

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		14-0034		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: 5/20/2011 TIME 15:26

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:
 ST. MARY'S HOSPITAL 14-0034

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

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	422,450	100,205	0	
2	SUBPROVIDER	0	60,618	0	0	
8	.20 OPT	0	0	0	0	
100	TOTAL	0	483,068	100,205	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/20/2011
 WORKSHEET S-3
 PART I

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
26 01 OBSERVATION BED DAYS-SUB I	9	10	11	12	13	14	15
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/20/2011
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	35,282,131		35,282,131	1,607,033.00	21.95	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	197,899		197,899	2,145.00	92.26	
4 PHYSICIAN - PART A	310,178		310,178	1,909.00	162.48	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	53,354		53,354	446.00	119.63	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	1,434,507	50,758	1,485,265	68,195.00	21.78	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	611,644		611,644	10,748.00	56.91	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	115,229		115,229	870.00	132.45	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	3,524,077		3,524,077	66,361.00	53.10	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	15,247,356		15,247,356			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	673,933		673,933			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	88,796		88,796			CMS 339
18 PHYSICIAN PART A	23,729		23,729			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	4,082		4,082			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	407,757		407,757	16,620.00	24.53	
22 ADMINISTRATIVE & GENERAL	5,578,745	11,662	5,590,407	240,217.00	23.27	
22.01 A & G UNDER CONTRACT	182,094		182,094	977.00	186.38	
23 MAINTENANCE & REPAIRS	826,071	-634,378	191,693	10,525.00	18.21	
24 OPERATION OF PLANT		634,378	634,378	34,883.00	18.19	
25 LAUNDRY & LINEN SERVICE	128,165		128,165	11,074.00	11.57	
26 HOUSEKEEPING	904,071		904,071	79,224.00	11.41	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	835,899	-539,382	296,517	21,438.00	13.83	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		539,382	539,382	43,747.00	12.33	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	637,401		637,401	21,116.00	30.19	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	954,011		954,011	61,119.00	15.61	
34 SOCIAL SERVICE	279,362		279,362	12,653.00	22.08	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	35,212,972		35,212,972	1,605,419.00	21.93	
2 EXCLUDED AREA SALARIES	1,434,507	50,758	1,485,265	68,195.00	21.78	
3 SUBTOTAL SALARIES	33,778,465	-50,758	33,727,707	1,537,224.00	21.94	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	4,250,950		4,250,950	77,979.00	54.51	
5 SUBTOTAL WAGE-RELATED COSTS	15,271,085		15,271,085		45.28	
6 TOTAL	53,300,500	-50,758	53,249,742	1,615,203.00	32.97	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	10,733,576	11,662	10,745,238	553,593.00	19.41	

OUTPATIENT REHABILITATION PROVIDER - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)
 ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 0.00

	STAFF	CONTRACT	TOTAL
	1	2	3

- 1 ADMINISTRATOR AND ASSISTANT ADMINISTRATORS
- 2 DIRECTORS AND ASSISTANT DIRECTORS
- 3 OTHER ADMINISTRATIVE PERSONNEL
- 4 DIRECT NURSING SERVICE
- 5 NURSING SUPERVISOR
- 6 PHYSICAL THERAPY SERVICE
- 7 PHYSICAL THERAPY SUPERVISOR
- 8 OCCUPATIONAL THERAPY SERVICE
- 9 OCCUPATIONAL THERAPY SUPERVISOR
- 10 SPEECH PATHOLOGY SERVICE
- 11 SPEECH PATHOLOGY SUPERVISOR
- 12 MEDICAL SOCIAL SERVICE
- 13 MEDICAL SOCIAL SERVICE SUPERVISOR
- 14 RESPIRATORY THERAPY SERVICE
- 15 RESPIRATORY THERAPY SUPERVISOR
- 16 PSYCHOLOGICAL SERVICE
- 17 PSYCHOLOGICAL SERVICE SUPERVISOR
- 18 OTHER (SPECIFY)

- 19 IS THIS COMPONENT PAID 100% UNDER ESTABLISHED FEE SCHEDULES? IF YES, ENTER "Y", IF NO, ENTER "N". IF "YES" YOU ARE NOT REQUIRED TO COMPLETE LINES 1 THROUGH ABOVE NOR THE RELATED J SERIES WORKSHEETS FOR COST REPORTING PERIODS ENDING ON OR AFTER 6/30/2001.

YES

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2010	5/20/2011
	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	11,549,386
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	11,549,386
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)	.317595
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	46,940,396

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
| PROVIDER NO: | PERIOD: | PREPARED 5/20/2011
| 14-0034 | FROM 1/ 1/2010 | WORKSHEET S-10
| | TO 12/31/2010 |
| | |

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	14,908,035
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	20,845,763
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	6,620,510
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	14,908,035

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/20/2011 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,597,581	1,597,581	1,218,378	2,815,959
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,665,685	1,665,685	27,817	1,693,502
5	0500 EMPLOYEE BENEFITS	407,757	13,620,257	14,028,014		14,028,014
6	0600 ADMINISTRATIVE & GENERAL	5,578,745	18,554,747	24,133,492	-1,050,558	23,082,934
7	0700 MAINTENANCE & REPAIRS	825,784	2,261,487	3,087,271	-1,288,239	1,799,032
7.01	1950 BIOMEDICAL SERVICES	287	820,408	820,695		820,695
8	0800 OPERATION OF PLANT				1,371,891	1,371,891
9	0900 LAUNDRY & LINEN SERVICE	128,165	392,943	521,108	-210	520,898
10	1000 HOUSEKEEPING	904,071	205,536	1,109,607	-80,074	1,029,533
11	1100 DIETARY	835,899	721,478	1,557,377	-1,067,955	489,422
12	1200 CAFETERIA				1,067,902	1,067,902
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	637,401	22,517	659,918		659,918
15	1500 CENTRAL SERVICES & SUPPLY					
16	1600 PHARMACY					
17	1700 MEDICAL RECORDS & LIBRARY	954,011	202,254	1,156,265	-237	1,156,028
18	1800 SOCIAL SERVICE	279,362	10,315	289,677		289,677
20	2000 NONPHYSICIAN ANESTHETISTS	197,899		197,899		197,899
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMEDICAL PRGM-(SPECIFY)					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	7,108,947	900,186	8,009,133	-619,204	7,389,929
26	2600 INTENSIVE CARE UNIT	1,776,751	174,478	1,951,229	31,208	1,982,437
31	3100 SUBPROVIDER I	860,520	30,931	891,451		891,451
33	3300 NURSERY				443,655	443,655
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,719,749	3,339,101	6,058,850	7,303	6,066,153
39	3900 DELIVERY ROOM & LABOR ROOM				300,382	300,382
40	4000 ANESTHESIOLOGY		1,957,235	1,957,235		1,957,235
41	4100 RADIOLOGY-DIAGNOSTIC	1,503,039	1,066,777	2,569,816	-900	2,568,916
41.01	3230 CAT SCAN	228,345	151,495	379,840		379,840
41.02	3430 MAGNETIC RESONANCE IMAGING (MRI)	111,113	57,549	168,662		168,662
41.97	3431 CARDIAC REHABILITATION	106,968	1,053	108,021		108,021
43.01	3470 NUCLEAR MEDICINE	164,793	709,518	874,311		874,311
44	4400 LABORATORY	1,495,186	1,877,601	3,372,787	-378	3,372,409
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
48	4800 INTRAVENOUS THERAPY	188,441	43,190	231,631		231,631
49	4900 RESPIRATORY THERAPY	662,411	303,087	965,498	752	966,250
49.98	4901 HYPERBARIC OXYGEN THERAPY				272,771	272,771
50	5000 PHYSICAL THERAPY	1,633,128	468,106	2,101,234	-180	2,101,054
52	5200 SPEECH PATHOLOGY	57,285	2,440	59,725		59,725
53	5300 ELECTROCARDIOLOGY	660,855	689,758	1,350,613		1,350,613
53.01	3950 CATH LAB	298,878	618,318	917,196	2,685	919,881
54.01	3951 NEUROLOGY	257,162	320,458	577,620		577,620
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	145,100	175,113	320,213	-320,213	
55.30	5530 IMPL. DEV. CHARGED TO PATIENT					
56	5600 DRUGS CHARGED TO PATIENTS	998,189	4,725,702	5,723,891		5,723,891
59.97	3997 CARDIAC REHABILITATION					
59.98	3998 HYPERBARIC OXYGEN THERAPY					
59.99	3999 LI THOTRI PSY					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	226,414	124,380	350,794	-272,771	78,023
60.01	6002 DIABETES EDUCATION	31,917	826	32,743		32,743
60.02	6001 PSYCH SERVICES	630,870	194,760	825,630	-27	825,603
60.04	6003 ANTI COAGULATION CLINIC	74,739	578	75,317		75,317
61	6100 EMERGENCY	2,017,963	3,369,837	5,387,800		5,387,800
61.01	6101 RURAL HEALTH CLINICS					
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
69.10	6910 CMHC					
69.20	6920 OUTPATIENT PHYSICAL THERAPY					
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940 OUTPATIENT SPEECH PATHOLOGY					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
85.02	8520 INTESTINAL ACQUISITION					
85.03	8530 ISLET CELL ACQUISITION					
90	9000 OTHER CAPITAL RELATED COSTS		91,844	91,844	-91,844	
95	SUBTOTALS	34,708,144	61,469,529	96,177,673	-48,046	96,129,627
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,283	12,233	44,516		44,516
99	9900 NONPAID WORKERS					
99.05	9905 OTHER NON-REIMBURSABLE	540,935	1,089,258	1,630,193	-74,459	1,555,734
99.06	9906 OUTSIDE ACCOUNTING	769	20	789		789
99.07	9907 OUTSIDE PRINTING				122,505	122,505
99.08	9908 FOUNDATION					
101	TOTAL	35,282,131	62,571,040	97,853,171	-0-	97,853,171

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2011
I 14-0034 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		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-710,366	2,105,593
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	1,232,166	2,925,668
5	0500 EMPLOYEE BENEFITS	-4,399,719	9,628,295
6	0600 ADMINISTRATIVE & GENERAL	-7,770,700	15,312,234
7	0700 MAINTENANCE & REPAIRS	-949	1,798,083
7.01	1950 BIOMEDICAL SERVICES		820,695
8	0800 OPERATION OF PLANT		1,371,891
9	0900 LAUNDRY & LINEN SERVICE		520,898
10	1000 HOUSEKEEPING	-620	1,028,913
11	1100 DIETARY	-5,421	484,001
12	1200 CAFETERIA	-360,695	707,207
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-6,256	653,662
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		
17	1700 MEDICAL RECORDS & LIBRARY	-42,640	1,113,388
18	1800 SOCIAL SERVICE	-156	289,521
20	2000 NONPHYSICIAN ANESTHETISTS	-197,899	
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMEDICAL PRGM-(SPECIFY)		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-12,566	7,377,363
26	2600 INTENSIVE CARE UNIT	-632	1,981,805
31	3100 SUBPROVIDER I	-12,646	878,805
33	3300 NURSERY	-798	442,857
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-42,882	6,023,271
39	3900 DELIVERY ROOM & LABOR ROOM		300,382
40	4000 ANESTHESIOLOGY	-1,714,649	242,586
41	4100 RADIOLOGY-DIAGNOSTIC	-917,831	1,651,085
41.01	3230 CAT SCAN		379,840
41.02	3430 MAGNETIC RESONANCE IMAGING (MRI)	-350	168,312
41.97	3431 CARDIAC REHABILITATION	-23,093	84,928
43.01	3470 NUCLEAR MEDICINE	-71,240	803,071
44	4400 LABORATORY	-1,054	3,371,355
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS		
48	4800 INTRAVENOUS THERAPY	-330	231,301
49	4900 RESPIRATORY THERAPY	-66,689	899,561
49.98	4901 HYPERBARIC OXYGEN THERAPY		272,771
50	5000 PHYSICAL THERAPY	-233,794	1,867,260
52	5200 SPEECH PATHOLOGY		59,725
53	5300 ELECTROCARDIOLOGY	-568,252	782,361
53.01	3950 CATH LAB	-18,967	900,914
54.01	3951 NEUROLOGY	-283,114	294,506
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		
56	5600 DRUGS CHARGED TO PATIENTS	-7,514	5,716,377
59.97	3997 CARDIAC REHABILITATION		
59.98	3998 HYPERBARIC OXYGEN THERAPY		
59.99	3999 LITHOTRIPSY		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-2,698	75,325
60.01	6002 DIABETES EDUCATION		32,743
60.02	6001 PSYCH SERVICES	-70,810	754,793
60.04	6003 ANTI COAGULATION CLINIC	13	75,330
61	6100 EMERGENCY	-2,980,848	2,406,952
61.01	6101 RURAL HEALTH CLINICS		
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RHC		
63.60	6320 FQHC		
	OTHER REIMBURS COST CNTRS		
69.10	6910 CMHC		
69.20	6920 OUTPATIENT PHYSICAL THERAPY		
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY		
69.40	6940 OUTPATIENT SPEECH PATHOLOGY		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
85.01	8510 PANCREAS ACQUISITION		
85.02	8520 INTESTINAL ACQUISITION		
85.03	8530 ISLET CELL ACQUISITION		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-19,293,999	76,835,628
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		44,516
99	9900 NONPAID WORKERS		
99.05	9905 OTHER NON-REIMBURSABLE	66,501	1,622,235
99.06	9906 OUTSIDE ACCOUNTING		789
99.07	9907 OUTSIDE PRINTING		122,505
99.08	9908 FOUNDATION	62,610	62,610
101	TOTAL	-19,164,888	78,688,283

COST CENTERS USED IN COST REPORT

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LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
7.01	BIOMEDICAL SERVICES	1950	OTHER GENERAL SERVICE COST CENTERS
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER I	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	3230	CAT SCAN
41.02	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
41.97	CARDIAC REHABILITATION	3431	MAGNETIC RESONANCE IMAGING (MRI)
43.01	NUCLEAR MEDICINE	3470	NUCLEAR MEDICINE-THERAPEUTIC
44	LABORATORY	4400	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
49.98	HYPERBARIC OXYGEN THERAPY	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CATH LAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
54.01	NEUROLOGY	3951	OTHER ANCILLARY SERVICE COST CENTERS
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
59.98	HYPERBARIC OXYGEN THERAPY	3998	HYPERBARIC OXYGEN THERAPY
59.99	LI THOTRI PSY	3999	LI THOTRI PSY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	DIABETES EDUCATION	6002	CLINIC
60.02	PSYCH SERVICES	6001	CLINIC
60.04	ANTI COAGULATION CLINIC	6003	CLINIC
61	EMERGENCY	6100	
61.01	RURAL HEALTH CLINICS	6101	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
85.03	ISLET CELL ACQUISITION	8530	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
99	NONPAID WORKERS	9900	
99.05	OTHER NON-REIMBURSABLE	9905	NONPAID WORKERS
99.06	OUTSIDE ACCOUNTING	9906	NONPAID WORKERS
99.07	OUTSIDE PRINTING	9907	NONPAID WORKERS
99.08	FOUNDATION	9908	NONPAID WORKERS
101	TOTAL	0000	

RECLASSIFICATIONS

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WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS FROM OB TO NURSERY	A	NURSERY	33	383,645	58,450
2 RECLASS FROM OB TO DELIVERY ROOM	B	DELIVERY ROOM & LABOR ROOM	39	260,668	39,714
3 RECLASS FROM DIETARY TO CAFETERIA	C	CAFETERIA	12	539,382	528,520
4 RECLASS IV PUMP COST	D	ADULTS & PEDIATRICS	25		123,273
5		INTENSIVE CARE UNIT	26		31,208
6		NURSERY	33		1,560
7 RECLASS MAILROOM COST	E	ADMINISTRATIVE & GENERAL	6	10,356	
8 RECLASS CENTRAL SERVICE COST	F	ADMINISTRATIVE & GENERAL	6	52,064	
9		OPERATING ROOM	37	56,223	
10		RESPIRATORY THERAPY	49	5,788	
11		CATH LAB	53.01	20,670	
12		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		48,920
13		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		5,036
14		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		17,985
15 RECLASS INTEREST & FINANCIN	G	NEW CAP REL COSTS-BLDG & FIXT	3		1,113,761
16 RECLASS PLANT OPERATIONS	H	OPERATION OF PLANT	8	634,378	653,861
17 RECLASS O/S PRINTING TO NON-REIMBURS	I	OUTSIDE PRINTING	99.07	50,758	71,747
18 RECLASS INVENTORY COST	J	ADMINISTRATIVE & GENERAL	6		91,012
19 RECLASS DOCUMENT SHREDDING	K	ADMINISTRATIVE & GENERAL	6		79,789
20 RECLASS UTILITIES	L	OPERATION OF PLANT	8		83,652
21					
22					
23					
24					
25					
26					
27					
28					
29					
30 RECLASS REAL ESTATE TAXES	M	NEW CAP REL COSTS-BLDG & FIXT	3		40,590
31					
32 RECLASS HYPERBARIC OXYGEN THERAPY	N	HYPERBARIC OXYGEN THERAPY	49.98	32,784	239,987
36 TOTAL RECLASSIFICATIONS				2,046,716	3,229,065

(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

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

PREPARED 5/20/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE 7				
1 RECLASS FROM OB TO NURSERY	A	ADULTS & PEDIATRICS	25		383,645	58,450	
2 RECLASS FROM OB TO DELIVERY ROOM	B	ADULTS & PEDIATRICS	25		260,668	39,714	
3 RECLASS FROM DIETARY TO CAFETERIA	C	DIETARY	11		539,382	528,520	
4 RECLASS IV PUMP COST	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			123,273	
5		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			31,208	
6		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			1,560	
7 RECLASS MAILROOM COST	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		10,356		
8 RECLASS CENTRAL SERVICE COST	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		52,064		
9		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		56,223		
10		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		5,788		
11		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		20,670		
12		OPERATING ROOM	37			48,920	
13		RESPIRATORY THERAPY	49			5,036	
14		CATH LAB	53.01			17,985	
15 RECLASS INTEREST & FINANCIN	G	ADMINISTRATIVE & GENERAL	6			1,113,761	11
16 RECLASS PLANT OPERATIONS	H	MAINTENANCE & REPAIRS	7		634,378	653,861	
17 RECLASS O/S PRINTING TO NON-REIMBURS	I	ADMINISTRATIVE & GENERAL	6		50,758	71,747	
18 RECLASS INVENTORY COST	J	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			91,012	
19 RECLASS DOCUMENT SHREDDING	K	HOUSEKEEPING	10			79,789	
20 RECLASS UTILITIES	L	ADMINISTRATIVE & GENERAL	6			43,627	
21		LAUNDRY & LINEN SERVICE	9			210	
22		HOUSEKEEPING	10			285	
23		DIETARY	11			53	
24		MEDICAL RECORDS & LIBRARY	17			237	
25		RADIOLOGY-DIAGNOSTIC	41			900	
26		LABORATORY	44			378	
27		PHYSICAL THERAPY	50			180	
28		PSYCH SERVICES	60.02			27	
29		OTHER NON-REIMBURSABLE	99.05			37,755	
30 RECLASS REAL ESTATE TAXES	M	ADMINISTRATIVE & GENERAL	6			3,886	13
31		OTHER NON-REIMBURSABLE	99.05			36,704	13
32 RECLASS HYPERBARIC OXYGEN THERAPY	N	CLINIC	60		32,784	239,987	
36 TOTAL RECLASSIFICATIONS					2,046,716	3,229,065	

