERY	858,617		858,617			
34	SKILLED NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	10,935,025	18,812,162	29,747,187	.140016	.140016	.140016
39	DELIVERY ROOM & LABOR ROO	1,209,194	163,756	1,372,950	.243803	.243803	.243803
40	ANESTHESIOLOGY	1,673,304	2,302,558	3,975,862	.043280	.043280	.043280
41	RADIOLOGY-DIAGNOSTIC	7,451,477	33,968,035	41,419,512	.136992	.136992	.136992
41	01 ULTRA SOUND	652,745	3,965,027	4,617,772	.145696	.145696	.145696
44	LABORATORY	7,818,934	18,002,845	25,821,779	.257325	.257325	.257325
49	RESPIRATORY THERAPY	5,619,597	2,749,677	8,369,274	.230985	.230985	.230985
50	PHYSICAL THERAPY	707,069	6,282,209	6,989,278	.386030	.386030	.386030
51	OCCUPATIONAL THERAPY	145,714	1,423,056	1,568,770	.357158	.357158	.357158
52	SPEECH PATHOLOGY	55,799	797,888	853,687	.530528	.530528	.530528
53	ELECTROCARDIOLOGY	8,452,883	10,450,695	18,903,578	.166513	.166513	.166513
54	ELECTROENCEPHALOGRAPHY	83,082	1,580,455	1,663,537	.257100	.257100	.257100
55	MEDICAL SUPPLIES CHARGED	17,701,100	12,483,729	30,184,829	.176032	.176032	.176032
55	01 PSYCHIATRI CE/PSYCHOLOGI CA	510,141	54,468	564,609	.501159	.501159	.501159
55	30 IMPL. DEV. CHARGED TO PAT	1,232,759	754,082	1,986,841	.371575	.371575	.371575
56	DRUGS CHARGED TO PATIENTS	22,747,422	12,966,781	35,714,203	.138243	.138243	.138243
58	ASC (NON-DISTINCT PART)		909,172	909,172	.975933	.975933	.975933
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PROVIDER BASED CLINICS		51,662,202	51,662,202	.701869	.701869	.701869
61	EMERGENCY	2,650,628	9,936,294	12,586,922	.301409	.301409	.340998
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	782,509	1,174,056	1,956,565	.937561	.937561	.937561
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	117,161,370	190,439,147	307,600,517			
102	LESS OBSERVATION BEDS						
103	TOTAL	117,161,370	190,439,147	307,600,517			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	4,165,094	537,871	3,627,223			4,165,094
39	DELIVERY ROOM & LABOR ROO	334,730	33,000	301,730			334,730
40	ANESTHESIOLOGY	172,074	39,769	132,305			172,074
41	RADIOLOGY-DIAGNOSTIC	5,674,122	1,206,726	4,467,396			5,674,122
41	01 ULTRA SOUND	672,790	47,289	625,501			672,790
44	LABORATORY	6,644,586	342,399	6,302,187			6,644,586
49	RESPIRATORY THERAPY	1,933,174	138,719	1,794,455			1,933,174
50	PHYSICAL THERAPY	2,698,072	188,245	2,509,827			2,698,072
51	OCCUPATIONAL THERAPY	560,298	27,052	533,246			560,298
52	SPEECH PATHOLOGY	452,905	33,020	419,885			452,905
53	ELECTROCARDIOLOGY	3,147,694	613,785	2,533,909			3,147,694
54	ELECTROENCEPHALOGRAPHY	427,696	57,149	370,547			427,696
55	MEDICAL SUPPLIES CHARGED	5,313,495	99,396	5,214,099			5,313,495
55	01 PSYCHIATRY/PSYCHOLOGICA	282,959	37,011	245,948			282,959
55	30 IMPL. DEV. CHARGED TO PAT	738,260	1,430	736,830			738,260
56	DRUGS CHARGED TO PATIENTS	4,937,222	192,138	4,745,084			4,937,222
58	ASC (NON-DISTINCT PART)	887,291	62,810	824,481			887,291
60	OUTPAT SERVICE COST CNTRS						
60	01 PROVIDER BASED CLINICS	34,517,331	1,350,818	33,166,513			34,517,331
61	EMERGENCY	3,793,817	134,954	3,658,863			3,793,817
62	OBSERVATION BEDS (NON-DIS	1,834,399	103,726	1,730,673			1,834,399
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	79,188,009	5,247,307	73,940,702			79,188,009
102	LESS OBSERVATION BEDS	1,834,399	103,726	1,730,673			1,834,399
103	TOTAL	77,353,610	5,143,581	72,210,029			77,353,610

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	29,747,187	.140016	.140016
39	DELIVERY ROOM & LABOR ROO	1,372,950	.243803	.243803
40	ANESTHESIOLOGY	3,975,862	.043280	.043280
41	RADIOLOGY-DIAGNOSTIC	41,419,512	.136992	.136992
41 01	ULTRA SOUND	4,617,772	.145696	.145696
44	LABORATORY	25,821,779	.257325	.257325
49	RESPIRATORY THERAPY	8,369,274	.230985	.230985
50	PHYSICAL THERAPY	6,989,278	.386030	.386030
51	OCCUPATIONAL THERAPY	1,568,770	.357158	.357158
52	SPEECH PATHOLOGY	853,687	.530528	.530528
53	ELECTROCARDIOLOGY	18,903,578	.166513	.166513
54	ELECTROENCEPHALOGRAPHY	1,663,537	.257100	.257100
55	MEDICAL SUPPLIES CHARGED	30,184,829	.176032	.176032
55 01	PSYCHIATRY/PSYCHOLOGICA	564,609	.501159	.501159
55 30	IMPL. DEV. CHARGED TO PAT	1,986,841	.371575	.371575
56	DRUGS CHARGED TO PATIENTS	35,714,203	.138243	.138243
58	ASC (NON-DISTINCT PART)	909,172	.975933	.975933
60	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60 01	PROVIDER BASED CLINICS	51,662,202	.668135	.668135
61	EMERGENCY	12,586,922	.301409	.301409
62	OBSERVATION BEDS (NON-DIS	1,956,565	.937561	.937561
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	280,868,529		
102	LESS OBSERVATION BEDS	1,956,565		
103	TOTAL	278,911,964		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	4,165,094	537,871	3,627,223	53,787	210,379	3,900,928
39	DELIVERY ROOM & LABOR ROO	334,730	33,000	301,730	3,300	17,500	313,930
40	ANESTHESIOLOGY	172,074	39,769	132,305	3,977	7,674	160,423
41	RADIOLOGY-DIAGNOSTIC	5,674,122	1,206,726	4,467,396	120,673	259,109	5,294,340
41	01 ULTRA SOUND	672,790	47,289	625,501	4,729	36,279	631,782
44	LABORATORY	6,644,586	342,399	6,302,187	34,240	365,527	6,244,819
49	RESPIRATORY THERAPY	1,933,174	138,719	1,794,455	13,872	104,078	1,815,224
50	PHYSICAL THERAPY	2,698,072	188,245	2,509,827	18,825	145,570	2,533,677
51	OCCUPATIONAL THERAPY	560,298	27,052	533,246	2,705	30,928	526,665
52	SPEECH PATHOLOGY	452,905	33,020	419,885	3,302	24,353	425,250
53	ELECTROCARDIOLOGY	3,147,694	613,785	2,533,909	61,379	146,967	2,939,348
54	ELECTROENCEPHALOGRAPHY	427,696	57,149	370,547	5,715	21,492	400,489
55	MEDICAL SUPPLIES CHARGED	5,313,495	99,396	5,214,099	9,940	302,418	5,001,137
55	01 PSYCHIATRI CE/PSYCHOLOGI CA	282,959	37,011	245,948	3,701	14,265	264,993
55	30 IMPL. DEV. CHARGED TO PAT	738,260	1,430	736,830	143	42,736	695,381
56	DRUGS CHARGED TO PATIENTS	4,937,222	192,138	4,745,084	19,214	275,215	4,642,793
58	ASC (NON-DISTINCT PART)	887,291	62,810	824,481	6,281	47,820	833,190
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PROVIDER BASED CLINICS	36,260,077	1,350,818	34,909,259	135,082	2,024,737	34,100,258
61	EMERGENCY	3,793,817	134,954	3,658,863	13,495	212,214	3,568,108
62	OBSERVATION BEDS (NON-DIS	1,834,399	103,726	1,730,673	10,373	100,379	1,723,647
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	80,930,755	5,247,307	75,683,448	524,733	4,389,640	76,016,382
102	LESS OBSERVATION BEDS	1,834,399	103,726	1,730,673	10,373	100,379	1,723,647
103	TOTAL	79,096,356	5,143,581	73,952,775	514,360	4,289,261	74,292,735

