

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		14-0013		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: 5/25/2011 TIME 19:43

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:  
 PROCTOR HOSPITAL 14-0013

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

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	69,409	114,596	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	69,409	114,596	0	

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-0013  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 5409 N. KNOXVILLE  
 1.01 CITY: PEORIA P.O. BOX: STATE: IL ZIP CODE: 61614- COUNTY: PEORIA

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00	HOSPITAL	PROCTOR HOSPITAL	14-0013	8/1/1996	N	P	P
06.00	HOSPITAL-BASED SNF	PROCTOR HOSPITAL	14-5579	11/3/1987	N	P	P
09.00	HOSPITAL-BASED HHA	PROCTOR HOSPITAL	14-7049	9/1/1997	N	P	P

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2010 TO: 12/31/2010

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 37900
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 or MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /



HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATA

PROVIDER NO: 14-0013  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET S-2

MI SCELLANEOUS COST REPORT INFORMATION

- 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
- 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2. N
- 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
- 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

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

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y

40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #  
40.02 STREET: P.O. BOX:  
40.03 CITY: STATE: ZIP CODE: -

- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? N
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? N
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD? N
- 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS). N

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

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

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
PREMIUMS: 1,716,873  
PAID LOSSES: 0  
AND/OR SELF INSURANCE: 0
- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

LINE	DESCRIPTION	DATE	Y OR N	LIMIT	Y OR N	FEES
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01	ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02	THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03	FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		N			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		N			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).					
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60.01	IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).		N		0	

MULTI CAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
					0.00

SETTLEMENT DATA

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

MISCELLANEOUS DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0013  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET S-3  
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / TITLE 3	O/P VISITS / TITLE 4	NOT LTCH N/A 4.01	TRIPS TOTAL 5
1 ADULTS & PEDIATRICS	130	47,450			12,704		944
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	130	47,450			12,704		944
6 INTENSIVE CARE UNIT	12	4,380			1,445		90
11 NURSERY							322
12 TOTAL	142	51,830			14,149		1,356
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	20	7,300			3,179		
18 HOME HEALTH AGENCY					2,318		
25 TOTAL	162						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	INTERNS & RES. FTES / TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			22,640				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			22,640				
6 INTENSIVE CARE UNIT			2,480				
11 NURSERY			1,329				
12 TOTAL			26,449				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			4,528				
18 HOME HEALTH AGENCY			4,209				
25 TOTAL							
26 OBSERVATION BED DAYS			2,085				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			382				
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	DISCHARGES / TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,761	560	5,818
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		768.13			2,761	560	5,818
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		22.13					
18 HOME HEALTH AGENCY		6.56					
25 TOTAL		796.82					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

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	36,828,339		36,828,339	1,661,060.00	22.17	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	982,232	56,628	1,038,860	51,259.00	20.27	
8.01 EXCLUDED AREA SALARIES	2,127,766	407,083	2,534,849	191,136.00	13.26	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,494,787		1,494,787	26,911.00	55.55	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	87,899		87,899	1,185.00	74.18	
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)	10,238,303		10,238,303			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,095,588		1,095,588			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	209,841		209,841	2,095.00	100.16	
22 ADMINISTRATIVE & GENERAL	5,337,284		5,337,284	228,859.00	23.32	
22.01 A & G UNDER CONTRACT	644,650		644,650	3,196.00	201.71	
23 MAINTENANCE & REPAIRS	734,309		734,309	32,261.00	22.76	
24 OPERATION OF PLANT	408,231		408,231	22,767.00	17.93	
25 LAUNDRY & LINEN SERVICE	34,813		34,813	15,977.00	2.18	
26 HOUSEKEEPING	862,922		862,922	82,736.00	10.43	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	930,649	-615,328	315,321	24,762.00	12.73	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		151,617	151,617	11,531.00	13.15	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	842,866		842,866	25,751.00	32.73	
31 CENTRAL SERVICE AND SUPPLY	205,755		205,755	17,002.00	12.10	
32 PHARMACY	1,106,976		1,106,976	33,402.00	33.14	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	704,030		704,030	44,882.00	15.69	
34 SOCIAL SERVICE	99,163		99,163	5,076.00	19.54	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	37,472,989		37,472,989	1,664,256.00	22.52	
2 EXCLUDED AREA SALARIES	3,109,998	463,711	3,573,709	242,395.00	14.74	
3 SUBTOTAL SALARIES	34,362,991	-463,711	33,899,280	1,421,861.00	23.84	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,582,686		1,582,686	28,096.00	56.33	
5 SUBTOTAL WAGE-RELATED COSTS	10,238,303		10,238,303		30.20	
6 TOTAL	46,183,980	-463,711	45,720,269	1,449,957.00	31.53	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	12,121,489	-463,711	11,657,778	550,297.00	21.18	

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

PROVIDER NO: 14-0013  
HHA NO: 14-7049  
COUNTY: PEORIA  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		283.00	1.00	165.00

TOTAL  
5

1 HOME HEALTH AIDE HOURS	0
2 UNDUPLICATED CENSUS COUNT	449.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
------------	---------------	------------

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	1.64		1.64
6 DIRECTING NURSING SERVICE	5.38		5.38
7 NURSING SUPERVISOR	.84		.84
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			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE			
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?	0	1	
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).		37900	

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	818	47	97	13
22 SKILLED NURSING VISIT CHARGES	192,728	11,232	22,653	3,015
23 PHYSICAL THERAPY VISITS	1,183	7	54	22
24 PHYSICAL THERAPY VISIT CHARGES	344,332	2,044	15,744	6,376
25 OCCUPATIONAL THERAPY VISITS	75	0	1	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	21,864	0	292	0
27 SPEECH PATHOLOGY VISITS	1	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	292	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	0	0	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	2,077	54	152	35
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	559,216	13,276	38,689	9,391
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	214	0	65	4
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	1	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	9,778	543	2,645	0

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2010	5/25/2011
HHA NO:	TO 12/31/2010	WORKSHEET S-4
14-7049		
COUNTY:	PEORIA	

HOME HEALTH AGENCY STATISTICAL DATA

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	975
22 SKILLED NURSING VISIT CHARGES	0	0	229,628
23 PHYSICAL THERAPY VISITS	0	0	1,266
24 PHYSICAL THERAPY VISIT CHARGES	0	0	368,496
25 OCCUPATIONAL THERAPY VISITS	0	0	76
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	22,156
27 SPEECH PATHOLOGY VISITS	0	0	1
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	292
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	0	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	2,318
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	620,572
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	283
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	12,966

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0013      PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
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	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		14				
2	RUB						
3	RUA		9				
3.01	RUX		8				
3.02	RUL		152				
4	RVC		18				
5	RVB		144				
6	RVA		46				
6.01	RVX		76				
6.02	RVL		578				
7	RHC		89				
8	RHB		182				
9	RHA		111				
9.01	RHX						
9.02	RHL		3				
10	RMC		40				
11	RMB		43				
12	RMA		62				
12.01	RMX		383				
12.02	RML		973				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		55				
16	SE2		109				
17	SE1						
18	SSC						
19	SSB						
20	SSA		15				
21	CC2						
22	CC1						
23	CB2						
24	CB1		27				
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		3				
45.06	HD2						
45.07	HD1		1				
45.08	HC2						
45.09	HC1						
45.10	HB2		13				
45.11	HB1		18				
45.12	LE2						
45.13	LE1						
45.14	LD2						
45.15	LD1						
45.16	LC2						
45.17	LC1						
45.18	LB2						
45.19	LB1		7				
45.20	CE2						
45.21	CE1						
45.22	CD2						
45.23	CD1						
46	TOTAL		3,179				

(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: 14-0013  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
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 : 100% Federal  
 Wage Index Factor (before 10/01): 0.9155  
 Wage Index Factor (after 10/01): 0.9149  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 6120  
 SNF CBSA Code : 37900

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

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0013  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9155  
 Wage Index Factor (after 10/01) : 0.9149  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 6120  
 SNF CBSA Code : 37900

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2010	5/25/2011
	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	3,083,166
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	3,083,166
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)	.255705
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	18,246,379

HOSPITAL UNCOMPENSATED CARE DATA

	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
PROVIDER NO:	PERIOD:
14-0013	FROM 1/ 1/2010
	TO 12/31/2010

PREPARED 5/25/2011  
WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,665,690
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	8,407,877
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,149,936
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,665,690

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0013  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,670,840	3,670,840	-166,489	3,504,351
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4,823,010	4,823,010		4,823,010
5	0500 EMPLOYEE BENEFITS	209,841	10,594,853	10,804,694	30,710	10,835,404
6	0600 ADMIN STRATIVE & GENERAL	5,337,284	8,478,677	13,815,961	-195,001	13,620,960
7	0700 MAINTENANCE & REPAIRS	734,309	2,305,529	3,039,838	67,683	3,107,521
8	0800 OPERATION OF PLANT	408,231	126,292	534,523	67,248	601,771
9	0900 LAUNDRY & LINEN SERVICE	34,813	411,174	445,987		445,987
10	1000 HOUSEKEEPING	862,922	153,308	1,016,230	124,980	1,141,210
11	1100 DIETARY	930,649	1,095,359	2,026,008	-1,339,561	686,447
12	1200 CAFETERIA				330,068	330,068
14	1400 NURSING ADMINISTRATION	842,866	139,803	982,669		982,669
15	1500 CENTRAL SERVICES & SUPPLY	205,755	28,444	234,199	-73,505	160,694
16	1600 PHARMACY	1,106,976	149,657	1,256,633	-36,136	1,220,497
17	1700 MEDICAL RECORDS & LIBRARY	704,030	1,294,897	1,998,927		1,998,927
18	1800 SOCIAL SERVICE	99,163	13,869	113,032		113,032
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	6,521,088	1,400,002	7,921,090	-2,023,435	5,897,655
26	2600 INTENSIVE CARE UNIT	2,009,200	357,149	2,366,349	-179,228	2,187,121
33	3300 NURSERY				334,285	334,285
34	3400 SKILLED NURSING FACILITY	982,232	113,571	1,095,803	69,164	1,164,967
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,152,176	13,858,021	18,010,197	-12,453,660	5,556,537
39	3900 DELIVERY ROOM & LABOR ROOM	804,331	850,707	1,655,038	-141,820	1,513,218
40	4000 ANESTHESIOLOGY	33,261	409,624	442,885	-253,557	189,328
41	4100 RADIOLOGY-DIAGNOSTIC	1,873,634	2,902,104	4,775,738	-741,217	4,034,521
44	4400 LABORATORY	1,505,645	3,031,331	4,536,976	-208,071	4,328,905
49	4900 RESPIRATORY THERAPY	1,022,211	238,306	1,260,517	-92,174	1,168,343
50	5000 PHYSICAL THERAPY	274,996	1,616,084	1,891,080	-148,596	1,742,484
54	5400 ELECTROENCEPHALOGRAPHY	847,522	3,938,866	4,786,388	-2,375,584	2,410,804
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				6,527,416	6,527,416
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				11,119,004	11,119,004
56	5600 DRUGS CHARGED TO PATIENTS		2,692,359	2,692,359	-41,002	2,651,357
59.97	3997 CARDIAC REHABILITATION	185,143	138,787	323,930	-2,306	321,624
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	1,209,823	1,499,717	2,709,540	1,138,500	3,848,040
61	6100 EMERGENCY	1,802,472	483,821	2,286,293	-223,930	2,062,363
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	368,092	249,499	617,591		617,591
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	35,068,665	67,065,660	102,134,325	-886,214	101,248,111
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100	7950 UN-USED SQR FT - HOSPITAL					
100.01	7951 MEALS ON WHEELS					
100.02	7952 MARKETING					
100.03	7953 GUEST MEALS				451,622	451,622
100.04	7954 PHYSICIAN/OTHER MEALS				294,636	294,636
100.05	7955 FOUNDATION					
100.06	7956 DAYCARE CENTER	391,451	37,202	428,653	123,498	552,151
100.07	7957 UN-USED SQR FT - POB					
100.08	7958 SENIOR SERVICES					
100.09	7959 ARC BROMENN	604,093	353,612	957,705	16,458	974,163
100.10	7960 ARC INGALLS	764,130	221,116	985,246		985,246
101	TOTAL	36,828,339	67,677,590	104,505,929	-0-	104,505,929

