

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		14-0048		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: 5/26/2011 TIME 11:13

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: ADVOCATE TRINITY HOSPITAL 14-0048 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	A	TITLE XVIII	B	TITLE XIX	
		1	2	3	4		
1	HOSPITAL	0	646,396	264,897	0		
100	TOTAL	0	646,396	264,897	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.

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	163	59,495			13,760		10,212
2 HMO					4,179		
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	163	59,495			13,760		10,212
6 INTENSIVE CARE UNIT	30	10,950			3,281		2,209
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							3,454
12 TOTAL	193	70,445			17,041		15,875
13 RPCH VISITS							
25 TOTAL	193						
26 OBSERVATION BED DAYS							1,001
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			35,890				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			35,890				
6 INTENSIVE CARE UNIT			7,765				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			4,126				
12 TOTAL			47,781			5.00	
13 RPCH VISITS							
25 TOTAL						5.00	
26 OBSERVATION BED DAYS			4,450				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					3,530	3,443	11,374
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	5.00	932.00			3,530	3,443	11,374
13 RPCH VISITS							
25 TOTAL	5.00	932.00					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 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	58,125,270		58,125,270	1,938,560.00	29.98	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	267,450		267,450	10,400.00	25.72	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	2,324,065		2,324,065	38,307.00	60.67	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	70,302		70,302	2,145.00	32.77	
10 CONTRACT LABOR: PHYS PART A	4,675,585		4,675,585	50,374.00	92.82	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	5,177,667		5,177,667	77,540.00	66.77	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	14,221,280		14,221,280			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	20,059		20,059			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,752,399		1,752,399	12,480.00	140.42	
22 ADMINISTRATIVE & GENERAL	7,610,031		7,610,031	232,960.00	32.67	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,195,622		2,195,622	91,520.00	23.99	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	1,283,046		1,283,046	87,360.00	14.69	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,272,042	-470,656	801,386	52,000.00	15.41	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		470,656	470,656	29,120.00	16.16	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,809,589		1,809,589	49,920.00	36.25	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	2,016,261		2,016,261	45,760.00	44.06	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,023,585		1,023,585	47,840.00	21.40	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	58,125,270		58,125,270	1,938,560.00	29.98	
2 EXCLUDED AREA SALARIES	267,450		267,450	10,400.00	25.72	
3 SUBTOTAL SALARIES	57,857,820		57,857,820	1,928,160.00	30.01	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	12,247,619		12,247,619	168,366.00	72.74	
5 SUBTOTAL WAGE-RELATED COSTS	14,221,280		14,221,280		24.58	
6 TOTAL	84,326,719		84,326,719	2,096,526.00	40.22	
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	18,962,575		18,962,575	648,960.00	29.22	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0048	FROM 1/1/2010	5/26/2011
	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	24,866,400
17.01	GROSS MEDICAID REVENUES	24,117,862
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	48,984,262
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)	.294506
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	24,117,862

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0048	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	7,102,855
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	24,866,400
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	7,323,304
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	7,102,855

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0048

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

PREPARED 5/26/2011 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				2,878,544	2,878,544
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1,681,338	1,681,338
5	0500 EMPLOYEE BENEFITS	1,752,399	10,456,377	12,208,776	-1,710	12,207,066
6	0600 ADMINISTRATIVE & GENERAL	7,610,031	33,018,402	40,628,433	-3,049,672	37,578,761
8	0800 OPERATION OF PLANT	2,195,622	5,640,618	7,836,240	-80,348	7,755,892
9	0900 LAUNDRY & LINEN SERVICE		844,042	844,042		844,042
10	1000 HOUSEKEEPING	1,283,046	781,001	2,064,047	-8,832	2,055,215
11	1100 DIETARY	1,272,042	1,363,112	2,635,154	-999,796	1,635,358
12	1200 CAFETERIA				975,006	975,006
14	1400 NURSING ADMINISTRATION	1,809,589	334,304	2,143,893	-4,736	2,139,157
15	1500 CENTRAL SERVICES & SUPPLY					
16	1600 PHARMACY	2,016,261	4,278,250	6,294,511	-3,828,702	2,465,809
17	1700 MEDICAL RECORDS & LIBRARY	1,023,585	672,314	1,695,899	-13,704	1,682,195
18	1800 SOCIAL SERVICE					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD				201,514	201,514
24	2400 PARAMED PRGM-(SPECIFY)	145,800	49,015	194,815	-1,234	193,581
24.01	2401 PARAMEDICAL ED. PROGRAM(SPECIFY)					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	18,061,192	6,456,085	24,517,277	-1,567,909	22,949,368
26	2600 INTENSIVE CARE UNIT	4,263,207	1,751,394	6,014,601	-553,699	5,460,902
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
33	3300 NURSERY	975,568	175,345	1,150,913	-61,901	1,089,012
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,693,668	5,616,700	9,310,368	-4,532,421	4,777,947
38	3800 RECOVERY ROOM	560,196	105,677	665,873	-32,041	633,832
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	36,187	1,513,803	1,549,990	-196,440	1,353,550
41	4100 RADIOLOGY-DIAGNOSTIC	3,051,128	3,485,499	6,536,627	-1,239,003	5,297,624
41.01	3120 CARDIAC CATHETERIZATION LABORATORY	576,225	1,575,845	2,152,070	-1,075,927	1,076,143
43	4300 RADIOISOTOPE	224,271	388,557	612,828	-285,217	327,611
44	4400 LABORATORY	82	8,570,588	8,570,670	-2,333	8,568,337
49	4900 RESPIRATORY THERAPY	1,173,931	496,349	1,670,280	-255,561	1,414,719
50	5000 PHYSICAL THERAPY	860,036	270,946	1,130,982	-48,419	1,082,563
51	5100 OCCUPATIONAL THERAPY	217,070	53,686	270,756	-1,128	269,628
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	764,264	456,734	1,220,998	-401,514	819,484
54	5400 ELECTROENCEPHALOGRAPHY	11,863	36,593	48,456	-2,837	45,619
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				6,269,938	6,269,938
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				2,439,532	2,439,532
56	5600 DRUGS CHARGED TO PATIENTS				4,416,018	4,416,018
59	3950 OTHER ANCILLARY SERVICE COST CENTERS		992,010	992,010	-28,344	963,666
59.97	3997 CARDIAC REHABILITATION				226,462	226,462
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	129,801	266,722	396,523	-13,148	383,375
61	6100 EMERGENCY	4,296,556	2,369,031	6,665,587	-760,595	5,904,992
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	58,003,620	92,018,999	150,022,619	41,181	150,063,800
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 NONREIM PARAMED RT					
100	7950 OTHER NONREIMBURSABLE COST CENTERS	121,650	263,282	384,932	-41,181	343,751
101	TOTAL	58,125,270	92,282,281	150,407,551	-0-	150,407,551