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	29,747,187	.131136	.138208
39	DELIVERY ROOM & LABOR ROO	1,372,950	.228654	.241400
40	ANESTHESIOLOGY	3,975,862	.040349	.042279
41	RADIOLOGY-DIAGNOSTIC	41,419,512	.127822	.134078
41 01	ULTRA SOUND	4,617,772	.136815	.144672
44	LABORATORY	25,821,779	.241843	.255999
49	RESPIRATORY THERAPY	8,369,274	.216891	.229327
50	PHYSICAL THERAPY	6,989,278	.362509	.383337
51	OCCUPATIONAL THERAPY	1,568,770	.335718	.355433
52	SPEECH PATHOLOGY	853,687	.498133	.526660
53	ELECTROCARDIOLOGY	18,903,578	.155492	.163266
54	ELECTROENCEPHALOGRAPHY	1,663,537	.240745	.253665
55	MEDICAL SUPPLIES CHARGED	30,184,829	.165684	.175703
55 01	PSYCHIATRY/PSYCHOLOGICA	564,609	.469339	.494604
55 30	IMPL. DEV. CHARGED TO PAT	1,986,841	.349993	.371503
56	DRUGS CHARGED TO PATIENTS	35,714,203	.129999	.137705
58	ASC (NON-DISTINCT PART)	909,172	.916427	.969025
60	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60 01	PROVIDER BASED CLINICS	51,662,202	.660062	.699254
61	EMERGENCY	12,586,922	.283477	.300337
62	OBSERVATION BEDS (NON-DIS	1,956,565	.880956	.932259
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	280,868,529		
102	LESS OBSERVATION BEDS	1,956,565		
103	TOTAL	278,911,964		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

PROVIDER NO: 14-0012 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 5/31/2011 WORKSHEET D PART I

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	44,499	297	44,202	594,305	3,965	590,340
26	INTENSIVE CARE UNIT	5,505		5,505	105,834		105,834
31	SUBPROVIDER	11,710		11,710	124,996		124,996
33	NURSERY	977		977	19,790		19,790
101	TOTAL	62,691		62,394	844,925		840,960

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS
 TITLE XVIII, PART A

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET D
 PART I

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	12,003	5,598	3.68	20,601	49.18	275,310
26	INTENSIVE CARE UNIT	1,260	763	4.37	3,334	84.00	64,092
31	SUBPROVIDER	3,169	1,289	3.70	4,769	39.44	50,838
33	NURSERY	657		1.49		30.12	
101	TOTAL	17,089	7,650		28,704		390,240

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0012
 COMPONENT NO: 14-0012
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	18,215	519,656	29,747,187	4,343,936	.000612	2,658
39	DELIVERY ROOM & LABOR ROO	1,585	31,415	1,372,950	2,268	.001154	3
40	ANESTHESIOLOGY	387	39,382	3,975,862	627,149	.000097	61
41	RADIOLOGY-DIAGNOSTIC	11,907	1,194,819	41,419,512	4,148,466	.000287	1,191
41	01 ULTRA SOUND	774	46,515	4,617,772	140,679	.000168	24
44	LABORATORY	10,507	331,892	25,821,779	4,543,206	.000407	1,849
49	RESPIRATORY THERAPY	4,313	134,406	8,369,274	3,407,479	.000515	1,755
50	PHYSICAL THERAPY	8,610	179,635	6,989,278	404,755	.001232	499
51	OCCUPATIONAL THERAPY	2,616	24,436	1,568,770	81,153	.001668	135
52	SPEECH PATHOLOGY	2,090	30,930	853,687	40,979	.002448	100
53	ELECTROCARDIOLOGY	12,475	601,310	18,903,578	5,717,919	.000660	3,774
54	ELECTROENCEPHALOGRAPHY	1,948	55,201	1,663,537	39,375	.001171	46
55	MEDICAL SUPPLIES CHARGED	6,613	92,783	30,184,829	9,384,332	.000219	2,055
55	01 PSYCHIATRI CE/PSYCHOLOGI CA	3,248	33,763	564,609	159	.005753	1
55	30 IMPL. DEV. CHARGED TO PAT	230	1,200	1,986,841	872,440	.000116	101
56	DRUGS CHARGED TO PATIENTS	5,383	186,755	35,714,203	11,911,147	.000151	1,799
58	ASC (NON-DISTINCT PART)	4,620	58,190	909,172		.005082	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PROVIDER BASED CLINICS	93,807	1,257,011	51,662,202		.001816	
61	EMERGENCY	9,189	125,765	12,586,922	1,184,496	.000730	865
62	OBSERVATION BEDS (NON-DIS	7,226	96,500	1,956,565	338,339	.003693	1,249
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	205,743	5,041,564	280,868,529	47,188,277		18,165

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 14-0012
 PREPARED 5/31/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.017469	75,884
39	DELIVERY ROOM & LABOR ROO	.022881	52
40	ANESTHESIOLOGY	.009905	6,212
41	RADIOLOGY-DIAGNOSTIC	.028847	119,671
41 01	ULTRA SOUND	.010073	1,417
44	LABORATORY	.012853	58,394
49	RESPIRATORY THERAPY	.016059	54,721
50	PHYSICAL THERAPY	.025702	10,403
51	OCCUPATIONAL THERAPY	.015577	1,264
52	SPEECH PATHOLOGY	.036231	1,485
53	ELECTROCARDIOLOGY	.031809	181,881
54	ELECTROENCEPHALOGRAPHY	.033183	1,307
55	MEDICAL SUPPLIES CHARGED	.003074	28,847
55 01	PSYCHIATRY/PSYCHOLOGICA	.059799	10
55 30	IMPL. DEV. CHARGED TO PAT	.000604	527
56	DRUGS CHARGED TO PATIENTS	.005229	62,283
58	ASC (NON-DISTINCT PART)	.064003	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	PROVIDER BASED CLINICS	.024331	
61	EMERGENCY	.009992	11,835
62	OBSERVATION BEDS (NON-DIS	.049321	16,687
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		632,880

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

PROVIDER NO:	PERIOD:	PREPARED 5/31/2011
14-0012	FROM 1/ 1/2010	WORKSHEET D
	TO 12/31/2010	PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					12,003	
26	INTENSIVE CARE UNIT					1,260	
31	SUBPROVIDER					3,169	
33	NURSERY					657	
34	SKILLED NURSING FACILITY						
101	TOTAL					17,089	

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

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
	TO 12/31/2010	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		5,598
26	INTENSIVE CARE UNIT		763
31	SUBPROVIDER		1,289
33	NURSERY		
34	SKILLED NURSING FACILITY		
101	TOTAL		7,650

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA SOUND						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 01	PSYCHIATRY/PSYCHOLOGICAL						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PROVIDER BASED CLINICS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
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 OPERATING ROOM			29,747,187			4,343,936	
39	DELIVERY ROOM & LABOR ROO			1,372,950			2,268	
40	ANESTHESIOLOGY			3,975,862			627,149	
41	RADIOLOGY-DIAGNOSTIC			41,419,512			4,148,466	
41 01	ULTRA SOUND			4,617,772			140,679	
44	LABORATORY			25,821,779			4,543,206	
49	RESPIRATORY THERAPY			8,369,274			3,407,479	
50	PHYSICAL THERAPY			6,989,278			404,755	
51	OCCUPATIONAL THERAPY			1,568,770			81,153	
52	SPEECH PATHOLOGY			853,687			40,979	
53	ELECTROCARDIOLOGY			18,903,578			5,717,919	
54	ELECTROENCEPHALOGRAPHY			1,663,537			39,375	
55	MEDICAL SUPPLIES CHARGED			30,184,829			9,384,332	
55 01	PSYCHIATRY/PSYCHOLOGICA			564,609			159	
55 30	IMPL. DEV. CHARGED TO PAT			1,986,841			872,440	
56	DRUGS CHARGED TO PATIENTS			35,714,203			11,911,147	
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			909,172				
60	CLINIC							
60 01	PROVIDER BASED CLINICS			51,662,202				
61	EMERGENCY			12,586,922			1,184,496	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			1,956,565			338,339	
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			280,868,529			47,188,277	