(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

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WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RECLASS FROM OB TO NURSERY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	442,095
TOTAL RECLASSIFICATIONS FOR CODE A			442,095

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	442,095	

RECLASS CODE: B
EXPLANATION : RECLASS FROM OB TO DELIVERY ROOM

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	39	300,382
TOTAL RECLASSIFICATIONS FOR CODE B			300,382

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	300,382	

RECLASS CODE: C
EXPLANATION : RECLASS FROM DIETARY TO CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,067,902
TOTAL RECLASSIFICATIONS FOR CODE C			1,067,902

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,067,902	

RECLASS CODE: D
EXPLANATION : RECLASS IV PUMP COST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	123,273
2.00	INTENSIVE CARE UNIT	26	31,208
3.00	NURSERY	33	1,560
TOTAL RECLASSIFICATIONS FOR CODE D			156,041

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL SUPPLIES CHARGED TO PA	55	123,273	
MEDICAL SUPPLIES CHARGED TO PA	55	31,208	
MEDICAL SUPPLIES CHARGED TO PA	55	1,560	
TOTAL RECLASSIFICATIONS FOR CODE D			156,041

RECLASS CODE: E
EXPLANATION : RECLASS MAILROOM COST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	10,356
TOTAL RECLASSIFICATIONS FOR CODE E			10,356

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL SUPPLIES CHARGED TO PA	55	10,356	

RECLASS CODE: F
EXPLANATION : RECLASS CENTRAL SERVICE COST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	52,064
2.00	OPERATING ROOM	37	56,223
3.00	RESPIRATORY THERAPY	49	5,788
4.00	CATH LAB	53.01	20,670
5.00	MEDICAL SUPPLIES CHARGED TO PA	55	48,920
6.00	MEDICAL SUPPLIES CHARGED TO PA	55	5,036
7.00	MEDICAL SUPPLIES CHARGED TO PA	55	17,985
TOTAL RECLASSIFICATIONS FOR CODE F			206,686

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL SUPPLIES CHARGED TO PA	55	52,064	
MEDICAL SUPPLIES CHARGED TO PA	55	56,223	
MEDICAL SUPPLIES CHARGED TO PA	55	5,788	
MEDICAL SUPPLIES CHARGED TO PA	55	20,670	
OPERATING ROOM	37	48,920	
RESPIRATORY THERAPY	49	5,036	
CATH LAB	53.01	17,985	
TOTAL RECLASSIFICATIONS FOR CODE F			206,686

RECLASS CODE: G
EXPLANATION : RECLASS INTEREST & FINANCIN

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,113,761
TOTAL RECLASSIFICATIONS FOR CODE G			1,113,761

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	1,113,761	

RECLASS CODE: H
EXPLANATION : RECLASS PLANT OPERATIONS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	1,288,239
TOTAL RECLASSIFICATIONS FOR CODE H			1,288,239

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MAINTENANCE & REPAIRS	7	1,288,239	

RECLASS CODE: I
EXPLANATION : RECLASS O/S PRINTING TO NON-REIMBURS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OUTSIDE PRINTING	99.07	122,505
TOTAL RECLASSIFICATIONS FOR CODE I			122,505

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	122,505	

RECLASSIFICATIONS

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RECLASS CODE: J
EXPLANATION : RECLASS INVENTORY COST

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	91,012	6	MEDICAL SUPPLIES CHARGED TO PA	91,012
TOTAL	RECLASSIFICATIONS FOR CODE J	91,012			91,012

RECLASS CODE: K
EXPLANATION : RECLASS DOCUMENT SHREDDING

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	79,789	10	HOUSEKEEPING	79,789
TOTAL	RECLASSIFICATIONS FOR CODE K	79,789			79,789

RECLASS CODE: L
EXPLANATION : RECLASS UTILITIES

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	OPERATION OF PLANT	83,652	6	ADMINISTRATIVE & GENERAL	43,627
2.00		0	9	LAUNDRY & LINEN SERVICE	210
3.00		0	10	HOUSEKEEPING	285
4.00		0	11	DIETARY	53
5.00		0	17	MEDICAL RECORDS & LIBRARY	237
6.00		0	41	RADIOLOGY-DIAGNOSTIC	900
7.00		0	44	LABORATORY	378
8.00		0	50	PHYSICAL THERAPY	180
9.00		0	60.02	PSYCH SERVICES	27
10.00		0	99.05	OTHER NON-REIMBURSABLE	37,755
TOTAL	RECLASSIFICATIONS FOR CODE L	83,652			83,652

RECLASS CODE: M
EXPLANATION : RECLASS REAL ESTATE TAXES

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	40,590	6	ADMINISTRATIVE & GENERAL	3,886
2.00		0	99.05	OTHER NON-REIMBURSABLE	36,704
TOTAL	RECLASSIFICATIONS FOR CODE M	40,590			40,590

RECLASS CODE: N
EXPLANATION : RECLASS HYPERBARIC OXYGEN THERAPY

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	HYPERBARIC OXYGEN THERAPY	272,771	60	CLINIC	272,771
TOTAL	RECLASSIFICATIONS FOR CODE N	272,771			272,771

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,259,000					1,259,000	
2 LAND IMPROVEMENTS	660,470					660,470	
3 BUILDINGS & FIXTURE	21,309,963	1,636,198		1,636,198		22,946,161	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	9,939,370	822,925		822,925	506,494	10,255,801	
7 SUBTOTAL	33,168,803	2,459,123		2,459,123	506,494	35,121,432	
8 RECONCILING ITEMS							
9 TOTAL	33,168,803	2,459,123		2,459,123	506,494	35,121,432	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	23,606,631		23,606,631	64,027			64,027
4	NEW CAP REL COSTS-MV	10,255,801		10,255,801	27,817			27,817
5	TOTAL	33,862,432		33,862,432	91,844			91,844

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	887,215		1,113,761	64,027	40,590		2,105,593
4	NEW CAP REL COSTS-MV	2,897,851			27,817			2,925,668
5	TOTAL	3,785,066		1,113,761	91,844	40,590		5,031,261

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,597,581						1,597,581
4	NEW CAP REL COSTS-MV	1,665,685						1,665,685
5	TOTAL	3,263,266						3,263,266

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

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WORKSHEET A-8

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-15,620	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-12,913	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-6,918,167			
13 SALE OF SCRAP, WASTE, ETC.	B	-4,167	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-5,106,077			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-348,956	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	A	-42,584	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-11,739	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES		306,896	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP		417,323	NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST		-197,899	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MI SC. REVENUE	B	-58	EMPLOYEE BENEFITS	5	
38 MI SC. REVENUE	B	-1,032	ADMINISTRATIVE & GENERAL	6	
39 MI SC. REVENUE	B	-3	MAINTENANCE & REPAIRS	7	
39.02 MI SC. REVENUE	B	-250	HOUSEKEEPING	10	
40 VENDING COMMISSIONS	B	-5,152	DIETARY	11	
41 OTHER ADJUSTMENTS (SPECIFY)					
42 BABY PHOTO INCOME	B	-798	NURSERY	33	
43 MANAGEMENT FEES	B	-36,000	RADIOLOGY-DIAGNOSTIC	41	
44 MI SC. REVENUE	B	-13,792	CARDIAC REHABILITATION	41.97	
45 MI SC. REVENUE	B	-330	INTRAVENOUS THERAPY	48	
45.01 CLASS FEES	B	-7,221	RESPIRATORY THERAPY	49	
46 MEDICAL RECORDS & MI SC. INCOME	B	-26,702	PHYSICAL THERAPY	50	
47 REFUND OF EXPENSES	B	-11,644	ELECTROCARDIOLOGY	53	
48 OUTSIDE BILLING	B	-7,514	DRUGS CHARGED TO PATIENTS	56	
49 MI SC. REVENUE	B	13	ANTI COAGULATION CLINIC	60.04	
49.01 GIFTS, CONTRIBUTIONS & ENTERTAIN	A	-20,030	EMPLOYEE BENEFITS	5	
49.02 GIFTS, CONTRIBUTIONS & ENTERTAIN	A	-188,418	ADMINISTRATIVE & GENERAL	6	
49.03 GIFTS, CONTRIBUTIONS & ENTERTAIN	A	-946	MAINTENANCE & REPAIRS	7	
49.04 GIFTS, CONTRIBUTIONS & ENTERTAIN	A	-370	HOUSEKEEPING	10	
49.05 GIFTS, CONTRIBUTIONS & ENTERTAIN	A	-269	DIETARY	11	
49.06 GIFTS, CONTRIBUTIONS & ENTERTAIN	A	-6,256	NURSING ADMINISTRATION	14	
49.07 GIFTS, CONTRIBUTIONS & ENTERTAIN	A	-56	MEDICAL RECORDS & LIBRARY	17	
49.08 GIFTS, CONTRIBUTIONS & ENTERTAIN	A	-156	SOCIAL SERVICE	18	
49.09 GIFTS, CONTRIBUTIONS & ENTERTAIN	A	-1,956	ADULTS & PEDIATRICS	25	
49.10 GIFTS, CONTRIBUTIONS & ENTERTAIN	A	-632	INTENSIVE CARE UNIT	26	
49.11 GIFTS, CONTRIBUTIONS & ENTERTAIN	A	-32	SUBPROVIDER I	31	
49.12 GIFTS, CONTRIBUTIONS & ENTERTAIN	A	-52	ANESTHESIOLOGY	40	
49.13 GIFTS, CONTRIBUTIONS & ENTERTAIN	A	-1,212	RADIOLOGY-DIAGNOSTIC	41	
49.14 GIFTS, CONTRIBUTIONS & ENTERTAIN	A	-350	MAGNETIC RESONANCE IMAGING	41.02	
49.15 GIFTS, CONTRIBUTIONS & ENTERTAIN	A	-1,020	LABORATORY	44	
49.16 GIFTS, CONTRIBUTIONS & ENTERTAIN	A	-77	RESPIRATORY THERAPY	49	
49.17 GIFTS, CONTRIBUTIONS & ENTERTAIN	A	-3,155	PHYSICAL THERAPY	50	
49.18 GIFTS, CONTRIBUTIONS & ENTERTAIN	A	-100	ELECTROCARDIOLOGY	53	
49.19 GIFTS, CONTRIBUTIONS & ENTERTAIN	A	-30	NEUROLOGY	54.01	
49.20 GIFTS, CONTRIBUTIONS & ENTERTAIN	A	-147	PSYCH SERVICES	60.02	
49.21 GIFTS, CONTRIBUTIONS & ENTERTAIN	A	-339	EMERGENCY	61	
49.25 PHYSICIAN RECRUITMENT	A	-35,154	ADMINISTRATIVE & GENERAL	6	
49.26 OTHER FINANCE DEPT.	A	6,000	OTHER NON-REIMBURSABLE	99.05	
49.27 UNFUNDED PENSION	A	-432,000	EMPLOYEE BENEFITS	5	
49.28 PATIENT TELEPHONE SERVICE	A	-473	NEW CAP REL COSTS-BLDG &	3	9
49.29 PATIENT TELEPHONE SERVICE	A	-4,196	NEW CAP REL COSTS-MVBLE E	4	9
49.30 PATIENT TELEPHONE SERVICE BENEF	A	-5,084	EMPLOYEE BENEFITS	5	
49.31 MEDICAL RECORDS BENEFITS	A	-14,791	EMPLOYEE BENEFITS	5	
49.32 PROF LAB INSDUCTIBLE RESERV	A	-61,000	ADMINISTRATIVE & GENERAL	6	
49.35 CANCER CENTER OFFSETS	A	11,445	OTHER NON-REIMBURSABLE	99.05	
49.36 FOUNDATION EXPENSE OFFSETS	A	31,025	FOUNDATION	99.08	
49.37 FOUNDATION SALARY OFFSETS	A	31,585	FOUNDATION	99.08	
49.38 CRNA FEES	A	-2,487	ANESTHESIOLOGY	40	

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/20/2011
 WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3	LINE NO 4		
49.39 CRNA BENEFITS	A	-77,913	EMPLOYEE BENEFITS	5		
49.40 WSI RENT EXPENSE	A	-49,056	PHYSICAL THERAPY	50		
49.41 WIS RENT EXPENSE	A	49,056	OTHER NON-REIMBURSABLE	99.05		
49.42 MD BILLING COST	B	-85,974	ADMINISTRATIVE & GENERAL	6		
49.43 INTEREST EXP. UNNECESSARY BORRO	A	-1,113,761	NEW CAP REL COSTS-BLDG &	3	9	
49.45 BAD DEBTS	A	-5,115,411	ADMINISTRATIVE & GENERAL	6		
49.46 DUES RELATED TO LOBBYING EXP.	A	-26,710	ADMINISTRATIVE & GENERAL	6		
50 TOTAL (SUM OF LINES 1 THRU 49)		-19,164,888				

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	CORPORATE FEES	292,500	292,500	
2	6	ADMINISTRATIVE & GENERAL	SISTER SERVICES	100,885	100,885	
3	6	ADMINISTRATIVE & GENERAL	CORPORATE FEES	551,698	918,652	-366,954
4	6	ADMINISTRATIVE & GENERAL	DATA PROCESSING	2,714,173	4,519,464	-1,805,291
4.01	3	NEW CAP REL COSTS-BLDG &	DEPRECIATION	96,972		96,972
4.02	4	NEW CAP REL COSTS-MVBLE E	DEPRECIATION	819,039		819,039
4.03	5	EMPLOYEE BENEFITS	FLEX BENEFITS	4,587,851	8,437,694	-3,849,843
5		TOTALS		9,163,118	14,269,195	-5,106,077

* 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) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	MOTHERHOUSE	0.00	CONVENT
2	B	0.00	SSM	0.00	CORPORATE
3	B	0.00	FSI	0.00	CORPORATE
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/20/2011
 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	6	AGGREGATE	137,659	5,909	131,750	159,800	1,060	81,436	4,072
2	25	AGGREGATE	18,600		18,600	159,800	104	7,990	400
3	31	AGGREGATE	22,550	3,987	18,563	138,700	149	9,936	497
4	37	AGGREGATE	58,534	106	58,428	182,900	178	15,652	783
5	40	AGGREGATE	1,739,329	1,677,334	61,995	167,500	338	27,219	1,361
6	41	AGGREGATE	876,452	876,452		217,600			
7	41 97	AGGREGATE	14,832		14,832	159,800	72	5,531	277
8	43 1	AGGREGATE	71,240	71,240		217,600			
9	44	AGGREGATE	53,234		53,234	208,000	532	53,200	2,660
10	49	AGGREGATE	59,391	59,391		159,800			
11	50	AGGREGATE	155,803	153,415	2,388	159,800	12	922	46
12	53	AGGREGATE	564,037	542,141	21,896	159,800	98	7,529	376
13	53 1	AGGREGATE	26,573	1,823	24,750	159,800	99	7,606	380
14	54 1	AGGREGATE	283,084	283,084		159,800			
15	60	AGGREGATE	7,000		7,000	159,800	56	4,302	215
16	60 2	AGGREGATE	89,255	56,333	32,922	159,800	242	18,592	930
17	61	AGGREGATE	2,980,509	2,980,509		159,800			
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	7,158,082	6,711,724	446,358		2,940	239,915	11,997

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/20/2011
 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	6	AGGREGATE				81,436	50,314	56,223
2	25	AGGREGATE				7,990	10,610	10,610
3	31	AGGREGATE				9,936	8,627	12,614
4	37	AGGREGATE				15,652	42,776	42,882
5	40	AGGREGATE				27,219	34,776	1,712,110
6	41	AGGREGATE						876,452
7	41 97	AGGREGATE				5,531	9,301	9,301
8	43 1	AGGREGATE						71,240
9	44	AGGREGATE				53,200	34	34
10	49	AGGREGATE						59,391
11	50	AGGREGATE				922	1,466	154,881
12	53	AGGREGATE				7,529	14,367	556,508
13	53 1	AGGREGATE				7,606	17,144	18,967
14	54 1	AGGREGATE						283,084
15	60	AGGREGATE				4,302	2,698	2,698
16	60 2	AGGREGATE				18,592	14,330	70,663
17	61	AGGREGATE						2,980,509
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL				239,915	206,443	6,918,167