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0048
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	2,050	2,050
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	643	643
3	0300 NEW CAP REL COSTS-BLDG & FIXT	20,536	2,899,080
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	705,816	2,387,154
5	0500 EMPLOYEE BENEFITS	1,891,962	14,099,028
6	0600 ADMINISTRATIVE & GENERAL	-18,107,862	19,470,899
8	0800 OPERATION OF PLANT	-62,444	7,693,448
9	0900 LAUNDRY & LINEN SERVICE		844,042
10	1000 HOUSEKEEPING	-132	2,055,083
11	1100 DIETARY	-386	1,634,972
12	1200 CAFETERIA	-628,088	346,918
14	1400 NURSING ADMINISTRATION	-4,026	2,135,131
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY	-3,326	2,462,483
17	1700 MEDICAL RECORDS & LIBRARY	-2,331	1,679,864
18	1800 SOCIAL SERVICE		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		201,514
24	2400 PARAMED ED PRGM-(SPECIFY)	-31,697	161,884
24.01	2401 PARAMEDICAL ED. PROGRAM(SPECIFY)		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-2,025,827	20,923,541
26	2600 INTENSIVE CARE UNIT		5,460,902
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
33	3300 NURSERY	-6,047	1,082,965
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-6,571	4,771,376
38	3800 RECOVERY ROOM	-167	633,665
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		1,353,550
41	4100 RADIOLOGY-DIAGNOSTIC	-10,393	5,287,231
41.01	3120 CARDIAC CATHETERIZATION LABORATORY	-148,539	927,604
43	4300 RADIOISOTOPE	-68	327,543
44	4400 LABORATORY	-20	8,568,317
49	4900 RESPIRATORY THERAPY	-127	1,414,592
50	5000 PHYSICAL THERAPY	-42,203	1,040,360
51	5100 OCCUPATIONAL THERAPY	-1,309	268,319
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY	-1,085	818,399
54	5400 ELECTROENCEPHALOGRAPHY		45,619
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,269,938
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		2,439,532
56	5600 DRUGS CHARGED TO PATIENTS		4,416,018
59	3950 OTHER ANCILLARY SERVICE COST CENTERS		963,666
59.97	3997 CARDIAC REHABILITATION	-18,000	208,462
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-271	383,104
61	6100 EMERGENCY	-734,685	5,170,307
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-19,214,597	130,849,203
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 NONREIM PARAMED RT		
100	7950 OTHER NONREIMBURSABLE COST CENTERS	-16,772	326,979
101	TOTAL	-19,231,369	131,176,182

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
24.01	PARAMEDICAL ED. PROGRAM(SPECIFY)	2401	PARAMED ED PRGM
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
59	OTHER ANCILLARY SERVICE COST CENTERS	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	NONREIM PARAMED RT	9801	PHYSICIANS' PRIVATE OFFICES
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140048

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

PREPARED 5/26/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RESIDENT PAYMENT	A	I & R SERVICES-OTHER PRGM COSTS APPRVD	23		201,514
2 COST OF DRUGS	B	DRUGS CHARGED TO PATIENTS	56		4,416,018
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20 MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		8,709,470
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 MEDICAL SUPPLIES	C				
2					
3					
4					
5					
6					
7					
8					
9 DEPRECIATION EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3		2,878,544
10		NEW CAP REL COSTS-MVBLE EQUIP	4		1,681,338
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35 IMPLANTS	E	IMPL. DEV. CHARGED TO PATIENT	55.30		2,439,532