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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	5,289,214					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	522,426					
41	RADIOLOGY-DIAGNOSTIC	9,582,804					
41 01	ULTRA SOUND	384,548					
44	LABORATORY	652,462					
49	RESPIRATORY THERAPY	307,288					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	74,871					
53	ELECTROCARDIOLOGY	4,384,026					
54	ELECTROENCEPHALOGRAPHY	373,069					
55	MEDICAL SUPPLIES CHARGED	3,360,867					
55 01	PSYCHIATRY/PSYCHOLOGICA	3,563					
55 30	IMPL. DEV. CHARGED TO PAT	473,838					
56	DRUGS CHARGED TO PATIENTS	5,074,165					
58	ASC (NON-DISTINCT PART)	62,177					
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	PROVIDER BASED CLINICS	1,426,981					
61	EMERGENCY	1,548,786					
62	OBSERVATION BEDS (NON-DIS	438,693					
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	33,959,778					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/31/2011
 | 14-0012 | FROM 1/ 1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2010 | PART V
 | 14-0012 | |

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	.140016	.140016			
39 DELIVERY ROOM & LABOR ROOM	.243803	.243803			
40 ANESTHESIOLOGY	.043280	.043280			
41 RADIOLOGY-DIAGNOSTIC	.136992	.136992			
41 01 ULTRA SOUND	.145696	.145696			
44 LABORATORY	.257325	.257325			
49 RESPIRATORY THERAPY	.230985	.230985			
50 PHYSICAL THERAPY	.386030	.386030			
51 OCCUPATIONAL THERAPY	.357158	.357158			
52 SPEECH PATHOLOGY	.530528	.530528			
53 ELECTROCARDIOLOGY	.166513	.166513			
54 ELECTROENCEPHALOGRAPHY	.257100	.257100			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.176032	.176032			
55 01 PSYCHIATRY/PSYCHOLOGICAL SERVICES	.501159	.501159			
55 30 IMPL. DEV. CHARGED TO PATIENT	.371575	.371575			
56 DRUGS CHARGED TO PATIENTS	.138243	.138243			
58 ASC (NON-DISTINCT PART)	.975933	.975933			
60 OUTPAT SERVICE COST CNTRS					
60 01 CLINIC					
60 01 PROVIDER BASED CLINICS	.668135	.668135			
61 EMERGENCY	.301409	.301409			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.937561	.937561			
66 OTHER REIMBURS COST CNTRS					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0012
 COMPONENT NO: 14-S012
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	18,215	519,656	29,747,187		.000612	
39	DELIVERY ROOM & LABOR ROO	1,585	31,415	1,372,950		.001154	
40	ANESTHESIOLOGY	387	39,382	3,975,862		.000097	
41	RADIOLOGY-DIAGNOSTIC	11,907	1,194,819	41,419,512	33,515	.000287	10
41	01 ULTRA SOUND	774	46,515	4,617,772	1,464	.000168	
44	LABORATORY	10,507	331,892	25,821,779	151,450	.000407	62
49	RESPIRATORY THERAPY	4,313	134,406	8,369,274	18,504	.000515	10
50	PHYSICAL THERAPY	8,610	179,635	6,989,278	5,207	.001232	6
51	OCCUPATIONAL THERAPY	2,616	24,436	1,568,770		.001668	
52	SPEECH PATHOLOGY	2,090	30,930	853,687	846	.002448	2
53	ELECTROCARDIOLOGY	12,475	601,310	18,903,578	10,247	.000660	7
54	ELECTROENCEPHALOGRAPHY	1,948	55,201	1,663,537	2,724	.001171	3
55	MEDICAL SUPPLIES CHARGED	6,613	92,783	30,184,829	50,538	.000219	11
55	01 PSYCHIATRI CE/PSYCHOLOGI CA	3,248	33,763	564,609	184,266	.005753	1,060
55	30 I MPL. DEV. CHARGED TO PAT	230	1,200	1,986,841		.000116	
56	DRUGS CHARGED TO PATIENTS	5,383	186,755	35,714,203	366,490	.000151	55
58	ASC (NON-DISTINCT PART)	4,620	58,190	909,172		.005082	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PROVIDER BASED CLINICS	93,807	1,257,011	51,662,202		.001816	
61	EMERGENCY	9,189	125,765	12,586,922	54,916	.000730	40
62	OBSERVATION BEDS (NON-DIS	7,226	96,500	1,956,565		.003693	
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	205,743	5,041,564	280,868,529	880,167		1,266

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 14-S012
 PREPARED 5/31/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.017469	
39	DELIVERY ROOM & LABOR ROO	.022881	
40	ANESTHESIOLOGY	.009905	
41	RADIOLOGY-DIAGNOSTIC	.028847	967
41 01	ULTRA SOUND	.010073	15
44	LABORATORY	.012853	1,947
49	RESPIRATORY THERAPY	.016059	297
50	PHYSICAL THERAPY	.025702	134
51	OCCUPATIONAL THERAPY	.015577	
52	SPEECH PATHOLOGY	.036231	31
53	ELECTROCARDIOLOGY	.031809	326
54	ELECTROENCEPHALOGRAPHY	.033183	90
55	MEDICAL SUPPLIES CHARGED	.003074	155
55 01	PSYCHIATRI CE/PSYCHOLOGICA	.059799	11,019
55 30	IMPL. DEV. CHARGED TO PAT	.000604	
56	DRUGS CHARGED TO PATIENTS	.005229	1,916
58	ASC (NON-DISTINCT PART)	.064003	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	PROVIDER BASED CLINICS	.024331	
61	EMERGENCY	.009992	549
62	OBSERVATION BEDS (NON-DIS	.049321	
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		17,446

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			29,747,187				
39	DELIVERY ROOM & LABOR ROO			1,372,950				
40	ANESTHESIOLOGY			3,975,862				
41	RADIOLOGY-DIAGNOSTIC			41,419,512			33,515	
41 01	ULTRA SOUND			4,617,772			1,464	
44	LABORATORY			25,821,779			151,450	
49	RESPIRATORY THERAPY			8,369,274			18,504	
50	PHYSICAL THERAPY			6,989,278			5,207	
51	OCCUPATIONAL THERAPY			1,568,770				
52	SPEECH PATHOLOGY			853,687			846	
53	ELECTROCARDIOLOGY			18,903,578			10,247	
54	ELECTROENCEPHALOGRAPHY			1,663,537			2,724	
55	MEDICAL SUPPLIES CHARGED			30,184,829			50,538	
55 01	PSYCHIATRY/PSYCHOLOGICA			564,609			184,266	
55 30	IMPL. DEV. CHARGED TO PAT			1,986,841				
56	DRUGS CHARGED TO PATIENTS			35,714,203			366,490	
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			909,172				
60	CLINIC							
60 01	PROVIDER BASED CLINICS			51,662,202				
61	EMERGENCY			12,586,922			54,916	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			1,956,565				
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			280,868,529			880,167	

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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA SOUND						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 01	PSYCHIATRY/PSYCHOLOGICAL						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PROVIDER BASED CLINICS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-0012		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	1,949
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	941.20
85	OBSERVATION BED COST	1,834,399