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/20/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-6	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	7	HOURS OF SERVICE	ENTERED
7.01	BIOMEDICAL SERVICES	8	HOURS OF SERVICE	ENTERED
8	OPERATION OF PLANT	9	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	10	POUNDS OFLAUNDRY	ENTERED
10	HOUSEKEEPING	11	HOURS OF SERVICE	ENTERED
11	DIETARY	12	MEALS SERVED	ENTERED
12	CAFETERIA	13	FULL TIME EQUIVALENT	ENTERED
13	MAINTENANCE OF PERSONNEL	14	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	15	FULL TIME EQUIVALENT	ENTERED
15	CENTRAL SERVICES & SUPPLY	16	BLANK	NOT ENTERED
16	PHARMACY	17	COSTED REQUIS.	NOT ENTERED
17	MEDICAL RECORDS & LIBRARY	18	TIME SPENT	ENTERED
18	SOCIAL SERVICE	19	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	20	BLANK	NOT ENTERED
21	NURSING SCHOOL	21	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	22	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	24	ASSIGNED TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	2,105,593			2,105,593			
005 NEW CAP REL COSTS-MVBLE E	2,925,668				2,925,668		
006 EMPLOYEE BENEFITS	9,628,295			11,957	377	9,640,629	
007 ADMINISTRATIVE & GENERAL	15,312,234			646,847	375,225	1,543,593	17,877,899
008 MAINTENANCE & REPAIRS	1,798,083			42,098		54,029	1,894,210
009 01 BIOMEDICAL SERVICES	820,695			5,184	217	81	826,177
010 OPERATION OF PLANT	1,371,891			108,357	139,754	179,068	1,799,070
011 LAUNDRY & LINEN SERVICE	520,898			36,655	15,811	36,178	609,542
012 HOUSEKEEPING	1,028,913			26,762	24,847	255,195	1,335,717
013 DIETARY	484,001			14,012	3,640	83,699	585,352
014 CAFETERIA	707,207			39,972	10,014	152,253	909,446
015 MAINTENANCE OF PERSONNEL							
016 NURSING ADMINISTRATION	653,662			3,840	113,922	179,921	951,345
017 CENTRAL SERVICES & SUPPLY							
018 PHARMACY							
019 MEDICAL RECORDS & LIBRARY	1,113,388			30,947	2,104	256,779	1,403,218
020 SOCIAL SERVICE	289,521			3,936		78,856	372,313
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	7,377,363			267,068	82,319	1,819,525	9,546,275
028 INTENSIVE CARE UNIT	1,981,805			27,837	76,208	501,529	2,587,379
029 SUBPROVIDER I	878,805			34,389	1,890	236,536	1,151,620
030 NURSERY	442,857			20,464	14,785	108,293	586,399
031 ANCILLARY SRVC COST CNTRS							
032 OPERATING ROOM	6,023,271			243,624	836,133	767,059	7,870,087
033 DELIVERY ROOM & LABOR ROO	300,382			31,725	9,990	73,580	415,677
034 ANESTHESIOLOGY	242,586			1,997	90,208		334,791
035 RADIOLOGY-DIAGNOSTIC	1,651,085			64,381	327,020	424,267	2,466,753
036 01 CAT SCAN	379,840			3,365	28,097	64,456	475,758
037 02 MAGNETIC RESONANCE IMAGIN	168,312			1,959	14,530	31,364	216,165
038 97 CARDIAC REHABILITATION	84,928					26,008	110,936
039 01 NUCLEAR MEDICINE	803,071			4,531	225	46,517	854,344
040 LABORATORY	3,371,355			34,903	104,875	422,051	3,933,184
041 30 BLOOD CLOTTING FACTORS AD							
042 INTRAVENOUS THERAPY	231,301			5,093	2,129	53,192	291,715
043 RESPIRATORY THERAPY	899,561			7,508	45,037	188,586	1,140,692
044 98 HYPERBARI C OXYGEN THERAPY	272,771			994	2,846	9,254	285,865
045 PHYSICAL THERAPY	1,867,260			22,854	20,917	460,988	2,372,019
046 SPEECH PATHOLOGY	59,725			3,471	3,060	16,170	82,426
047 ELECTROCARDIOLOGY	782,361			28,797	152,187	169,821	1,133,166
048 01 CATH LAB	900,914			21,212	162,823	82,699	1,167,648
049 01 NEUROLOGY	294,506			10,585	34,948	67,503	407,542
050 MEDICAL SUPPLIES CHARGED							
051 30 IMPL. DEV. CHARGED TO PAT							
052 DRUGS CHARGED TO PATIENTS	5,716,377			13,863	136,764	281,762	6,148,766
053 97 CARDIAC REHABILITATION							
054 98 HYPERBARI C OXYGEN THERAPY							
055 99 LI THOTRI PSY							
056 OUTPAT SERVICE COST CNTRS							
057 CLINIC	75,325			1,464	2,847	52,681	132,317
058 01 DIABETES EDUCATION	32,743			307		9,009	42,059
059 02 PSYCH SERVICES	754,793			50,302	2,784	173,294	981,173
060 04 ANTI COAGULATION CLINIC	75,330			480		21,097	96,907
061 EMERGENCY	2,406,952			28,552	37,676	560,345	3,033,525
062 01 RURAL HEALTH CLINICS							
063 OBSERVATION BEDS (NON-DIS							
064 50 RHC							
065 60 FQHC							
066 OTHER REIMBURS COST CNTRS							
067 10 CMHC							
068 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
070 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
072 SPEC PURPOSE COST CENTERS							
073 01 PANCREAS ACQUISITION							
074 02 INTESTINAL ACQUISITION							
075 03 ISLET CELL ACQUISITION							
076 SUBTOTALS	76,835,628			1,902,292	2,876,209	9,487,238	76,429,477
077 NONREIMBURS COST CENTERS							
078 GIFT, FLOWER, COFFEE SHOP	44,516			1,574	808		46,898
079 NONPAID WORKERS						9,113	9,113
080 05 OTHER NON-REIMBURSABLE	1,622,235			201,036	36,274	119,123	1,978,668
081 06 OUTSIDE ACCOUNTING	789					1,911	2,700
082 07 OUTSIDE PRI NTING	122,505				12,377	14,328	149,210
083 08 FOUNDATION	62,610			691		8,916	72,217
084 CROSS FOOT ADJUSTMENT							
085 NEGATIVE COST CENTER							

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0034
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 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	2	3	4	5	EMPLOYEE BENEFITS	SUBTOTAL
NONREIMBURS COST CENTERS									5a.00
TOTAL	78,688,283				2,105,593	2,925,668	9,640,629		78,688,283

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL SERVICES	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6	7	7.01	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL	17,877,899						
007 MAINTENANCE & REPAIRS	556,886	2,451,096					
007 01 BIOMEDICAL SERVICES	242,891	953	1,070,021				
008 OPERATION OF PLANT	528,916	1,521,663		3,849,649			
009 LAUNDRY & LINEN SERVICE	179,202	28,982		109,348	927,074		
010 HOUSEKEEPING	392,693	11,440		79,835	65,313	1,884,998	
011 DIETARY	172,090	23,929		42,688	2,561	10,077	836,697
012 CAFETERIA	267,372	65,973		119,244	7,046	27,657	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	279,690	14,777	65,823	18,788	3,940	6,861	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	412,538	5,530		92,322		51,456	
018 SOCIAL SERVICE	109,458	2,193		11,742		5,146	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,806,556	189,529	60,099	796,713	339,422	379,269	622,913
026 INTENSIVE CARE UNIT	760,674	52,340	45,154	83,042	57,580	68,608	51,261
031 SUBPROVIDER I	338,569	29,840	1,590	102,589	18,971	73,753	86,509
033 NURSERY	172,398	12,012	14,627	61,047	4,257	28,479	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,313,758	78,748	177,754	726,775	134,799	217,830	22,078
039 DELIVERY ROOM & LABOR ROO	122,207	8,104	9,540	94,642	31,553	36,484	
040 ANESTHESIOLOGY	98,427	286	47,062	5,957		8,576	
041 RADIOLOGY-DIAGNOSTIC	725,211	43,283	186,018	202,100	63,182	99,481	692
041 01 CAT SCAN	139,870	5,434	53,740			8,576	
041 02 MAGNETIC RESONANCE IMAGIN	63,551	1,239	30,209			17,152	
041 97 CARDIAC REHABILITATION	32,615		8,904				
043 01 NUCLEAR MEDICINE	251,172	6,769	19,079	13,518		8,576	12,251
044 LABORATORY	1,156,332	17,065	23,849	104,122	626	68,608	
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	85,762	4,099	2,226	15,194	2,541	34,304	
049 RESPIRATORY THERAPY	335,357	3,146	71,547	22,397		4,717	2,250
049 98 HYPERBARIC OXYGEN THERAPY	84,043		5,088			10,291	3,908
050 PHYSICAL THERAPY	697,359	6,769	29,891	68,178	39,354	34,304	3,469
052 SPEECH PATHOLOGY	24,233	953	1,272	10,353		5,146	
053 ELECTROCARDIOLOGY	333,144	9,343	45,154	85,906	12,561	8,576	
053 01 CATH LAB	343,282	7,913	71,865	63,281	7,586	27,872	
054 01 NEUROLOGY	119,815	2,002	30,845	31,576	7,689	17,152	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	1,807,700	3,432		41,357	649	17,152	
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARIC OXYGEN THERAPY							
059 99 LI THOTRI PSY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	38,900	29,650			811	15,437	
060 01 DIABETES EDUCATION	12,365						
060 02 PSYCH SERVICES	288,459	16,779		150,061		94,336	
060 04 ANTI COAGULATION CLINIC	28,490			1,432			
061 EMERGENCY	891,838	57,297	17,489	85,176	107,590	137,216	31,366
061 01 RURAL HEALTH CLINICS							
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FQHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 SLET CELL ACQUISITION							
095 SUBTOTALS	17,213,823	2,261,472	1,018,825	3,239,383	908,031	1,523,092	836,697
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	13,788			4,697			
099 NONPAID WORKERS	2,679						
099 05 OTHER NON-REIMBURSABLE	581,717	188,671	51,196	605,569	19,043	361,906	
099 06 OUTSIDE ACCOUNTING	794						
099 07 OUTSIDE PRI NTING	43,867	953					
099 08 FOUNDATION	21,231						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							

COST ALLOCATION - GENERAL SERVICE COSTS

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 PREPARED 5/20/2011
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 PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	BIOMEDICAL SERVICES	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6	7	7.01	8	9	10	11
NONREIMBURS COST CENTERS TOTAL	17,877,899	2,451,096	1,070,021	3,849,649	927,074	1,884,998	836,697

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0034
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 PART I

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 BIOMEDICAL SERVICES							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	1,396,738						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	27,183		1,368,407				
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	74,887					2,039,951	
018 SOCIAL SERVICE	16,257						517,109
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	400,816		778,104			708,676	346,463
026 INTENSIVE CARE UNIT	83,948		162,967			88,126	51,711
031 SUBPROVIDER I	49,303		95,711			96,694	
033 NURSERY	17,323		33,628			21,419	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	141,779		275,233			146,264	
039 DELIVERY ROOM & LABOR ROO	11,726		22,764			11,628	
040 ANESTHESIOLOGY						17,136	
041 RADIOLOGY-DIAGNOSTIC	84,748					136,269	
041 01 CAT SCAN	11,193					199,507	
041 02 MAGNETIC RESONANCE IMAGIN	6,130					44,063	
041 97 CARDIAC REHABILITATION	4,797					1,632	
043 01 NUCLEAR MEDICINE	5,863					46,103	
044 LABORATORY	107,667					177,680	
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	9,861					9,588	
049 RESPIRATORY THERAPY	44,239					8,976	
049 98 HYPERBARI C OXYGEN THERAPY	1,599					2,856	
050 PHYSICAL THERAPY	43,440					20,196	
052 SPEECH PATHOLOGY	2,132					408	
053 ELECTROCARDIOLOGY	33,313					45,899	
053 01 CATH LAB	14,125					17,952	
054 01 NEUROLOGY	15,191					20,604	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	36,777					95,674	
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARI C OXYGEN THERAPY							
059 99 LITHOTRI PSY							
OUTPAT SERVICE COST CNTRS							
060 CLINIC	9,861					2,244	
060 01 DIABETES EDUCATION	1,333					204	
060 02 PSYCH SERVICES	35,178					12,444	
060 04 ANTI COAGULATION CLINIC	2,132					612	
061 EMERGENCY	94,875					107,097	118,935
061 01 RURAL HEALTH CLINICS							
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FQHC							
OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	1,387,676		1,368,407			2,039,951	517,109
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	2,932						
099 NONPAID WORKERS							
099 05 OTHER NON-REIMBURSABLE							
099 06 OUTSIDE ACCOUNTING	533						
099 07 OUTSIDE PRI NTING	5,597						
099 08 FOUNDATION							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							

COST ALLOCATION - GENERAL SERVICE COSTS

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 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	12	13	14	15	16	17	18
NONREIMBURS COST CENTERS							
TOTAL	1,396,738		1,368,407			2,039,951	517,109

COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	20	21	22	23	24	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 BIOMEDICAL SERVICES							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS						16,974,835	
026 INTENSIVE CARE UNIT						4,092,790	
031 SUBPROVIDER I						2,045,149	
033 NURSERY						951,589	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM						12,105,105	
039 DELIVERY ROOM & LABOR ROO						764,325	
040 ANESTHESIOLOGY						512,235	
041 RADIOLOGY-DIAGNOSTIC						4,007,737	
041 01 CAT SCAN						894,078	
041 02 MAGNETIC RESONANCE IMAGIN						378,509	
041 97 CARDIAC REHABILITATION						158,884	
043 01 NUCLEAR MEDICINE						1,217,675	
044 LABORATORY						5,589,133	
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY						455,290	
049 RESPIRATORY THERAPY						1,633,321	
049 98 HYPERBARIC OXYGEN THERAPY						393,650	
050 PHYSICAL THERAPY						3,314,979	
052 SPEECH PATHOLOGY						126,923	
053 ELECTROCARDIOLOGY						1,707,062	
053 01 CATH LAB						1,721,524	
054 01 NEUROLOGY						652,416	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS						8,151,507	
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARIC OXYGEN THERAPY							
059 99 LITHOTRIpsy							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC						229,220	
060 01 DIABETES EDUCATION						55,961	
060 02 PSYCH SERVICES						1,578,430	
060 04 ANTI COAGULATION CLINIC						129,573	
061 EMERGENCY						4,682,404	
061 01 RURAL HEALTH CLINICS							
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FQHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS						74,524,304	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						68,315	
099 NONPAID WORKERS						11,792	
099 05 OTHER NON-REIMBURSABLE						3,786,770	
099 06 OUTSIDE ACCOUNTING						4,027	
099 07 OUTSIDE PRINTING						199,627	
099 08 FOUNDATION						93,448	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0034
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 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	20	21	22	23	24	25	26
103 NONREIMBURS COST CENTERS TOTAL						78,688,283	

COST ALLOCATION - GENERAL SERVICE COSTS

TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
001 GENERAL SERVICE COST CNTR	
002 OLD CAP REL COSTS-BLDG &	
003 OLD CAP REL COSTS-MVBLE E	
004 NEW CAP REL COSTS-BLDG &	
005 NEW CAP REL COSTS-MVBLE E	
006 EMPLOYEE BENEFITS	
007 ADMINSTRATIVE & GENERAL	
007 MAINTENANCE & REPAIRS	
007 01 BIOMEDICAL SERVICES	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
013 MAINTENANCE OF PERSONNEL	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
020 NONPHYSICIAN ANESTHETISTS	
021 NURSING SCHOOL	
022 I&R SERVICES-SALARY & FRI	
023 I&R SERVICES-OTHER PRGM C	
024 PARAMED ED PRGM-(SPECIFY)	
INPAT ROUTINE SRVC CNTRS	
025 ADULTS & PEDIATRICS	16,974,835
026 INTENSIVE CARE UNIT	4,092,790
031 SUBPROVIDER I	2,045,149
033 NURSERY	951,589
ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	12,105,105
039 DELIVERY ROOM & LABOR ROO	764,325
040 ANESTHESIOLOGY	512,235
041 RADIOLOGY-DIAGNOSTIC	4,007,737
041 01 CAT SCAN	894,078
041 02 MAGNETIC RESONANCE IMAGIN	378,509
041 97 CARDIAC REHABILITATION	158,884
043 01 NUCLEAR MEDICINE	1,217,675
044 LABORATORY	5,589,133
046 30 BLOOD CLOTTING FACTORS AD	
048 INTRAVENOUS THERAPY	455,290
049 RESPIRATORY THERAPY	1,633,321
049 98 HYPERBARIC OXYGEN THERAPY	393,650
050 PHYSICAL THERAPY	3,314,979
052 SPEECH PATHOLOGY	126,923
053 ELECTROCARDIOLOGY	1,707,062
053 01 CATH LAB	1,721,524
054 01 NEUROLOGY	652,416
055 MEDICAL SUPPLIES CHARGED	
055 30 IMPL. DEV. CHARGED TO PAT	
056 DRUGS CHARGED TO PATIENTS	8,151,507
059 97 CARDIAC REHABILITATION	
059 98 HYPERBARIC OXYGEN THERAPY	
059 99 LI THOTRI PSY	
OUTPAT SERVICE COST CNTRS	
060 CLINIC	229,220
060 01 DIABETES EDUCATION	55,961
060 02 PSYCH SERVICES	1,578,430
060 04 ANTI COAGULATION CLINIC	129,573
061 EMERGENCY	4,682,404
061 01 RURAL HEALTH CLINICS	
062 OBSERVATION BEDS (NON-DIS	
063 50 RHC	
063 60 FQHC	
OTHER REIMBURS COST CNTRS	
069 10 CMHC	
069 20 OUTPATIENT PHYSICAL THERA	
069 30 OUTPATIENT OCCUPATIONAL T	
069 40 OUTPATIENT SPEECH PATHOLO	
071 HOME HEALTH AGENCY	
SPEC PURPOSE COST CENTERS	
085 01 PANCREAS ACQUISITION	
085 02 INTESTINAL ACQUISITION	
085 03 ISLET CELL ACQUISITION	
095 SUBTOTALS	74,524,304
NONREIMBURS COST CENTERS	
096 GIFT, FLOWER, COFFEE SHOP	68,315
099 NONPAID WORKERS	11,792
099 05 OTHER NON-REIMBURSABLE	3,786,770
099 06 OUTSIDE ACCOUNTING	4,027
099 07 OUTSIDE PRINTING	199,627
099 08 FOUNDATION	93,448
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	

COST ALLOCATION - GENERAL SERVICE COSTS

IN LIEU OF FORM CMS-2552-96(7/2009)CONTD
| PROVIDER NO: | PERIOD: | PREPARED 5/20/2011
| 14-0034 | FROM 1/ 1/2010 | WORKSHEET B
| | TO 12/31/2010 | PART I

COST CENTER DESCRIPTION		TOTAL
103	NONREIMBURS COST CENTERS TOTAL	78,688,283

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				11,957	377	12,334	12,334
007 ADMINISTRATIVE & GENERAL	10,286			646,847	375,225	1,032,358	1,974
007 MAINTENANCE & REPAIRS	1,580			42,098		43,678	69
007 01 BIOMEDICAL SERVICES				5,184	217	5,401	
008 OPERATION OF PLANT				108,357	139,754	248,111	229
009 LAUNDRY & LINEN SERVICE	102			36,655	15,811	52,568	46
010 HOUSEKEEPING				26,762	24,847	51,609	326
011 DIETARY				14,012	3,640	17,652	107
012 CAFETERIA				39,972	10,014	49,986	195
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				3,840	113,922	117,762	230
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY				30,947	2,104	33,051	328
018 SOCIAL SERVICE				3,936		3,936	101
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	65,377			267,068	82,319	414,764	2,334
026 INTENSIVE CARE UNIT	12,734			27,837	76,208	116,779	641
031 SUBPROVIDER I				34,389	1,890	36,279	303
033 NURSERY				20,464	14,785	35,249	138
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	111,880			243,624	836,133	1,191,637	981
039 DELIVERY ROOM & LABOR ROO				31,725	9,990	41,715	94
040 ANESTHESIOLOGY	1,942			1,997	90,208	94,147	
041 RADIOLOGY-DIAGNOSTIC	102			64,381	327,020	391,503	543
041 01 CAT SCAN				3,365	28,097	31,462	82
041 02 MAGNETIC RESONANCE IMAGIN	10,924			1,959	14,530	27,413	40
041 97 CARDIAC REHABILITATION							33
043 01 NUCLEAR MEDICINE				4,531	225	4,756	59
044 LABORATORY	2,560			34,903	104,875	142,338	540
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY				5,093	2,129	7,222	68
049 RESPIRATORY THERAPY	32,871			7,508	45,037	85,416	241
049 98 HYPERBARI C OXYGEN THERAPY				994	2,846	3,840	12
050 PHYSICAL THERAPY	95,006			22,854	20,917	138,777	590
052 SPEECH PATHOLOGY				3,471	3,060	6,531	21
053 ELECTROCARDIOLOGY	186			28,797	152,187	181,170	217
053 01 CATH LAB	40,481			21,212	162,823	224,516	106
054 01 NEUROLOGY	1,600			10,585	34,948	47,133	86
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	43,156			13,863	136,764	193,783	360
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARI C OXYGEN THERAPY							
059 99 LITHOTRIpsy							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	41			1,464	2,847	4,352	67
060 01 DIABETES EDUCATION				307		307	12
060 02 PSYCH SERVICES	15,392			50,302	2,784	68,478	222
060 04 ANTI COAGULATION CLINIC				480		480	27
061 EMERGENCY				28,552	37,676	66,228	717
061 01 RURAL HEALTH CLINICS							
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FQHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	446,220			1,902,292	2,876,209	5,224,721	12,139
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				1,574	808	2,382	
099 NONPAID WORKERS							12
099 05 OTHER NON-REIMBURSABLE	189,728			201,036	36,274	427,038	152
099 06 OUTSIDE ACCOUNTING							2
099 07 OUTSIDE PRINTING					12,377	12,377	18
099 08 FOUNDATION				691		691	11
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0034
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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
NONREIMBURS COST CENTERS							
TOTAL	635,948			2,105,593	2,925,668	5,667,209	12,334