RECLASSIFICATIONS

PROVIDER NO:
140048

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

PREPARED 5/26/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 CARDIAC REHAB	F	CARDIAC REHABILITATION	59.97	168,194	58,268
2 RECLASS CAFETERIA	G	CAFETERIA	12	470,656	504,350
36 TOTAL RECLASSIFICATIONS				638,850	20,889,034

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

RECLASSIFICATIONS

PROVIDER NO:
140048

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

PREPARED 5/26/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE	NO			
	1	6	7	8	9	10	
1 RESIDENT PAYMENT	A	ADULTS & PEDIATRICS	25			201,514	
2 COST OF DRUGS	B						
3		DIETARY	11			1,527	
4		PHARMACY	16			3,801,388	
5		ADULTS & PEDIATRICS	25			213,837	
6		INTENSIVE CARE UNIT	26			63,144	
7		NURSERY	33			2,187	
8		OPERATING ROOM	37			71,238	
9		RECOVERY ROOM	38			2,826	
10		ANESTHESIOLOGY	40			54,854	
11		RADIOLOGY-DIAGNOSTIC	41			28,949	
12		RADIOISOTOPE	43			803	
13		CARDIAC CATHETERIZATION LABORATORY	41.01			9,490	
14		PHYSICAL THERAPY	50			254	
15		ELECTROCARDIOLOGY	53			3,935	
16		OTHER ANCILLARY SERVICE COST CENTERS	59			7,449	
17		EMERGENCY	61			154,042	
18		OTHER NONREIMBURSABLE COST CENTERS	100			58	
19		RESPIRATORY THERAPY	49			37	
20 MEDICAL SUPPLIES	C	EMPLOYEE BENEFITS	5			81	
21		OPERATION OF PLANT	8			37,239	
22		HOUSEKEEPING	10			3,692	
23		NURSING ADMINISTRATION	14			2,222	
24		PHARMACY	16			14,344	
25		ADULTS & PEDIATRICS	25			934,288	
26		INTENSIVE CARE UNIT	26			404,890	
27		NURSERY	33			57,261	
28		OPERATING ROOM	37			4,187,491	
29		RECOVERY ROOM	38			20,224	
30		ANESTHESIOLOGY	40			134,245	
31		RADIOLOGY-DIAGNOSTIC	41			768,514	
32		RADIOISOTOPE	43			274,243	
33		LABORATORY	44			2,333	
34		RESPIRATORY THERAPY	49			217,026	
35		PHYSICAL THERAPY	50			34,510	
1 MEDICAL SUPPLIES	C	OCCUPATIONAL THERAPY	51			1,128	
2		ELECTROCARDIOLOGY	53			21,985	
3		OTHER ANCILLARY SERVICE COST CENTERS	59			13,297	
4		EMERGENCY	61			511,106	
5		OTHER NONREIMBURSABLE COST CENTERS	100			40,037	
6		ELECTROENCEPHALOGRAPHY	54			1,544	
7		CLINIC	60			1,497	
8		CARDIAC CATHETERIZATION LABORATORY	41.01			1,026,273	
9 DEPRECIATION EXPENSE	D	EMPLOYEE BENEFITS	5			1,629	9
10		ADMINISTRATIVE & GENERAL	6			3,049,672	9
11		OPERATION OF PLANT	8			43,109	
12		HOUSEKEEPING	10			5,140	
13		DIETARY	11			23,263	
14		NURSING ADMINISTRATION	14			2,514	
15		PHARMACY	16			12,970	
16		MEDICAL RECORDS & LIBRARY	17			13,704	
17		PARAMED ED PRGM-(SPECIFY)	24			1,234	
18		ADULTS & PEDIATRICS	25			218,270	
19		INTENSIVE CARE UNIT	26			85,665	
20		NURSERY	33			2,453	
21		OPERATING ROOM	37			273,692	
22		RECOVERY ROOM	38			8,991	
23		RADIOLOGY-DIAGNOSTIC	41			441,540	
24		RADIOISOTOPE	43			10,171	
25		RESPIRATORY THERAPY	49			38,498	
26		PHYSICAL THERAPY	50			13,655	
27		ELECTROCARDIOLOGY	53			149,132	
28		ELECTROENCEPHALOGRAPHY	54			1,293	
29		CLINIC	60			11,651	
30		EMERGENCY	61			95,447	
31		OTHER NONREIMBURSABLE COST CENTERS	100			1,086	
32		ANESTHESIOLOGY	40			7,341	
33		OTHER ANCILLARY SERVICE COST CENTERS	59			7,598	
34		CARDIAC CATHETERIZATION LABORATORY	41.01			40,164	
35 IMPLANTS	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			2,439,532	

RECLASSIFICATIONS

PROVIDER NO:
140048

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

PREPARED 5/26/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	
	1	6	7	8	9
1 CARDIAC REHAB	F	ELECTROCARDIOLOGY	53	168,194	58,268
2 RECLASS CAFETERIA	G	DIETARY	11	470,656	504,350
36 TOTAL RECLASSIFICATIONS				638,850	20,889,034