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	44,499	.003939	1,834,399	7,226
87	NEW CAPITAL-RELATED COST	594,305	.052606	1,834,399	96,500
88	NON PHYSICIAN ANESTHETIST			1,834,399	
89	MEDICAL EDUCATION			1,834,399	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-S012		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	778.64
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	11,710	2,467,513	.004746	
87	NEW CAPITAL-RELATED COST	124,996	2,467,513	.050657	
88	NON PHYSICIAN ANESTHETIST		2,467,513		
89	MEDICAL EDUCATION		2,467,513		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0012
 COMPONENT NO: 14-0012
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 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		7,253,814	
26	INTENSIVE CARE UNIT		2,551,772	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.140016	4,343,936	608,221
39	DELIVERY ROOM & LABOR ROOM	.243803	2,268	553
40	ANESTHESIOLOGY	.043280	627,149	27,143
41	RADIOLOGY-DIAGNOSTIC	.136992	4,148,466	568,307
41 01	ULTRA SOUND	.145696	140,679	20,496
44	LABORATORY	.259735	4,543,206	1,180,030
49	RESPIRATORY THERAPY	.230985	3,407,479	787,077
50	PHYSICAL THERAPY	.386030	404,755	156,248
51	OCCUPATIONAL THERAPY	.357158	81,153	28,984
52	SPEECH PATHOLOGY	.530528	40,979	21,741
53	ELECTROCARDIOLOGY	.166513	5,717,919	952,108
54	ELECTROENCEPHALOGRAPHY	.257100	39,375	10,123
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.176032	9,384,332	1,651,943
55 01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.501159	159	80
55 30	IMPL. DEV. CHARGED TO PATIENT	.371575	872,440	324,177
56	DRUGS CHARGED TO PATIENTS	.138243	11,911,147	1,646,633
58	ASC (NON-DISTINCT PART)	.975933		
60	OUTPAT SERVICE COST CNTRS CLINIC			
60 01	PROVIDER BASED CLINICS	.668135		
61	EMERGENCY	.340998	1,184,496	403,911
62	OBSERVATION BEDS (NON-DISTINCT PART)	.937561	338,339	317,213
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		47,188,277	8,704,988
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		47,188,277	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0012
 COMPONENT NO: 14-S012
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 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		2,479,813	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.140016		
39	DELIVERY ROOM & LABOR ROOM	.243803		
40	ANESTHESIOLOGY	.043280		
41	RADIOLOGY-DIAGNOSTIC	.136992	33,515	4,591
41 01	ULTRA SOUND	.145696	1,464	213
44	LABORATORY	.259735	151,450	39,337
49	RESPIRATORY THERAPY	.230985	18,504	4,274
50	PHYSICAL THERAPY	.386030	5,207	2,010
51	OCCUPATIONAL THERAPY	.357158		
52	SPEECH PATHOLOGY	.530528	846	449
53	ELECTROCARDIOLOGY	.166513	10,247	1,706
54	ELECTROENCEPHALOGRAPHY	.257100	2,724	700
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.176032	50,538	8,896
55 01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.501159	184,266	92,347
55 30	IMPL. DEV. CHARGED TO PATIENT	.371575		
56	DRUGS CHARGED TO PATIENTS	.138243	366,490	50,665
58	ASC (NON-DISTINCT PART)	.975933		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	PROVIDER BASED CLINICS	.668135		
61	EMERGENCY	.340998	54,916	18,726
62	OBSERVATION BEDS (NON-DISTINCT PART)	.937561		
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		880,167	223,914
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		880,167	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0012
 COMPONENT NO: 14-U012
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET D-4

TITLE XVIII, PART A

SWING BED SNF

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			
37	OPERATING ROOM	.140016		
39	DELIVERY ROOM & LABOR ROOM	.243803		
40	ANESTHESIOLOGY	.043280		
41	RADIOLOGY-DIAGNOSTIC	.136992	4,145	568
41	01 ULTRA SOUND	.145696	3,197	466
44	LABORATORY	.257325	30,553	7,862
49	RESPIRATORY THERAPY	.230985	45,228	10,447
50	PHYSICAL THERAPY	.386030	79,321	30,620
51	OCCUPATIONAL THERAPY	.357158	18,505	6,609
52	SPEECH PATHOLOGY	.530528	2,117	1,123
53	ELECTROCARDIOLOGY	.166513	5,263	876
54	ELECTROENCEPHALOGRAPHY	.257100		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.176032	175,957	30,974
55	01 PSYCHIATRY/PSYCHOLOGICAL SERVICES	.501159		
55	30 IMPL. DEV. CHARGED TO PATIENT	.371575		
56	DRUGS CHARGED TO PATIENTS	.138243	355,753	49,180
58	ASC (NON-DISTINCT PART)	.975933		
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	01 PROVIDER BASED CLINICS	.668135		
61	EMERGENCY	.301409		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.937561		
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		720,039	138,725
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		720,039	

PROVIDER NO: 14-0012
 COMPONENT NO: 14-0012
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET E
 PART A

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	11,405,836	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	692,535	
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)	124,481	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	59.53	
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	6.31	
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	5.15	
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	4.07	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	3.07	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.051571	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.043272	
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)	.043272	
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)	282,642	
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).	282,642	282,642
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		3.74
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	17.37	
4.02 SUM OF LINES 4 AND 4.01	21.11	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	7.39	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	842,891	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	12,655,850	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	12,655,850	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	968,823	
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)	110,655	
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	13,735,328	
17 PRIMARY PAYER PAYMENTS	19,302	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	13,716,026	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,427,480	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	21,175	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	211,848	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	148,294	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	119,920	
22 SUBTOTAL	12,415,665	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	12,415,665	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	12,037,393	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	378,272	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	156	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	11,004
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	6,599,644
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	7,861,261
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	11,004
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	79,602
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	79,602
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)	79,602
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	68,598
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	11,004
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	7,861,261
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	14
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,032,903
19	SUBTOTAL (SEE INSTRUCTIONS)	5,839,348
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	43,997
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	5,883,345
24	PRIMARY PAYER PAYMENTS	50
25	SUBTOTAL	5,883,295
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	254,452
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	178,116
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	152,714
28	SUBTOTAL	6,061,411
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	6,061,411
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,964,904
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	96,507
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-1
14-0012		

TITLE XVII I HOSPITAL

DESCRIPTION

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		12, 240, 020		5, 946, 497
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	8/13/2010	133, 782	8/13/2010	21, 799
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50	12/23/2010	336, 409	12/23/2010	3, 392
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99		-202, 627		18, 407
4 TOTAL INTERIM PAYMENTS		12, 037, 393		5, 964, 904
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		378, 272		96, 507
7 TOTAL MEDICARE PROGRAM LIABILITY		12, 415, 665		6, 061, 411

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:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-1
14-S012		

TITLE XVII I SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		861,039		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		861,039		
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		NONE		NONE
6 DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER	32,050		
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM			
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		893,089		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-0012	I FROM 1/ 1/2010	I 5/31/2011
I COMPONENT NO:	I TO 12/31/2010	I WORKSHEET E-1
I 14-U012	I	I

TITLE XVII I SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		118,790		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		118,790		
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			NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) SETTLEMENT TO PROVIDER .01				
BASED ON COST REPORT (1) SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		118,790		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-2
14-U012		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	122,503	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)		
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	344	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	122,503	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	122,503	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	122,503	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	3,713	
14	80% OF PART B COSTS		
15	SUBTOTAL	118,790	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	118,790	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	118,790	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM		
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
14-S012		PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	981,464
1.09	NET IPF PPS OUTLIER PAYMENTS	23,125
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)	8.682192
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)	1,004,589
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,004,589
	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)	
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,004,589
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,004,589
7	DEDUCTIBLES	101,200
8	SUBTOTAL	903,389
9	COINSURANCE	42,350
10	SUBTOTAL	861,039
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	45,785
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	32,050
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	31,073
12	SUBTOTAL	893,089
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/31/2011
14-0012	FROM 1/ 1/2010	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2010	PART I
14-S012		

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

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	893,089
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	861,039
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	32,050
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)	
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY	
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)	
3	AGGREGATE APPROVED AMOUNT	
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96	
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	6.31
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	6.31
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.	6.31
3.10	SEE INSTRUCTIONS	
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.12	SEE INSTRUCTIONS	
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)	
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	
3.18	SEE INSTRUCTIONS	
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	5.15
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	4.07
3.21	SEE INSTRUCTIONS	RES INIT YEARS
3.22	SEE INSTRUCTIONS	3.07
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	90,273.94
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	277,141
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	277,141

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		7,650
5	TOTAL INPATIENT DAYS		14,483
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.528205
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	146,387	146,387
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		503
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		14,483
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		8,265
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XVIII

10 MEDICARE OUTPATIENT ESRD CHARGES
 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	16,645,296
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	19,302
16	TOTAL PART A REASONABLE COST	16,625,994

PART B REASONABLE COST

17	REASONABLE COST	6,610,648
18	PRIMARY PAYER PAYMENTS	50
19	TOTAL PART B REASONABLE COST	6,610,598
20	TOTAL REASONABLE COST	23,236,592
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.715509
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.284491

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	154,652
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	110,655
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	43,997