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL SERVICES	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6	7	7.01	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	1,034,332						
007 MAINTENANCE & REPAIRS	32,219	75,966					
007 01 BIOMEDICAL SERVICES	14,052	30	19,483				
008 OPERATION OF PLANT	30,600	47,159		326,099			
009 LAUNDRY & LINEN SERVICE	10,368	898		9,263	73,143		
010 HOUSEKEEPING	22,719	355		6,763	5,153	86,925	
011 DIETARY	9,956	742		3,616	202	465	32,740
012 CAFETERIA	15,469	2,045		10,101	556	1,275	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	16,181	458	1,199	1,592	311	316	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	23,867	171		7,820		2,373	
018 SOCIAL SERVICE	6,333	68		995		237	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	162,381	5,874	1,094	67,490	26,779	17,492	24,375
026 INTENSIVE CARE UNIT	44,009	1,622	822	7,034	4,543	3,164	2,006
031 SUBPROVIDER I	19,588	925	29	8,690	1,497	3,401	3,385
033 NURSERY	9,974	372	266	5,171	336	1,313	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	133,862	2,441	3,237	61,564	10,635	10,045	864
039 DELIVERY ROOM & LABOR ROO	7,070	251	174	8,017	2,489	1,682	
040 ANESTHESIOLOGY	5,694	9	857	505		395	
041 RADIOLOGY-DIAGNOSTIC	41,957	1,341	3,387	17,120	4,985	4,587	27
041 01 CAT SCAN	8,092	168	978			395	
041 02 MAGNETIC RESONANCE IMAGIN	3,677	38	550			791	
041 97 CARDIAC REHABILITATION	1,887		162				
043 01 NUCLEAR MEDICINE	14,532	210	347	1,145		395	479
044 LABORATORY	66,900	529	434	8,820	49	3,164	
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	4,962	127	41	1,287	200	1,582	
049 RESPIRATORY THERAPY	19,402	98	1,303	1,897		218	88
049 98 HYPERBARIC OXYGEN THERAPY	4,862		93			475	153
050 PHYSICAL THERAPY	40,346	210	544	5,775	3,105	1,582	136
052 SPEECH PATHOLOGY	1,402	30	23	877		237	
053 ELECTROCARDIOLOGY	19,274	290	822	7,277	991	395	
053 01 CATH LAB	19,861	245	1,309	5,360	599	1,285	
054 01 NEUROLOGY	6,932	62	562	2,675	607	791	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	104,584	106		3,503	51	791	
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARIC OXYGEN THERAPY							
059 99 LITHOTRIPSY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,251	919			64	712	
060 01 DIABETES EDUCATION	715						
060 02 PSYCH SERVICES	16,689	520		12,711		4,350	
060 04 ANTI COAGULATION CLINIC	1,648			121			
061 EMERGENCY	51,597	1,776	318	7,215	8,489	6,328	1,227
061 01 RURAL HEALTH CLINICS							
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FQHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	995,912	70,089	18,551	274,404	71,641	70,236	32,740
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	798			398			
099 NONPAID WORKERS	155						
099 05 OTHER NON-REIMBURSABLE	33,655	5,847	932	51,297	1,502	16,689	
099 06 OUTSIDE ACCOUNTING	46						
099 07 OUTSIDE PRI NTING	2,538	30					
099 08 FOUNDATION	1,228						
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	BIOMEDICAL SERVICES	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6	7	7.01	8	9	10	11
NONREIMBURS COST CENTERS TOTAL	1,034,332	75,966	19,483	326,099	73,143	86,925	32,740

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVI CE 18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINI STRATIVE & GENERAL							
007 MAI NTENANCE & REPAIRS							
007 01 BIOMEDI CAL SERVICES							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI CE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	79,627						
013 MAI NTENANCE OF PERSONNEL							
014 NURSING ADMINI STRATION	1,550		139,599				
015 CENTRAL SERVI CES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	4,269					71,879	
018 SOCIAL SERVICE	927						12,597
020 NONPHYSI CIAN ANESTHETI STS							
021 NURSING SCHOOL							
022 I&R SERVI CES-SALARY & FRI							
023 I&R SERVI CES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDI ATRICS	22,852		79,379			24,968	8,440
026 INTENSIVE CARE UNIT	4,786		16,625			3,105	1,260
031 SUBPROVIDER I	2,811		9,764			3,407	
033 NURSERY	988		3,431			755	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	8,083		28,078			5,154	
039 DELIVERY ROOM & LABOR ROO	668		2,322			410	
040 ANESTHESI OLOGY						604	
041 RADIOLOGY-DI AGNOSTI C	4,831					4,802	
041 01 CAT SCAN	638					7,030	
041 02 MAGNETIC RESONANCE IMAGI N	349					1,553	
041 97 CARDIAC REHABI LITATION	273					58	
043 01 NUCLEAR MEDI CINE	334					1,624	
044 LABORATORY	6,138					6,261	
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	562					338	
049 RESPI RATORY THERAPY	2,522					316	
049 98 HYPERBARI C OXYGEN THERAPY	91					101	
050 PHYSI CAL THERAPY	2,476					712	
052 SPEECH PATHOLOGY	122					14	
053 ELECTROCARDI OLOGY	1,899					1,617	
053 01 CATH LAB	805					633	
054 01 NEUROLOGY	866					726	
055 MEDICAL SUPPLI ES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	2,097					3,371	
059 97 CARDI AC REHABI LITATION							
059 98 HYPERBARI C OXYGEN THERAPY							
059 99 LI THOTRI PSY							
060 OUTPAT SERVI CE COST CNTRS							
060 CLINI C	562					79	
060 01 DI ABETES EDUCATION	76					7	
060 02 PSYCH SERVI CES	2,005					438	
060 04 ANTI COAGULATI ON CLINI C	122					22	
061 EMERGENCY	5,409					3,774	2,897
061 01 RURAL HEALTH CLINI CS							
062 OBSERVATI ON BEDS (NON-DI S							
063 50 RHC							
063 60 FQHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATI ENT PHYSI CAL THERA							
069 30 OUTPATI ENT OCCUPATI ONAL T							
069 40 OUTPATI ENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUI SI TION							
085 02 I NTESTI NAL ACQUI SI TION							
085 03 I SLET CELL ACQUI SI TION							
095 SUBTOTALS	79,111		139,599			71,879	12,597
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	167						
099 NONPAI D WORKERS							
099 05 OTHER NON-REIMBURSABLE							
099 06 OUTSI DE ACCOUNTI NG	30						
099 07 OUTSI DE PRI NTI NG	319						
099 08 FOUNDATI ON							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATI VE COST CENTER							

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PREPARED 5/20/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
NONREIMBURS COST CENTERS	12	13	14	15	16	17	18
TOTAL	79,627		139,599			71,879	12,597

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	20	21	22	23	24	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 BIOMEDICAL SERVICES							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS						858,222	
026 INTENSIVE CARE UNIT						206,396	
031 SUBPROVIDER I						90,079	
033 NURSERY						57,993	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM						1,456,581	
039 DELIVERY ROOM & LABOR ROO						64,892	
040 ANESTHESIOLOGY						102,211	
041 RADIOLOGY-DIAGNOSTIC						475,083	
041 01 CAT SCAN						48,845	
041 02 MAGNETIC RESONANCE IMAGIN						34,411	
041 97 CARDIAC REHABILITATION						2,413	
043 01 NUCLEAR MEDICINE						23,881	
044 LABORATORY						235,173	
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY						16,389	
049 RESPIRATORY THERAPY						111,501	
049 98 HYPERBARI C OXYGEN THERAPY						9,627	
050 PHYSICAL THERAPY						194,253	
052 SPEECH PATHOLOGY						9,257	
053 ELECTROCARDIOLOGY						213,952	
053 01 CATH LAB						254,719	
054 01 NEUROLOGY						60,440	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS						308,646	
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARI C OXYGEN THERAPY							
059 99 LITHOTRIpsy							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC						9,006	
060 01 DIABETES EDUCATION						1,117	
060 02 PSYCH SERVICES						105,413	
060 04 ANTI COAGULATION CLINIC						2,420	
061 EMERGENCY						155,975	
061 01 RURAL HEALTH CLINICS							
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FQHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS						5,108,895	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						3,745	
099 NONPAID WORKERS						167	
099 05 OTHER NON-REIMBURSABLE						537,112	
099 06 OUTSIDE ACCOUNTING						78	
099 07 OUTSIDE PRINTING						15,282	
099 08 FOUNDATION						1,930	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PREPARED 5/20/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	20	21	22	23	24	25	26
NONREIMBURS COST CENTERS TOTAL						5,667,209	

ALLOCATION OF NEW CAPITAL RELATED COSTS

TOTAL

27

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
007	ADMINISTRATIVE & GENERAL	
007	MAINTENANCE & REPAIRS	
007 01	BIOMEDICAL SERVICES	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM-(SPECIFY)	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	858,222
026	INTENSIVE CARE UNIT	206,396
031	SUBPROVIDER I	90,079
033	NURSERY	57,993
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	1,456,581
039	DELIVERY ROOM & LABOR ROO	64,892
040	ANESTHESIOLOGY	102,211
041	RADIOLOGY-DIAGNOSTIC	475,083
041 01	CAT SCAN	48,845
041 02	MAGNETIC RESONANCE IMAGIN	34,411
041 97	CARDIAC REHABILITATION	2,413
043 01	NUCLEAR MEDICINE	23,881
044	LABORATORY	235,173
046 30	BLOOD CLOTTING FACTORS AD	
048	INTRAVENOUS THERAPY	16,389
049	RESPIRATORY THERAPY	111,501
049 98	HYPERBARIC OXYGEN THERAPY	9,627
050	PHYSICAL THERAPY	194,253
052	SPEECH PATHOLOGY	9,257
053	ELECTROCARDIOLOGY	213,952
053 01	CATH LAB	254,719
054 01	NEUROLOGY	60,440
055	MEDICAL SUPPLIES CHARGED	
055 30	IMPL. DEV. CHARGED TO PAT	
056	DRUGS CHARGED TO PATIENTS	308,646
059 97	CARDIAC REHABILITATION	
059 98	HYPERBARIC OXYGEN THERAPY	
059 99	LITHOTRIpsy	
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	9,006
060 01	DIABETES EDUCATION	1,117
060 02	PSYCH SERVICES	105,413
060 04	ANTI COAGULATION CLINIC	2,420
061	EMERGENCY	155,975
061 01	RURAL HEALTH CLINICS	
062	OBSERVATION BEDS (NON-DIS	
063 50	RHC	
063 60	FQHC	
	OTHER REIMBURS COST CNTRS	
069 10	CMHC	
069 20	OUTPATIENT PHYSICAL THERA	
069 30	OUTPATIENT OCCUPATIONAL T	
069 40	OUTPATIENT SPEECH PATHOLO	
071	HOME HEALTH AGENCY	
	SPEC PURPOSE COST CENTERS	
085 01	PANCREAS ACQUISITION	
085 02	INTESTINAL ACQUISITION	
085 03	SLEET CELL ACQUISITION	
095	SUBTOTALS	5,108,895
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	3,745
099	NONPAID WORKERS	167
099 05	OTHER NON-REIMBURSABLE	537,112
099 06	OUTSIDE ACCOUNTING	78
099 07	OUTSIDE PRINTING	15,282
099 08	FOUNDATION	1,930
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	

ALLOCATION OF NEW CAPITAL RELATED COSTS

IN LIEU OF FORM CMS-2552-96(7/2009)CONTD
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TOTAL

		27
103	NONREIMBURS COST CENTERS	
	TOTAL	5,667,209

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0034
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 PREPARED 5/20/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)	RECONCILIATION
	1	2	3	4	5	6a. 00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			438,640			
004 NEW CAP REL COSTS-MVB				2,078,705		
005 EMPLOYEE BENEFITS			2,491	268	34,153,606	
006 ADMINSTRATIVE & GENE			134,752	266,600	5,468,439	-17,877,899
007 MAINTENANCE & REPAIRS			8,770		191,406	
007 01 BIOMEDICAL SERVICES			1,080	154	287	
008 OPERATION OF PLANT			22,573	99,296	634,378	
009 LAUNDRY & LINEN SERVI			7,636	11,234	128,165	
010 HOUSEKEEPING			5,575	17,654	904,071	
011 DIETARY			2,919	2,586	296,517	
012 CAFETERIA			8,327	7,115	539,382	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINSTRATIO			800	80,942	637,401	
015 CENTRAL SERVICES & SU						
016 PHARMACY						
017 MEDICAL RECORDS & LIB			6,447	1,495	909,684	
018 SOCIAL SERVICE			820		279,362	
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS			55,636	58,488	6,446,034	
026 INTENSIVE CARE UNIT			5,799	54,146	1,776,751	
031 SUBPROVIDER I			7,164	1,343	837,970	
033 NURSERY			4,263	10,505	383,645	
ANCILLARY SRVC COST C						
037 OPERATING ROOM			50,752	594,076	2,717,437	
039 DELIVERY ROOM & LABOR			6,609	7,098	260,668	
040 ANESTHESIOLOGY			416	64,093		
041 RADIOLOGY-DIAGNOSTIC			13,412	232,350	1,503,039	
041 01 CAT SCAN			701	19,963	228,345	
041 02 MAGNETIC RESONANCE IM			408	10,324	111,113	
041 97 CARDIAC REHABILITATIO					92,136	
043 01 NUCLEAR MEDICINE			944	160	164,793	
044 LABORATORY			7,271	74,514	1,495,186	
046 30 BLOOD CLOTTING FACTOR						
048 INTRAVENOUS THERAPY			1,061	1,513	188,441	
049 RESPIRATORY THERAPY			1,564	31,999	668,099	
049 98 HYPERBARIC OXYGEN THE			207	2,022	32,784	
050 PHYSICAL THERAPY			4,761	14,862	1,633,128	
052 SPEECH PATHOLOGY			723	2,174	57,285	
053 ELECTROCARDIOLOGY			5,999	108,130	601,618	
053 01 CATH LAB			4,419	115,687	292,975	
054 01 NEUROLOGY			2,205	24,831	239,142	
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI			2,888	97,172	998,189	
059 97 CARDIAC REHABILITATIO						
059 98 HYPERBARIC OXYGEN THE						
059 99 LI THOTRIPSY						
OUTPAT SERVICE COST C						
060 CLINIC			305	2,023	186,630	
060 01 DIABETES EDUCATION			64		31,917	
060 02 PSYCH SERVICES			10,479	1,978	613,923	
060 04 ANTI COAGULATION CLINI			100		74,739	
061 EMERGENCY			5,948	26,769	1,985,117	
061 01 RURAL HEALTH CLINICS						
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FOHC						
OTHER REIMBURS COST C						
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
085 02 INTESITINAL ACQUISITIO						
085 03 ISLET CELL ACQUISITIO						
095 SUBTOTALS			396,288	2,043,564	33,610,196	-17,877,899
NONREIMBURS COST CENT						
096 GI FT, FLOWER, COFFEE			328	574		
099 NONPAID WORKERS					32,283	
099 05 OTHER NON-REIMBURSABL			41,880	25,773	422,015	
099 06 OUTSIDE ACCOUNTING					6,769	

COST ALLOCATION - STATISTICAL BASIS

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 PREPARED 5/20/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENT						
099 07 OUTSIDE PRINTING				8,794	50,758	
099 08 FOUNDATION			144		31,585	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			2,105,593	2,925,668	9,640,629	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			4.800276	1.407447	.282273	
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)					12,334	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000361	

COST ALLOCATION - STATISTICAL BASIS

14-0034

FROM 1/ 1/2010

WORKSHEET B-1

TO 12/31/2010

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL SERVICES	SE OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
(ACCUM. COST)	(HOURS OF SERVICE)	(HOURS OF SERVICE)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	()
6	7	7.01	8	9	10	11	
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	60,810,384						
007 MAINTENANCE & REPAIRS	1,894,210	25,710					
007 01 BIOMEDICAL SERVICES	826,177	10	3,365				
008 OPERATION OF PLANT	1,799,070	15,961		268,828			
009 LAUNDRY & LINEN SERVICE	609,542	304		7,636	827,961		
010 HOUSEKEEPING	1,335,717	120		5,575	58,330	52,752	
011 DIETARY	585,352	251		2,981	2,287	282	125,666
012 CAFETERIA	909,446	692		8,327	6,293	774	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	951,345	155	207	1,312	3,519	192	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	1,403,218	58		6,447		1,440	
018 SOCIAL SERVICE	372,313	23		820		144	
020 NONPHYSICIAN ANESTHESIOLOGIST							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPECIAL)							
025 INPATIENT ROUTINE SERVICE CENTER	9,546,275	1,988	189	55,636	303,134	10,614	93,557
026 ADULTS & PEDIATRICS	2,587,379	549	142	5,799	51,424	1,920	7,699
031 INTENSIVE CARE UNIT	1,151,620	313	5	7,164	16,943	2,064	12,993
033 SUBPROVIDER	586,399	126	46	4,263	3,802	797	
037 NURSERY							
037 ANCILLARY SERVICE COST CENTER							
039 OPERATING ROOM	7,870,087	826	559	50,752	120,388	6,096	3,316
039 DELIVERY ROOM & LABOR	415,677	85	30	6,609	28,180	1,021	
040 ANESTHESIOLOGY	334,791	3	148	416		240	
041 RADIOLOGY-DIAGNOSTIC	2,466,753	454	585	14,113	56,427	2,784	104
041 01 CAT SCAN	475,758	57	169			240	
041 02 MAGNETIC RESONANCE IMAGING	216,165	13	95			480	
041 97 CARDIAC REHABILITATION	110,936		28				
043 01 NUCLEAR MEDICINE	854,344	71	60	944		240	1,840
044 LABORATORY	3,933,184	179	75	7,271	559	1,920	
046 30 BLOOD CLOTTING FACTOR							
048 INTRAVENOUS THERAPY	291,715	43	7	1,061	2,269	960	
049 RESPIRATORY THERAPY	1,140,692	33	225	1,564		132	338
049 98 HYPERBARIC OXYGEN THERAPY	285,865	71	16			288	587
050 PHYSICAL THERAPY	2,372,019	10	94	4,761	35,147	960	521
052 SPEECH PATHOLOGY	82,426	10	4	723		144	
053 ELECTROCARDIOLOGY	1,133,166	98	142	5,999	11,218	240	
053 01 CATH LAB	1,167,648	83	226	4,419	6,775	780	
054 01 NEUROLOGY	407,542	21	97	2,205	6,867	480	
055 MEDICAL SUPPLIES CHARGED TO PATIENT							
055 30 IMPL. DEV. CHARGED TO PATIENT							
056 DRUGS CHARGED TO PATIENT	6,148,766	36		2,888	580	480	
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARIC OXYGEN THERAPY							
059 99 LITHOTRIPSY							
060 OUTPATIENT SERVICE COST CENTER							
060 01 CLINIC	132,317	311			724	432	
060 01 DIABETES EDUCATION	42,059						
060 02 PSYCH SERVICES	981,173	176		10,479		2,640	
060 04 ANTI COAGULATION CLINIC	96,907			100			
061 EMERGENCY	3,033,525	601	55	5,948	96,088	3,840	4,711
061 01 RURAL HEALTH CLINICS							
062 OBSERVATION BEDS (NON-PAYING)							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURSABLE COST CENTER							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATION THERAPY							
069 40 OUTPATIENT SPEECH THERAPY							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTER							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	58,551,578	23,721	3,204	226,212	810,954	42,624	125,666
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE	46,898			328			
099 NONPAID WORKERS	9,113						
099 05 OTHER NON-REIMBURSABLE	1,978,668	1,979	161	42,288	17,007	10,128	
099 06 OUTSIDE ACCOUNTING	2,700						