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

RECLASSIFICATIONS

PROVIDER NO:
140048

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

PREPARED 5/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RESIDENT PAYMENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	201,514
TOTAL RECLASSIFICATIONS FOR CODE A			201,514

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	201,514	
TOTAL RECLASSIFICATIONS FOR CODE A			201,514

RECLASS CODE: B
EXPLANATION : COST OF DRUGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	4,416,018
3.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			4,416,018

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,527	
PHARMACY	16	3,801,388	
ADULTS & PEDIATRICS	25	213,837	
INTENSIVE CARE UNIT	26	63,144	
NURSERY	33	2,187	
OPERATING ROOM	37	71,238	
RECOVERY ROOM	38	2,826	
ANESTHESIOLOGY	40	54,854	
RADIOLOGY-DIAGNOSTIC	41	28,949	
RADIOISOTOPE	43	803	
CARDIAC CATHETERIZATION LABORATORY	41.01	9,490	
PHYSICAL THERAPY	50	254	
ELECTROCARDIOLOGY	53	3,935	
OTHER ANCILLARY SERVICE COST CENTER	59	7,449	
EMERGENCY	61	154,042	
OTHER NONREIMBURSABLE COST CENTER	100	58	
RESPIRATORY THERAPY	49	37	
TOTAL RECLASSIFICATIONS FOR CODE B			4,416,018

RECLASS CODE: C
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	8,709,470
2.00			0
3.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			8,709,470

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	81	
OPERATION OF PLANT	8	37,239	
HOUSEKEEPING	10	3,692	
NURSING ADMINISTRATION	14	2,222	
PHARMACY	16	14,344	
ADULTS & PEDIATRICS	25	934,288	
INTENSIVE CARE UNIT	26	404,890	
NURSERY	33	57,261	
OPERATING ROOM	37	4,187,491	
RECOVERY ROOM	38	20,224	
ANESTHESIOLOGY	40	134,245	
RADIOLOGY-DIAGNOSTIC	41	768,514	
RADIOISOTOPE	43	274,243	
LABORATORY	44	2,333	
RESPIRATORY THERAPY	49	217,026	
PHYSICAL THERAPY	50	34,510	
OCCUPATIONAL THERAPY	51	1,128	
ELECTROCARDIOLOGY	53	21,985	
OTHER ANCILLARY SERVICE COST CENTER	59	13,297	
EMERGENCY	61	511,106	
OTHER NONREIMBURSABLE COST CENTER	100	40,037	
ELECTROENCEPHALOGRAPHY	54	1,544	
CLINIC	60	1,497	
CARDIAC CATHETERIZATION LABORATORY	41.01	1,026,273	
TOTAL RECLASSIFICATIONS FOR CODE C			8,709,470

RECLASS CODE: D
EXPLANATION : DEPRECIATION EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,878,544
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,681,338
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	1,629	
ADMINISTRATIVE & GENERAL	6	3,049,672	
OPERATION OF PLANT	8	43,109	
HOUSEKEEPING	10	5,140	
DIETARY	11	23,263	
NURSING ADMINISTRATION	14	2,514	
PHARMACY	16	12,970	
MEDICAL RECORDS & LIBRARY	17	13,704	

RECLASSIFICATIONS

PROVIDER NO:
140048

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

PREPARED 5/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: D
EXPLANATION : DEPRECIATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
9.00			0	PARAMED ED PRGM-(SPECIFY)	24	1,234	
11.00			0	ADULTS & PEDIATRICS	25	218,270	
12.00			0	INTENSIVE CARE UNIT	26	85,665	
13.00			0	NURSERY	33	2,453	
14.00			0	OPERATING ROOM	37	273,692	
15.00			0	RECOVERY ROOM	38	8,991	
16.00			0	RADIOLOGY-DIAGNOSTIC	41	441,540	
17.00			0	RADIOISOTOPE	43	10,171	
18.00			0	RESPIRATORY THERAPY	49	38,498	
19.00			0	PHYSICAL THERAPY	50	13,655	
20.00			0	ELECTROCARDIOLOGY	53	149,132	
21.00			0	ELECTROENCEPHALOGRAPHY	54	1,293	
22.00			0	CLINIC	60	11,651	
23.00			0	EMERGENCY	61	95,447	
24.00			0	OTHER NONREIMBURSABLE COST CEN	100	1,086	
25.00			0	ANESTHESIOLOGY	40	7,341	
26.00			0	OTHER ANCILLARY SERVICE COST C	59	7,598	
27.00			0	CARDIAC CATHETERIZATION LABORA	41.01	40,164	
TOTAL RECLASSIFICATIONS FOR CODE D			4,559,882	TOTAL RECLASSIFICATIONS FOR CODE D			4,559,882

RECLASS CODE: E
EXPLANATION : IMPLANTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	2,439,532	MEDICAL SUPPLIES CHARGED TO PA	55	2,439,532	
TOTAL RECLASSIFICATIONS FOR CODE E			2,439,532	TOTAL RECLASSIFICATIONS FOR CODE E			2,439,532