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
I 14-0013 I FROM 1/ 1/2010 I WORKSHEET A  
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-237,492	3,266,859
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-6,075	4,816,935
5	0500 EMPLOYEE BENEFITS	-2,808,720	8,026,684
6	0600 ADMINISTRATIVE & GENERAL	-1,682,223	11,938,737
7	0700 MAINTENANCE & REPAIRS	-75,823	3,031,698
8	0800 OPERATION OF PLANT	-12,016	589,755
9	0900 LAUNDRY & LINEN SERVICE	-3,932	442,055
10	1000 HOUSEKEEPING		1,141,210
11	1100 DIETARY		686,447
12	1200 CAFETERIA		330,068
14	1400 NURSING ADMINISTRATION	-1,115	981,554
15	1500 CENTRAL SERVICES & SUPPLY		160,694
16	1600 PHARMACY		1,220,497
17	1700 MEDICAL RECORDS & LIBRARY	-5,121	1,993,806
18	1800 SOCIAL SERVICE		113,032
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-564,377	5,333,278
26	2600 INTENSIVE CARE UNIT		2,187,121
33	3300 NURSERY		334,285
34	3400 SKILLED NURSING FACILITY	-6,300	1,158,667
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		5,556,537
39	3900 DELIVERY ROOM & LABOR ROOM	-635,600	877,618
40	4000 ANESTHESIOLOGY	-31,750	157,578
41	4100 RADIOLOGY-DIAGNOSTIC	-17,062	4,017,459
44	4400 LABORATORY	-74,623	4,254,282
49	4900 RESPIRATORY THERAPY	-30,000	1,138,343
50	5000 PHYSICAL THERAPY	-86	1,742,398
54	5400 ELECTROENCEPHALOGRAPHY		2,410,804
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,527,416
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		11,119,004
56	5600 DRUGS CHARGED TO PATIENTS		2,651,357
59.97	3997 CARDIAC REHABILITATION	-82,780	238,844
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-606,360	3,241,680
61	6100 EMERGENCY	-147,689	1,914,674
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY	-6,037	611,554
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-7,035,181	94,212,930
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
100	7950 UN-USED SQRF - HOSPITAL		
100.01	7951 MEALS ON WHEELS		
100.02	7952 MARKETING		
100.03	7953 GUEST MEALS		451,622
100.04	7954 PHYSICIAN/OTHER MEALS		294,636
100.05	7955 FOUNDATION		
100.06	7956 DAYCARE CENTER		552,151
100.07	7957 UN-USED SQRF - POB		
100.08	7958 SENIOR SERVICES		
100.09	7959 ARC BROMENN		974,163
100.10	7960 ARC INGALLS		985,246
101	TOTAL	-7,035,181	97,470,748

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 14-0013 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET  
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
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	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55. 30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
59. 97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	UN-USED SQR FT - HOSPITAL	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MEALS ON WHEELS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	MARKETING	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	GUEST MEALS	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	PHYSICIAN/OTHER MEALS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	FOUNDATION	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	DAYCARE CENTER	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	UN-USED SQR FT - POB	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	SENIOR SERVICES	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	ARC BROMENN	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	ARC INGALLS	7960	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
140013

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

PREPARED 5/25/2011  
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA EXPENSE	A	CAFETERIA	12	151,617	178,451
2		SKILLED NURSING FACILITY	34	56,628	66,651
3		GUEST MEALS	100.03	207,453	244,169
4		PHYSICIAN/OTHER MEALS	100.04	135,341	159,295
5		DAYCARE CENTER	100.06	56,729	66,769
6		ARC BROMENN	100.09	7,560	8,898
7 POB EXPENSE	B	EMPLOYEE BENEFITS	5		35,770
8		ADMINISTRATIVE & GENERAL	6		5,664
9		MAINTENANCE & REPAIRS	7		67,683
10		OPERATION OF PLANT	8		67,248
11		HOUSEKEEPING	10		124,980
12 NURSERY RECLASS	C	NURSERY	33	301,220	33,065
13 INSURANCE RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3		195,483
14 RECLASS A&G COSTS INCLUDED IN EB	E	EMPLOYEE BENEFITS	5		14,882
15 RECLASS DRUGS IN EB	F	DRUGS CHARGED TO PATIENTS	56		19,942
16 MED SUPPLY RECLASS	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		6,835,317
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33 LEASE INTEREST EXP	H	ADMINISTRATIVE & GENERAL	6		9,700
34		PHARMACY	16		21,716
35		OPERATING ROOM	37		29,211
1 IMPLANTABLE DEVICE RECLASS	I	IMPL. DEV. CHARGED TO PATIENT	55.30		11,119,004
2					
3					
4					
5					
6					
7					
8					
9					
10					
11 ADDITION RECOVER OP EXP RECLASS	J	CLINIC	60	720,726	418,909
36 TOTAL RECLASSIFICATIONS				1,637,274	19,722,807

(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:  
140013

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

PREPARED 5/25/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
1 CAFETERIA EXPENSE	A	DIETARY	6	11	615,328	724,233	
2							
3							
4							
5							
6							
7 POB EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT		3		301,345	9
8							
9							
10							
11							
12 NURSERY RECLASS	C	ADULTS & PEDIATRICS		25	301,220	33,065	14
13 INSURANCE RECLASS	D	ADMINISTRATIVE & GENERAL		6		195,483	9
14 RECLASS A&G COSTS INCLUDED IN EB	E	ADMINISTRATIVE & GENERAL		6		14,882	
15 RECLASS DRUGS IN EB	F	EMPLOYEE BENEFITS		5		19,942	
16 MED SUPPLY RECLASS	G	CENTRAL SERVICES & SUPPLY		15		73,505	
17		PHARMACY		16		57,852	
18		ADULTS & PEDIATRICS		25		548,669	
19		INTENSIVE CARE UNIT		26		173,158	
20		SKILLED NURSING FACILITY		34		53,898	
21		OPERATING ROOM		37		3,809,147	
22		DELIVERY ROOM & LABOR ROOM		39		141,574	
23		ANESTHESIOLOGY		40		253,557	
24		RADIOLOGY-DIAGNOSTIC		41		493,595	
25		LABORATORY		44		208,071	
26		RESPIRATORY THERAPY		49		92,174	
27		PHYSICAL THERAPY		50		147,171	
28		ELECTROENCEPHALOGRAPHY		54		495,122	
29		DRUGS CHARGED TO PATIENTS		56		60,944	
30		CARDIAC REHABILITATION		59.97		2,306	
31		CLINIC		60		1,135	
32		EMERGENCY		61		223,439	
33 LEASE INTEREST EXP	H	NEW CAP REL COSTS-BLDG & FIXT		3		60,627	11
34							
35							
1 IMPLANTABLE DEVICE RECLASS	I	ADULTS & PEDIATRICS		25		846	
2		INTENSIVE CARE UNIT		26		6,070	
3		SKILLED NURSING FACILITY		34		217	
4		OPERATING ROOM		37		8,673,724	
5		DELIVERY ROOM & LABOR ROOM		39		246	
6		RADIOLOGY-DIAGNOSTIC		41		247,622	
7		PHYSICAL THERAPY		50		1,425	
8		ELECTROENCEPHALOGRAPHY		54		1,880,462	
9		EMERGENCY		61		491	
10		MEDICAL SUPPLIES CHARGED TO PATIENTS		55		307,901	
11 ADDICTION RECOVER OP EXP RECLASS	J	ADULTS & PEDIATRICS		25	720,726	418,909	
36 TOTAL RECLASSIFICATIONS					1,637,274	19,722,807	

(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: 140013	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/25/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A  
EXPLANATION : CAFETERIA EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	330,068	DIETARY	11	1,339,561	
2.00	SKILLED NURSING FACILITY	34	123,279			0	
3.00	GUEST MEALS	100.03	451,622			0	
4.00	PHYSICIAN/OTHER MEALS	100.04	294,636			0	
5.00	DAYCARE CENTER	100.06	123,498			0	
6.00	ARC BROMENN	100.09	16,458			0	
TOTAL RECLASSIFICATIONS FOR CODE A			1,339,561			1,339,561	

RECLASS CODE: B  
EXPLANATION : POB EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	35,770	NEW CAP REL COSTS-BLDG & FIXT	3	301,345	
2.00	ADMINISTRATIVE & GENERAL	6	5,664			0	
3.00	MAINTENANCE & REPAIRS	7	67,683			0	
4.00	OPERATION OF PLANT	8	67,248			0	
5.00	HOUSEKEEPING	10	124,980			0	
TOTAL RECLASSIFICATIONS FOR CODE B			301,345			301,345	

RECLASS CODE: C  
EXPLANATION : NURSERY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	334,285	ADULTS & PEDIATRICS	25	334,285	
TOTAL RECLASSIFICATIONS FOR CODE C			334,285			334,285	

RECLASS CODE: D  
EXPLANATION : INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	195,483	ADMINISTRATIVE & GENERAL	6	195,483	
TOTAL RECLASSIFICATIONS FOR CODE D			195,483			195,483	

RECLASS CODE: E  
EXPLANATION : RECLASS A&G COSTS INCLUDED IN EB

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	14,882	ADMINISTRATIVE & GENERAL	6	14,882	
TOTAL RECLASSIFICATIONS FOR CODE E			14,882			14,882	

RECLASS CODE: F  
EXPLANATION : RECLASS DRUGS IN EB

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	19,942	EMPLOYEE BENEFITS	5	19,942	
TOTAL RECLASSIFICATIONS FOR CODE F			19,942			19,942	

RECLASS CODE: G  
EXPLANATION : MED SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	6,835,317	CENTRAL SERVICES & SUPPLY	15	73,505	
2.00			0	PHARMACY	16	57,852	
3.00			0	ADULTS & PEDIATRICS	25	548,669	
4.00			0	INTENSIVE CARE UNIT	26	173,158	
5.00			0	SKILLED NURSING FACILITY	34	53,898	
6.00			0	OPERATING ROOM	37	3,809,147	
7.00			0	DELIVERY ROOM & LABOR ROOM	39	141,574	
8.00			0	ANESTHESIOLOGY	40	253,557	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	493,595	
10.00			0	LABORATORY	44	208,071	
11.00			0	RESPIRATORY THERAPY	49	92,174	
12.00			0	PHYSICAL THERAPY	50	147,171	

RECLASSIFICATIONS

PROVIDER NO: 140013	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/25/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: G  
EXPLANATION : MED SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
13.00			0	ELECTROENCEPHALOGRAPHY	54	495,122		
14.00			0	DRUGS CHARGED TO PATIENTS	56	60,944		
15.00			0	CARDIAC REHABILITATION	59.97	2,306		
16.00			0	CLINIC	60	1,135		
17.00			0	EMERGENCY	61	223,439		
TOTAL RECLASSIFICATIONS FOR CODE G			6,835,317					6,835,317

RECLASS CODE: H  
EXPLANATION : LEASE INTEREST EXP

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	ADMINISTRATIVE & GENERAL	6	9,700	NEW CAP REL COSTS-BLDG & FIXT	3	60,627		
2.00	PHARMACY	16	21,716			0		
3.00	OPERATING ROOM	37	29,211			0		
TOTAL RECLASSIFICATIONS FOR CODE H			60,627					60,627

RECLASS CODE: I  
EXPLANATION : IMPLANTABLE DEVICE RECLASS

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	11,119,004	ADULTS & PEDIATRICS	25	846		
2.00			0	INTENSIVE CARE UNIT	26	6,070		
3.00			0	SKILLED NURSING FACILITY	34	217		
4.00			0	OPERATING ROOM	37	8,673,724		
5.00			0	DELIVERY ROOM & LABOR ROOM	39	246		
6.00			0	RADIOLOGY-DIAGNOSTIC	41	247,622		
7.00			0	PHYSICAL THERAPY	50	1,425		
8.00			0	ELECTROENCEPHALOGRAPHY	54	1,880,462		
9.00			0	EMERGENCY	61	491		
10.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	307,901		
TOTAL RECLASSIFICATIONS FOR CODE I			11,119,004					11,119,004

RECLASS CODE: J  
EXPLANATION : ADDICTION RECOVER OP EXP RECLASS

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	CLINIC	60	1,139,635	ADULTS & PEDIATRICS	25	1,139,635		
TOTAL RECLASSIFICATIONS FOR CODE J			1,139,635					1,139,635

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	773,664					773,664	
2 LAND IMPROVEMENTS	10,772,604	385,330		385,330		11,157,934	
3 BUILDINGS & FIXTURE	52,764,792	378,496		378,496		53,143,288	
4 BUILDING IMPROVEMEN	429,739					429,739	
5 FIXED EQUIPMENT	18,236,824	675,770		675,770		18,912,594	
6 MOVABLE EQUIPMENT	51,868,427	2,235,152		2,235,152		54,103,579	
7 SUBTOTAL	134,846,050	3,674,748		3,674,748		138,520,798	
8 RECONCILING ITEMS							
9 TOTAL	134,846,050	3,674,748		3,674,748		138,520,798	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	84,417,219		84,417,219	.609419				
4	NEW CAP REL COSTS-MV	54,103,579		54,103,579	.390581				
5	TOTAL	138,520,798		138,520,798	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	3,650,228		-328,042	-55,327			3,266,859
4	NEW CAP REL COSTS-MV	4,816,935						4,816,935
5	TOTAL	8,467,163		-328,042	-55,327			8,083,794

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4  
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	3,670,840						3,670,840
4	NEW CAP REL COSTS-MV	4,823,010						4,823,010
5	TOTAL	8,493,850						8,493,850