COST ALLOCATION - STATISTICAL BASIS

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 WORKSHEET B-1

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL SERVICES	SE OPERATIONS PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		(ACCUM. COST)	(HOURS OF SERVICE)	(HOURS OF SERVICE)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)
		6	7	7.01	8	9	10	11
099	07 NONREIMBURS COST CENT							
099	08 OUTSIDE PRINTING	149,210	10					
101	FOUNDATION	72,217						
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	17,877,899	2,451,096	1,070,021	3,849,649	927,074	1,884,998	836,697
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.293994	95.336289	317.985438	14.320119	1.119707	35.733204	6.658102
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)	1,034,332	75,966	19,483	326,099	73,143	86,925	32,740
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.017009	2.954726	5.789896	1.213040	.088341	1.647805	.260532

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA (FULL TIME EQUIVALENT)	MAINTENANCE F PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FULL TIME EQUIVALENT)	CENTRAL SERVICES & SUPPLY (BLANK)	PHARMACY (COSTED) REQUIS.	MEDICAL RECORDS & LIBRARY (TIME) SPENT	SOCIAL SERVICE (TIME) SPENT
	12	13	14	15	16	17	18
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
01 BIOMEDICAL SERVICES							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	52,410						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,020		26,450				
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	2,810					10,000	
018 SOCIAL SERVICE	610						100
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPECIAL INPAT ROUTINE SRVC CN)							
025 ADULTS & PEDIATRICS	15,040		15,040			3,474	67
026 INTENSIVE CARE UNIT	3,150		3,150			432	10
031 SUBPROVIDER I	1,850		1,850			474	
033 NURSERY	650		650			105	
ANCILLARY SRVC COST CENTER							
037 OPERATING ROOM	5,320		5,320			717	
039 DELIVERY ROOM & LABOR	440		440			57	
040 ANESTHESIOLOGY						84	
041 RADIOLOGY-DIAGNOSTIC	3,180					668	
041 01 CAT SCAN	420					978	
041 02 MAGNETIC RESONANCE IMAGING	230					216	
041 97 CARDIAC REHABILITATION	180					8	
043 01 NUCLEAR MEDICINE	220					226	
044 LABORATORY	4,040					871	
046 30 BLOOD CLOTTING FACTOR							
048 INTRAVENOUS THERAPY	370					47	
049 RESPIRATORY THERAPY	1,660					44	
049 98 HYPERBARIC OXYGEN THERAPY	60					14	
050 PHYSICAL THERAPY	1,630					99	
052 SPEECH PATHOLOGY	80					2	
053 ELECTROCARDIOLOGY	1,250					225	
053 01 CATH LAB	530					88	
054 01 NEUROLOGY	570					101	
055 MEDICAL SUPPLIES CHARGED TO PATIENT							
055 30 IMPL. DEV. CHARGED TO PATIENT							
056 DRUGS CHARGED TO PATIENT	1,380					469	
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARIC OXYGEN THERAPY							
059 99 LITHOTRIPSY							
OUTPAT SERVICE COST CENTER							
060 CLINIC	370					11	
060 01 DIABETES EDUCATION	50					1	
060 02 PSYCH SERVICES	1,320					61	
060 04 ANTI COAGULATION CLINIC	80					3	
061 EMERGENCY	3,560					525	23
061 01 RURAL HEALTH CLINICS							
062 OBSERVATION BEDS (NON-PAYING)							
063 50 RHC							
063 60 FQHC							
OTHER REIMBURS COST CENTER							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATION THERAPY							
069 40 OUTPATIENT SPEECH THERAPY							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTER							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	52,070		26,450			10,000	100
NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE	110						
099 NONPAID WORKERS							
099 05 OTHER NON-REIMBURSABLE							
099 06 OUTSIDE ACCOUNTING	20						

COST ALLOCATION - STATISTICAL BASIS

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 WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA (FULL TIME EQUIVALENT)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FULL TIME EQUIVALENT)	CENTRAL SERVICES & SUPPLY (BLANK)	PHARMACY (COSTED) REQUIS.	MEDICAL RECORDS & LIBRARY (TIME) SPENT	SOCIAL SERVICES (TIME) SPENT
	12	13	14	15	16	17	18
NONREIMBURS COST CENT							
099 07 OUTSIDE PRINTING	210						
099 08 FOUNDATION							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,396,738		1,368,407			2,039,951	517,109
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	26.650219		51.735614			203.995100	5,171.090000
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)	79,627		139,599			71,879	12,597
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.519309		5.277845			7.187900	125.970000

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(BLANK)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	20	21	22	23	24
GENERAL SERVICE COST					
001 OLD CAP REL COSTS-BLD					
002 OLD CAP REL COSTS-MVB					
003 NEW CAP REL COSTS-BLD					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENE					
007 MAINTENANCE & REPAIRS					
007 01 BIOMEDICAL SERVICES					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVI					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSON					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SU					
016 PHARMACY					
017 MEDICAL RECORDS & LIB					
018 SOCIAL SERVICE					
020 NONPHYSICIAN ANESTHET					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY &					
023 I&R SERVICES-OTHER PR					
024 PARAMED ED PRGM-(SPEC					
INPAT ROUTINE SRVC CN					
025 ADULTS & PEDIATRICS					
026 INTENSIVE CARE UNIT					
031 SUBPROVIDER I					
033 NURSERY					
ANCILLARY SRVC COST C					
037 OPERATING ROOM					
039 DELIVERY ROOM & LABOR					
040 ANESTHESIOLOGY					
041 RADIOLOGY-DIAGNOSTIC					
041 01 CAT SCAN					
041 02 MAGNETIC RESONANCE IM					
041 97 CARDIAC REHABILITATIO					
043 01 NUCLEAR MEDICINE					
044 LABORATORY					
046 30 BLOOD CLOTTING FACTOR					
048 INTRAVENOUS THERAPY					
049 RESPIRATORY THERAPY					
049 98 HYPERBARIC OXYGEN THE					
050 PHYSICAL THERAPY					
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY					
053 01 CATH LAB					
054 01 NEUROLOGY					
055 MEDICAL SUPPLIES CHAR					
055 30 IMPL. DEV. CHARGED TO					
056 DRUGS CHARGED TO PATI					
059 97 CARDIAC REHABILITATIO					
059 98 HYPERBARIC OXYGEN THE					
059 99 LITHOTRIPSY					
OUTPAT SERVICE COST C					
060 CLINIC					
060 01 DIABETES EDUCATION					
060 02 PSYCH SERVICES					
060 04 ANTI COAGULATION CLINI					
061 EMERGENCY					
061 01 RURAL HEALTH CLINICS					
062 OBSERVATION BEDS (NON					
063 50 RHC					
063 60 FOHC					
OTHER REIMBURS COST C					
069 10 CMHC					
069 20 OUTPATIENT PHYSICAL T					
069 30 OUTPATIENT OCCUPATION					
069 40 OUTPATIENT SPEECH PAT					
071 HOME HEALTH AGENCY					
SPEC PURPOSE COST CEN					
085 01 PANCREAS ACQUISITION					
085 02 INTESTINAL ACQUISITIO					
085 03 ISLET CELL ACQUISITIO					
095 SUBTOTALS					
NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE					
099 NONPAID WORKERS					
099 05 OTHER NON-REIMBURSABL					
099 06 OUTSIDE ACCOUNTING					

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(BLANK)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	20	21	22	23	24
NONREIMBURS COST CENT					
099 07 OUTSIDE PRINTING					
099 08 FOUNDATION					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED (PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)					
105 COST TO BE ALLOCATED (PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					
107 COST TO BE ALLOCATED (PER WRKSHT B, PART					
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					

COMPUTATION OF RATIO OF COSTS TO CHARGES

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 PREPARED 5/20/2011
 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	16,974,835		16,974,835	10,610	16,985,445
26	INTENSIVE CARE UNIT	4,092,790		4,092,790		4,092,790
31	SUBPROVIDER I	2,045,149		2,045,149	8,627	2,053,776
33	NURSERY	951,589		951,589		951,589
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	12,105,105		12,105,105	42,776	12,147,881
39	DELIVERY ROOM & LABOR ROO	764,325		764,325		764,325
40	ANESTHESIOLOGY	512,235		512,235	34,776	547,011
41	RADIOLOGY-DIAGNOSTIC	4,007,737		4,007,737		4,007,737
41	01 CAT SCAN	894,078		894,078		894,078
41	02 MAGNETIC RESONANCE IMAGIN	378,509		378,509		378,509
41	97 CARDIAC REHABILITATION	158,884		158,884	9,301	168,185
43	01 NUCLEAR MEDICINE	1,217,675		1,217,675		1,217,675
44	LABORATORY	5,589,133		5,589,133	34	5,589,167
46	30 BLOOD CLOTTING FACTORS AD					
48	INTRAVENOUS THERAPY	455,290		455,290		455,290
49	RESPIRATORY THERAPY	1,633,321		1,633,321		1,633,321
49	98 HYPERBARI C OXYGEN THERAPY	393,650		393,650		393,650
50	PHYSICAL THERAPY	3,314,979		3,314,979	1,466	3,316,445
52	SPEECH PATHOLOGY	126,923		126,923		126,923
53	ELECTROCARDIOLOGY	1,707,062		1,707,062	14,367	1,721,429
53	01 CATH LAB	1,721,524		1,721,524	17,144	1,738,668
54	01 NEUROLOGY	652,416		652,416		652,416
55	MEDICAL SUPPLIES CHARGED					
55	30 IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS	8,151,507		8,151,507		8,151,507
59	97 CARDIAC REHABILITATION					
59	98 HYPERBARI C OXYGEN THERAPY					
59	99 LI THOTRI PSY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	229,220		229,220	2,698	231,918
60	01 DIABETES EDUCATION	55,961		55,961		55,961
60	02 PSYCH SERVICES	1,578,430		1,578,430	14,330	1,592,760
60	04 ANTI COAGULATION CLINIC	129,573		129,573		129,573
61	EMERGENCY	4,682,404		4,682,404		4,682,404
61	01 RURAL HEALTH CLINICS					
62	OBSERVATION BEDS (NON-DIS	723,204		723,204		723,204
63	50 RHC					
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	75,247,508		75,247,508	156,129	75,403,637
102	LESS OBSERVATION BEDS	723,204		723,204		723,204
103	TOTAL	74,524,304		74,524,304	156,129	74,680,433

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	12,876,800		12,876,800			
26	INTENSIVE CARE UNIT	3,083,499		3,083,499			
31	SUBPROVIDER I	1,709,249		1,709,249			
33	NURSERY	377,177		377,177			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	15,597,520	15,756,695	31,354,215	.386076	.386076	.387440
39	DELIVERY ROOM & LABOR ROO	1,827,134	1,271,311	3,098,445	.246680	.246680	.246680
40	ANESTHESIOLOGY	1,999,649	1,858,994	3,858,643	.132750	.132750	.141763
41	RADIOLOGY-DIAGNOSTIC	4,081,146	15,031,194	19,112,340	.209694	.209694	.209694
41 01	CAT SCAN	10,943,722	21,900,093	32,843,815	.027222	.027222	.027222
41 02	MAGNETIC RESONANCE IMAGIN	883,756	4,725,831	5,609,587	.067475	.067475	.067475
41 97	CARDIAC REHABILITATION		157,431	157,431	1.009229	1.009229	1.068309
43 01	NUCLEAR MEDICINE	1,322,184	5,019,481	6,341,665	.192012	.192012	.192012
44	LABORATORY	17,110,529	19,345,465	36,455,994	.153312	.153312	.153313
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	6,926	1,075,837	1,082,763	.420489	.420489	.420489
49	RESPIRATORY THERAPY	3,197,978	980,757	4,178,735	.390865	.390865	.390865
49 98	HYPERBARI C OXYGEN THERAPY		334,770	334,770	1.175882	1.175882	1.175882
50	PHYSICAL THERAPY	607,763	5,114,367	5,722,130	.579326	.579326	.579582
52	SPEECH PATHOLOGY	28,852	55,592	84,444	1.503043	1.503043	1.503043
53	ELECTROCARDIOLOGY	6,127,845	5,058,972	11,186,817	.152596	.152596	.153880
53 01	CATH LAB	4,482,569	1,979,763	6,462,332	.266394	.266394	.269047
54 01	NEUROLOGY	214,713	2,242,536	2,457,249	.265507	.265507	.265507
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	14,985,735	10,677,273	25,663,008	.317636	.317636	.317636
59 97	CARDIAC REHABILITATION						
59 98	HYPERBARI C OXYGEN THERAPY						
59 99	LITHOTRI PSY						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	488	258,770	259,258	.884139	.884139	.894545
60 01	DIABETES EDUCATION		15,259	15,259	3.667409	3.667409	3.667409
60 02	PSYCH SERVICES	1,341	2,079,236	2,080,577	.758650	.758650	.765538
60 04	ANTI COAGULATION CLINIC	206	62,997	63,203	2.050108	2.050108	2.050108
61	EMERGENCY	4,872,912	11,894,369	16,767,281	.279258	.279258	.279258
61 01	RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS	113,562	1,301,710	1,415,272	.511000	.511000	.511000
63	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	106,453,255	128,198,703	234,651,958			
102	LESS OBSERVATION BEDS						
103	TOTAL	106,453,255	128,198,703	234,651,958			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	12,105,105	1,456,581	10,648,524			12,105,105
39	DELIVERY ROOM & LABOR ROO	764,325	64,892	699,433			764,325
40	ANESTHESIOLOGY	512,235	102,211	410,024			512,235
41	RADIOLOGY-DIAGNOSTIC	4,007,737	475,083	3,532,654			4,007,737
41	01 CAT SCAN	894,078	48,845	845,233			894,078
41	02 MAGNETIC RESONANCE IMAGIN	378,509	34,411	344,098			378,509
41	97 CARDIAC REHABILITATION	158,884	2,413	156,471			158,884
43	01 NUCLEAR MEDICINE	1,217,675	23,881	1,193,794			1,217,675
44	LABORATORY	5,589,133	235,173	5,353,960			5,589,133
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	455,290	16,389	438,901			455,290
49	RESPIRATORY THERAPY	1,633,321	111,501	1,521,820			1,633,321
49	98 HYPERBARIC OXYGEN THERAPY	393,650	9,627	384,023			393,650
50	PHYSICAL THERAPY	3,314,979	194,253	3,120,726			3,314,979
52	SPEECH PATHOLOGY	126,923	9,257	117,666			126,923
53	ELECTROCARDIOLOGY	1,707,062	213,952	1,493,110			1,707,062
53	01 CATH LAB	1,721,524	254,719	1,466,805			1,721,524
54	01 NEUROLOGY	652,416	60,440	591,976			652,416
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	8,151,507	308,646	7,842,861			8,151,507
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
59	99 LI THOTRI PSY						
	OUTPAT SERVICE COST CNTRS						
	CLINIC	229,220	9,006	220,214			229,220
60	01 DIABETES EDUCATION	55,961	1,117	54,844			55,961
60	02 PSYCH SERVICES	1,578,430	105,413	1,473,017			1,578,430
60	04 ANTI COAGULATION CLINIC	129,573	2,420	127,153			129,573
61	EMERGENCY	4,682,404	155,975	4,526,429			4,682,404
61	01 RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS	723,204	36,541	686,663			723,204
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	51,183,145	3,932,746	47,250,399			51,183,145
102	LESS OBSERVATION BEDS	723,204	36,541	686,663			723,204
103	TOTAL	50,459,941	3,896,205	46,563,736			50,459,941

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	31,354,215	.386076	.386076
39	DELIVERY ROOM & LABOR ROO	3,098,445	.246680	.246680
40	ANESTHESIOLOGY	3,858,643	.132750	.132750
41	RADIOLOGY-DIAGNOSTIC	19,112,340	.209694	.209694
41 01	CAT SCAN	32,843,815	.027222	.027222
41 02	MAGNETIC RESONANCE IMAGIN	5,609,587	.067475	.067475
41 97	CARDIAC REHABILITATION	157,431	1.009229	1.009229
43 01	NUCLEAR MEDICINE	6,341,665	.192012	.192012
44	LABORATORY	36,455,994	.153312	.153312
46 30	BLOOD CLOTTING FACTORS AD			
48	INTRAVENOUS THERAPY	1,082,763	.420489	.420489
49	RESPIRATORY THERAPY	4,178,735	.390865	.390865
49 98	HYPERBARIC OXYGEN THERAPY	334,770	1.175882	1.175882
50	PHYSICAL THERAPY	5,722,130	.579326	.579326
52	SPEECH PATHOLOGY	84,444	1.503043	1.503043
53	ELECTROCARDIOLOGY	11,186,817	.152596	.152596
53 01	CATH LAB	6,462,332	.266394	.266394
54 01	NEUROLOGY	2,457,249	.265507	.265507
55	MEDICAL SUPPLIES CHARGED			
55 30	IMPL. DEV. CHARGED TO PAT			
56	DRUGS CHARGED TO PATIENTS	25,663,008	.317636	.317636
59 97	CARDIAC REHABILITATION			
59 98	HYPERBARIC OXYGEN THERAPY			
59 99	LITHOTRIPSY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	259,258	.884139	.884139
60 01	DIABETES EDUCATION	15,259	3.667409	3.667409
60 02	PSYCH SERVICES	2,080,577	.758650	.758650
60 04	ANTI COAGULATION CLINIC	63,203	2.050108	2.050108
61	EMERGENCY	16,767,281	.279258	.279258
61 01	RURAL HEALTH CLINICS			
62	OBSERVATION BEDS (NON-DIS	1,415,272	.511000	.511000
63 50	RHC			
63 60	FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	216,605,233		
102	LESS OBSERVATION BEDS	1,415,272		
103	TOTAL	215,189,961		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/20/2011
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				858,222		858,222
26	INTENSIVE CARE UNIT				206,396		206,396
31	SUBPROVIDER I				90,079		90,079
33	NURSERY				57,993		57,993
101	TOTAL				1,212,690		1,212,690