RECLASS CODE: F
EXPLANATION : CARDIAC REHAB

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CARDIAC REHABILITATION	59.97	226,462	ELECTROCARDIOLOGY	53	226,462	
TOTAL RECLASSIFICATIONS FOR CODE F			226,462	TOTAL RECLASSIFICATIONS FOR CODE F			226,462

RECLASS CODE: G
EXPLANATION : RECLASS CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	975,006	DIETARY	11	975,006	
TOTAL RECLASSIFICATIONS FOR CODE G			975,006	TOTAL RECLASSIFICATIONS FOR CODE G			975,006

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	1,420,356					1,420,356	
2	LAND IMPROVEMENTS	181,716					181,716	181,716
3	BUILDINGS & FIXTURE	16,588,593					16,588,593	2,959,505
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT	891,224					891,224	891,224
6	MOVABLE EQUIPMENT							
7	SUBTOTAL	19,081,889					19,081,889	4,032,445
8	RECONCILING ITEMS	581,061					581,061	
9	TOTAL	18,500,828					18,500,828	4,032,445

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	976,081					976,081	
2	LAND IMPROVEMENTS	3,227,180	80,531		80,531		3,307,711	362,698
3	BUILDINGS & FIXTURE	54,585,664	5,351,727		5,351,727		59,937,391	4,496,913
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT	27,448,514	1,494,361		1,494,361	34,790	28,908,085	16,440,269
6	MOVABLE EQUIPMENT	72,838					72,838	72,838
7	SUBTOTAL	86,310,277	6,926,619		6,926,619	34,790	93,202,106	21,372,718
8	RECONCILING ITEMS	4,123,960				351,577	3,772,383	
9	TOTAL	82,186,317	6,926,619		6,926,619	-316,787	89,429,723	21,372,718

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
*									
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL	2,050						2,050
2	OLD CAP REL COSTS-MV	643						643
3	NEW CAP REL COSTS-BL	2,899,080						2,899,080
4	NEW CAP REL COSTS-MV	2,387,154						2,387,154
5	TOTAL	5,288,927						5,288,927

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

SUMMARY OF OLD AND NEW CAPITAL

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

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON	LINE NO	WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER		
	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					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-89,427	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,901,926			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	7,346,984			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-628,088	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					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 NONALLOWABLE INTEREST EXPENSE	A	-1,029,120	ADMINISTRATIVE & GENERAL	6	
38					
39					
40					
41 BAD DEBT	A	-13,790,400	ADMINISTRATIVE & GENERAL	6	
42 MEDICAID ASSESSMENT FROM F/S	A	-6,102,876	ADMINISTRATIVE & GENERAL	6	
43					
44 PBP	A	-57,395	ADMINISTRATIVE & GENERAL	6	
45 PBP	A	-59,600	EMPLOYEE BENEFITS	5	
46 ADD MEDICARE DEPRECIATION	A	17,124	NEW CAP REL COSTS-MVBLE E	4	9
47 ADD MEDICARE DEPRECIATION	A	-72,232	NEW CAP REL COSTS-BLDG &	3	9
48 AMBULANCE	A	-35,196	EMERGENCY	61	
49 LOBBYING COSTS	A	-26,793	ADMINISTRATIVE & GENERAL	6	
49.05 PHO EXPENSE	A	-632,654	ADMINISTRATIVE & GENERAL	6	
49.06 PARAMED ED 44711/44712 CC 5024	B	-27,101	PARAMED ED PRGM-(SPECIFY)	24	
49.07 MARKETING	A	-55,134	ADMINISTRATIVE & GENERAL	6	
49.08 MI SC INCOME	B	-56,743	OPERATION OF PLANT	8	
49.09 MI SC INCOME	B	-670	NURSING ADMINISTRATION	14	
49.10 MI SC INCOME	B	-1,181	ADULTS & PEDIATRICS	25	
49.11 MI SC INCOME	B	-3,000	EMERGENCY	61	
49.12 MI SC INCOME	B	-191,784	ADMINISTRATIVE & GENERAL	6	
49.13 MI SC INCOME	B	-20	LABORATORY	44	
49.14 MI SC INCOME	B	-2,200	MEDICAL RECORDS & LIBRARY	17	
49.15 MI SC INCOME	B	-7,351	PHYSICAL THERAPY	50	
49.16 NON ALLOWABLE	A	-15,806	EMPLOYEE BENEFITS	5	
49.17 NON ALLOWABLE	A	-727,742	ADMINISTRATIVE & GENERAL	6	
49.18 NON ALLOWABLE	A	-5,701	OPERATION OF PLANT	8	
49.19 NON ALLOWABLE	A	-132	HOUSEKEEPING	10	
49.20 NON ALLOWABLE	A	-386	DIETARY	11	
49.21 NON ALLOWABLE	A	-3,356	NURSING ADMINISTRATION	14	
49.22 NON ALLOWABLE	A	-3,326	PHARMACY	16	
49.23 NON ALLOWABLE	A	-1,309	OCCUPATIONAL THERAPY	51	
49.24 NON ALLOWABLE	A	-8,337	ADULTS & PEDIATRICS	25	
49.25 NON ALLOWABLE	A	-131	MEDICAL RECORDS & LIBRARY	17	
49.26 NON ALLOWABLE	A	-6,047	NURSERY	33	
49.27 NON ALLOWABLE	A	-6,571	OPERATING ROOM	37	
49.28 NON ALLOWABLE	A	-167	RECOVERY ROOM	38	
49.29 NON ALLOWABLE	A	-10,393	RADIOLOGY-DIAGNOSTIC	41	
49.30 NON ALLOWABLE	A	-11,019	PHYSICAL THERAPY	50	
49.31 NON ALLOWABLE	A	-1,085	ELECTROCARDIOLOGY	53	
49.32 NON ALLOWABLE	A	-1,244	EMERGENCY	61	
49.33 NON ALLOWABLE	A	-4,596	PARAMED ED PRGM-(SPECIFY)	24	
49.34 NON ALLOWABLE	A	-16,772	OTHER NONREIMBURSABLE COS	100	
49.35 NON ALLOWABLE	A	-68	RADIOISOTOPE	43	
49.36 NON ALLOWABLE	A	-127	RESPIRATORY THERAPY	49	
49.38 NON ALLOWABLE	A	-271	CLINIC	60	
50 TOTAL (SUM OF LINES 1 THRU 49)		-19,231,369			