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

ADJUSTMENTS TO EXPENSES

DESCR I PT I ON (1)	(2) BAS I S / CODE 1	AMOUNT 2	EXPENSE CLASS I F I C A T I O N ON WORKSHEET A TO/FROM WHICH THE AMOUNT I S TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,665,000			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	76,004			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
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					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 A&G - MISC REVENUE	B	-51,508	ADMINISTRATIVE & GENERAL	6	
37.02 COLLECTI ON FEE REVENUE - PHYS	B	-483,951	ADMINISTRATIVE & GENERAL	6	
37.04 CORPERATE WELLNESS	B	-58,196	ADMINISTRATIVE & GENERAL	6	
37.05 MAINTENANCE REV	B	-75,823	MAINTENANCE & REPAIRS	7	
37.06 PLANT OP OTHER REV	B	-3,000	OPERATION OF PLANT	8	
37.08 LAUNDRY REVENUE	B	-3,932	LAUNDRY & LINEN SERVICE	9	
37.10 HEALTH PROMOTIONS	B	-916	NURSING ADMINISTRATION	14	
38 SALE OF MEDICAL RECORDS	B	-5,121	MEDICAL RECORDS & LIBRARY	17	
39					
40 TRAINING FEES	B	-13,142	ADULTS & PEDIATRICS	25	
41 MISC INCOME -A&P	B	-9,094	ADULTS & PEDIATRICS	25	
42					
43 LABOR AND DELIVERY REVENUE	B	-4,918	DELIVERY ROOM & LABOR ROO	39	
44 RADIOLOGY - MISC REVENUE	B	-17,062	RADIOLOGY-DIAGNOSTIC	41	
45 LAB - MISC REV	B	-475	LABORATORY	44	
46					
47 CARDIAC REHAB - MISC REV	B	-72,780	CARDIAC REHABILITATION	59.97	
48 COUNSELING CTR MISC REV	B	-44,424	CLINIC	60	
49 EMERGENCY ROOM - MISC REVENUE	B	-31,345	EMERGENCY	61	
49.01 HHA - MISC REVENUE	B	-5,050	HOME HEALTH AGENCY	71	
49.02 INVESTMENT PROPERTY TAXES	A	-111,000	ADMINISTRATIVE & GENERAL	6	
49.03 ADVERTISING A&G	A	-899,655	ADMINISTRATIVE & GENERAL	6	
49.04 MARKETING A&G	A	-7,855	ADMINISTRATIVE & GENERAL	6	
49.05 MARKETING - FAMILY MATERNITY CENTER	A	-2,908	ADULTS & PEDIATRICS	25	
49.08 MARKETING - PROCTOR HOME HEALTH	A	-987	HOME HEALTH AGENCY	71	
49.09 MARKETING - WOUND CARE CLINIC	A	-86	PHYSICAL THERAPY	50	
49.11					
49.12 MARKETING - EMERGENCY ROOM	A	-322	EMERGENCY	61	
49.13 MARKETING - COMMUNITY OUTREACH	A	-335,025	CLINIC	60	
49.15					
49.16 ENTERTAINMENT EXPENSE	A	-11,707	ADMINISTRATIVE & GENERAL	6	
49.17 ENTERTAINMENT EXPENSE	A	-199	NURSING ADMINISTRATION	14	
49.18 ENTERTAINMENT EXPENSE	A	-46	CLINIC	60	
49.19 LAPSING SCHEDULE FIXED ASSETS	A	9,246	NEW CAP REL COSTS-BLDG &	3	9
49.20 INTEREST EXPENSE	A	-267,415	NEW CAP REL COSTS-BLDG &	3	11
49.21					
49.22 IHA DUES LOBBYING FFES	A	-24,073	ADMINISTRATIVE & GENERAL	6	
49.24 POB SECURITY COST	A	-9,016	OPERATION OF PLANT	8	
49.25 POB SECURITY COST	A	-2,599	EMPLOYEE BENEFITS	5	
49.26 GRANT EXP OFFSET	A	-30,500	ADMINISTRATIVE & GENERAL	6	
49.27 POB PROPERTY INSURANCE	A	-55,327	NEW CAP REL COSTS-BLDG &	3	12
49.28 SELF FUNDED INSURANCE	A	-2,805,009	EMPLOYEE BENEFITS	5	
49.29 TELEPHONE SERVICES - SALARIES	A	-3,778	ADMINISTRATIVE & GENERAL	6	
49.30 TELEPHONE SERVICES - BENEFITS	A	-1,112	EMPLOYEE BENEFITS	5	
49.31 TELEPHONE SERVICES - EQUIPMENT	A	-1,653	NEW CAP REL COSTS-MVBLE E	4	9
49.32					
49.33 PERSONAL USE OF VEHICLES	A	-4,422	NEW CAP REL COSTS-MVBLE E	4	9
49.34					
49.35					

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-0013  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET A-8

DESCRIPTION (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		
49.36						
49.37						
49.38						
49.39						
49.40						
49.41						
49.42						
49.43						
49.44						
49.45						
49.46						
49.47						
49.48						
49.49						
50 TOTAL (SUM OF LINES 1 THRU 49)		-7,035,181				

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.  
 (2) Basis for adjustment (see instructions).  
 A. Costs - if cost, including applicable overhead, can be determined.  
 B. Amount Received - if cost cannot be determined.  
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.  
 Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	9
1	3	NEW CAP REL COSTS-BLDG & RENT EXPENSE	540,692	464,688	76,004	9
2						
3						
4						
5		TOTALS	540,692	464,688	76,004	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
G	AFFILIATE	100.00	PROCTOR HEALTH CARE FOUND	100.00	FOUNDATION
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0013  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 5/25/2011  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS AND PEDIATRICS	467,994	467,994					
2 25	ADULTS AND PEDIATRICS	71,239	71,239					
3 34	SKILLED NURSING FACILITY	6,300	6,300					
4 39	LABOR & DELIVERY ROOM	630,682	630,682					
5 40	ANESTHESIA	31,750	31,750					
6 44	LAB	74,124		74,124	219,500	1,040	109,750	5,488
7 44	LAB	74,148	74,148					
8 49	RESPIRATORY THERAPY	30,000	30,000					
9 59 97	CARDIAC REHABILITATION	10,000	10,000					
10 60	CLINIC	13,840	13,840					
11 60	CLINIC	39,440	39,440					
12 60	CLINIC	92,963	92,963					
13 60	CLINIC	42,949	42,949					
14 60	CLINIC	37,673	37,673					
15 61	EMERGENCY ROOM	42,000	42,000					
16 61	EMERGENCY ROOM	74,022	74,022					
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,739,124	1,665,000	74,124		1,040	109,750	5,488

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0013  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 5/25/2011  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS AND PEDIATRICS							467,994
2 25	ADULTS AND PEDIATRICS							71,239
3 34	SKILLED NURSING FACILITY							6,300
4 39	LABOR & DELIVERY ROOM							630,682
5 40	ANESTHESIA							31,750
6 44	LAB					109,750		
7 44	LAB							74,148
8 49	RESPIRATORY THERAPY							30,000
9 59 97	CARDIAC REHABILITATION							10,000
10 60	CLINIC							13,840
11 60	CLINIC							39,440
12 60	CLINIC							92,963
13 60	CLINIC							42,949
14 60	CLINIC							37,673
15 61	EMERGENCY ROOM							42,000
16 61	EMERGENCY ROOM							74,022
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					109,750		1,665,000

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 14-0013 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				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	4	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	4	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	PATIENT	DAYS	ENTERED
10	HOUSEKEEPING	6	SQUARE	FEET	ENTERED
11	DIETARY	7	PATIENT	DAYS	ENTERED
12	CAFETERIA	8	GROSS	SALARIES	ENTERED
14	NURSING ADMINISTRATION	9	NURSING	SALARIES	ENTERED
15	CENTRAL SERVICES & SUPPLY	10	COSTED	REQUIS.	ENTERED
16	PHARMACY	11	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	13	PATIENT	DAYS	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5	5a.00	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	3,266,859	3,266,859					
005 NEW CAP REL COSTS-MVBLE E	4,816,935		4,816,935				
006 EMPLOYEE BENEFITS	8,026,684	115,929	170,935	8,313,548			
007 ADMINISTRATIVE & GENERAL	11,938,737	353,843	521,737	1,180,152	13,994,469	13,994,469	
008 MAINTENANCE & REPAIRS	3,031,698	523,381	771,713	167,501	4,494,293	753,450	5,247,743
009 OPERATION OF PLANT	589,755	37,262	54,942	91,064	773,023	129,594	86,001
010 LAUNDRY & LINEN SERVICE	442,055	30,192	44,518	7,941	524,706	87,965	69,685
011 HOUSEKEEPING	1,141,210	51,158	75,431	196,839	1,464,638	245,541	118,072
012 DIETARY	686,447	40,079	59,096	71,927	857,549	143,765	92,502
014 CAFETERIA	330,068	113,826	167,835	34,585	646,314	108,352	262,711
015 NURSING ADMINISTRATION	981,554	18,345	27,049	192,264	1,219,212	204,396	42,339
016 CENTRAL SERVICES & SUPPLY	160,694	88,482	130,466	46,934	426,576	71,514	204,218
017 PHARMACY	1,220,497	25,861	38,132	252,509	1,536,999	257,672	59,688
018 MEDICAL RECORDS & LIBRARY	1,993,806	29,000	42,760	160,594	2,226,160	373,207	66,932
025 SOCIAL SERVICE	113,032	1,122	1,654	22,620	138,428	23,207	2,590
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	5,333,278	488,807	720,739	1,254,383	7,797,207	1,307,171	1,128,173
033 INTENSIVE CARE UNIT	2,187,121	71,393	105,268	458,313	2,822,095	473,113	164,776
034 NURSERY	334,285			68,710	402,995	67,560	
037 SKILLED NURSING FACILITY	1,158,667	127,094	187,398	236,971	1,710,130	286,696	293,334
039 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	5,556,537	330,775	487,723	947,140	7,322,175	1,227,533	763,433
040 DELIVERY ROOM & LABOR ROO	877,618	26,010	38,352	183,474	1,125,454	188,678	60,032
041 ANESTHESIOLOGY	157,578	5,437	8,017	7,587	178,619	29,945	12,550
044 RADIOLOGY-DIAGNOSTIC	4,017,459	215,019	317,043	427,389	4,976,910	834,359	496,267
049 LABORATORY	4,254,282	91,386	134,747	343,448	4,823,863	808,701	210,919
050 RESPIRATORY THERAPY	1,138,343	33,323	49,134	233,173	1,453,973	243,753	76,910
054 PHYSICAL THERAPY	1,742,398	64,151	94,590	62,729	1,963,868	329,235	148,061
055 ELECTROENCEPHALOGRAPHY	2,410,804	69,000	101,740	193,326	2,774,870	465,196	159,253
055 MEDICAL SUPPLIES CHARGED	6,527,416				6,527,416	1,094,295	
056 30 IMPL. DEV. CHARGED TO PAT	11,119,004				11,119,004	1,864,059	
059 97 DRUGS CHARGED TO PATIENTS	2,651,357				2,651,357	444,489	
060 97 CARDIAC REHABILITATION	238,844	19,027	28,055	42,232	328,158	55,014	43,915
061 OUTPAT SERVICE COST CNTRS							
061 CLINIC	3,241,680	66,183	97,586	440,372	3,845,821	644,737	152,752
062 EMERGENCY	1,914,674	91,182	134,446	411,156	2,551,458	427,742	210,448
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY	611,554	5,963	8,793	83,964	710,274	119,075	13,763
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	94,212,930	3,133,230	4,619,899	7,819,297	93,388,014	13,310,014	4,939,324
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		35,575	52,455		88,030	14,758	82,107
100 UN-USED SQR FT - HOSPITAL							
100 01 MEALS ON WHEELS							
100 02 MARKETING		1,624	2,395		4,019	674	3,749
100 03 GUEST MEALS	451,622			47,321	498,943	83,646	
100 04 PHYSICIAN/OTHER MEALS	294,636			30,872	325,508	54,570	
100 05 FOUNDATION		20,565	30,323		50,888	8,531	47,464
100 06 DAYCARE CENTER	552,151	71,840	105,928	102,233	832,152	139,507	165,809
100 07 UN-USED SQR FT - POB		4,025	5,935		9,960	1,670	9,290
100 08 SENIOR SERVICES							
100 09 ARC BROMENN	974,163			139,522	1,113,685	186,705	
100 10 ARC INGALLS	985,246			174,303	1,159,549	194,394	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	97,470,748	3,266,859	4,816,935	8,313,548	97,470,748	13,994,469	5,247,743