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/20/2011
 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	23,416	15,156			36.65	555,467
26	INTENSIVE CARE UNIT	2,844	2,042			72.57	148,188
31	SUBPROVIDER I	3,125	883			28.83	25,457
33	NURSERY	678				85.54	
101	TOTAL	30,063	18,081				729,112

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0034 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 5/20/2011 WORKSHEET D PART I
PPS

TITLE XIX

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				858,222		858,222
26	INTENSIVE CARE UNIT				206,396		206,396
31	SUBPROVIDER I				90,079		90,079
33	NURSERY				57,993		57,993
101	TOTAL				1,212,690		1,212,690

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/20/2011
 WORKSHEET D
 PART I
 PPS

TITLE XIX

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	23,416	3,714			36.65	136,118
26	INTENSIVE CARE UNIT	2,844	361			72.57	26,198
31	SUBPROVIDER I	3,125	970			28.83	27,965
33	NURSERY	678	556			85.54	47,560
101	TOTAL	30,063	5,601				237,841

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0034
 COMPONENT NO: 14-0034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/20/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		1,456,581	31,354,215	8,831,746		
39	DELIVERY ROOM & LABOR ROO		64,892	3,098,445			
40	ANESTHESIOLOGY		102,211	3,858,643	788,262		
41	RADIOLOGY-DIAGNOSTIC		475,083	19,112,340	2,623,499		
41 01	CAT SCAN		48,845	32,843,815	6,658,458		
41 02	MAGNETIC RESONANCE IMAGIN		34,411	5,609,587	451,677		
41 97	CARDIAC REHABILITATION		2,413	157,431			
43 01	NUCLEAR MEDICINE		23,881	6,341,665	860,668		
44	LABORATORY		235,173	36,455,994	11,138,422		
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY		16,389	1,082,763	4,133		
49	RESPIRATORY THERAPY		111,501	4,178,735	2,294,464		
49 98	HYPERBARIC OXYGEN THERAPY		9,627	334,770			
50	PHYSICAL THERAPY		194,253	5,722,130	494,123		
52	SPEECH PATHOLOGY		9,257	84,444	23,834		
53	ELECTROCARDIOLOGY		213,952	11,186,817	4,248,115		
53 01	CATH LAB		254,719	6,462,332	2,880,183		
54 01	NEUROLOGY		60,440	2,457,249	142,295		
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS		308,646	25,663,008	9,831,494		
59 97	CARDIAC REHABILITATION						
59 98	HYPERBARIC OXYGEN THERAPY						
59 99	LITHOTRIPSY						
60	OUTPAT SERVICE COST CNTRS CLINIC		9,006	259,258	320		
60 01	DIABETES EDUCATION		1,117	15,259			
60 02	PSYCH SERVICES		105,413	2,080,577	182		
60 04	ANTI COAGULATION CLINIC		2,420	63,203	135		
61	EMERGENCY		155,975	16,767,281	2,853,938		
61 01	RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS		36,541	1,415,272	36,719		
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		3,932,746	216,605,233	54,162,667		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 14-0034
 PREPARED 5/20/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.046456	410,288
39	DELIVERY ROOM & LABOR ROO	.020943	
40	ANESTHESIOLOGY	.026489	20,880
41	RADIOLOGY-DIAGNOSTIC	.024857	65,212
41 01	CAT SCAN	.001487	9,901
41 02	MAGNETIC RESONANCE IMAGIN	.006134	2,771
41 97	CARDIAC REHABILITATION	.015327	
43 01	NUCLEAR MEDICINE	.003766	3,241
44	LABORATORY	.006451	71,854
46 30	BLOOD CLOTTING FACTORS AD		
48	INTRAVENOUS THERAPY	.015136	63
49	RESPIRATORY THERAPY	.026683	61,223
49 98	HYPERBARIC OXYGEN THERAPY	.028757	
50	PHYSICAL THERAPY	.033948	16,774
52	SPEECH PATHOLOGY	.109623	2,613
53	ELECTROCARDIOLOGY	.019125	81,245
53 01	CATH LAB	.039416	113,525
54 01	NEUROLOGY	.024597	3,500
55	MEDICAL SUPPLIES CHARGED		
55 30	IMPL. DEV. CHARGED TO PAT		
56	DRUGS CHARGED TO PATIENTS	.012027	118,243
59 97	CARDIAC REHABILITATION		
59 98	HYPERBARIC OXYGEN THERAPY		
59 99	LI THOTRIPSY		
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.034738	11
60 01	DIABETES EDUCATION	.073203	
60 02	PSYCH SERVICES	.050665	9
60 04	ANTI COAGULATION CLINIC	.038289	5
61	EMERGENCY	.009302	26,547
61 01	RURAL HEALTH CLINICS		
62	OBSERVATION BEDS (NON-DIS	.025819	948
63 50	RHC		
63 60	FOHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,008,853

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0034
 COMPONENT NO: 14-S034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/20/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,456,581	31,354,215	24,535		
39	DELIVERY ROOM & LABOR ROO		64,892	3,098,445			
40	ANESTHESIOLOGY		102,211	3,858,643	80,012		
41	RADIOLOGY-DIAGNOSTIC		475,083	19,112,340	15,296		
41	01 CAT SCAN		48,845	32,843,815	26,219		
41	02 MAGNETIC RESONANCE IMAGIN		34,411	5,609,587			
41	97 CARDIAC REHABILITATION		2,413	157,431			
43	01 NUCLEAR MEDICINE		23,881	6,341,665			
44	LABORATORY		235,173	36,455,994	172,862		
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY		16,389	1,082,763			
49	RESPIRATORY THERAPY		111,501	4,178,735	4,922		
49	98 HYPERBARIC OXYGEN THERAPY		9,627	334,770			
50	PHYSICAL THERAPY		194,253	5,722,130	2,776		
52	SPEECH PATHOLOGY		9,257	84,444			
53	ELECTROCARDIOLOGY		213,952	11,186,817	26,902		
53	01 CATH LAB		254,719	6,462,332			
54	01 NEUROLOGY		60,440	2,457,249	1,044		
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS		308,646	25,663,008	87,157		
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
59	99 LITHOTRIPSY						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		9,006	259,258			
60	01 DIABETES EDUCATION		1,117	15,259			
60	02 PSYCH SERVICES		105,413	2,080,577	191		
60	04 ANTI COAGULATION CLINIC		2,420	63,203			
61	EMERGENCY		155,975	16,767,281	56,257		
61	01 RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS		36,541	1,415,272			
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		3,932,746	216,605,233	498,173		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 14-S034
 PREPARED 5/20/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.046456	1,140
39	DELIVERY ROOM & LABOR ROO	.020943	
40	ANESTHESIOLOGY	.026489	2,119
41	RADIOLOGY-DIAGNOSTIC	.024857	380
41 01	CAT SCAN	.001487	39
41 02	MAGNETIC RESONANCE IMAGIN	.006134	
41 97	CARDIAC REHABILITATION	.015327	
43 01	NUCLEAR MEDICINE	.003766	
44	LABORATORY	.006451	1,115
46 30	BLOOD CLOTTING FACTORS AD		
48	INTRAVENOUS THERAPY	.015136	
49	RESPIRATORY THERAPY	.026683	131
49 98	HYPERBARIC OXYGEN THERAPY	.028757	
50	PHYSICAL THERAPY	.033948	94
52	SPEECH PATHOLOGY	.109623	
53	ELECTROCARDIOLOGY	.019125	515
53 01	CATH LAB	.039416	
54 01	NEUROLOGY	.024597	26
55	MEDICAL SUPPLIES CHARGED		
55 30	IMPL. DEV. CHARGED TO PAT		
56	DRUGS CHARGED TO PATIENTS	.012027	1,048
59 97	CARDIAC REHABILITATION		
59 98	HYPERBARIC OXYGEN THERAPY		
59 99	LI THOTRI PSY		
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.034738	
60 01	DIABETES EDUCATION	.073203	
60 02	PSYCH SERVICES	.050665	10
60 04	ANTI COAGULATION CLINIC	.038289	
61	EMERGENCY	.009302	523
61 01	RURAL HEALTH CLINICS		
62	OBSERVATION BEDS (NON-DIS	.025819	
63 50	RHC		
63 60	FOHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		7,140

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0034
 COMPONENT NO: 14-0034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/20/2011
 WORKSHEET D
 PART II

TITLE XIX

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		1,456,581	31,354,215	2,635,522		
39	DELIVERY ROOM & LABOR ROO		64,892	3,098,445	1,402,071		
40	ANESTHESIOLOGY		102,211	3,858,643	558,700		
41	RADIOLOGY-DIAGNOSTIC		475,083	19,112,340	626,548		
41 01	CAT SCAN		48,845	32,843,815	1,486,103		
41 02	MAGNETIC RESONANCE IMAGIN		34,411	5,609,587	140,278		
41 97	CARDIAC REHABILITATION		2,413	157,431			
43 01	NUCLEAR MEDICINE		23,881	6,341,665	171,149		
44	LABORATORY		235,173	36,455,994	2,405,790		
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY		16,389	1,082,763	367		
49	RESPIRATORY THERAPY		111,501	4,178,735	473,122		
49 98	HYPERBARIC OXYGEN THERAPY		9,627	334,770			
50	PHYSICAL THERAPY		194,253	5,722,130	40,485		
52	SPEECH PATHOLOGY		9,257	84,444	1,741		
53	ELECTROCARDIOLOGY		213,952	11,186,817	677,634		
53 01	CATH LAB		254,719	6,462,332	281,927		
54 01	NEUROLOGY		60,440	2,457,249	32,009		
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS		308,646	25,663,008	2,442,655		
59 97	CARDIAC REHABILITATION						
59 98	HYPERBARIC OXYGEN THERAPY						
59 99	LITHOTRIPSY						
60	OUTPAT SERVICE COST CNTRS CLINIC		9,006	259,258			
60 01	DIABETES EDUCATION		1,117	15,259			
60 02	PSYCH SERVICES		105,413	2,080,577			
60 04	ANTI COAGULATION CLINIC		2,420	63,203	14		
61	EMERGENCY		155,975	16,767,281	763,072		
61 01	RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS		36,541	1,415,272			
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		3,932,746	216,605,233	14,139,187		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 14-0034
 PREPARED 5/20/2011
 WORKSHEET D
 PART II
 PPS

TITLE XIX		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.046456	122,436
39	DELIVERY ROOM & LABOR ROO	.020943	29,364
40	ANESTHESIOLOGY	.026489	14,799
41	RADIOLOGY-DIAGNOSTIC	.024857	15,574
41 01	CAT SCAN	.001487	2,210
41 02	MAGNETIC RESONANCE IMAGIN	.006134	860
41 97	CARDIAC REHABILITATION	.015327	
43 01	NUCLEAR MEDICINE	.003766	645
44	LABORATORY	.006451	15,520
46 30	BLOOD CLOTTING FACTORS AD		
48	INTRAVENOUS THERAPY	.015136	6
49	RESPIRATORY THERAPY	.026683	12,624
49 98	HYPERBARIC OXYGEN THERAPY	.028757	
50	PHYSICAL THERAPY	.033948	1,374
52	SPEECH PATHOLOGY	.109623	191
53	ELECTROCARDIOLOGY	.019125	12,960
53 01	CATH LAB	.039416	11,112
54 01	NEUROLOGY	.024597	787
55	MEDICAL SUPPLIES CHARGED		
55 30	IMPL. DEV. CHARGED TO PAT		
56	DRUGS CHARGED TO PATIENTS	.012027	29,378
59 97	CARDIAC REHABILITATION		
59 98	HYPERBARIC OXYGEN THERAPY		
59 99	LITHOTRIPSY		
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.034738	
60 01	DIABETES EDUCATION	.073203	
60 02	PSYCH SERVICES	.050665	
60 04	ANTI COAGULATION CLINIC	.038289	1
61	EMERGENCY	.009302	7,098
61 01	RURAL HEALTH CLINICS		
62	OBSERVATION BEDS (NON-DIS	.025819	
63 50	RHC		
63 60	FOHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		276,939

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0034
 COMPONENT NO: 14-S034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/20/2011
 WORKSHEET D
 PART II

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		1,456,581	31,354,215	1,600		
39	DELIVERY ROOM & LABOR ROO		64,892	3,098,445	1,562		
40	ANESTHESIOLOGY		102,211	3,858,643	6,044		
41	RADIOLOGY-DIAGNOSTIC		475,083	19,112,340	14,083		
41 01	CAT SCAN		48,845	32,843,815	17,357		
41 02	MAGNETIC RESONANCE IMAGIN		34,411	5,609,587			
41 97	CARDIAC REHABILITATION		2,413	157,431			
43 01	NUCLEAR MEDICINE		23,881	6,341,665			
44	LABORATORY		235,173	36,455,994	200,320		
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY		16,389	1,082,763			
49	RESPIRATORY THERAPY		111,501	4,178,735	7,381		
49 98	HYPERBARIC OXYGEN THERAPY		9,627	334,770			
50	PHYSICAL THERAPY		194,253	5,722,130	1,689		
52	SPEECH PATHOLOGY		9,257	84,444			
53	ELECTROCARDIOLOGY		213,952	11,186,817	10,358		
53 01	CATH LAB		254,719	6,462,332			
54 01	NEUROLOGY		60,440	2,457,249	539		
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS		308,646	25,663,008	65,852		
59 97	CARDIAC REHABILITATION						
59 98	HYPERBARIC OXYGEN THERAPY						
59 99	LITHOTRIPSY						
60	OUTPAT SERVICE COST CNTRS CLINIC		9,006	259,258			
60 01	DIABETES EDUCATION		1,117	15,259			
60 02	PSYCH SERVICES		105,413	2,080,577	128		
60 04	ANTI COAGULATION CLINIC		2,420	63,203			
61	EMERGENCY		155,975	16,767,281	87,939		
61 01	RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS		36,541	1,415,272			
63 50	RHC						
63 60	FOHC						
101	OTHER REIMBURS COST CNTRS TOTAL		3,932,746	216,605,233	414,852		

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 14-S034
 PREPARED 5/20/2011
 WORKSHEET D
 PART II
 PPS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XIX SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.046456	74
39	DELIVERY ROOM & LABOR ROO	.020943	33
40	ANESTHESIOLOGY	.026489	160
41	RADIOLOGY-DIAGNOSTIC	.024857	350
41 01	CAT SCAN	.001487	26
41 02	MAGNETIC RESONANCE IMAGIN	.006134	
41 97	CARDIAC REHABILITATION	.015327	
43 01	NUCLEAR MEDICINE	.003766	
44	LABORATORY	.006451	1,292
46 30	BLOOD CLOTTING FACTORS AD		
48	INTRAVENOUS THERAPY	.015136	
49	RESPIRATORY THERAPY	.026683	197
49 98	HYPERBARIC OXYGEN THERAPY	.028757	
50	PHYSICAL THERAPY	.033948	57
52	SPEECH PATHOLOGY	.109623	
53	ELECTROCARDIOLOGY	.019125	198
53 01	CATH LAB	.039416	
54 01	NEUROLOGY	.024597	13
55	MEDICAL SUPPLIES CHARGED		
55 30	IMPL. DEV. CHARGED TO PAT		
56	DRUGS CHARGED TO PATIENTS	.012027	792
59 97	CARDIAC REHABILITATION		
59 98	HYPERBARIC OXYGEN THERAPY		
59 99	LI THOTRIPSY		
60	OUTPAT SERVICE COST CNTRS CLINIC	.034738	
60 01	DIABETES EDUCATION	.073203	
60 02	PSYCH SERVICES	.050665	6
60 04	ANTI COAGULATION CLINIC	.038289	
61	EMERGENCY	.009302	818
61 01	RURAL HEALTH CLINICS		
62	OBSERVATION BEDS (NON-DIS	.025819	
63 50	RHC		
63 60	FOHC		
101	OTHER REIMBURS COST CNTRS TOTAL		4,016

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

PROVIDER NO: 14-0034
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/20/2011
WORKSHEET D
PART III
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					23,416	
26	INTENSIVE CARE UNIT					2,844	
31	SUBPROVIDER I					3,125	
33	NURSERY					678	
101	TOTAL					30,063	

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

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/20/2011
 WORKSHEET D
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	15,156	
26	INTENSIVE CARE UNIT	2,042	
31	SUBPROVIDER I	883	
33	NURSERY		
101	TOTAL	18,081	

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/20/2011
 WORKSHEET D
 PART III
 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					23,416	
26	INTENSIVE CARE UNIT					2,844	
31	SUBPROVIDER I					3,125	
33	NURSERY					678	
101	TOTAL					30,063	

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 14-0034
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/20/2011
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		3,714
26	INTENSIVE CARE UNIT		361
31	SUBPROVIDER I		970
33	NURSERY		556
101	TOTAL		5,601