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
14-0048

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

PREPARED 5/26/2011
WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
50 TOTAL (SUM OF LINES 1 THRU 49)		-19,231,369			

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	5	EMPLOYEE BENEFITS PERSONNEL	1,967,368		1,967,368	
2	6	ADMINISTRATIVE & GENERAL DATA PROCESSING	1,547,270		1,547,270	
3	6	ADMINISTRATIVE & GENERAL ADMIN & GENERAL	3,048,193		3,048,193	
4	1	OLD CAP REL COSTS-BLDG & DEPRECIATION	2,050		2,050	9
4.01	2	OLD CAP REL COSTS-MVBLE DEPRECIATION	643		643	9
4.02	3	NEW CAP REL COSTS-BLDG & DEPRECIATION	92,768		92,768	9
4.03	4	NEW CAP REL COSTS-MVBLE DEPRECIATION	688,692		688,692	9
5		TOTALS	7,346,984		7,346,984	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	ADVOCATE HEALTHCARE	100.00	HEALTH CARE
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQ. FEET	OLD	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQ. FEET	OLD	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQ. FEET	OLD	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQ. FEET	OLD	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQ. FEET	OLD	ENTERED
9	LAUNDRY & LINEN SERVICE	8	LAUNDRY	LBS	ENTERED
10	HOUSEKEEPING	1	SQ. FEET	OLD	ENTERED
11	DIETARY	9	MEALS	SERVED	ENTERED
12	CAFETERIA	4	GROSS	SALARIES	ENTERED
14	NURSING ADMINISTRATION	12	NSG FTE		ENTERED
15	CENTRAL SERVICES & SUPPLY	13	MED SUPPL	COSTS	ENTERED
16	PHARMACY	14	PHARM	COSTS	ENTERED
17	MEDICAL RECORDS & LIBRARY	15	MED REC	TIME	ENTERED
18	SOCIAL SERVICE	16	SOC SERV	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	I&RHRS		ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	I&RHRS		ENTERED
24	PARAMED ED PRGM-(SPECIFY)	21	PARAMED	HRS XRAY	ENTERED
24.01	PARAMEDICAL ED. PROGRAM(SPECIFY)	22	PARAMED	HRS RT	NOT ENTERED