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	988,618						
010 LAUNDRY & LINEN SERVICE	13,347	695,703					
011 HOUSEKEEPING	22,614		1,850,865				
012 DIETARY	17,717		34,421	1,145,954			
014 CAFETERIA	50,317		97,757		1,165,451		
015 NURSING ADMINISTRATION	8,109		15,755		37,510	1,527,321	
016 CENTRAL SERVICES & SUPPLY	39,114		75,991		9,157		826,570
017 PHARMACY	11,432		22,211		49,264		7,049
018 MEDICAL RECORDS & LIBRARY	12,819		24,906		31,331		
025 SOCIAL SERVICE	496		964		4,413		
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	216,075	507,951	419,803	1,030,629	276,796	510,657	66,853
033 INTENSIVE CARE UNIT	31,559	56,838	61,315	115,325	89,415	164,955	21,099
034 NURSERY		29,484			13,405	24,730	
037 SKILLED NURSING FACILITY	56,182	101,430	109,152		46,232	85,290	6,567
039 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	146,219		284,080		184,784	340,894	464,130
040 DELIVERY ROOM & LABOR ROO	11,498		22,339		35,795	66,036	17,250
041 ANESTHESIOLOGY	2,404		4,670		1,480	2,731	30,895
044 RADIOLOGY-DIAGNOSTIC	95,049		184,665		83,382	153,825	60,143
049 LABORATORY	40,397		78,485		67,006		25,353
050 RESPIRATORY THERAPY	14,730		28,619		45,491		11,231
054 PHYSICAL THERAPY	28,358		55,095		12,238		17,932
055 ELECTROENCEPHALOGRAPHY	30,501		59,259		37,717		59,898
055 MEDICAL SUPPLIES CHARGED							
056 30 IMPL. DEV. CHARGED TO PAT							
059 DRUGS CHARGED TO PATIENTS							7,426
060 97 CARDIAC REHABILITATION	8,411		16,341		8,239		281
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	29,256		56,840				154
066 EMERGENCY	40,307		78,310		80,215	147,983	27,225
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY	2,636		5,121		16,381	30,220	2,958
096 SPEC PURPOSE COST CENTERS							
100 SUBTOTALS	929,547	695,703	1,736,099	1,145,954	1,130,251	1,527,321	826,444
100 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	15,726		30,553				
100 UN-USED SQR FT - HOSPITAL							
100 01 MEALS ON WHEELS							
100 02 MARKETING	718		1,395				
100 03 GUEST MEALS					9,232		
100 04 PHYSICIAN/OTHER MEALS					6,023		
100 05 FOUNDATION	9,091		17,662				
100 06 DAYCARE CENTER	31,757		61,699		19,945		
100 07 UN-USED SQR FT - POB	1,779		3,457				
100 08 SENIOR SERVICES							
100 09 ARC BROMENN							66
100 10 ARC INGALLS							60
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	988,618	695,703	1,850,865	1,145,954	1,165,451	1,527,321	826,570

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
007 ADMINISTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY	1,944,315					
018 MEDICAL RECORDS & LIBRARY		2,735,355				
SOCIAL SERVICE			170,098			
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	1,677	179,973	129,689	13,572,654		13,572,654
026 INTENSIVE CARE UNIT	542	52,164	14,512	4,067,708		4,067,708
033 NURSERY		7,392		545,566		545,566
034 SKILLED NURSING FACILITY	758	20,153	25,897	2,741,821		2,741,821
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	89,636	582,831		11,405,715		11,405,715
039 DELIVERY ROOM & LABOR ROO	846	19,865		1,547,793		1,547,793
040 ANESTHESIOLOGY	1,722	115,546		380,562		380,562
041 RADIOLOGY-DIAGNOSTIC	57,582	394,796		7,336,978		7,336,978
044 LABORATORY	2,622	238,522		6,295,868		6,295,868
049 RESPIRATORY THERAPY	2,586	82,705		1,959,998		1,959,998
050 PHYSICAL THERAPY	1,762	61,361		2,617,910		2,617,910
054 ELECTROENCEPHALOGRAPHY	48,636	201,272		3,836,602		3,836,602
055 MEDICAL SUPPLIES CHARGED		155,973		7,777,684		7,777,684
055 30 IMPL. DEV. CHARGED TO PAT		207,598		13,190,661		13,190,661
056 DRUGS CHARGED TO PATIENTS	1,732,433	184,791		5,020,496		5,020,496
059 97 CARDIAC REHABILITATION		2,919		463,278		463,278
OUTPAT SERVICE COST CNTRS						
060 CLINIC	257	106,432		4,836,249		4,836,249
061 EMERGENCY	2,271	121,062		3,687,021		3,687,021
062 OBSERVATION BEDS (NON-DIS						
OTHER REIMBURS COST CNTRS						
071 HOME HEALTH AGENCY	985			901,413		901,413
SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	1,944,315	2,735,355	170,098	92,185,977		92,185,977
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				231,174		231,174
100 UN-USED SQR FT - HOSPITAL						
100 01 MEALS ON WHEELS						
100 02 MARKETING				10,555		10,555
100 03 GUEST MEALS				591,821		591,821
100 04 PHYSICIAN/OTHER MEALS				386,101		386,101
100 05 FOUNDATION				133,636		133,636
100 06 DAYCARE CENTER				1,250,869		1,250,869
100 07 UN-USED SQR FT - POB				26,156		26,156
100 08 SENIOR SERVICES						
100 09 ARC BROMENN				1,300,456		1,300,456
100 10 ARC INGALLS				1,354,003		1,354,003
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	1,944,315	2,735,355	170,098	97,470,748		97,470,748

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0013  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIVE E & GENERAL 6	MAINTENANCE & REPAIRS 7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		115,929	170,935	286,864	286,864		
006 ADMINISTRATIVE & GENERAL		353,843	521,737	875,580	40,722	916,302	
007 MAINTENANCE & REPAIRS		523,381	771,713	1,295,094	5,780	49,334	1,350,208
008 OPERATION OF PLANT		37,262	54,942	92,204	3,142	8,485	22,127
009 LAUNDRY & LINEN SERVICE		30,192	44,518	74,710	274	5,760	17,929
010 HOUSEKEEPING		51,158	75,431	126,589	6,792	16,077	30,379
011 DIETARY		40,079	59,096	99,175	2,482	9,413	23,800
012 CAFETERIA		113,826	167,835	281,661	1,193	7,095	67,594
014 NURSING ADMINISTRATION		18,345	27,049	45,394	6,634	13,383	10,894
015 CENTRAL SERVICES & SUPPLY		88,482	130,466	218,948	1,619	4,683	52,544
016 PHARMACY		25,861	38,132	63,993	8,713	16,872	15,357
017 MEDICAL RECORDS & LIBRARY		29,000	42,760	71,760	5,541	24,437	17,221
018 SOCIAL SERVICE		1,122	1,654	2,776	781	1,520	666
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		488,807	720,739	1,209,546	43,285	85,590	290,273
026 INTENSIVE CARE UNIT		71,393	105,268	176,661	15,814	30,978	42,396
033 NURSERY					2,371	4,424	
034 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS		127,094	187,398	314,492	8,177	18,772	75,473
037 OPERATING ROOM		330,775	487,723	818,498	32,682	80,376	196,426
039 DELIVERY ROOM & LABOR ROOM		26,010	38,352	64,362	6,331	12,354	15,446
040 ANESTHESIOLOGY		5,437	8,017	13,454	262	1,961	3,229
041 RADIOLOGY-DIAGNOSTIC		215,019	317,043	532,062	14,747	54,632	127,686
044 LABORATORY		91,386	134,747	226,133	11,851	52,952	54,268
049 RESPIRATORY THERAPY		33,323	49,134	82,457	8,046	15,960	19,788
050 PHYSICAL THERAPY		64,151	94,590	158,741	2,164	21,557	38,095
054 ELECTROENCEPHALOGRAPHY		69,000	101,740	170,740	6,671	30,460	40,975
055 MEDICAL SUPPLIES CHARGED						71,651	
055 30 IMPL. DEV. CHARGED TO PAT						122,034	
056 DRUGS CHARGED TO PATIENTS						29,104	
059 97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS		19,027	28,055	47,082	1,457	3,602	11,299
060 CLINIC		66,183	97,586	163,769	15,195	42,216	39,302
061 EMERGENCY		91,182	134,446	225,628	14,187	28,007	54,147
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
071 HOME HEALTH AGENCY		5,963	8,793	14,756	2,897	7,797	3,541
095 SPEC PURPOSE COST CENTERS SUBTOTALS		3,133,230	4,619,899	7,753,129	269,810	871,486	1,270,855
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		35,575	52,455	88,030		966	21,126
100 UN-USED SQR FT - HOSPITAL							
100 01 MEALS ON WHEELS							
100 02 MARKETING		1,624	2,395	4,019		44	964
100 03 GUEST MEALS					1,633	5,477	
100 04 PHYSICIAN/OTHER MEALS					1,065	3,573	
100 05 FOUNDATION		20,565	30,323	50,888		559	12,212
100 06 DAYCARE CENTER		71,840	105,928	177,768	3,528	9,135	42,661
100 07 UN-USED SQR FT - POB		4,025	5,935	9,960		109	2,390
100 08 SENIOR SERVICES							
100 09 ARC BROMENN					4,814	12,225	
100 10 ARC INGALLS					6,014	12,728	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		3,266,859	4,816,935	8,083,794	286,864	916,302	1,350,208

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0013  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	125,958						
010 LAUNDRY & LINEN SERVICE	1,700	100,373					
011 HOUSEKEEPING	2,881		182,718				
012 DIETARY	2,257		3,398	140,525			
014 CAFETERIA	6,411		9,651		373,605		
015 NURSING ADMINISTRATION	1,033		1,555		12,024	90,917	
016 CENTRAL SERVICES & SUPPLY	4,983		7,502		2,935		293,214
017 PHARMACY	1,457		2,193		15,792		2,501
018 MEDICAL RECORDS & LIBRARY	1,633		2,459		10,044		
025 SOCIAL SERVICE	63		95		1,415		
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	27,532	73,285	41,443	126,383	88,733	30,399	23,715
033 INTENSIVE CARE UNIT	4,021	8,200	6,053	14,142	28,663	9,819	7,484
034 NURSERY		4,254			4,297	1,472	
037 SKILLED NURSING FACILITY	7,158	14,634	10,776		14,820	5,077	2,330
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	18,629		28,044		59,235	20,292	164,645
041 DELIVERY ROOM & LABOR ROO	1,465		2,205		11,475	3,931	6,119
044 ANESTHESIOLOGY	306		461		475	163	10,959
049 RADIOLOGY-DIAGNOSTIC	12,110		18,230		26,729	9,156	21,335
054 LABORATORY	5,147		7,748		21,480		8,993
055 RESPIRATORY THERAPY	1,877		2,825		14,583		3,984
056 PHYSICAL THERAPY	3,613		5,439		3,923		6,361
059 ELECTROENCEPHALOGRAPHY	3,886		5,850		12,091		21,248
060 MEDICAL SUPPLIES CHARGED							
061 30 IMPL. DEV. CHARGED TO PAT							2,634
062 DRUGS CHARGED TO PATIENTS							100
066 97 CARDIAC REHABILITATION	1,072		1,613		2,641		
067 OUTPAT SERVICE COST CNTRS							
068 CLINIC	3,727		5,611				54
069 EMERGENCY	5,135		7,731		25,714	8,809	9,658
070 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
076 HOME HEALTH AGENCY	336		506		5,251	1,799	1,049
080 SPEC PURPOSE COST CENTERS							
085 SUBTOTALS	118,432	100,373	171,388	140,525	362,320	90,917	293,169
090 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	2,004		3,016				
100 UN-USED SQR FT - HOSPITAL							
100 01 MEALS ON WHEELS							
100 02 MARKETING	91		138				
100 03 GUEST MEALS					2,960		
100 04 PHYSICIAN/OTHER MEALS					1,931		
100 05 FOUNDATION	1,158		1,744				
100 06 DAYCARE CENTER	4,046		6,091		6,394		
100 07 UN-USED SQR FT - POB	227		341				
100 08 SENIOR SERVICES							
100 09 ARC BROMENN							24
100 10 ARC INGALLS							21
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	125,958	100,373	182,718	140,525	373,605	90,917	293,214

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
007 ADMINISTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY	126,878					
018 MEDICAL RECORDS & LIBRARY		133,095				
018 SOCIAL SERVICE			7,316			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	109	8,761	5,578	2,054,632		2,054,632
026 INTENSIVE CARE UNIT	35	2,539	624	347,429		347,429
033 NURSERY		360		17,178		17,178
034 SKILLED NURSING FACILITY	49	981	1,114	473,853		473,853
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	5,849	28,308		1,452,984		1,452,984
039 DELIVERY ROOM & LABOR ROO	55	967		124,710		124,710
040 ANESTHESIOLOGY	112	5,625		37,007		37,007
041 RADIOLOGY-DIAGNOSTIC	3,758	19,219		839,664		839,664
044 LABORATORY	171	11,612		400,355		400,355
049 RESPIRATORY THERAPY	169	4,026		153,715		153,715
050 PHYSICAL THERAPY	115	2,987		242,995		242,995
054 ELECTROENCEPHALOGRAPHY	3,174	9,798		304,893		304,893
055 MEDICAL SUPPLIES CHARGED		7,593		79,244		79,244
055 30 IMPL. DEV. CHARGED TO PAT		10,106		132,140		132,140
056 DRUGS CHARGED TO PATIENTS	113,053	8,996		153,787		153,787
059 97 CARDIAC REHABILITATION		142		69,008		69,008
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC	17	5,181		275,072		275,072
061 EMERGENCY	148	5,894		385,058		385,058
062 OBSERVATION BEDS (NON-DIS						
071 OTHER REIMBURS COST CNTRS						
071 HOME HEALTH AGENCY	64			37,996		37,996
095 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	126,878	133,095	7,316	7,581,720		7,581,720
096 NONREIMBURS COST CENTERS						
100 GIFT, FLOWER, COFFEE SHOP				115,142		115,142
100 UN-USED SQR FT - HOSPITAL						
100 01 MEALS ON WHEELS						
100 02 MARKETING				5,256		5,256
100 03 GUEST MEALS				10,070		10,070
100 04 PHYSICIAN/OTHER MEALS				6,569		6,569
100 05 FOUNDATION				66,561		66,561
100 06 DAYCARE CENTER				249,623		249,623
100 07 UN-USED SQR FT - POB				13,027		13,027
100 08 SENIOR SERVICES						
100 09 ARC BROMENN				17,063		17,063
100 10 ARC INGALLS				18,763		18,763
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL	126,878	133,095	7,316	8,083,794		8,083,794