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	21,611,746		25,000	
2	TEMPORARY INVESTMENTS	1,478,044			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	45,498,818			
5	OTHER RECEIVABLES	634,095			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-23,695,036			
7	INVENTORY	1,546,719			
8	PREPAID EXPENSES	1,929,989			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	49,004,375		25,000	
FIXED ASSETS					
12	LAND	2,110,727			
12.01	LAND IMPROVEMENTS	4,672,509			
13	LESS ACCUMULATED DEPRECIATION	-1,578,038			
13.01	BUILDINGS	35,189,704			
14	LESS ACCUMULATED DEPRECIATION	-20,272,020			
14.01	LEASEHOLD IMPROVEMENTS	19,000			
15	LESS ACCUMULATED DEPRECIATION	-13,515			
15.01	FIXED EQUIPMENT	21,145,539			
16	LESS ACCUMULATED DEPRECIATION	-12,095,570			
16.01	AUTOMOBILES AND TRUCKS	308,953			
17	LESS ACCUMULATED DEPRECIATION	-255,995			
17.01	MAJOR MOVABLE EQUIPMENT	31,814,320			
18	LESS ACCUMULATED DEPRECIATION	-22,039,540			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE	12,759,250			
20	TOTAL FIXED ASSETS	51,765,324			
21	OTHER ASSETS				
22	INVESTMENTS	2,940,583			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	10,406,554			
26	TOTAL OTHER ASSETS	13,347,137			
27	TOTAL ASSETS	114,116,836		25,000	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,455,456			
29 SALARIES, WAGES & FEES PAYABLE	9,160,487			
30 PAYROLL TAXES PAYABLE	118,751			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	957,134			
32 DEFERRED INCOME	1,423,609			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	9,630,711			
36 TOTAL CURRENT LIABILITIES	22,746,148			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	18,013,804			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	8,081,482			
42 TOTAL LONG-TERM LIABILITIES	26,095,286			
43 TOTAL LIABILITIES	48,841,434			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	65,275,402			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			25,000	
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	65,275,402		25,000	
52 TOTAL LIABILITIES AND FUND BALANCES	114,116,836		25,000	

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		59,078,392		
2	NET INCOME (LOSS)		6,751,275		
3	TOTAL		65,829,667		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM UNLOCATED	270			
6					
7					
8					
9					
10	TOTAL ADDITIONS		270		
11	SUBTOTAL		65,829,937		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	PENSION EQUITY ADJUSTMENT	554,535			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		554,535		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		65,275,402		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD		25,000		
2	NET INCOME (LOSS)				
3	TOTAL		25,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM UNLOCATED				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		25,000		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	PENSION EQUITY ADJUSTMENT				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		25,000		

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 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	8,969,518		8,969,518
2 00 SUBPROVIDER	7,126,155		7,126,155
4 00 SWING BED - SNF	329,402		329,402
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	16,425,075		16,425,075
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	6,585,244		6,585,244
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	6,585,244		6,585,244
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	23,010,319		23,010,319
17 00 ANCILLARY SERVICES	88,149,299	142,173,854	230,323,153
18 00 OUTPATIENT SERVICES			
19 00 OTHER HOME HEALTH SERVICES-HHA		974,538	974,538
23 00 HOSPICE		884,628	884,628
24 00 PHYSICIAN & CORP HEALTH	12,662,620	39,262,756	51,925,376
25 00 TOTAL PATIENT REVENUES	123,822,238	183,295,776	307,118,014

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		108,364,521	
ADD (SPECIFY)			
27 00 BAD DEBT	7,110,788		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		7,110,788	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		115,475,309	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	307,118,014
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	187,538,077
3	NET PATIENT REVENUES	119,579,937
4	LESS: TOTAL OPERATING EXPENSES	115,475,309
5	NET INCOME FROM SERVICE TO PATIENTS	4,104,628
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	138,230
7	INCOME FROM INVESTMENTS	468,748
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	332,401
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	68,827
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	14,550
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	255,441
21	RENTAL OF VENDING MACHINES	629
22	RENTAL OF HOSPITAL SPACE	408,865
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	1,433,896
25	TOTAL OTHER INCOME	3,121,587
26	TOTAL	7,226,215
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	474,940
28		
29		
30	TOTAL OTHER EXPENSES	474,940
31	NET INCOME (OR LOSS) FOR THE PERIOD	6,751,275

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
5	177,189	13,441			43,608	234,238
HHA REIMBURSABLE SERVICES						
6	227,927	17,289	15,255			260,471
7			4,338			4,338
8			198			198
9			188			188
10	1,169	89	38			1,296
11	13,417	1,018	200			14,635
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	419,702	31,837	20,217		43,608	515,364

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	3,592	237,830		237,830
HHA REIMBURSABLE SERVICES				
6		260,471		260,471
7		4,338		4,338
8		198		198
9		188		188
10		1,296		1,296
11		14,635		14,635
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	3,592	518,956		518,956

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATI O N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5						237,830	237,830
HHA REIMBURSABLE SERVICES							
6						260,471	220,356
7						4,338	3,670
8						198	168
9						188	159
10						1,296	1,096
11						14,635	12,381
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24						518,956	518,956

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6						480,827	
7						8,008	
8						366	
9						347	
10						2,392	
11						27,016	
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24						518,956	

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-237,830	281,126
6	SKILLED NURSING CARE					260,471	
7	PHYSICAL THERAPY					4,338	
8	OCCUPATIONAL THERAPY					198	
9	SPEECH PATHOLOGY					188	
10	MEDICAL SOCIAL SERVICES					1,296	
11	HOME HEALTH AIDE					14,635	
12	SUPPLIES						
13	DRUGS						
13. 20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-237,830	281,126
25	COST TO BE ALLOCATED					237,830	
26	UNIT COST MULTIPLIER					.845991	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5
1 ADMIN & GENERAL			1,150	10,431	553	46,032
2 SKILLED NURSING CARE	480,827	1,592		14,442	766	63,736
3 PHYSICAL THERAPY	8,008					
4 OCCUPATIONAL THERAPY	366					
5 SPEECH PATHOLOGY	347					
6 MEDICAL SOCIAL SERVICES	2,392	29		265	15	1,180
7 HOME HEALTH AIDE	27,016	177		1,602	85	7,082
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	518,956	2,948		26,740	1,419	118,030
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCH, RECEIVING, & STORES 6.03	ADMIN/CASH/A R 6.04	SUBTOTAL 6A.04	OTHER ADMIN & GENERAL 6.05
1 ADMIN & GENERAL	4,469	23,271	800		86,706	6,777
2 SKILLED NURSING CARE	5,959	31,998	1,109		600,429	46,925
3 PHYSICAL THERAPY					8,008	626
4 OCCUPATIONAL THERAPY					366	29
5 SPEECH PATHOLOGY					347	27
6 MEDICAL SOCIAL SERVICES			20		3,901	305
7 HOME HEALTH AIDE	745	2,909	123		39,739	3,106
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	11,173	58,178	2,052		739,496	57,795
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS 7	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL	35,997				9,346	
2 SKILLED NURSING CARE	49,838				12,461	
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	914					
7 HOME HEALTH AIDE	5,528				3,115	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	92,277				24,922	
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	UTILIZATION REVIEW 18.01	NONPHYSICIAN ANESTHETIST 20
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
1 ADMIN & GENERAL			138,826		138,826	
2 SKILLED NURSING CARE			709,653		709,653	127,012
3 PHYSICAL THERAPY			8,634		8,634	1,545
4 OCCUPATIONAL THERAPY			395		395	71
5 SPEECH PATHOLOGY			374		374	67
6 MEDICAL SOCIAL SERVICES			5,120		5,120	916
7 HOME HEALTH AIDE			51,488		51,488	9,215
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			914,490		914,490	138,826
21 UNIT COST MULTIPLIER						0.178977

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	836,665
3 PHYSICAL THERAPY	10,179
4 OCCUPATIONAL THERAPY	466
5 SPEECH PATHOLOGY	441
6 MEDICAL SOCIAL SERVICES	6,036
7 HOME HEALTH AIDE	60,703
8 SUPPLIES	
9 DRUGS	
9.20 COST ADMINISTERING DRUGS	
10 DME	
11 HOME DIALYSIS AIDE SVCS	
12 RESPIRATORY THERAPY	
13 PRIVATE DUTY NURSING	
14 CLINIC	
15 HEALTH PROM ACTIVITIES	
16 DAY CARE PROGRAM	
17 HOME DEL MEALS PROGRAM	
18 HOMEMAKER SERVICE	
19 ALL OTHER	
19.50 TELEMEDICINE	
20 TOTAL (SUM OF 1-19) (2)	914,490
21 UNIT COST MULTIPLIER	

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	1 OLD CAP REL COSTS-BLDG & (SQUARE FEET)	2 OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	3 NEW CAP REL COSTS-BLDG & (SQUARE FEET)	4 NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	5 EMPLOYEE BEN EFITS (GROSS SALARIE)	6.01 NONPATIENT T ELEPHONES (TELEPHONES)
1 ADMIN & GENERAL	1,693		1,693	532	165,586	6
2 SKILLED NURSING CARE	2,344		2,344	736	229,274	8
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	43		43	14	4,246	
7 HOME HEALTH AIDE	260		260	82	25,475	1
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	4,340		4,340	1,364	424,581	15
21 COST TO BE ALLOCATED	2,948		26,740	1,419	118,030	11,173
22 UNIT COST MULTIPLIER	0.679263		6.161290	1.040323	0.277992	744.866667