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 5a.00
	0	1	2	3	4	5	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	2,050	2,050					
003 OLD CAP REL COSTS-MVBLE E	643		643				
004 NEW CAP REL COSTS-BLDG &	2,899,080			2,899,080			
005 NEW CAP REL COSTS-MVBLE E	2,387,154				2,387,154		
006 EMPLOYEE BENEFITS	14,099,028	25	8	35,241	29,018	14,163,320	
008 ADMINISTRATIVE & GENERAL	19,470,899	319	100	451,515	371,786	1,818,986	22,113,605
009 OPERATION OF PLANT	7,693,448	224	70	317,359	261,319	555,824	8,828,244
010 LAUNDRY & LINEN SERVICE	844,042	21	6	29,112	23,971		897,152
011 HOUSEKEEPING	2,055,083	19	6	27,222	22,415	324,804	2,429,549
012 DIETARY	1,634,972	36	11	50,267	41,391	202,872	1,929,549
014 CAFETERIA	346,918	65	20	91,429	75,284	119,147	632,863
015 NURSING ADMINISTRATION	2,135,131	23	7	33,101	27,256	458,099	2,653,617
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	2,462,483	31	10	44,263	36,447	510,418	3,053,652
018 MEDICAL RECORDS & LIBRARY	1,679,864	18	6	26,115	21,504	259,122	1,986,629
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C	201,514						201,514
024 01 PARAMEDICAL ED. PROGRAM(S	161,884	8	3	11,559	9,518	36,909	219,881
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	20,923,541	527	167	742,121	611,074	4,572,184	26,849,614
027 INTENSIVE CARE UNIT	5,460,902	83	26	117,627	96,856	1,079,235	6,754,729
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
037 NURSERY	1,082,965	15	5	21,103	17,377	246,966	1,368,431
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	4,771,376	206	65	291,327	239,884	935,056	6,237,914
040 RECOVERY ROOM	633,665					141,814	775,479
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY	1,353,550					9,161	1,362,711
043 RADIOLOGY-DIAGNOSTIC	5,287,231	112	35	158,684	130,664	772,396	6,349,122
044 01 CARDIAC CATHETERIZATION L	927,604	26	8	36,400	29,973	145,872	1,139,883
045 RADIOISOTOPE	327,543	1		1,608	1,324	56,774	387,250
046 LABORATORY	8,568,317	76	24	107,854	88,809	21	8,765,101
049 RESPIRATORY THERAPY	1,414,592	19	6	26,982	22,217	297,182	1,760,998
050 PHYSICAL THERAPY	1,040,360	17	5	24,465	20,145	217,719	1,302,711
051 OCCUPATIONAL THERAPY	268,319					54,951	323,270
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	818,399	40	12	56,083	46,180	150,895	1,071,609
054 ELECTROENCEPHALOGRAPHY	45,619					3,003	48,622
055 MEDICAL SUPPLIES CHARGED	6,269,938						6,269,938
055 30 IMPL. DEV. CHARGED TO PAT	2,439,532						2,439,532
056 DRUGS CHARGED TO PATIENTS	4,416,018						4,416,018
059 OTHER ANCILLARY SERVICE C	963,666	5	2	7,664	6,311		977,648
059 97 CARDIAC REHABILITATION	208,462	11	3	15,141	12,467	42,578	278,662
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	383,104					32,859	415,963
062 EMERGENCY	5,170,307	106	33	150,383	123,828	1,087,677	6,532,334
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	130,849,203	2,033	638	2,874,625	2,367,018	14,132,524	130,773,794
097 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC							
100 NONREIM PARAMED RT	326,979	17	5	24,455	20,136	30,796	402,388
101 OTHER NONREIMBURSABLE COS							
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	131,176,182	2,050	643	2,899,080	2,387,154	14,163,320	131,176,182

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:
14-0048

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

PREPARED 5/26/2011
WORKSHEET B
PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
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							
008 ADMINISTRATIVE & GENERAL	22,113,605						
009 OPERATION OF PLANT	1,790,024	10,618,268					
010 LAUNDRY & LINEN SERVICE	181,907	147,552	1,226,611				
011 HOUSEKEEPING	492,618	137,973	10,737	3,070,877			
012 DIETARY	391,237	254,777	761	75,719	2,652,043		
014 CAFETERIA	128,320	463,403		137,723	1,724,921	3,087,230	
015 NURSING ADMINISTRATION	538,050	167,769		49,861		126,934	3,536,231
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	619,162	224,345		66,675		141,431	
018 MEDICAL RECORDS & LIBRARY	402,811	132,363		39,338		71,799	
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C	40,859						
024 01 PARAMEDICAL ED. PROGRAM(S	44,583	58,587		17,412		10,227	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	5,444,019	3,761,424	726,897	1,117,890	762,184	1,266,904	2,017,228
027 INTENSIVE CARE UNIT	1,369,596	596,190	142,444	177,187	164,938	299,043	453,392
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
037 NURSERY	277,464	106,960	80,429	31,788		68,431	95,285
038 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,264,806	1,476,582	78,995	438,838		259,092	348,982
039 RECOVERY ROOM	157,237					39,295	52,324
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY	276,305					2,538	4,138
041 01 RADIOLOGY-DIAGNOSTIC	1,287,354	804,288		239,033		214,021	2,573
043 CARDIAC CATHETERIZATION L	231,124	184,493		54,831		40,419	66,826
044 RADIOISOTOPE	78,519	8,150		2,422		15,731	
049 LABORATORY	1,777,221	546,653		162,465		6	
050 RESPIRATORY THERAPY	357,062	136,756		40,644		82,345	
051 PHYSICAL THERAPY	264,139	124,001		36,853		60,327	3,728
052 OCCUPATIONAL THERAPY	65,547					15,226	
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY	217,281	284,255		84,480		41,811	912
055 ELECTROENCEPHALOGRAPHY	9,859					832	
055 30 MEDICAL SUPPLIES CHARGED	1,271,299						
056 IMPL. DEV. CHARGED TO PAT	494,642						
059 DRUGS CHARGED TO PATIENTS	895,396						
059 97 OTHER ANCILLARY SERVICE C	198,229	38,846		11,545			
060 CARDIAC REHABILITATION	56,502	76,740		22,807		11,798	1,860
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	84,341					9,105	3,188
095 EMERGENCY	1,324,503	762,213	186,348	226,529		301,382	483,303
096 OBSERVATION BEDS (NON-DIS							
098 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	22,032,016	10,494,320	1,226,611	3,034,040	2,652,043	3,078,697	3,533,739
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC							
100 NONREIM PARAMED RT	81,589	123,948		36,837		8,533	2,492
101 OTHER NONREIMBURSABLE COS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	22,113,605	10,618,268	1,226,611	3,070,877	2,652,043	3,087,230	3,536,231