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0013  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE MAINTENANCE & GENERAL	REPAIRS
	OSTS-BLDG & FEET	OSTS-MVBLE FEET	FITS SALARIES		( ACCUM. COST	(SQUARE FEET
	3	4	5	6a.00	6	7
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	416,358					
005 NEW CAP REL COSTS-MVB		416,358				
006 EMPLOYEE BENEFITS	14,775	14,775	36,445,877			
007 ADMINISTRATIVE & GENERAL	45,097	45,097	5,173,679	-13,994,469	83,476,279	
008 MAINTENANCE & REPAIRS	66,704	66,704	734,309		4,494,293	289,782
009 OPERATION OF PLANT	4,749	4,749	399,215		773,023	4,749
010 LAUNDRY & LINEN SERVICE	3,848	3,848	34,813		524,706	3,848
011 HOUSEKEEPING	6,520	6,520	862,922		1,464,638	6,520
012 DIETARY	5,108	5,108	315,321		857,549	5,108
014 CAFETERIA	14,507	14,507	151,617		646,314	14,507
015 NURSING ADMINISTRATION	2,338	2,338	842,866		1,219,212	2,338
016 CENTRAL SERVICES & SUPPLY	11,277	11,277	205,755		426,576	11,277
017 PHARMACY	3,296	3,296	1,106,976		1,536,999	3,296
018 MEDICAL RECORDS & LIBRARY	3,696	3,696	704,030		2,226,160	3,696
025 SOCIAL SERVICE	143	143	99,163		138,428	143
026 INPATIENT ROUTINE SERVICE CENTER						
026 ADULTS & PEDIATRICS	62,298	62,298	5,499,142		7,797,207	62,298
033 INTENSIVE CARE UNIT	9,099	9,099	2,009,200		2,822,095	9,099
034 NURSERY			301,220		402,995	
037 SKILLED NURSING FACILITY	16,198	16,198	1,038,860		1,710,130	16,198
039 ANCILLARY SERVICE COST CENTER						
040 OPERATING ROOM	42,157	42,157	4,152,176		7,322,175	42,157
041 DELIVERY ROOM & LABOR	3,315	3,315	804,331		1,125,454	3,315
044 ANESTHESIOLOGY	693	693	33,261		178,619	693
049 RADIOLOGY-DIAGNOSTIC	27,404	27,404	1,873,634		4,976,910	27,404
050 LABORATORY	11,647	11,647	1,505,645		4,823,863	11,647
054 RESPIRATORY THERAPY	4,247	4,247	1,022,211		1,453,973	4,247
055 PHYSICAL THERAPY	8,176	8,176	274,996		1,963,868	8,176
056 ELECTROENCEPHALOGRAPH	8,794	8,794	847,522		2,774,870	8,794
059 MEDICAL SUPPLIES CHARGED TO PATIENT					6,527,416	
060 30 IMPL. DEV. CHARGED TO PATIENT					11,119,004	
061 DRUGS CHARGED TO PATIENT					2,651,357	
062 97 CARDIAC REHABILITATION	2,425	2,425	185,143		328,158	2,425
066 OUTPAT SERVICE COST CENTER						
066 CLINIC	8,435	8,435	1,930,549		3,845,821	8,435
061 EMERGENCY	11,621	11,621	1,802,472		2,551,458	11,621
062 OBSERVATION BEDS (NON-REIMBURSABLE)						
071 OTHER REIMBURSABLE COST CENTER						
071 HOME HEALTH AGENCY	760	760	368,092		710,274	760
095 SPECIFIC PURPOSE COST CENTER						
095 SUBTOTALS	399,327	399,327	34,279,120	-13,994,469	79,393,545	272,751
096 NONREIMBURSABLE COST CENTER						
100 GIFT, FLOWER, COFFEE	4,534	4,534			88,030	4,534
100 UN-USED SQUARE FEET - HOSPITAL						
100 01 MEALS ON WHEELS						
100 02 MARKETING	207	207			4,019	207
100 03 GUEST MEALS			207,453		498,943	
100 04 PHYSICIAN/OTHER MEALS			135,341		325,508	
100 05 FOUNDATION	2,621	2,621			50,888	2,621
100 06 DAYCARE CENTER	9,156	9,156	448,180		832,152	9,156
100 07 UN-USED SQUARE FEET - POSTAL	513	513			9,960	513
100 08 SENIOR SERVICES						
100 09 ARC BROMENN			611,653		1,113,685	
100 10 ARC INGALLS			764,130		1,159,549	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	3,266,859	4,816,935	8,313,548		13,994,469	5,247,743
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	7.846274		.228107		.167646	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		11.569214				18.109279
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			286,864		916,302	1,350,208
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.007871		.010977	4.659392

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		(SQUARE FEET)	(PATIENT) DAYS	(SQUARE) FEET	(PATIENT) DAYS	(GROSS) SALARIES	(NURSING) SALARIES	(COSTED) REQUIS.
		8	9	10	11	12	14	15
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	285,033						
009	LAUNDRY & LINEN SERVICE	3,848	31,359					
010	HOUSEKEEPING	6,520		274,665				
011	DIETARY	5,108		5,108	25,458			
012	CAFETERIA	14,507		14,507		26,188,395		
014	NURSING ADMINISTRATION	2,338		2,338		842,866	18,603,114	
015	CENTRAL SERVICES & SUPPLY	11,277		11,277		205,755		6,783,713
016	PHARMACY	3,296		3,296		1,106,976		57,852
017	MEDICAL RECORDS & LIBRARY	3,696		3,696		704,030		
018	SOCIAL SERVICE	143		143		99,163		
025	INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	62,298	22,896	62,298	22,896	6,219,868	6,219,868	548,669
026	INTENSIVE CARE UNIT	9,099	2,562	9,099	2,562	2,009,200	2,009,200	173,158
033	NURSERY		1,329			301,220	301,220	
034	SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTER	16,198	4,572	16,198		1,038,860	1,038,860	53,898
037	OPERATING ROOM	42,157		42,157		4,152,176	4,152,176	3,809,147
039	DELIVERY ROOM & LABOR	3,315		3,315		804,331	804,331	141,574
040	ANESTHESIOLOGY	693		693		33,261	33,261	253,557
041	RADIOLOGY-DIAGNOSTIC	27,404		27,404		1,873,634	1,873,634	493,595
044	LABORATORY	11,647		11,647		1,505,645		208,071
049	RESPIRATORY THERAPY	4,247		4,247		1,022,211		92,174
050	PHYSICAL THERAPY	8,176		8,176		274,996		147,171
054	ELECTROENCEPHALOGRAPH	8,794		8,794		847,522		491,584
055	MEDICAL SUPPLIES CHARGED TO							
055	30 IMPL. DEV. CHARGED TO							
056	DRUGS CHARGED TO PATIENT							60,944
059	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CENTER	2,425		2,425		185,143		2,306
060	CLINIC	8,435		8,435				1,260
061	EMERGENCY	11,621		11,621		1,802,472	1,802,472	223,439
062	OBSERVATION BEDS (NON OTHER REIMBURS COST CENTER)							
071	HOME HEALTH AGENCY SPEC PURPOSE COST CENTER	760		760		368,092	368,092	24,274
095	SUBTOTALS	268,002	31,359	257,634	25,458	25,397,421	18,603,114	6,782,673
096	NONREIMBURS COST CENTER GIFT, FLOWER, COFFEE	4,534		4,534				
100	UN-USED SQR FT - HOSPITAL							
100	01 MEALS ON WHEELS							
100	02 MARKETING	207		207				
100	03 GUEST MEALS					207,453		
100	04 PHYSICIAN/OTHER MEALS					135,341		
100	05 FOUNDATION	2,621		2,621				
100	06 DAYCARE CENTER	9,156		9,156		448,180		
100	07 UN-USED SQR FT - POB	513		513				
100	08 SENIOR SERVICES							
100	09 ARC BROMENN							545
100	10 ARC INGALLS							495
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	988,618	695,703	1,850,865	1,145,954	1,165,451	1,527,321	826,570
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	3.468433	22.185114	6.738627	45.013512	.044503	.082100	.121846
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	125,958	100,373	182,718	140,525	373,605	90,917	293,214
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.441907	3.200772	.665239	5.519876	.014266	.004887	.043223

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)
GENERAL SERVICE COST	16	17	18
003 NEW CAP REL COSTS-BLD			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS			
007 OPERATION OF PLANT			
008 LAUNDRY & LINEN SERVICE			
009 HOUSEKEEPING			
010 DIETARY			
011 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPORT PHARMACY	3,266,302		
017 MEDICAL RECORDS & LIBRARY		356,992,183	
018 SOCIAL SERVICE			30,030
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	2,817	23,489,034	22,896
026 INTENSIVE CARE UNIT	911	6,808,179	2,562
033 NURSERY		964,750	
034 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTER OPERATING ROOM	1,274	2,630,205	4,572
037 DELIVERY ROOM & LABOR	150,581	76,057,088	
039 ANESTHESIOLOGY	1,422	2,592,671	
040 RADIOLOGY-DIAGNOSTIC LABORATORY	2,892	15,080,337	
041 RESPIRATORY THERAPY	96,734	51,526,526	
044 PHYSICAL THERAPY	4,405	31,130,528	
049 ELECTROENCEPHALOGRAPH	4,345	10,794,209	
050 MEDICAL SUPPLIES CHARGED TO	2,960	8,008,478	
054 DRUGS CHARGED TO PATIENT	81,705	26,268,879	
055 30 IMPL. DEV. CHARGED TO		20,356,752	
056 97 CARDIAC REHABILITATION	2,910,355	27,094,518	
059 OUTPAT SERVICE COST CENTER CLINIC	432	13,890,893	
060 EMERGENCY	3,815	15,800,307	
062 OBSERVATION BEDS (NON OTHER REIMBURS COST CENTER HOME HEALTH AGENCY SPEC PURPOSE COST CENTER)	1,654		
095 SUBTOTALS	3,266,302	356,992,183	30,030
096 NONREIMBURS COST CENTER GIFT, FLOWER, COFFEE			
100 UN-USED SQUARE FEET - HOSPITAL			
100 01 MEALS ON WHEELS			
100 02 MARKETING			
100 03 GUEST MEALS			
100 04 PHYSICIAN/OTHER MEALS			
100 05 FOUNDATION			
100 06 DAYCARE CENTER			
100 07 UN-USED SQUARE FEET - POB			
100 08 SENIOR SERVICES			
100 09 ARC BROMENN			
100 10 ARC INGALLS			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	1,944,315	2,735,355	170,098
104 UNIT COST MULTIPLIER (WORKSHEET B, PT I)	.595265	.007662	5.664269
105 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	126,878	133,095	7,316
106 UNIT COST MULTIPLIER (WORKSHEET B, PT I)	.038845	.000373	.243623
107 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)			
108 UNIT COST MULTIPLIER (WORKSHEET B, PT I)			

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	13,572,654		13,572,654		13,572,654
26	INTENSIVE CARE UNIT	4,067,708		4,067,708		4,067,708
33	NURSERY	545,566		545,566		545,566
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,741,821		2,741,821		2,741,821
37	OPERATING ROOM	11,405,715		11,405,715		11,405,715
39	DELIVERY ROOM & LABOR ROOM	1,547,793		1,547,793		1,547,793
40	ANESTHESIOLOGY	380,562		380,562		380,562
41	RADIOLOGY-DIAGNOSTIC	7,336,978		7,336,978		7,336,978
44	LABORATORY	6,295,868		6,295,868		6,295,868
49	RESPIRATORY THERAPY	1,959,998		1,959,998		1,959,998
50	PHYSICAL THERAPY	2,617,910		2,617,910		2,617,910
54	ELECTROENCEPHALOGRAPHY	3,836,602		3,836,602		3,836,602
55	MEDICAL SUPPLIES CHARGED	7,777,684		7,777,684		7,777,684
55	30 IMPL. DEV. CHARGED TO PAT	13,190,661		13,190,661		13,190,661
56	DRUGS CHARGED TO PATIENTS	5,020,496		5,020,496		5,020,496
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	463,278		463,278		463,278
60	CLINIC	4,836,249		4,836,249		4,836,249
61	EMERGENCY	3,687,021		3,687,021		3,687,021
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,144,540		1,144,540		1,144,540
101	SUBTOTAL	92,429,104		92,429,104		92,429,104
102	LESS OBSERVATION BEDS	1,144,540		1,144,540		1,144,540
103	TOTAL	91,284,564		91,284,564		91,284,564