HHA COST CENTER	6.02 DATA PROCESS ING (NUMBER OF MAC HINES)	6.03 PURCH, RECEI V , & STORES (COST OF SUPPL IES)	6.04 ADMI T/CASH/A R (GROSS CHARGES)	6A.05 RECONCI LI ATI ON	6.05 OTHER ADMI N & GENERAL (ACCUM. COST)	7 MAI NTENANCE & REPAI RS (SQUARE FEET)
1 ADMIN & GENERAL	8	6,025			86,706	1,693
2 SKILLED NURSING CARE	11	8,342			600,429	2,344
3 PHYSICAL THERAPY					8,008	
4 OCCUPATIONAL THERAPY					366	
5 SPEECH PATHOLOGY					347	
6 MEDICAL SOCIAL SERVICES		154			3,901	43
7 HOME HEALTH AIDE	1	927			39,739	260
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	20	15,448			739,496	4,340
21 COST TO BE ALLOCATED	58,178	2,052			57,795	92,277
22 UNIT COST MULTIPLIER	2908.900000	0.132833			0.078155	21.261982

HHA 1

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE's)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLIES (COSTED REQUIREMENTS)
	9	10	11	12	14	15
1 ADMIN & GENERAL				3		
2 SKILLED NURSING CARE				4		
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE				1		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)				8		
21 COST TO BE ALLOCATED				24,922		
22 UNIT COST MULTIPLIER				3115.250000		

HHA COST CENTER	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	UTILIZATION REVIEW (PATIENT DAYS)	NONPHYSICIAN ANESTHETIST (ASSIGNED TIME)	I&R SERVICES - SALARY & FR (TIME SPENT)
	16	17	18	18.01	20	22
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA 1

I & R SERVICES
-OTHER PRGM
(TIME SPENT)

HHA COST CENTER

23

- 1 ADMIN & GENERAL
- 2 SKILLED NURSING CARE
- 3 PHYSICAL THERAPY
- 4 OCCUPATIONAL THERAPY
- 5 SPEECH PATHOLOGY
- 6 MEDICAL SOCIAL SERVICES
- 7 HOME HEALTH AIDE
- 8 SUPPLIES
- 9 DRUGS
- 9.20 COST ADMINISTERING DRUGS
- 10 DME
- 11 HOME DIALYSIS AIDE SVCS
- 12 RESPIRATORY THERAPY
- 13 PRIVATE DUTY NURSING
- 14 CLINIC
- 15 HEALTH PROM ACTIVITIES
- 16 DAY CARE PROGRAM
- 17 HOME DEL MEALS PROGRAM
- 18 HOMEMAKER SERVICE
- 19 ALL OTHER
- 19.50 TELEMEDICINE
- 20 TOTAL (SUM OF 1-19)
- 21 COST TO BE ALLOCATED
- 22 UNIT COST MULTIPLIER

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	836,665	2	836,665	3,605	232.08	1,065
2 PHYSICAL THERAPY	3	10,179		10,179	1,988	5.12	867
3 OCCUPATIONAL THERAPY	4	466		466	204	2.28	83
4 SPEECH PATHOLOGY	5	441		441	83	5.31	21
5 MEDICAL SOCIAL SERVICES	6	6,036		6,036	24	251.50	9
6 HOME HEALTH AIDE SERVICE	7	60,703		60,703	292	207.89	64
7 TOTAL		914,490		914,490	6,196		2,109

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
1 SKILLED NURSING	970		247,165	225,118	472,283
2 PHYSICAL THERAPY	420		4,439	2,150	6,589
3 OCCUPATIONAL THERAPY	61		189	139	328
4 SPEECH PATHOLOGY	34		112	181	293
5 MEDICAL SOCIAL SERVICES	6		2,264	1,509	3,773
6 HOME HEALTH AIDE SERVICES	166		13,305	34,510	47,815
7 TOTAL	1,657		267,474	263,607	531,081

LIMITATION COST COMPUTATION	PROGRAM COST LIMITS					PROGRAM VISITS
	1	2	3	4	5	PART A
PATIENT SERVICES						
8 SKILLED NURSING	9914					6
9 PHYSICAL THERAPY	9914					
10 OCCUPATIONAL THERAPY	9914					
11 SPEECH PATHOLOGY	9914					
12 MEDICAL SOCIAL SERVICES	9914					
13 HOME HEALTH AIDE SERVICE	9914					
14 TOTAL						

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
8 SKILLED NURSING					12
9 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
14 TOTAL					

PROVIDER NO: 14-0012
 HHA NO: 14-7131
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET H-6
 PARTS III & III
 HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00				192,118		38,294
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES	-----COST OF SERVICES-----	
	-----PART B-----	-----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	
		PART A	NOT SUBJECT TO DEDUCT & COINSUR
		9	10
			SUBJECT TO DEDUCT & COINSUR
			11
15 COST OF MEDICAL SUPPLIES	89,846		
16 COST OF DRUGS			
16.20 COST OF DRUGS			

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	9914	
17 PER BENE COST LIMITATION (FRM FI)	9914	
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.386030			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.357158			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.530528			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.176032			COL 2, LN 15
4.01 PSYCHIATRI CE/PSYCHOLOGICAL SERVICES	55.01	.501159			
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.371575			
5 DRUGS CHARGED TO PATIENTS	56	.138243			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER
		2	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	5
	1		2.01	3	3.01	4	
1 PHYSICAL THERAPY	2	5.12					
2 OCCUPATIONAL THERAPY	3	2.28					
3 SPEECH PATHOLOGY	4	5.31					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
HHA NO:	TO 12/31/2010	WORKSHEET H-7
14-7131		PARTS I & II

TITLE XVII I

HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

PART A

PART B
NOT SUBJECT TO
DED & COINS
2

PART B
SUBJECT TO
DED & COINS
3

1

- 1 REASONABLE COST OF SERVICES
- 2 TOTAL CHARGES
- 3 CUSTOMARY CHARGES
- 4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 5 AMOUNT 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(B)
- 6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)
- 7 TOTAL CUSTOMARY CHARGES
- 8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST
- 9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 10 PRIMARY PAYOR AMOUNTS

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A
SERVICES
1

PART B
SERVICES
2

10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	407,801	278,826
10.02	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	7,309	8,603
10.04	TOTAL PPS REIMBURSEMENT-PEP EPIISODES	3,171	1,473
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	418,281	288,902
13	EXCESS REASONABLE COST		
14	SUBTOTAL	418,281	288,902
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	418,281	288,902
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	418,281	288,902
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	418,281	288,902
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	418,281	288,902
25	INTERIM PAYMENTS	418,280	288,901
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM	1	1
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

PROVIDER NO: 14-0012
 HHA NO: 14-7131

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

PREPARED 5/31/2011
 WORKSHEET H-8

TITLE XVIII HHA 1

DESCRIPTION	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		418,280		288,901
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		418,280		288,901
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		1		1
7 TOTAL MEDICARE PROGRAM LIABILITY		418,281		288,902

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.