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CAT SCAN						
41	02 MAGNETIC RESONANCE IMAGIN						
41	97 CARDIAC REHABILITATION						
43	01 NUCLEAR MEDICINE						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49	98 HYPERBARIC OXYGEN THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	01 NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
59	99 LI THOTRIPSY						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 DIABETES EDUCATION						
60	02 PSYCH SERVICES						
60	04 ANTI COAGULATION CLINIC						
61	EMERGENCY						
61	01 RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			31,354,215			8,831,746	
39	DELIVERY ROOM & LABOR ROO			3,098,445				
40	ANESTHESIOLOGY			3,858,643			788,262	
41	RADIOLOGY-DIAGNOSTIC			19,112,340			2,623,499	
41 01	CAT SCAN			32,843,815			6,658,458	
41 02	MAGNETIC RESONANCE IMAGIN			5,609,587			451,677	
41 97	CARDIAC REHABILITATION			157,431				
43 01	NUCLEAR MEDICINE			6,341,665			860,668	
44	LABORATORY			36,455,994			11,138,422	
46 30	BLOOD CLOTTING FACTORS AD							
48	INTRAVENOUS THERAPY			1,082,763			4,133	
49	RESPIRATORY THERAPY			4,178,735			2,294,464	
49 98	HYPERBARIC OXYGEN THERAPY			334,770				
50	PHYSICAL THERAPY			5,722,130			494,123	
52	SPEECH PATHOLOGY			84,444			23,834	
53	ELECTROCARDIOLOGY			11,186,817			4,248,115	
53 01	CATH LAB			6,462,332			2,880,183	
54 01	NEUROLOGY			2,457,249			142,295	
55	MEDICAL SUPPLIES CHARGED							
55 30	IMPL. DEV. CHARGED TO PAT							
56	DRUGS CHARGED TO PATIENTS			25,663,008			9,831,494	
59 97	CARDIAC REHABILITATION							
59 98	HYPERBARIC OXYGEN THERAPY							
59 99	LI THOTRIPSY							
60	OUTPAT SERVICE COST CNTRS CLINIC			259,258			320	
60 01	DIABETES EDUCATION			15,259				
60 02	PSYCH SERVICES			2,080,577			182	
60 04	ANTI COAGULATION CLINIC			63,203			135	
61	EMERGENCY			16,767,281			2,853,938	
61 01	RURAL HEALTH CLINICS							
62	OBSERVATION BEDS (NON-DIS			1,415,272			36,719	
63 50	RHC							
63 60	FOHC							
101	OTHER REIMBURS COST CNTRS TOTAL			216,605,233			54,162,667	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,709,339					
39	DELIVERY ROOM & LABOR ROO	1,935					
40	ANESTHESIOLOGY	475,894					
41	RADIOLOGY-DIAGNOSTIC	5,826,251					
41 01	CAT SCAN	7,482,192					
41 02	MAGNETIC RESONANCE IMAGIN	1,587,241					
41 97	CARDIAC REHABILITATION	106,047					
43 01	NUCLEAR MEDICINE	2,244,169					
44	LABORATORY	519,235					
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	693,597					
49	RESPIRATORY THERAPY	388,018					
49 98	HYPERBARIC OXYGEN THERAPY	303,000					
50	PHYSICAL THERAPY	432					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,167,453					
53 01	CATH LAB	1,212,793					
54 01	NEUROLOGY	661,208					
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	6,305,642					
59 97	CARDIAC REHABILITATION						
59 98	HYPERBARIC OXYGEN THERAPY						
59 99	LI THOTRIPSY						
	OUTPAT SERVICE COST CNTRS						
	CLINIC	202,763					
60 01	DIABETES EDUCATION	589					
60 02	PSYCH SERVICES	328,492					
60 04	ANTI COAGULATION CLINIC	1,876					
61	EMERGENCY	2,352,474					
61 01	RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS	281,809					
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	37,852,449					

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41	01 CAT SCAN										
41	02 MAGNETIC RESONANCE IMAGIN										
41	97 CARDIAC REHABILITATION										
43	01 NUCLEAR MEDICINE										
44	LABORATORY										
46	30 BLOOD CLOTTING FACTORS AD										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
49	98 HYPERBARIC OXYGEN THERAPY										
50	PHYSICAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
53	01 CATH LAB										
54	01 NEUROLOGY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
59	97 CARDIAC REHABILITATION										
59	98 HYPERBARIC OXYGEN THERAPY										
59	99 LI THOTRI PSY										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 DIABETES EDUCATION										
60	02 PSYCH SERVICES										
60	04 ANTI COAGULATION CLINIC										
61	EMERGENCY										
61	01 RURAL HEALTH CLINICS										
62	OBSERVATION BEDS (NON-DIS										
63	50 RHC										
63	60 FOHC										
	OTHER REIMBURS COST CNTRS										
101	TOTAL										

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			31,354,215			24,535	
39	DELIVERY ROOM & LABOR ROO			3,098,445				
40	ANESTHESIOLOGY			3,858,643			80,012	
41	RADIOLOGY-DIAGNOSTIC			19,112,340			15,296	
41 01	CAT SCAN			32,843,815			26,219	
41 02	MAGNETIC RESONANCE IMAGIN			5,609,587				
41 97	CARDIAC REHABILITATION			157,431				
43 01	NUCLEAR MEDICINE			6,341,665				
44	LABORATORY			36,455,994			172,862	
46 30	BLOOD CLOTTING FACTORS AD							
48	INTRAVENOUS THERAPY			1,082,763				
49	RESPIRATORY THERAPY			4,178,735			4,922	
49 98	HYPERBARIC OXYGEN THERAPY			334,770				
50	PHYSICAL THERAPY			5,722,130			2,776	
52	SPEECH PATHOLOGY			84,444				
53	ELECTROCARDIOLOGY			11,186,817			26,902	
53 01	CATH LAB			6,462,332				
54 01	NEUROLOGY			2,457,249			1,044	
55	MEDICAL SUPPLIES CHARGED							
55 30	IMPL. DEV. CHARGED TO PAT							
56	DRUGS CHARGED TO PATIENTS			25,663,008			87,157	
59 97	CARDIAC REHABILITATION							
59 98	HYPERBARIC OXYGEN THERAPY							
59 99	LI THOTRIPSY							
60	OUTPAT SERVICE COST CNTRS CLINIC			259,258				
60 01	DIABETES EDUCATION			15,259				
60 02	PSYCH SERVICES			2,080,577			191	
60 04	ANTI COAGULATION CLINIC			63,203				
61	EMERGENCY			16,767,281			56,257	
61 01	RURAL HEALTH CLINICS							
62	OBSERVATION BEDS (NON-DIS			1,415,272				
63 50	RHC							
63 60	FOHC							
101	OTHER REIMBURS COST CNTRS TOTAL			216,605,233			498,173	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CAT SCAN						
41	02 MAGNETIC RESONANCE IMAGIN						
41	97 CARDIAC REHABILITATION						
43	01 NUCLEAR MEDICINE						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49	98 HYPERBARIC OXYGEN THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	01 NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
59	99 LI THOTRI PSY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETES EDUCATION						
60	02 PSYCH SERVICES						
60	04 ANTI COAGULATION CLINIC						
61	EMERGENCY						
61	01 RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CAT SCAN						
41	02 MAGNETIC RESONANCE IMAGIN						
41	97 CARDIAC REHABILITATION						
43	01 NUCLEAR MEDICINE						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49	98 HYPERBARIC OXYGEN THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	01 NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
59	99 LI THOTRI PSY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETES EDUCATION						
60	02 PSYCH SERVICES						
60	04 ANTI COAGULATION CLINIC						
61	EMERGENCY						
61	01 RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			31,354,215			2,635,522	
39	DELIVERY ROOM & LABOR ROO			3,098,445			1,402,071	
40	ANESTHESIOLOGY			3,858,643			558,700	
41	RADIOLOGY-DIAGNOSTIC			19,112,340			626,548	
41 01	CAT SCAN			32,843,815			1,486,103	
41 02	MAGNETIC RESONANCE IMAGIN			5,609,587			140,278	
41 97	CARDIAC REHABILITATION			157,431				
43 01	NUCLEAR MEDICINE			6,341,665			171,149	
44	LABORATORY			36,455,994			2,405,790	
46 30	BLOOD CLOTTING FACTORS AD							
48	INTRAVENOUS THERAPY			1,082,763			367	
49	RESPIRATORY THERAPY			4,178,735			473,122	
49 98	HYPERBARIC OXYGEN THERAPY			334,770				
50	PHYSICAL THERAPY			5,722,130			40,485	
52	SPEECH PATHOLOGY			84,444			1,741	
53	ELECTROCARDIOLOGY			11,186,817			677,634	
53 01	CATH LAB			6,462,332			281,927	
54 01	NEUROLOGY			2,457,249			32,009	
55	MEDICAL SUPPLIES CHARGED							
55 30	IMPL. DEV. CHARGED TO PAT							
56	DRUGS CHARGED TO PATIENTS			25,663,008			2,442,655	
59 97	CARDIAC REHABILITATION							
59 98	HYPERBARIC OXYGEN THERAPY							
59 99	LITHOTRIPSY							
60	OUTPAT SERVICE COST CNTRS CLINIC			259,258				
60 01	DIABETES EDUCATION			15,259				
60 02	PSYCH SERVICES			2,080,577				
60 04	ANTI COAGULATION CLINIC			63,203			14	
61	EMERGENCY			16,767,281			763,072	
61 01	RURAL HEALTH CLINICS							
62	OBSERVATION BEDS (NON-DIS			1,415,272				
63 50	RHC							
63 60	FOHC							
101	OTHER REIMBURS COST CNTRS TOTAL			216,605,233			14,139,187	

TITLE XIX

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						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CAT SCAN						
41	02 MAGNETIC RESONANCE IMAGIN						
41	97 CARDIAC REHABILITATION						
43	01 NUCLEAR MEDICINE						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49	98 HYPERBARIC OXYGEN THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	01 NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
59	99 LI THOTRI PSY						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 DIABETES EDUCATION						
60	02 PSYCH SERVICES						
60	04 ANTI COAGULATION CLINIC						
61	EMERGENCY						
61	01 RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41	01 CAT SCAN										
41	02 MAGNETIC RESONANCE IMAGIN										
41	97 CARDIAC REHABILITATION										
43	01 NUCLEAR MEDICINE										
44	LABORATORY										
46	30 BLOOD CLOTTING FACTORS AD										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
49	98 HYPERBARIC OXYGEN THERAPY										
50	PHYSICAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
53	01 CATH LAB										
54	01 NEUROLOGY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
59	97 CARDIAC REHABILITATION										
59	98 HYPERBARIC OXYGEN THERAPY										
59	99 LI THOTRI PSY										
60	OUTPAT SERVICE COST CNTRS CLINIC										
60	01 DIABETES EDUCATION										
60	02 PSYCH SERVICES										
60	04 ANTI COAGULATION CLINIC										
61	EMERGENCY										
61	01 RURAL HEALTH CLINICS										
62	OBSERVATION BEDS (NON-DIS										
63	50 RHC										
63	60 FOHC										
101	OTHER REIMBURS COST CNTRS TOTAL										

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			31,354,215			1,600	
39	DELIVERY ROOM & LABOR ROO			3,098,445			1,562	
40	ANESTHESIOLOGY			3,858,643			6,044	
41	RADIOLOGY-DIAGNOSTIC			19,112,340			14,083	
41 01	CAT SCAN			32,843,815			17,357	
41 02	MAGNETIC RESONANCE IMAGIN			5,609,587				
41 97	CARDIAC REHABILITATION			157,431				
43 01	NUCLEAR MEDICINE			6,341,665				
44	LABORATORY			36,455,994			200,320	
46 30	BLOOD CLOTTING FACTORS AD							
48	INTRAVENOUS THERAPY			1,082,763				
49	RESPIRATORY THERAPY			4,178,735			7,381	
49 98	HYPERBARIC OXYGEN THERAPY			334,770				
50	PHYSICAL THERAPY			5,722,130			1,689	
52	SPEECH PATHOLOGY			84,444				
53	ELECTROCARDIOLOGY			11,186,817			10,358	
53 01	CATH LAB			6,462,332				
54 01	NEUROLOGY			2,457,249			539	
55	MEDICAL SUPPLIES CHARGED							
55 30	IMPL. DEV. CHARGED TO PAT							
56	DRUGS CHARGED TO PATIENTS			25,663,008			65,852	
59 97	CARDIAC REHABILITATION							
59 98	HYPERBARIC OXYGEN THERAPY							
59 99	LITHOTRIPSY							
60	OUTPAT SERVICE COST CNTRS CLINIC			259,258				
60 01	DIABETES EDUCATION			15,259				
60 02	PSYCH SERVICES			2,080,577			128	
60 04	ANTI COAGULATION CLINIC			63,203				
61	EMERGENCY			16,767,281			87,939	
61 01	RURAL HEALTH CLINICS							
62	OBSERVATION BEDS (NON-DIS			1,415,272				
63 50	RHC							
63 60	FOHC							
101	OTHER REIMBURS COST CNTRS TOTAL			216,605,233			414,852	

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CAT SCAN						
41	02 MAGNETIC RESONANCE IMAGIN						
41	97 CARDIAC REHABILITATION						
43	01 NUCLEAR MEDICINE						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49	98 HYPERBARIC OXYGEN THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	01 NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
59	99 LI THOTRI PSY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETES EDUCATION						
60	02 PSYCH SERVICES						
60	04 ANTI COAGULATION CLINIC						
61	EMERGENCY						
61	01 RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2010	5/20/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
14-0034		PART V

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	.386076	.386076			
39 DELIVERY ROOM & LABOR ROOM	.246680	.246680			
40 ANESTHESIOLOGY	.132750	.132750			
41 RADIOLOGY-DIAGNOSTIC	.209694	.209694			
41 01 CAT SCAN	.027222	.027222			
41 02 MAGNETIC RESONANCE IMAGING (MRI)	.067475	.067475			
41 97 CARDIAC REHABILITATION	1.009229	1.009229			
43 01 NUCLEAR MEDICINE	.192012	.192012			
44 LABORATORY	.153312	.153312			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
48 INTRAVENOUS THERAPY	.420489	.420489			
49 RESPIRATORY THERAPY	.390865	.390865			
49 98 HYPERBARIC OXYGEN THERAPY	1.175882	1.175882			
50 PHYSICAL THERAPY	.579326	.579326			
52 SPEECH PATHOLOGY	1.503043	1.503043			
53 ELECTROCARDIOLOGY	.152596	.152596			
53 01 CATH LAB	.266394	.266394			
54 01 NEUROLOGY	.265507	.265507			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS	.317636	.317636			
59 97 CARDIAC REHABILITATION					
59 98 HYPERBARIC OXYGEN THERAPY					
59 99 LITHOTRIPSY					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.884139	.884139			
60 01 DIABETES EDUCATION	3.667409	3.667409			
60 02 PSYCH SERVICES	.758650	.758650			
60 04 ANTI COAGULATION CLINIC	2.050108	2.050108			
61 EMERGENCY	.279258	.279258			
61 01 RURAL HEALTH CLINICS					
62 OBSERVATION BEDS (NON-DISTINCT PART)	.511000	.511000			
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,818,163	
39 DELIVERY ROOM & LABOR ROOM				477	
40 ANESTHESIOLOGY				63,175	
41 RADIOLOGY-DIAGNOSTIC				1,221,730	
41 01 CAT SCAN				203,680	
41 02 MAGNETIC RESONANCE IMAGING (MRI)				107,099	
41 97 CARDIAC REHABILITATION				107,026	
43 01 NUCLEAR MEDICINE				430,907	
44 LABORATORY				79,605	
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
48 INTRAVENOUS THERAPY				291,650	
49 RESPIRATORY THERAPY				151,663	
49 98 HYPERBARIC OXYGEN THERAPY				356,292	
50 PHYSICAL THERAPY				250	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				330,745	
53 01 CATH LAB				323,081	
54 01 NEUROLOGY				175,555	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS				2,002,899	
59 97 CARDIAC REHABILITATION					
59 98 HYPERBARIC OXYGEN THERAPY					
59 99 LITHOTRIPSY					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				179,271	
60 01 DIABETES EDUCATION				2,160	
60 02 PSYCH SERVICES				249,210	
60 04 ANTI COAGULATION CLINIC				3,846	
61 EMERGENCY				656,947	
61 01 RURAL HEALTH CLINICS					
62 OBSERVATION BEDS (NON-DISTINCT PART)				144,004	
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL				8,899,435	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				8,899,435	

(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 COST

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/ 1/2010	5/20/2011
14-0034	TO 12/31/2010	WORKSHEET D
		PART VI

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.317636
3	PROGRAM COSTS	54,471
		17,302

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/ 1/2010	5/20/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-0034		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	997
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	725.38
85	OBSERVATION BED COST	723,204

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	16,985,445		723,204	
87	NEW CAPITAL-RELATED COST	858,222	.050527	723,204	36,541
88	NON PHYSICIAN ANESTHETIST	16,985,445		723,204	
89	MEDICAL EDUCATION	16,985,445		723,204	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/ 1/2010	5/20/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-S034		PART III

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	657.21
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	2,053,776			
87	NEW CAPITAL-RELATED COST	90,079	.043860		
88	NON PHYSICIAN ANESTHETIST	2,053,776			
89	MEDICAL EDUCATION	2,053,776			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P 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					725.38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,694,061
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,694,061

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	951,589	678	1,403.52	556	780,357
43	INTENSIVE CARE UNIT	4,092,790	2,844	1,439.10	361	519,515
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

48	PROGRAM INPATIENT ANCILLARY SERVICE COST					3,417,963
49	TOTAL PROGRAM INPATIENT COSTS					7,411,896

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					209,876
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					276,939
52	TOTAL PROGRAM EXCLUDABLE COST					486,815
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					6,925,081

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/ 1/2010	5/20/2011
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14-0034		PART III

TITLE XIX - I/P 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	997
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	725.38
85	OBSERVATION BED COST	723,204

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	16,985,445		723,204	
87	NEW CAPITAL-RELATED COST	858,222	.050527	723,204	36,541
88	NON PHYSICIAN ANESTHETIST	16,985,445		723,204	
89	MEDICAL EDUCATION	16,985,445		723,204	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/ 1/2010	5/20/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-S034		PART III