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	21,761,612		21,761,612			
26	INTENSIVE CARE UNIT	6,808,179		6,808,179			
33	NURSERY	964,750		964,750			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,630,205		2,630,205			
37	OPERATING ROOM	23,693,798	52,363,290	76,057,088	.149963	.149963	.149963
39	DELIVERY ROOM & LABOR ROO	2,427,766	164,905	2,592,671	.596988	.596988	.596988
40	ANESTHESIOLOGY	7,318,352	7,761,985	15,080,337	.025236	.025236	.025236
41	RADIOLOGY-DIAGNOSTIC	11,665,490	39,861,036	51,526,526	.142392	.142392	.142392
44	LABORATORY	11,864,872	19,265,656	31,130,528	.202241	.202241	.202241
49	RESPIRATORY THERAPY	5,435,053	5,359,156	10,794,209	.181579	.181579	.181579
50	PHYSICAL THERAPY	5,583,965	2,424,513	8,008,478	.326892	.326892	.326892
54	ELECTROENCEPHALOGRAPHY	10,344,319	15,924,560	26,268,879	.146051	.146051	.146051
55	MEDICAL SUPPLIES CHARGED	13,711,212	6,645,540	20,356,752	.382069	.382069	.382069
55	30 IMPL. DEV. CHARGED TO PAT	17,045,329	10,049,189	27,094,518	.486839	.486839	.486839
56	DRUGS CHARGED TO PATIENTS	17,801,882	6,315,962	24,117,844	.208165	.208165	.208165
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS		380,985	380,985	1.216001	1.216001	1.216001
60	CLINIC	208	13,890,685	13,890,893	.348160	.348160	.348160
61	EMERGENCY	4,297,676	11,502,631	15,800,307	.233351	.233351	.233351
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	194,151	1,533,271	1,727,422	.662571	.662571	.662571
101	SUBTOTAL	163,548,819	193,443,364	356,992,183			
102	LESS OBSERVATION BEDS						
103	TOTAL	163,548,819	193,443,364	356,992,183			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0013  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
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 DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	13,572,654		13,572,654		13,572,654
26	INTENSIVE CARE UNIT	4,067,708		4,067,708		4,067,708
33	NURSERY	545,566		545,566		545,566
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,741,821		2,741,821		2,741,821
37	OPERATING ROOM	11,405,715		11,405,715		11,405,715
39	DELIVERY ROOM & LABOR ROO	1,547,793		1,547,793		1,547,793
40	ANESTHESIOLOGY	380,562		380,562		380,562
41	RADIOLOGY-DIAGNOSTIC	7,336,978		7,336,978		7,336,978
44	LABORATORY	6,295,868		6,295,868		6,295,868
49	RESPIRATORY THERAPY	1,959,998		1,959,998		1,959,998
50	PHYSICAL THERAPY	2,617,910		2,617,910		2,617,910
54	ELECTROENCEPHALOGRAPHY	3,836,602		3,836,602		3,836,602
55	MEDICAL SUPPLIES CHARGED	7,777,684		7,777,684		7,777,684
55	30 IMPL. DEV. CHARGED TO PAT	13,190,661		13,190,661		13,190,661
56	DRUGS CHARGED TO PATIENTS	5,020,496		5,020,496		5,020,496
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	463,278		463,278		463,278
60	CLINIC	4,836,249		4,836,249		4,836,249
61	EMERGENCY	3,687,021		3,687,021		3,687,021
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,144,540		1,144,540		1,144,540
101	SUBTOTAL	92,429,104		92,429,104		92,429,104
102	LESS OBSERVATION BEDS	1,144,540		1,144,540		1,144,540
103	TOTAL	91,284,564		91,284,564		91,284,564

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	21,761,612		21,761,612			
26	INTENSIVE CARE UNIT	6,808,179		6,808,179			
33	NURSERY	964,750		964,750			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,630,205		2,630,205			
37	OPERATING ROOM	23,693,798	52,363,290	76,057,088	.149963	.149963	.149963
39	DELIVERY ROOM & LABOR ROO	2,427,766	164,905	2,592,671	.596988	.596988	.596988
40	ANESTHESIOLOGY	7,318,352	7,761,985	15,080,337	.025236	.025236	.025236
41	RADIOLOGY-DIAGNOSTIC	11,665,490	39,861,036	51,526,526	.142392	.142392	.142392
44	LABORATORY	11,864,872	19,265,656	31,130,528	.202241	.202241	.202241
49	RESPIRATORY THERAPY	5,435,053	5,359,156	10,794,209	.181579	.181579	.181579
50	PHYSICAL THERAPY	5,583,965	2,424,513	8,008,478	.326892	.326892	.326892
54	ELECTROENCEPHALOGRAPHY	10,344,319	15,924,560	26,268,879	.146051	.146051	.146051
55	MEDICAL SUPPLIES CHARGED	13,711,212	6,645,540	20,356,752	.382069	.382069	.382069
55	30 IMPL. DEV. CHARGED TO PAT	17,045,329	10,049,189	27,094,518	.486839	.486839	.486839
56	DRUGS CHARGED TO PATIENTS	17,801,882	6,315,962	24,117,844	.208165	.208165	.208165
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS		380,985	380,985	1.216001	1.216001	1.216001
60	CLINIC	208	13,890,685	13,890,893	.348160	.348160	.348160
61	EMERGENCY	4,297,676	11,502,631	15,800,307	.233351	.233351	.233351
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	194,151	1,533,271	1,727,422	.662571	.662571	.662571
101	SUBTOTAL	163,548,819	193,443,364	356,992,183			
102	LESS OBSERVATION BEDS						
103	TOTAL	163,548,819	193,443,364	356,992,183			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	11,405,715	1,452,984	9,952,731			11,405,715
39	DELIVERY ROOM & LABOR ROO	1,547,793	124,710	1,423,083			1,547,793
40	ANESTHESIOLOGY	380,562	37,007	343,555			380,562
41	RADIOLOGY-DIAGNOSTIC	7,336,978	839,664	6,497,314			7,336,978
44	LABORATORY	6,295,868	400,355	5,895,513			6,295,868
49	RESPIRATORY THERAPY	1,959,998	153,715	1,806,283			1,959,998
50	PHYSICAL THERAPY	2,617,910	242,995	2,374,915			2,617,910
54	ELECTROENCEPHALOGRAPHY	3,836,602	304,893	3,531,709			3,836,602
55	MEDICAL SUPPLIES CHARGED	7,777,684	79,244	7,698,440			7,777,684
55	30 IMPL. DEV. CHARGED TO PAT	13,190,661	132,140	13,058,521			13,190,661
56	DRUGS CHARGED TO PATIENTS	5,020,496	153,787	4,866,709			5,020,496
59	97 CARDIAC REHABILITATION	463,278	69,008	394,270			463,278
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	4,836,249	275,072	4,561,177			4,836,249
61	EMERGENCY	3,687,021	385,058	3,301,963			3,687,021
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,144,540	173,260	971,280			1,144,540
101	SUBTOTAL	71,501,355	4,823,892	66,677,463			71,501,355
102	LESS OBSERVATION BEDS	1,144,540	173,260	971,280			1,144,540
103	TOTAL	70,356,815	4,650,632	65,706,183			70,356,815

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	76,057,088	.149963	.149963
39	DELIVERY ROOM & LABOR ROO	2,592,671	.596988	.596988
40	ANESTHESIOLOGY	15,080,337	.025236	.025236
41	RADIOLOGY-DIAGNOSTIC	51,526,526	.142392	.142392
44	LABORATORY	31,130,528	.202241	.202241
49	RESPIRATORY THERAPY	10,794,209	.181579	.181579
50	PHYSICAL THERAPY	8,008,478	.326892	.326892
54	ELECTROENCEPHALOGRAPHY	26,268,879	.146051	.146051
55	MEDICAL SUPPLIES CHARGED	20,356,752	.382069	.382069
55	30 IMPL. DEV. CHARGED TO PAT	27,094,518	.486839	.486839
56	DRUGS CHARGED TO PATIENTS	24,117,844	.208165	.208165
59	97 CARDIAC REHABILITATION	380,985	1.216001	1.216001
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	13,890,893	.348160	.348160
61	EMERGENCY	15,800,307	.233351	.233351
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,727,422	.662571	.662571
101	SUBTOTAL	324,827,437		
102	LESS OBSERVATION BEDS	1,727,422		
103	TOTAL	323,100,015		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	11,405,715	1,452,984	9,952,731	145,298	577,258	10,683,159
39	DELIVERY ROOM & LABOR ROO	1,547,793	124,710	1,423,083	12,471	82,539	1,452,783
40	ANESTHESIOLOGY	380,562	37,007	343,555	3,701	19,926	356,935
41	RADIOLOGY-DIAGNOSTIC	7,336,978	839,664	6,497,314	83,966	376,844	6,876,168
44	LABORATORY	6,295,868	400,355	5,895,513	40,036	341,940	5,913,892
49	RESPIRATORY THERAPY	1,959,998	153,715	1,806,283	15,372	104,764	1,839,862
50	PHYSICAL THERAPY	2,617,910	242,995	2,374,915	24,300	137,745	2,455,865
54	ELECTROENCEPHALOGRAPHY	3,836,602	304,893	3,531,709	30,489	204,839	3,601,274
55	MEDICAL SUPPLIES CHARGED	7,777,684	79,244	7,698,440	7,924	446,510	7,323,250
55	30 IMPL. DEV. CHARGED TO PAT	13,190,661	132,140	13,058,521	13,214	757,394	12,420,053
56	DRUGS CHARGED TO PATIENTS	5,020,496	153,787	4,866,709	15,379	282,269	4,722,848
59	97 CARDIAC REHABILITATION	463,278	69,008	394,270	6,901	22,868	433,509
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	4,836,249	275,072	4,561,177	27,507	264,548	4,544,194
61	EMERGENCY	3,687,021	385,058	3,301,963	38,506	191,514	3,457,001
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,144,540	173,260	971,280	17,326	56,334	1,070,880
101	SUBTOTAL	71,501,355	4,823,892	66,677,463	482,390	3,867,292	67,151,673
102	LESS OBSERVATION BEDS	1,144,540	173,260	971,280	17,326	56,334	1,070,880
103	TOTAL	70,356,815	4,650,632	65,706,183	465,064	3,810,958	66,080,793

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	76,057,088	.140462	.148052
39	DELIVERY ROOM & LABOR ROO	2,592,671	.560342	.592178
40	ANESTHESIOLOGY	15,080,337	.023669	.024990
41	RADIOLOGY-DIAGNOSTIC	51,526,526	.133449	.140763
44	LABORATORY	31,130,528	.189971	.200955
49	RESPIRATORY THERAPY	10,794,209	.170449	.180155
50	PHYSICAL THERAPY	8,008,478	.306658	.323858
54	ELECTROENCEPHALOGRAPHY	26,268,879	.137093	.144891
55	MEDICAL SUPPLIES CHARGED	20,356,752	.359746	.381680
55	30 IMPL. DEV. CHARGED TO PAT	27,094,518	.458397	.486351
56	DRUGS CHARGED TO PATIENTS	24,117,844	.195824	.207528
59	97 CARDIAC REHABILITATION	380,985	1.137864	1.197887
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	13,890,893	.327135	.346179
61	EMERGENCY	15,800,307	.218793	.230914
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,727,422	.619930	.652541
101	SUBTOTAL	324,827,437		
102	LESS OBSERVATION BEDS	1,727,422		
103	TOTAL	323,100,015		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0013      PERIOD: FROM 1/1/2010 TO 12/31/2010      PREPARED 5/25/2011 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,054,632		2,054,632
26	INTENSIVE CARE UNIT				347,429		347,429
33	NURSERY				17,178		17,178
101	TOTAL				2,419,239		2,419,239

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0013  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	24,725	12,704			83.10	1,055,702
26	INTENSIVE CARE UNIT	2,480	1,445			140.09	202,430
33	NURSERY	1,329				12.93	
101	TOTAL	28,534	14,149				1,258,132