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
14-1588		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	109,845	7,347		
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	13,113			
10 NURSING CARE	148,996	10,302	5,194	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	89,546	6,191	2,206	
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	361,500	23,840	7,400	

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
14-1588		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	14,919	132,111		132,111
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	2,356	2,356		2,356
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES		13,113		13,113
10 NURSING CARE		164,492		164,492
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		97,943		97,943
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	69,100	69,100		69,100
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES	30,092	30,092		30,092
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	116,467	509,207		509,207

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
14-1588		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		132,111
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		2,356
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		13,113
10 NURSING CARE		164,492
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		97,943
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		69,100
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		30,092
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)		509,207

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
14-1588		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL		76,226		
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES		13,113		
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			89,546	
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)		89,339	89,546	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
14-1588		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				33,619
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	111,104		37,892	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	111,104		37,892	33,619

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
14-1588		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	109,845
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
8	VISITING SERVICES	
9	PHYSICIAN SERVICES	13,113
10	NURSING CARE	148,996
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	89,546
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
19	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	361,500

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 1

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-2
14-1588		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL	5,270		
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES		6,191	
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)	5,270	6,191	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-2
14-1588		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				2,077
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	7,682		2,620	
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOME MAKER				
23.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	7,682		2,620	2,077

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-2
14-1588		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	7,347
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
10.20	VISITING SERVICES	
11	PHYSICIAN SERVICES	
12	NURSING CARE	10,302
13	NURSING CARE-CONTINUOUS HOME CARE	
14	PHYSICAL THERAPY	
15	OCCUPATIONAL THERAPY	
16	SPEECH/LANGUAGE PATHOLOGY	
17	MEDICAL SOCIAL SERVICES	6,191
18	SPIRITUAL COUNSELING	
19	DIETARY COUNSELING	
20	COUNSELING - OTHER	
20.30	HOME HEALTH AIDE AND HOMEMAKER	
21	HH AIDE & HOMEMAKER-CONT. HOME CARE	
22	OTHER HOSPICE SERVICE COSTS	
23	OTHER	
24	DRUGS BIOLOGICAL AND INFUSION THERAPY	
25	ANALGESICS	
26	SEDATIVES / HYPNOTICS	
27	OTHER - SPECIFY	
28	DURABLE MEDICAL EQUIPMENT/OXYGEN	
29	PATIENT TRANSPORTATION	
30	IMAGING SERVICES	
31	LABS AND DIAGNOSTICS	
32	MEDICAL SUPPLIES	
33	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
34	RADIATION THERAPY	
	CHEMOTHERAPY	
	OTHER	
	BEREAVEMENT PROGRAM COSTS	
	VOLUNTEER PROGRAM COSTS	
	FUNDRAISING	
	OTHER PROGRAM COSTS	
	TOTAL (SUM OF LINES 1 THRU 33)	23,840

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 2

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
14-1588		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUI LDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	132,111			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	2,356			
8 INPATIENT - RESPI TE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	13,113			
10 NURSING CARE	164,492			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	97,943			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	69,100			
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES	30,092			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	509,207			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
14-1588		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			132,111	132,111
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			2,356	825
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			13,113	4,594
13 NURSING CARE			164,492	57,629
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			97,943	34,313
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			69,100	24,208
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES			30,092	10,542
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			377,096	132,111

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
14-1588		PART I

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	3,181
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	17,707
13	NURSING CARE	222,121
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	132,256
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	93,308
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	40,634
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	509,207

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
14-1588		PART II

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	FUNDRAISING			
40	OTHER PROGRAM COSTS			
41	COST TO BE ALLOCATED (PER WKST K-4, PART I)			
42	UNIT COST MULTIPLIER	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
14-1588		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE		-132,111	377,096
8 INPATIENT - GENERAL CARE			2,356
9 INPATIENT - RESPIRE CARE			
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			13,113
12 NURSING CARE			164,492
13.20 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			
15 OCCUPATIONAL THERAPY			
16 SPEECH/LANGUAGE PATHOLOGY			
17 MEDICAL SOCIAL SERVICES			97,943
18 SPIRITUAL COUNSELING			
19 DIETARY COUNSELING			
20 COUNSELING - OTHER			
21 HOME HEALTH AIDE AND HOMEMAKER			
22.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			69,100
26.30 ANALGESICS			
27.31 SEDATIVES / HYPNOTICS			
28.32 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			
30 PATIENT TRANSPORTATION			
31 IMAGING SERVICES			
32 LABS AND DIAGNOSTICS			
33 MEDICAL SUPPLIES			30,092
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			
38			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			132,111
45 UNIT COST MULTIPLIER	.000000		.350338

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-0012
 HOSPICE NO: 14-1588
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET K-5
 PART I

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT
		0	1	2	3
1.00 ADMINISTRATIVE AND GENERAL	6		383		3,475
2.00 INPATIENT - GENERAL CARE	7	3,181			
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9	17,707			
5.00 NURSING CARE	10	222,121	2,182		19,790
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	132,256	383		3,475
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	93,308			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25	40,634			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		509,207	2,948		26,740
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING
	4	5	6.01	6.02
1.00 ADMINISTRATIVE AND GENERAL	480	30,536	745	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES		3,645		
5.00 NURSING CARE	1,862	41,420	2,979	8,727
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	480	24,893	745	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	2,822	100,494	4,469	8,727
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-0012
 HOSPICE NO: 14-1588
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET K-5
 PART I

HOSPICE 1

HOSPICE COST CENTER	PURCH, RECEIV, & STORES	ADMIN/CASH/AR	SUBTOTAL	OTHER ADMIN & GENERAL
	6.03	6.04	6A.04	6.05
1.00 ADMINISTRATIVE AND GENERAL	40		35,659	2,787
2.00 INPATIENT - GENERAL CARE			3,181	249
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES			21,352	1,669
5.00 NURSING CARE	156		299,237	23,387
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	40		162,272	12,682
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			93,308	7,292
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES			40,634	3,176
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	236		655,643	51,242
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	7	9	10	11
1.00 ADMINISTRATIVE AND GENERAL	11,992			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	68,293			
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	11,992			
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	92,277			
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
14-1588		PART I

HOSPICE 1

CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
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HOSPICE COST CENTER

12	14	15	16
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- 1.00 ADMINISTRATIVE AND GENERAL 3,115
- 2.00 INPATIENT - GENERAL CARE
- 3.00 INPATIENT - RESPIRE CARE
- 4.00 PHYSICIAN SERVICES
- 5.00 NURSING CARE 12,461
- 5.20 NURSING CARE-CONTINUOUS HOME CARE
- 6.00 PHYSICAL THERAPY
- 7.00 OCCUPATIONAL THERAPY
- 8.00 SPEECH/LANGUAGE PATHOLOGY
- 9.00 MEDICAL SOCIAL SERVICES 3,115
- 10.00 SPIRITUAL COUNSELING
- 11.00 DIETARY COUNSELING
- 12.00 COUNSELING - OTHER
- 13.00 HOME HEALTH AIDE AND HOMEMAKER
- 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 15.30 ANALGESICS
- 15.31 SEDATIVES / HYPNOTICS
- 15.32 OTHER
- 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 17.00 PATIENT TRANSPORTATION
- 18.00 IMAGING SERVICES
- 19.00 LABS AND DIAGNOSTICS
- 20.00 MEDICAL SUPPLIES
- 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 22.00 RADIATION THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAISING
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) 18,691
- 30.00 UNIT COST MULTIPLIER

MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	UTILIZATION REVIEW	NONPHYSICIAN ANESTHETISTS
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HOSPICE COST CENTER

17	18	18.01	20
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- 1.00 ADMINISTRATIVE AND GENERAL
- 2.00 INPATIENT - GENERAL CARE
- 3.00 INPATIENT - RESPIRE CARE
- 4.00 PHYSICIAN SERVICES
- 5.00 NURSING CARE
- 5.20 NURSING CARE-CONTINUOUS HOME CARE
- 6.00 PHYSICAL THERAPY
- 7.00 OCCUPATIONAL THERAPY
- 8.00 SPEECH/LANGUAGE PATHOLOGY
- 9.00 MEDICAL SOCIAL SERVICES
- 10.00 SPIRITUAL COUNSELING
- 11.00 DIETARY COUNSELING
- 12.00 COUNSELING - OTHER
- 13.00 HOME HEALTH AIDE AND HOMEMAKER
- 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 15.30 ANALGESICS
- 15.31 SEDATIVES / HYPNOTICS
- 15.32 OTHER
- 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 17.00 PATIENT TRANSPORTATION
- 18.00 IMAGING SERVICES
- 19.00 LABS AND DIAGNOSTICS
- 20.00 MEDICAL SUPPLIES
- 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 22.00 RADIATION THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAISING
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)
- 30.00 UNIT COST MULTIPLIER

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-0012
 HOSPICE NO: 14-1588
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/31/2011
 WORKSHEET K-5
 PART I