TITLE XIX - I/P

SUBPROVIDER I

PPS

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

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

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

657.21

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		2,053,776			
87 NEW CAPITAL-RELATED COST	90,079	2,053,776	.043860		
88 NON PHYSICIAN ANESTHETIST		2,053,776			
89 MEDICAL EDUCATION		2,053,776			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0034
 COMPONENT NO: 14-0034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/20/2011
 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		8,782,776	
26	INTENSIVE CARE UNIT		2,207,034	
31	SUBPROVIDER I ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.387440	8,831,746	3,421,772
39	DELIVERY ROOM & LABOR ROOM	.246680		
40	ANESTHESIOLOGY	.141763	788,262	111,746
41	RADIOLOGY-DIAGNOSTIC	.209694	2,623,499	550,132
41 01	CAT SCAN	.027222	6,658,458	181,257
41 02	MAGNETIC RESONANCE IMAGING (MRI)	.067475	451,677	30,477
41 97	CARDIAC REHABILITATION	1.068309		
43 01	NUCLEAR MEDICINE	.192012	860,668	165,259
44	LABORATORY	.153313	11,138,422	1,707,665
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
48	INTRAVENOUS THERAPY	.420489	4,133	1,738
49	RESPIRATORY THERAPY	.390865	2,294,464	896,826
49 98	HYPERBARI C OXYGEN THERAPY	1.175882		
50	PHYSICAL THERAPY	.579582	494,123	286,385
52	SPEECH PATHOLOGY	1.503043	23,834	35,824
53	ELECTROCARDIOLOGY	.153880	4,248,115	653,700
53 01	CATH LAB	.269047	2,880,183	774,905
54 01	NEUROLOGY	.265507	142,295	37,780
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30	IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS	.317636	9,831,494	3,122,836
59 97	CARDIAC REHABILITATION			
59 98	HYPERBARI C OXYGEN THERAPY			
59 99	LITHOTRI PSY			
60	OUTPAT SERVICE COST CNTRS CLINIC	.894545	320	286
60 01	DIABETES EDUCATION	3.667409		
60 02	PSYCH SERVICES	.765538	182	139
60 04	ANTI COAGULATION CLINIC	2.050108	135	277
61	EMERGENCY	.279258	2,853,938	796,985
61 01	RURAL HEALTH CLINICS			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.511000	36,719	18,763
63	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		54,162,667	12,794,752
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		54,162,667	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0034
 COMPONENT NO: 14-S034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/20/2011 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER 1		478,234	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.387440	24,535	9,506
39	DELIVERY ROOM & LABOR ROOM	.246680		
40	ANESTHESIOLOGY	.141763	80,012	11,343
41	RADIOLOGY-DIAGNOSTIC	.209694	15,296	3,207
41 01	CAT SCAN	.027222	26,219	714
41 02	MAGNETIC RESONANCE IMAGING (MRI)	.067475		
41 97	CARDIAC REHABILITATION	1.068309		
43 01	NUCLEAR MEDICINE	.192012		
44	LABORATORY	.153313	172,862	26,502
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
48	INTRAVENOUS THERAPY	.420489		
49	RESPIRATORY THERAPY	.390865	4,922	1,924
49 98	HYPERBARIC OXYGEN THERAPY	1.175882		
50	PHYSICAL THERAPY	.579582	2,776	1,609
52	SPEECH PATHOLOGY	1.503043		
53	ELECTROCARDIOLOGY	.153880	26,902	4,140
53 01	CATH LAB	.269047		
54 01	NEUROLOGY	.265507	1,044	277
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30	IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS	.317636	87,157	27,684
59 97	CARDIAC REHABILITATION			
59 98	HYPERBARIC OXYGEN THERAPY			
59 99	LITHOTRIPSY			
60	OUTPAT SERVICE COST CNTRS CLINIC	.894545		
60 01	DIABETES EDUCATION	3.667409		
60 02	PSYCH SERVICES	.765538	191	146
60 04	ANTI COAGULATION CLINIC	2.050108		
61	EMERGENCY	.279258	56,257	15,710
61 01	RURAL HEALTH CLINICS			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.511000		
63 50	RHC			
63 60	FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		498,173	102,762
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		498,173	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0034
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TITLE XIX

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		1,961,936	
26	INTENSIVE CARE UNIT		393,713	
31	SUBPROVIDER I ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.387440	2,635,522	1,021,107
39	DELIVERY ROOM & LABOR ROOM	.246680	1,402,071	345,863
40	ANESTHESIOLOGY	.141763	558,700	79,203
41	RADIOLOGY-DIAGNOSTIC	.209694	626,548	131,383
41 01	CAT SCAN	.027222	1,486,103	40,455
41 02	MAGNETIC RESONANCE IMAGING (MRI)	.067475	140,278	9,465
41 97	CARDIAC REHABILITATION	1.068309		
43 01	NUCLEAR MEDICINE	.192012	171,149	32,863
44	LABORATORY	.153313	2,405,790	368,839
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
48	INTRAVENOUS THERAPY	.420489	367	154
49	RESPIRATORY THERAPY	.390865	473,122	184,927
49 98	HYPERBARIC OXYGEN THERAPY	1.175882		
50	PHYSICAL THERAPY	.579582	40,485	23,464
52	SPEECH PATHOLOGY	1.503043	1,741	2,617
53	ELECTROCARDIOLOGY	.153880	677,634	104,274
53 01	CATH LAB	.269047	281,927	75,852
54 01	NEUROLOGY	.265507	32,009	8,499
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30	IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS	.317636	2,442,655	775,875
59 97	CARDIAC REHABILITATION			
59 98	HYPERBARIC OXYGEN THERAPY			
59 99	LITHOTRIPSY			
60	OUTPAT SERVICE COST CNTRS CLINIC	.894545		
60 01	DIABETES EDUCATION	3.667409		
60 02	PSYCH SERVICES	.765538		
60 04	ANTI COAGULATION CLINIC	2.050108	14	29
61	EMERGENCY	.279258	763,072	213,094
61 01	RURAL HEALTH CLINICS			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.511000		
63	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		14,139,187	3,417,963
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		14,139,187	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0034
 COMPONENT NO: 14-S034
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 PREPARED 5/20/2011 WORKSHEET D-4

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER I ANCILLARY SRVC COST CNTRS		510,233	
37	OPERATING ROOM	.387440	1,600	620
39	DELIVERY ROOM & LABOR ROOM	.246680	1,562	385
40	ANESTHESIOLOGY	.141763	6,044	857
41	RADIOLOGY-DIAGNOSTIC	.209694	14,083	2,953
41 01	CAT SCAN	.027222	17,357	472
41 02	MAGNETIC RESONANCE IMAGING (MRI)	.067475		
41 97	CARDIAC REHABILITATION	1.068309		
43 01	NUCLEAR MEDICINE	.192012		
44	LABORATORY	.153313	200,320	30,712
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
48	INTRAVENOUS THERAPY	.420489		
49	RESPIRATORY THERAPY	.390865	7,381	2,885
49 98	HYPERBARIC OXYGEN THERAPY	1.175882		
50	PHYSICAL THERAPY	.579582	1,689	979
52	SPEECH PATHOLOGY	1.503043		
53	ELECTROCARDIOLOGY	.153880	10,358	1,594
53 01	CATH LAB	.269047		
54 01	NEUROLOGY	.265507	539	143
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30	IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS	.317636	65,852	20,917
59 97	CARDIAC REHABILITATION			
59 98	HYPERBARIC OXYGEN THERAPY			
59 99	LITHOTRIPSY			
60	OUTPAT SERVICE COST CNTRS CLINIC	.894545		
60 01	DIABETES EDUCATION	3.667409		
60 02	PSYCH SERVICES	.765538	128	98
60 04	ANTI COAGULATION CLINIC	2.050108		
61	EMERGENCY	.279258	87,939	24,558
61 01	RURAL HEALTH CLINICS			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.511000		
63 50	RHC			
63 60	FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		414,852	87,173
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		414,852	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0034
 COMPONENT NO: 14-0034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/20/2011
 WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	10,282,645	5,356,148
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5,430,158	
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)	215,523	172,517
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	93.58	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06		
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	5.47	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	19.14	
4.02 SUM OF LINES 4 AND 4.01	24.61	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	9.52	9.52
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	1,495,859	509,905
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)		

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 WORKSHEET E
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	17,424,185	6,038,570
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	18,980,562	
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)	24,630,038	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,744,176	
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	26,374,214	
17 PRIMARY PAYER PAYMENTS	13,369	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	26,360,845	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,504,996	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	117,150	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	955,281	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	668,697	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	764,184	
22 SUBTOTAL	24,407,396	
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	24,407,396	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	23,984,946	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	422,450	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	50,000	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	17,302
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS)	8,899,435
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	7,629,485
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	863
1.04	LINE 1.01 TIMES LINE 1.03.	7,680,212
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	99,34
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	43,118
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)	17,302

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	54,471
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	54,471

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)	54,471
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	37,169
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	17,302
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	7,672,603

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,824,240
19	SUBTOTAL (SEE INSTRUCTIONS)	5,865,665
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	5,865,665
24	PRIMARY PAYER PAYMENTS	465
25	SUBTOTAL	5,865,200

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	539,900
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	377,930
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	411,401
28	SUBTOTAL	6,243,130
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	6,243,130
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	6,142,925
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	100,205
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: 14-0034
 COMPONENT NO: 14-0034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/20/2011
 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		23,587,385		6,142,925
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	7/16/2010	397,561		
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		397,561		NONE
4 TOTAL INTERIM PAYMENTS		23,984,946		6,142,925
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)		422,450		100,205
7 TOTAL MEDICARE PROGRAM LIABILITY		24,407,396		6,243,130

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: 14-0034
 COMPONENT NO: 14-S034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/20/2011 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		612,552		
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		612,552		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99	NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			60,618	
7 TOTAL MEDICARE PROGRAM LIABILITY			673,170	

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
14-0034	FROM 1/ 1/2010	5/20/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
14-S034		PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	687,299
1.09	NET IPF PPS OUTLIER PAYMENTS	26,312
1.10	NET IPF PPS ECT PAYMENTS	2,974
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	8.561644
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	716,585
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	716,585
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	716,585
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	716,585
7	DEDUCTIBLES	90,033
8	SUBTOTAL	626,552
9	COINSURANCE	14,300
10	SUBTOTAL	612,252
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	87,025
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	60,918
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	77,085
12	SUBTOTAL	673,170
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/ 1/2010	5/20/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
14-S034		PART I

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

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	673,170
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	612,552
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	60,618
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	4,836,753			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	16,281,909			
5 OTHER RECEIVABLES	930,935			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1,283,000			
7 INVENTORY	1,700,632			
8 PREPAID EXPENSES	446,909			
9 OTHER CURRENT ASSETS	2,401,406			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	25,315,544			
FIXED ASSETS				
12 LAND	1,259,000			
12.01 LAND IMPROVEMENTS	660,470			
13.01 LESS ACCUMULATED DEPRECIATION	-434,686			
14 BUILDINGS	19,787,081			
14.01 LESS ACCUMULATED DEPRECIATION	-4,254,894			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	3,159,080			
16.01 LESS ACCUMULATED DEPRECIATION	-200,060			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	10,255,802			
18.01 LESS ACCUMULATED DEPRECIATION	-6,318,756			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	23,913,037			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	21,562,834			
26 TOTAL OTHER ASSETS	21,562,834			
27 TOTAL ASSETS	70,791,415			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,468,577			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,040,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	5,839,454			
36 TOTAL CURRENT LIABILITIES	10,348,031			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	11,445,000			
38 NOTES PAYABLE	37,800,203			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	5,510,920			
42 TOTAL LONG-TERM LIABILITIES	54,756,123			
43 TOTAL LIABILITIES	65,104,154			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	5,687,261			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	5,687,261			
52 TOTAL LIABILITIES AND FUND BALANCES	70,791,415			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		1,539,501		
2	NET INCOME (LOSS)		8,037,587		
3	TOTAL ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		9,577,088		
4					
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		9,577,088		
12					
13	TRANSFERS	3,889,827			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		3,889,827		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		5,687,261		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4					
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12					
13	TRANSFERS				
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	13,045,421		13,045,421
2 00 SUBPROVIDER I	1,722,023		1,722,023
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	14,767,444		14,767,444
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	3,119,353		3,119,353
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	3,119,353		3,119,353
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	17,886,797		17,886,797
17 00 ANCILLARY SERVICES	87,162,383	120,510,615	207,672,998
18 00 OUTPATIENT SERVICES	6,547,506	20,509,301	27,056,807
18 50 RHC			
18 60 FQHC			
19 00 HOME HEALTH AGENCY			
21 10 CMHC			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
24 00			
25 00 TOTAL PATIENT REVENUES	111,596,686	141,019,916	252,616,602

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	97,853,171		
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES	97,853,171		

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/20/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	252,616,602
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	150,406,315
3	NET PATIENT REVENUES	102,210,287
4	LESS: TOTAL OPERATING EXPENSES	97,853,171
5	NET INCOME FROM SERVICE TO PATIENTS	4,357,116
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	4,532
7	INCOME FROM INVESTMENTS	616,333
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	22
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	15,620
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	348,956
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	85,694
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	15,762
22	RENTAL OF HOSPITAL SPACE	166,430
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	2,427,122
25	TOTAL OTHER INCOME	3,680,471
26	TOTAL	8,037,587
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	8,037,587

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2010	5/20/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
14-0034		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	1,713,239
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	30,937
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	70.16
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,744,176
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)	

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0034
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/20/2011
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	16,974,835		16,974,835	10,610	16,985,445
26	INTENSIVE CARE UNIT	4,092,790		4,092,790		4,092,790
31	SUBPROVIDER I	2,045,149		2,045,149	8,627	2,053,776
33	NURSERY	951,589		951,589		951,589
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	12,105,105		12,105,105	42,776	12,147,881
39	DELIVERY ROOM & LABOR ROO	764,325		764,325		764,325
40	ANESTHESIOLOGY	512,235		512,235	34,776	547,011
41	RADIOLOGY-DIAGNOSTIC	4,007,737		4,007,737		4,007,737
41 01	CAT SCAN	894,078		894,078		894,078
41 02	MAGNETIC RESONANCE IMAGIN	378,509		378,509		378,509
41 97	CARDIAC REHABILITATION	158,884		158,884	9,301	168,185
43 01	NUCLEAR MEDICINE	1,217,675		1,217,675		1,217,675
44	LABORATORY	5,589,133		5,589,133	34	5,589,167
46 30	BLOOD CLOTTING FACTORS AD					
48	INTRAVENOUS THERAPY	455,290		455,290		455,290
49	RESPIRATORY THERAPY	1,633,321		1,633,321		1,633,321
49 98	HYPERBARI C OXYGEN THERAPY	393,650		393,650		393,650
50	PHYSICAL THERAPY	3,314,979		3,314,979	1,466	3,316,445
52	SPEECH PATHOLOGY	126,923		126,923		126,923
53	ELECTROCARDIOLOGY	1,707,062		1,707,062	14,367	1,721,429
53 01	CATH LAB	1,721,524		1,721,524	17,144	1,738,668
54 01	NEUROLOGY	652,416		652,416		652,416
55	MEDICAL SUPPLIES CHARGED					
55 30	IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS	8,151,507		8,151,507		8,151,507
59 97	CARDIAC REHABILITATION					
59 98	HYPERBARI C OXYGEN THERAPY					
59 99	LI THOTRI PSY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	229,220		229,220	2,698	231,918
60 01	DIABETES EDUCATION	55,961		55,961		55,961
60 02	PSYCH SERVICES	1,578,430		1,578,430	14,330	1,592,760
60 04	ANTI COAGULATION CLINIC	129,573		129,573		129,573
61	EMERGENCY	4,682,404		4,682,404		4,682,404
61 01	RURAL HEALTH CLINICS					
62	OBSERVATION BEDS (NON-DIS	723,204		723,204		723,204
63	RHC					
63 60	FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	75,247,508		75,247,508	156,129	75,403,637
102	LESS OBSERVATION BEDS	723,204		723,204		723,204
103	TOTAL	74,524,304		74,524,304	156,129	74,680,433

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	12,105,105	1,456,581	10,648,524	145,658	617,614	11,341,833
39	DELIVERY ROOM & LABOR ROO	764,325	64,892	699,433	6,489	40,567	717,269
40	ANESTHESIOLOGY	512,235	102,211	410,024	10,221	23,781	478,233
41	RADIOLOGY-DIAGNOSTIC	4,007,737	475,083	3,532,654	47,508	204,894	3,755,335
41	01 CAT SCAN	894,078	48,845	845,233	4,885	49,024	840,169
41	02 MAGNETIC RESONANCE IMAGIN	378,509	34,411	344,098	3,441	19,958	355,110
41	97 CARDIAC REHABILITATION	158,884	2,413	156,471	241	9,075	149,568
43	01 NUCLEAR MEDICINE	1,217,675	23,881	1,193,794	2,388	69,240	1,146,047
44	LABORATORY	5,589,133	235,173	5,353,960	23,517	310,530	5,255,086
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	455,290	16,389	438,901	1,639	25,456	428,195
49	RESPIRATORY THERAPY	1,633,321	111,501	1,521,820	11,150	88,266	1,533,905
49	98 HYPERBARIC OXYGEN THERAPY	393,650	9,627	384,023	963	22,273	370,414
50	PHYSICAL THERAPY	3,314,979	194,253	3,120,726	19,425	181,002	3,114,552
52	SPEECH PATHOLOGY	126,923	9,257	117,666	926	6,825	119,172
53	ELECTROCARDIOLOGY	1,707,062	213,952	1,493,110	21,395	86,600	1,599,067
53	01 CATH LAB	1,721,524	254,719	1,466,805	25,472	85,075	1,610,977
54	01 NEUROLOGY	652,416	60,440	591,976	6,044	34,335	612,037
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	8,151,507	308,646	7,842,861	30,865	454,886	7,665,756
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
59	99 LI THOTRIPSY						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	229,220	9,006	220,214	901	12,772	215,547
60	01 DIABETES EDUCATION	55,961	1,117	54,844	112	3,181	52,668
60	02 PSYCH SERVICES	1,578,430	105,413	1,473,017	10,541	85,435	1,482,454
60	04 ANTI COAGULATION CLINIC	129,573	2,420	127,153	242	7,375	121,956
61	EMERGENCY	4,682,404	155,975	4,526,429	15,598	262,533	4,404,273
61	01 RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS	723,204	36,541	686,663	3,654	39,826	679,724
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	51,183,145	3,932,746	47,250,399	393,275	2,740,523	48,049,347
102	LESS OBSERVATION BEDS	723,204	36,541	686,663	3,654	39,826	679,724
103	TOTAL	50,459,941	3,896,205	46,563,736	389,621	2,700,697	47,369,623

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	31,354,215	.361732	.381430
39	DELIVERY ROOM & LABOR ROO	3,098,445	.231493	.244586
40	ANESTHESIOLOGY	3,858,643	.123938	.130101
41	RADIOLOGY-DIAGNOSTIC	19,112,340	.196487	.207208
41 01	CAT SCAN	32,843,815	.025581	.027073
41 02	MAGNETIC RESONANCE IMAGIN	5,609,587	.063304	.066862
41 97	CARDIAC REHABILITATION	157,431	.950054	1.007699
43 01	NUCLEAR MEDICINE	6,341,665	.180717	.191635
44	LABORATORY	36,455,994	.144149	.152667
46 30	BLOOD CLOTTING FACTORS AD			
48	INTRAVENOUS THERAPY	1,082,763	.395465	.418975
49	RESPIRATORY THERAPY	4,178,735	.367074	.388197
49 98	HYPERBARIC OXYGEN THERAPY	334,770	1.106473	1.173005
50	PHYSICAL THERAPY	5,722,130	.544299	.575931
52	SPEECH PATHOLOGY	84,444	1.411255	1.492078
53	ELECTROCARDIOLOGY	11,186,817	.142942	.150683
53 01	CATH LAB	6,462,332	.249287	.262452
54 01	NEUROLOGY	2,457,249	.249074	.263047
55	MEDICAL SUPPLIES CHARGED			
55 30	IMPL. DEV. CHARGED TO PAT			
56	DRUGS CHARGED TO PATIENTS	25,663,008	.298708	.316434
59 97	CARDIAC REHABILITATION			
59 98	HYPERBARIC OXYGEN THERAPY			
59 99	LITHOTRIPSY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	259,258	.831400	.880663
60 01	DIABETES EDUCATION	15,259	3.451602	3.660069
60 02	PSYCH SERVICES	2,080,577	.712521	.753584
60 04	ANTI COAGULATION CLINIC	63,203	1.929592	2.046279
61	EMERGENCY	16,767,281	.262671	.278328
61 01	RURAL HEALTH CLINICS			
62	OBSERVATION BEDS (NON-DIS	1,415,272	.480278	.508418
63 50	RHC			
63 60	FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	216,605,233		
102	LESS OBSERVATION BEDS	1,415,272		
103	TOTAL	215,189,961		