PROVIDER NO: 14-0013  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 COMPONENT NO: 14-0013  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,452,984	76,057,088	11,519,016		
39	DELIVERY ROOM & LABOR ROO		124,710	2,592,671			
40	ANESTHESIOLOGY		37,007	15,080,337	3,175,339		
41	RADIOLOGY-DIAGNOSTIC		839,664	51,526,526	7,363,105		
44	LABORATORY		400,355	31,130,528	6,795,748		
49	RESPIRATORY THERAPY		153,715	10,794,209	3,348,709		
50	PHYSICAL THERAPY		242,995	8,008,478	2,065,041		
54	ELECTROENCEPHALOGRAPHY		304,893	26,268,879	6,039,009		
55	MEDICAL SUPPLIES CHARGED		79,244	20,356,752	6,762,891		
55	30 IMPL. DEV. CHARGED TO PAT		132,140	27,094,518	9,493,552		
56	DRUGS CHARGED TO PATIENTS		153,787	24,117,844	8,950,640		
59	97 CARDIAC REHABILITATION		69,008	380,985			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		275,072	13,890,893	208		
61	EMERGENCY		385,058	15,800,307	2,768,133		
62	OBSERVATION BEDS (NON-DIS		173,260	1,727,422	120,752		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		4,823,892	324,827,437	68,402,143		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0013  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 COMPONENT NO: 14-0013  
 PREPARED 5/25/2011  
 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	.019104	220,059
39	DELIVERY ROOM & LABOR ROO	.048101	
40	ANESTHESIOLOGY	.002454	7,792
41	RADIOLOGY-DIAGNOSTIC	.016296	119,989
44	LABORATORY	.012861	87,400
49	RESPIRATORY THERAPY	.014241	47,689
50	PHYSICAL THERAPY	.030342	62,657
54	ELECTROENCEPHALOGRAPHY	.011607	70,095
55	MEDICAL SUPPLIES CHARGED	.003893	26,328
55	30 IMPL. DEV. CHARGED TO PAT	.004877	46,300
56	DRUGS CHARGED TO PATIENTS	.006376	57,069
59	97 CARDIAC REHABILITATION	.181130	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.019802	4
61	EMERGENCY	.024370	67,459
62	OBSERVATION BEDS (NON-DIS	.100300	12,111
	OTHER REIMBURS COST CNTRS		
101	TOTAL		824,952

PROVIDER NO: 14-0013  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART III  
 PPS

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

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					24,725	
26	INTENSIVE CARE UNIT					2,480	
33	NURSERY					1,329	
34	SKILLED NURSING FACILITY					4,528	
101	TOTAL					33,062	

PROVIDER NO:	PERIOD:	PREPARED 5/25/2011
14-0013	FROM 1/ 1/2010	WORKSHEET D
	TO 12/31/2010	PART III

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

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	12,704	
26	INTENSIVE CARE UNIT	1,445	
33	NURSERY		
34	SKILLED NURSING FACILITY	3,179	
101	TOTAL	17,328	

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			76,057,088			11,519,016	
	OPERATING ROOM			2,592,671				
39	DELIVERY ROOM & LABOR ROO			15,080,337			3,175,339	
40	ANESTHESIOLOGY			51,526,526			7,363,105	
41	RADIOLOGY-DIAGNOSTIC			31,130,528			6,795,748	
44	LABORATORY			10,794,209			3,348,709	
49	RESPIRATORY THERAPY			8,008,478			2,065,041	
50	PHYSICAL THERAPY			26,268,879			6,039,009	
54	ELECTROENCEPHALOGRAPHY			20,356,752			6,762,891	
55	MEDICAL SUPPLIES CHARGED			27,094,518			9,493,552	
55	30 IMPL. DEV. CHARGED TO PAT			24,117,844			8,950,640	
56	DRUGS CHARGED TO PATIENTS			380,985				
59	97 CARDIAC REHABILITATION							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			13,890,893			208	
61	EMERGENCY			15,800,307			2,768,133	
62	OBSERVATION BEDS (NON-DIS			1,727,422			120,752	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			324,827,437			68,402,143	

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	14,104,703					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,289,089					
41	RADIOLOGY-DIAGNOSTIC	12,530,242					
44	LABORATORY	1,183,638					
49	RESPIRATORY THERAPY	1,682,398					
50	PHYSICAL THERAPY	1,255,817					
54	ELECTROENCEPHALOGRAPHY	7,907,034					
55	MEDICAL SUPPLIES CHARGED	1,836,370					
55	30 IMPL. DEV. CHARGED TO PAT	4,366,393					
56	DRUGS CHARGED TO PATIENTS	1,803,483					
59	97 CARDIAC REHABILITATION	228,500					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	93,187					
61	EMERGENCY	2,996,653					
62	OBSERVATION BEDS (NON-DIS	670,241					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	51,947,748					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/25/2011  
 | 14-0013 | FROM 1/ 1/2010 | WORKSHEET D  
 | COMPONENT NO: | TO 12/31/2010 | PART V  
 | 14-0013 | |

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	.149963	.149963			
39 DELIVERY ROOM & LABOR ROOM	.596988	.596988			
40 ANESTHESIOLOGY	.025236	.025236			
41 RADIOLOGY-DIAGNOSTIC	.142392	.142392			
44 LABORATORY	.202241	.202241			
49 RESPIRATORY THERAPY	.181579	.181579			
50 PHYSICAL THERAPY	.326892	.326892			
54 ELECTROENCEPHALOGRAPHY	.146051	.146051			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.382069	.382069			
55 30 IMPL. DEV. CHARGED TO PATIENT	.486839	.486839			
56 DRUGS CHARGED TO PATIENTS	.208165	.208165			
59 97 CARDIAC REHABILITATION	1.216001	1.216001			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.348160	.348160			
61 EMERGENCY	.233351	.233351			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.662571	.662571			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/25/2011  
 | 14-0013 | FROM 1/ 1/2010 | WORKSHEET D  
 | COMPONENT NO: | TO 12/31/2010 | PART V  
 | 14-0013 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		14,104,703			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		1,289,089			
41 RADIOLOGY-DIAGNOSTIC		12,530,242			
44 LABORATORY		1,183,638			
49 RESPIRATORY THERAPY		1,682,398			
50 PHYSICAL THERAPY		1,255,817			
54 ELECTROENCEPHALOGRAPHY		7,907,034			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,836,370			
55 30 IMPL. DEV. CHARGED TO PATIENT		4,366,393			
56 DRUGS CHARGED TO PATIENTS		1,803,483			
59 97 CARDIAC REHABILITATION		228,500			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		93,187			
61 EMERGENCY		2,996,653			
62 OBSERVATION BEDS (NON-DISTINCT PART)		670,241			
101 SUBTOTAL		51,947,748			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		51,947,748			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/25/2011  
 | 14-0013 | FROM 1/ 1/2010 | WORKSHEET D  
 | COMPONENT NO: | TO 12/31/2010 | PART V  
 | 14-0013 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				2,115,184	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				32,531	
41 RADIOLOGY-DIAGNOSTIC				1,784,206	
44 LABORATORY				239,380	
49 RESPIRATORY THERAPY				305,488	
50 PHYSICAL THERAPY				410,517	
54 ELECTROENCEPHALOGRAPHY				1,154,830	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				701,620	
55 30 IMPL. DEV. CHARGED TO PATIENT				2,125,730	
56 DRUGS CHARGED TO PATIENTS				375,422	
59 97 CARDIAC REHABILITATION				277,856	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				32,444	
61 EMERGENCY				699,272	
62 OBSERVATION BEDS (NON-DISTINCT PART)				444,082	
101 SUBTOTAL				10,698,562	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				10,698,562	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/25/2011  
 | 14-0013 | FROM 1/ 1/2010 | WORKSHEET D  
 | COMPONENT NO: | TO 12/31/2010 | PART V  
 | 14-0013 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
44 LABORATORY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30 IMPL. DEV. CHARGED TO PATIENT			
56 DRUGS CHARGED TO PATIENTS			
59 97 CARDIAC REHABILITATION			
60 OUTPAT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
14-0013		PART VI

TITLE XVIII, PART B      HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.208165
2	PROGRAM VACCINE CHARGES		44,824
3	PROGRAM COSTS		9,331

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0013  
 COMPONENT NO: 14-5579  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
14-5579		PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
55	30 IMPL. DEV. CHARGED TO PAT		
56	DRUGS CHARGED TO PATIENTS		
59	97 CARDIAC REHABILITATION		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
55	30 IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS					
59	97 CARDIAC REHABILITATION					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL	1.01	2	2.01	2.02	2.03

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			76,057,088			4,243	
39	DELIVERY ROOM & LABOR ROO			2,592,671				
40	ANESTHESIOLOGY			15,080,337				
41	RADIOLOGY-DIAGNOSTIC			51,526,526			69,494	
44	LABORATORY			31,130,528			182,755	
49	RESPIRATORY THERAPY			10,794,209			232,506	
50	PHYSICAL THERAPY			8,008,478			1,705,222	
54	ELECTROENCEPHALOGRAPHY			26,268,879			83,313	
55	MEDICAL SUPPLIES CHARGED			20,356,752			222,117	
55	30 IMPL. DEV. CHARGED TO PAT			27,094,518			813	
56	DRUGS CHARGED TO PATIENTS			24,117,844			1,007,018	
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS			380,985				
60	CLINIC			13,890,893				
61	EMERGENCY			15,800,307				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			1,727,422				
101	TOTAL			324,827,437			3,507,481	

TITLE XVIII, PART A SKILLED NURSING FACILITY 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						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0013      PERIOD: FROM 1/1/2010 TO 12/31/2010      PREPARED 5/25/2011 WORKSHEET D PART I

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,054,632		2,054,632
26	INTENSIVE CARE UNIT				347,429		347,429
33	NURSERY				17,178		17,178
101	TOTAL				2,419,239		2,419,239

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0013  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART I

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	24,725	944			83.10	78,446
26	INTENSIVE CARE UNIT	2,480	90			140.09	12,608
33	NURSERY	1,329	322			12.93	4,163
101	TOTAL	28,534	1,356				95,217

PROVIDER NO: 14-0013  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART III  
 PPS

APPORTIONMENT OF INPATIENT ROUTINE  
 SERVICE OTHER PASS THROUGH COSTS  
 TITLE XIX

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					24,725	
26	INTENSIVE CARE UNIT					2,480	
33	NURSERY					1,329	
34	SKILLED NURSING FACILITY					4,528	
101	TOTAL					33,062	

| PROVIDER NO: | PERIOD: | PREPARED 5/25/2011  
 | 14-0013 | FROM 1/ 1/2010 | WORKSHEET D  
 | | TO 12/31/2010 | PART III

APPORTIONMENT OF INPATIENT ROUTINE  
 SERVICE OTHER PASS THROUGH COSTS  
 TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	944
26	INTENSIVE CARE UNIT		90
33	NURSERY		322
34	SKILLED NURSING FACILITY		
101	TOTAL		1,356

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-0013		PART I

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	24,725
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	24,725
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24,725
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	12,704
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	13,572,654
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	13,572,654

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	32,644,083
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	32,644,083
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.415777
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,320.29
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	13,572,654

COMPUTATION OF INPATIENT OPERATING COST

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14-0013		PART II

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	548.94
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6,973,734
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6,973,734

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	4,067,708	2,480	1,640.20	1,445	2,370,089
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1,258,132
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	824,952
52	TOTAL PROGRAM EXCLUDABLE COST	2,083,084
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	23,451,185

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
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14-0013		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,085
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	548.94
85	OBSERVATION BED COST	1,144,540

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	13,572,654		1,144,540	
87	NEW CAPITAL-RELATED COST	2,054,632	.151380	1,144,540	173,260
88	NON PHYSICIAN ANESTHETIST	13,572,654		1,144,540	
89	MEDICAL EDUCATION	13,572,654		1,144,540	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-5579		PART I

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,528
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,528
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,528
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,179
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,741,821
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,741,821

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,654,770
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,654,770
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.032790
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	586.30
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,741,821

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2010	5/25/2011
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14-5579		PART III

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	2,741,821
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	605.53
68	PROGRAM ROUTINE SERVICE COST	1,924,980
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,924,980
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	473,853
72	PER DIEM CAPITAL-RELATED COSTS	104.65
73	PROGRAM CAPITAL-RELATED COSTS	332,682
74	INPATIENT ROUTINE SERVICE COST	1,592,298
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,592,298
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,924,980
80	PROGRAM INPATIENT ANCILLARY SERVICES	954,187
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	2,879,167

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0013  
 COMPONENT NO: 14-0013  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 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		11,778,295	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		4,368,346	
37	OPERATING ROOM	.149963	11,519,016	1,727,426
39	DELIVERY ROOM & LABOR ROOM	.596988		
40	ANESTHESIOLOGY	.025236	3,175,339	80,133
41	RADIOLOGY-DIAGNOSTIC	.142392	7,363,105	1,048,447
44	LABORATORY	.202241	6,795,748	1,374,379
49	RESPIRATORY THERAPY	.181579	3,348,709	608,055
50	PHYSICAL THERAPY	.326892	2,065,041	675,045
54	ELECTROENCEPHALOGRAPHY	.146051	6,039,009	882,003
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.382069	6,762,891	2,583,891
55	30 IMPL. DEV. CHARGED TO PATIENT	.486839	9,493,552	4,621,831
56	DRUGS CHARGED TO PATIENTS	.208165	8,950,640	1,863,210
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	1.216001		
60	CLINIC	.348160	208	72
61	EMERGENCY	.233351	2,768,133	645,947
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.662571	120,752	80,007
101	TOTAL		68,402,143	16,190,446
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		68,402,143	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0013  
 COMPONENT NO: 14-5579  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D-4

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.149963	4,243	636
39	DELIVERY ROOM & LABOR ROOM	.596988		
40	ANESTHESIOLOGY	.025236		
41	RADIOLOGY-DIAGNOSTIC	.142392	69,494	9,895
44	LABORATORY	.202241	182,755	36,961
49	RESPIRATORY THERAPY	.181579	232,506	42,218
50	PHYSICAL THERAPY	.326892	1,705,222	557,423
54	ELECTROENCEPHALOGRAPHY	.146051	83,313	12,168
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.382069	222,117	84,864
55	30 IMPL. DEV. CHARGED TO PATIENT	.486839	813	396
56	DRUGS CHARGED TO PATIENTS	.208165	1,007,018	209,626
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	1.216001		
60	CLINIC	.348160		
61	EMERGENCY	.233351		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.662571		
101	TOTAL		3,507,481	954,187
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,507,481	