HOSPICE 1

HOSPICE COST CENTER	I&R SERVICES-SALARY & FRINGES APPRVD 22	I&R SERVICES-OTHER PRGM COSTS APPRVD 23	SUBTOTAL 25	INTRN & RSDNT COST & POST STEPDOWN AD 26
1.00 ADMINISTRATIVE AND GENERAL			53,553	
2.00 INPATIENT - GENERAL CARE			3,430	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES			23,021	
5.00 NURSING CARE			403,378	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES			190,061	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			100,600	
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES			43,810	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			817,853	
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	SUBTOTAL 27	ALLOCATED HOSPICE A & G 28	TOTAL HOSPICE COSTS 29
1.00 ADMINISTRATIVE AND GENERAL	53,553		
2.00 INPATIENT - GENERAL CARE	3,430	240	3,670
3.00 INPATIENT - RESPIRE CARE			
4.00 PHYSICIAN SERVICES	23,021	1,613	24,634
5.00 NURSING CARE	403,378	28,264	431,642
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY			
7.00 OCCUPATIONAL THERAPY			
8.00 SPEECH/LANGUAGE PATHOLOGY			
9.00 MEDICAL SOCIAL SERVICES	190,061	13,317	203,378
10.00 SPIRITUAL COUNSELING			
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOMEMAKER			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	100,600	7,049	107,649
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN			
17.00 PATIENT TRANSPORTATION			
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS			
20.00 MEDICAL SUPPLIES	43,810	3,070	46,880
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
22.00 RADIATION THERAPY			
23.00 CHEMOTHERAPY			
24.00			
25.00 BEREAVEMENT PROGRAM COSTS			
26.00 VOLUNTEER PROGRAM COSTS			
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	817,853	.070068	817,853
30.00 UNIT COST MULTIPLIER			

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
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HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	27	28	29

(2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

PROVIDER NO: 14-0012
HOSPICE NO: 14-1588
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/31/2011
WORKSHEET K-5
PART II

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)
	1	2	3	4
1.00 ADMINISTRATIVE AND GENERAL	564		564	461
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	3,212		3,212	1,791
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	564		564	461
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	4,340		4,340	2,713
30.00 TOTAL COST TO BE ALLOCATED	2,948		26,740	2,822
31.00 UNIT COST MULTIPLIER	.679263	.000000	6.161290	1.040177

HOSPICE COST CENTER	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCH, RECEIV. & STORES
	(GROSS SALARIES)	(TELEPHONES)	(NUMBER OF MACHINES)	(COST OF SUPPLIES)
	5	6.01	6.02	6.03
1.00 ADMINISTRATIVE AND GENERAL	109,846			303
2.00 INPATIENT - GENERAL CARE			1	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	13,113			
5.00 NURSING CARE	148,996		4	3
5.20 NURSING CARE-CONTINUOUS HOME CARE				1,174
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	89,546		1	302
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
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HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
14-1588		PART II

HOSPICE 1

HOSPICE COST CENTER	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCH, RECEIV, & STORES
	5	6.01	6.02	6.03
29.00 TOTAL (SUM OF LINE 1 THRU 28)	361,501	6	3	1,779
30.00 TOTAL COST TO BE ALLOCATED	100,494	4,469	8,727	236
31.00 UNIT COST MULTIPLIER	.277991	744.833333	2909.000000	132659

HOSPICE COST CENTER	ADMIT/CASH/AR	RECONCILIATION	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS
	(GROSS CHARGES)		(ACCUMULATED COST)	(SQUARE FEET)
	6.04	6A.05	6.05	7
1.00 ADMINISTRATIVE AND GENERAL			35,659	564
2.00 INPATIENT - GENERAL CARE			3,181	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES			21,352	
5.00 NURSING CARE			299,237	3,212
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES			162,272	564
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			93,308	
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES			40,634	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			655,643	4,340
30.00 TOTAL COST TO BE ALLOCATED			51,242	92,277
31.00 UNIT COST MULTIPLIER	.000000		.078155	21.261982

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

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PREPARED 5/31/2011
WORKSHEET K-5
PART II

HOSPICE 1

LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA

HOSPICE COST CENTER

(POUNDS OF LAUNDRY) (HOURS OF SERVICE) (MEALS SERVED) (FTE' s)

9 10 11 12

1.00	ADMINISTRATIVE AND GENERAL				1
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPIRE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				4
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				1
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS				
26.00	VOLUNTEER PROGRAM COSTS				
27.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28)				6
30.00	TOTAL COST TO BE ALLOCATED				18,691
31.00	UNIT COST MULTIPLIER	.000000	.000000	.000000	3115.166667

NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY

HOSPICE COST CENTER

(HOURS OF SERVICE) (COSTED REQUISITIONS) (COSTED REQUISITIONS) (I/P GROSS CHARGES)

14 15 16 17

1.00	ADMINISTRATIVE AND GENERAL				
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPIRE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS				
26.00	VOLUNTEER PROGRAM COSTS				
27.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS - STATISTICAL BASIS

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HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	14	15	16	17

29.00 TOTAL (SUM OF LINE 1 THRU 28)

30.00 TOTAL COST TO BE ALLOCATED

31.00 UNIT COST MULTIPLIER

.000000 .000000 .000000 .000000

HOSPICE COST CENTER	SOCIAL SERVICE (PATIENT DAYS)	UTILIZATION REVIEW (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	I & R SERVICES-SALARY & FRINGES APPRVD (TIME SPENT)
	18	18.01	20	22

- 1.00 ADMINISTRATIVE AND GENERAL
- 2.00 INPATIENT - GENERAL CARE
- 3.00 INPATIENT - RESPIRE CARE
- 4.00 PHYSICIAN SERVICES
- 5.00 NURSING CARE
- 5.20 NURSING CARE-CONTINUOUS HOME CARE
- 6.00 PHYSICAL THERAPY
- 7.00 OCCUPATIONAL THERAPY
- 8.00 SPEECH/LANGUAGE PATHOLOGY
- 9.00 MEDICAL SOCIAL SERVICES
- 10.00 SPIRITUAL COUNSELING
- 11.00 DIETARY COUNSELING
- 12.00 COUNSELING - OTHER
- 13.00 HOME HEALTH AIDE AND HOMEMAKER
- 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 15.30 ANALGESICS
- 15.31 SEDATIVES / HYPNOTICS
- 15.32 OTHER
- 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 17.00 PATIENT TRANSPORTATION
- 18.00 IMAGING SERVICES
- 19.00 LABS AND DIAGNOSTICS
- 20.00 MEDICAL SUPPLIES
- 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 22.00 RADIATION THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAISING
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LINE 1 THRU 28)
- 30.00 TOTAL COST TO BE ALLOCATED
- 31.00 UNIT COST MULTIPLIER

.000000 .000000 .000000 .000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
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HOSPICE 1

HOSPICE COST CENTER

I & R
SERVICES-OTHER
PRGM COSTS
APPRVD
(TIME SPENT)

23

- 1.00 ADMINISTRATIVE AND GENERAL
- 2.00 INPATIENT - GENERAL CARE
- 3.00 INPATIENT - RESPIRE CARE
- 4.00 PHYSICIAN SERVICES
- 5.00 NURSING CARE
- 5.20 NURSING CARE-CONTINUOUS HOME CARE
- 6.00 PHYSICAL THERAPY
- 7.00 OCCUPATIONAL THERAPY
- 8.00 SPEECH/LANGUAGE PATHOLOGY
- 9.00 MEDICAL SOCIAL SERVICES
- 10.00 SPIRITUAL COUNSELING
- 11.00 DIETARY COUNSELING
- 12.00 COUNSELING - OTHER
- 13.00 HOME HEALTH AIDE AND HOMEMAKER
- 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 15.30 ANALGESICS
- 15.31 SEDATIVES / HYPNOTICS
- 15.32 OTHER
- 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 17.00 PATIENT TRANSPORTATION
- 18.00 IMAGING SERVICES
- 19.00 LABS AND DIAGNOSTICS
- 20.00 MEDICAL SUPPLIES
- 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 22.00 RADIATION THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAISING
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LINE 1 THRU 28)
- 30.00 TOTAL COST TO BE ALLOCATED
- 31.00 UNIT COST MULTIPLIER .000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
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14-1588		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.386030	
2	OCCUPATIONAL THERAPY	51	.357158	
3	SPEECH PATHOLOGY	52	.530528	
4	DRUGS CHARGED TO PATIENTS	56	.138243	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.257325	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.176032	
7.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	55.01	.501159	
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.371575	
8	EMERGENCY	61	.301409	
9	RADIOLOGY-DIAGNOSTIC	41	.136992	
9.01	ULTRA SOUND	41.01	.145696	
10	OTHER ANCILLARY (SPECIFY)	59		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-6
14-1588		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				817,853
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)				
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)				
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)				
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)				

NOTE: THE DATA FOR THE SNF AND NF LINES 8 THROUGH 11 ARE INCLUDED IN THE MEDICARE AND MEDICAID LINES 4 THROUGH 7.

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2010	5/31/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
14-0012		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	935,628
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	6,717
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	31.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	3.07
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	2.83
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	26,478
	(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	.00
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	968,823
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)	