PROVIDER NO: 14-0013  
 COMPONENT NO: 14-0013  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 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	15,273,023	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5,091,008	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	325,075	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	136.29	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTR)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
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

PROVIDER NO: 14-0013  
 COMPONENT NO: 14-0013  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET E  
 PART A

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)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	20,689,106	
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)	20,689,106	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		1,718,520
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	22,407,626	
17 PRIMARY PAYER PAYMENTS	10,466	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	22,397,160	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,306,188	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	34,426	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	300,802	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	210,561	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	251,943	
22 SUBTOTAL	20,267,107	
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	20,267,107	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	20,197,698	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	69,409	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION 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

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
14-0013		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	9,331
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	10,698,562
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	9,345,020
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)	9,331
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	44,824
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	44,824
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)	44,824
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	35,493
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	9,331
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	9,345,020
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,210,131
19	SUBTOTAL (SEE INSTRUCTIONS)	7,144,220
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	7,144,220
24	PRIMARY PAYER PAYMENTS	1,713
25	SUBTOTAL	7,142,507
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	314,992
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	220,494
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	275,630
28	SUBTOTAL	7,363,001
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	7,363,001
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	7,248,405
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	114,596
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: 14-0013  
 COMPONENT NO: 14-0013  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		20,146,466		7,214,089
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	51,232	8/13/2010	34,316
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		51,232		34,316
4 TOTAL INTERIM PAYMENTS		20,197,698		7,248,405
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)		69,409		114,596
7 TOTAL MEDICARE PROGRAM LIABILITY		20,267,107		7,363,001

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0013  
 COMPONENT NO: 14-5579  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET E-1

TITLE XVII I SNF

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		1,254,256		
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		1,254,256		
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)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		1,254,256		

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

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
14-5579		PART III

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XVIII

SNF

	IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)				
	PROVIDER NO:		PERIOD:		PREPARED 5/25/2011
	14-0013		FROM 1/ 1/2010		WORKSHEET E-3
	COMPONENT NO:		TO 12/31/2010		PART III
	14-5579				

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

BALANCE SHEET

		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3,582,867			
2	TEMPORARY INVESTMENTS	6,063,213			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	16,259,142			
5	OTHER RECEIVABLES	1,054,626			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	3,367,750			
8	PREPAID EXPENSES	978,139			
9	OTHER CURRENT ASSETS	577,203			
10	DUE FROM OTHER FUNDS	10,961,250			
11	TOTAL CURRENT ASSETS	42,844,190			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	42,399,986			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	42,399,986			
OTHER ASSETS					
22	INVESTMENTS	9,389,086			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	6,862,462			
26	TOTAL OTHER ASSETS	16,251,548			
27	TOTAL ASSETS	101,495,724			



STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		25,284,277		
2	NET INCOME (LOSS)		-164,895		
3	TOTAL		25,119,382		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		25,119,382		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		25,119,382		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	32,644,083		32,644,083
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	2,654,770		2,654,770
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	35,298,853		35,298,853
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	6,891,380		6,891,380
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	6,891,380		6,891,380
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	42,190,233		42,190,233
17 00 ANCILLARY SERVICES	128,147,212	167,455,722	295,602,934
18 00 OUTPATIENT SERVICES	4,331,410	17,785,906	22,117,316
19 00 HOME HEALTH AGENCY		1,068,285	1,068,285
24 00 DIETARY REV		5,214	5,214
24 01 MISC PATIENT REV - NURS ADMIN	2,405		2,405
25 00 TOTAL PATIENT REVENUES	174,671,260	186,315,127	360,986,387

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		104,505,929	
ADD (SPECIFY)			
27 00 BAD DEBT	5,225,941		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		5,225,941	
DEDUCT (SPECIFY)			
34 00 PROPERTY TAXES (INCLUDED IN OTHER NE	111,000		
35 00 CHILD CARE REVENUE (IN EXP ON AFS)	431,857		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		542,857	
40 00 TOTAL OPERATING EXPENSES		109,189,013	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0013  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	360,986,387
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	254,206,055
3	NET PATIENT REVENUES	106,780,332
4	LESS: TOTAL OPERATING EXPENSES	109,189,013
5	NET INCOME FROM SERVICE TO PATIENTS	-2,408,681
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	412,365
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING	4,436,977
24.01	NET ASSETS RELEASED	1,541,552
24.02		
24.03		
24.04		
24.05		
24.06		
25	TOTAL OTHER INCOME	6,390,894
26	TOTAL	3,982,213
	OTHER EXPENSES	
27	TRANSFER	141,080
28	OTHER NET	105,746
29	PENSION CHANGE	3,900,117
29.01	ROUNDING	165
29.02		
29.03		
30	TOTAL OTHER EXPENSES	4,147,108
31	NET INCOME (OR LOSS) FOR THE PERIOD	-164,895

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
5	95,668			6,789	24,475	126,932
HHA REIMBURSABLE SERVICES						
6	272,424		17,314			289,738
7				164,750		164,750
8				8,963		8,963
9				1,280		1,280
10						
11						
12					24,274	24,274
13					1,654	1,654
13. 20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23. 50						
24	368,092		17,314	181,782	50,403	617,591

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
5		126,932	-6,037	120,895
HHA REIMBURSABLE SERVICES				
6		289,738		289,738
7		164,750		164,750
8		8,963		8,963
9		1,280		1,280
10				
11				
12		24,274		24,274
13		1,654		1,654
13. 20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23. 50				
24		617,591	-6,037	611,554

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5		120,895				120,895	120,895
HHA REIMBURSABLE SERVICES							
6		289,738				289,738	71,390
7		164,750				164,750	40,593
8		8,963				8,963	2,208
9		1,280				1,280	315
10							
11							
12		24,274				24,274	5,981
13		1,654				1,654	408
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24		611,554				611,554	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6		361,128					
7		205,343					
8		11,171					
9		1,595					
10							
11							
12		30,255					
13		2,062					
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24		611,554					

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				-120,895	490,659
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					289,738
7	PHYSICAL THERAPY					164,750
8	OCCUPATIONAL THERAPY					8,963
9	SPEECH PATHOLOGY					1,280
10	MEDICAL SOCIAL SERVICES					
11	HOME HEALTH AIDE					
12	SUPPLIES					24,274
13	DRUGS					1,654
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)				-120,895	490,659
25	COST TO BE ALLOCATED					120,895
26	UNIT COST MULTIPLIER					.246393

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL		5,963	8,793	83,964	98,720	16,550
2 SKILLED NURSING CARE	361,128				361,128	60,542
3 PHYSICAL THERAPY	205,343				205,343	34,425
4 OCCUPATIONAL THERAPY	11,171				11,171	1,873
5 SPEECH PATHOLOGY	1,595				1,595	267
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES	30,255				30,255	5,072
9 DRUGS	2,062				2,062	346
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)	611,554	5,963	8,793	83,964	710,274	119,075
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	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	13,763	2,636		5,121		16,381
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)	13,763	2,636		5,121		16,381
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	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25
1 ADMIN & GENERAL	30,220					183,391
2 SKILLED NURSING CARE						421,670
3 PHYSICAL THERAPY						239,768
4 OCCUPATIONAL THERAPY						13,044
5 SPEECH PATHOLOGY						1,862
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES		2,958				38,285
9 DRUGS			985			3,393
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)	30,220	2,958	985			901,413
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	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		183,391		
2 SKILLED NURSING CARE		421,670	107,699	529,369
3 PHYSICAL THERAPY		239,768	61,239	301,007
4 OCCUPATIONAL THERAPY		13,044	3,332	16,376
5 SPEECH PATHOLOGY		1,862	476	2,338
6 MEDICAL SOCIAL SERVICES				
7 HOME HEALTH AIDE				
8 SUPPLIES		38,285	9,778	48,063
9 DRUGS		3,393	867	4,260
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)		901,413	183,391	901,413
21 UNIT COST MULTIPLIER			0.255411	

(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	NEW CAP REL COSTS-BLDG & (SQUARE FEET ) 3	NEW CAP REL COSTS-MVBLE (SQUARE FEET ) 4	EMPLOYEE BEN EFITS (GROSS SALARIES ) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL ( ACCUM. COST ) 6	MAINTENANCE & REPAIRS (SQUARE FEET ) 7
1 ADMIN & GENERAL	760	760	368,092		98,720	760
2 SKILLED NURSING CARE					361,128	
3 PHYSICAL THERAPY					205,343	
4 OCCUPATIONAL THERAPY					11,171	
5 SPEECH PATHOLOGY					1,595	
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES					30,255	
9 DRUGS					2,062	
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)	760	760	368,092		710,274	760
21 COST TO BE ALLOCATED	5,963	8,793	83,964		119,075	13,763
22 UNIT COST MULTIPLIER	7.846053	11.569737	0.228106		0.167647	18.109211

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET ) 8	LAUNDRY & LINEN SERVICE (PATIENT DAYS ) 9	HOUSEKEEPING (SQUARE FEET ) 10	DIETARY (PATIENT DAYS ) 11	CAFETERIA (GROSS SALARIES ) 12	NURSING ADMINISTRATION (NURSING SALARIES ) 14
1 ADMIN & GENERAL	760		760		368,092	368,092
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)	760		760		368,092	368,092
21 COST TO BE ALLOCATED	2,636		5,121		16,381	30,220
22 UNIT COST MULTIPLIER	3.468421		6.738158		0.044502	0.082099

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(COSTED REQUIS. 15)	(COSTED REQUIS. 16)	(GROSS CHARGES 17)	(PATIENT DAYS 18)
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	24,274			
9 DRUGS		1,654		
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)	24,274	1,654		
21 COST TO BE ALLOCATED	2,958	985		
22 UNIT COST MULTIPLIER	0.121859	0.595526		

PROVIDER NO: 14-0013  
 HHA NO: 14-7049  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 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

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	529,369	2	529,369	2,159	245.19	746
2 PHYSICAL THERAPY	3	301,007		301,007	1,930	155.96	984
3 OCCUPATIONAL THERAPY	4	16,376		16,376	105	155.96	42
4 SPEECH PATHOLOGY	5	2,338		2,338	15	155.87	1
5 MEDICAL SOCIAL SERVICES	6						
6 HOME HEALTH AIDE SERVICE	7						
7 TOTAL		849,090		849,090	4,209		1,773

	-----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	229		182,912	56,149	239,061
2 PHYSICAL THERAPY	282		153,465	43,981	197,446
3 OCCUPATIONAL THERAPY	34		6,550	5,303	11,853
4 SPEECH PATHOLOGY			156		156
5 MEDICAL SOCIAL SERVICES					
6 HOME HEALTH AIDE SERVICES					
7 TOTAL	545		343,083	105,433	448,516

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

PROVIDER NO: 14-0013  
 HHA NO: 14-7049  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET H-6  
 PARTS I II & 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) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	48,063		48,063	12,966	3.706849	4,831
16 COST OF DRUGS	9.00	4,260		4,260			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES		8,135	17,908	30,155
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

MSA NUMBER 1 AMOUNT 2

162	PROGRAM UNDUP CENSUS FROM WRKST S-4
17	PER BENE COST LIMITATION (FRM F1)
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 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1	PHYSICAL THERAPY	50	.326892		COL 2, LN 2
2	OCCUPATIONAL THERAPY	51			COL 2, LN 3
3	SPEECH PATHOLOGY	52			COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55	.382069		COL 2, LN 15
4.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.486839		
5	DRUGS CHARGED TO PATIENTS	56	.208165		COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	-----PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE-----		-----PROGRAM COSTS-----		PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998	PROGRAM COSTS PRIOR 1/1/1998 TO 12/31/1998	PROGRAM COSTS PRIOR 1/1/1998 TO 12/31/1998	
1	PHYSICAL THERAPY	155.96	2.01	3	3.01	4	
2	OCCUPATIONAL THERAPY	155.96					
3	SPEECH PATHOLOGY	155.87					
4	TOTAL (SUM OF LINES 1-3)						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVII HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
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	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	358,956	125,797
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	3,034	
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	15,959	4,631
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	2,138	
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	1,035	
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	381,122	130,428
13 EXCESS REASONABLE COST		
14 SUBTOTAL	381,122	130,428
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	381,122	130,428
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	381,122	130,428
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	381,122	130,428
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	381,122	130,428
25 INTERIM PAYMENTS	381,122	130,428
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
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:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2010	5/25/2011
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TITLE XVII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		381,122		130,428
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .59				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		381,122		130,428
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 .59				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		381,122		130,428

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.

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
14-0013		PARTS I-IV

FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,661,384
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	30,720
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	69.87
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	2.73
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	5.05
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	7.78
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.59
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	26,416
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,718,520
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

CALCULATION OF CAPITAL PAYMENT

TITLE XIX HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
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)	