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:
14-0048

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

PREPARED 5/26/2011
WORKSHEET B
PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	15	16	17	18	22	23	24
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							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY		4,105,265					
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY			2,632,940				
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & FRI						242,373	
024 I&R SERVICES-OTHER PRGM C							350,690
024 01 PARAMEDICAL ED. PROGRAM(S)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		198,858	808,474			48,475	
027 INTENSIVE CARE UNIT		58,721					
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
037 NURSERY		2,034	91,466				
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		66,248	306,996				
040 RECOVERY ROOM		2,628					
041 DELIVERY ROOM & LABOR ROO							
041 01 ANESTHESIOLOGY		51,012					
042 RADIOLOGY-DIAGNOSTIC		26,921	133,566				350,690
043 01 CARDIAC CATHETERIZATION L		8,825					
044 RADIOISOTOPE		747					
049 LABORATORY			456,582				
050 RESPIRATORY THERAPY		34	53,836				
051 PHYSICAL THERAPY		236	5,402				
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY		3,659	234,345				
055 ELECTROENCEPHALOGRAPHY							
055 30 MEDICAL SUPPLIES CHARGED							
056 IMPL. DEV. CHARGED TO PAT							
059 DRUGS CHARGED TO PATIENTS		3,535,109	76,563				
059 97 OTHER ANCILLARY SERVICE C		6,927					
060 CARDIAC REHABILITATION							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							
062 EMERGENCY		143,252	465,710			193,898	
095 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		4,105,211	2,632,940			242,373	350,690
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC							
100 NONREIM PARAMED RT							
101 OTHER NONREIMBURSABLE COS		54					
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		4,105,265	2,632,940			242,373	350,690

COST CENTER DESCRIPTION	PARAMEDICAL E SUBTOTAL D. PROGRAM(S)		I&R COST POST STEP-DOWN ADJ 26	TOTAL
	24.01	25		
001 GENERAL SERVICE COST CNTR				
002 OLD CAP REL COSTS-BLDG &				
003 OLD CAP REL COSTS-MVBLE E				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
018 MEDICAL RECORDS & LIBRARY				
022 SOCIAL SERVICE				
023 I&R SERVICES-SALARY & FRI				
024 I&R SERVICES-OTHER PRGM C				
024 01 PARAMED ED PRGM-(SPECIFY)				
024 01 PARAMEDICAL ED. PROGRAM(S)				
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		43,001,967	-48,475	42,953,492
026 INTENSIVE CARE UNIT		10,016,240		10,016,240
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
033 NURSERY		2,122,288		2,122,288
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		10,478,453		10,478,453
038 RECOVERY ROOM		1,026,963		1,026,963
039 DELIVERY ROOM & LABOR ROO				
040 ANESTHESIOLOGY		1,696,704		1,696,704
041 RADIOLOGY-DIAGNOSTIC		9,407,568		9,407,568
041 01 CARDIAC CATHETERIZATION L		1,726,401		1,726,401
043 RADIOISOPE		492,819		492,819
044 LABORATORY		11,708,028		11,708,028
049 RESPIRATORY THERAPY		2,431,675		2,431,675
050 PHYSICAL THERAPY		1,797,397		1,797,397
051 OCCUPATIONAL THERAPY		404,043		404,043
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY		1,938,352		1,938,352
054 ELECTROENCEPHALOGRAPHY		59,313		59,313
055 MEDICAL SUPPLIES CHARGED		7,541,237		7,541,237
055 30 IMPL. DEV. CHARGED TO PAT		2,934,174		2,934,174
056 DRUGS CHARGED TO PATIENTS		8,923,086		8,923,086
059 OTHER ANCILLARY SERVICE C		1,233,195		1,233,195
059 97 CARDIAC REHABILITATION		448,369		448,369
060 OUTPAT SERVICE COST CNTRS				
060 CLINIC		512,597		512,597
061 EMERGENCY		10,619,472	-193,898	10,425,574
062 OBSERVATION BEDS (NON-DIS				
062 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS		130,520,341	-242,373	130,277,968
096 NONREIMBURS COST CENTERS				
098 GIFT, FLOWER, COFFEE SHOP				
098 01 PHYSICIANS' PRIVATE OFFIC				
100 OTHER NONREIMBURSABLE COS		655,841		655,841
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL		131,176,182	-242,373	130,933,809

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD 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		25	8			33	33
008 ADMINISTRATIVE & GENERAL		319	100			419	7
009 OPERATION OF PLANT		224	70			294	2
010 LAUNDRY & LINEN SERVICE		21	6			27	
011 HOUSEKEEPING		19	6			25	1
012 DIETARY		36	11			47	1
014 CAFETERIA		65	20			85	
015 NURSING ADMINISTRATION		23	7			30	2
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY		31	10			41	2
018 MEDICAL RECORDS & LIBRARY		18	6			24	1
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
024 01 PARAMEDICAL ED. PROGRAM(S		8	3			11	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		527	167			694	-4
027 INTENSIVE CARE UNIT		83	26			109	4
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
037 NURSERY		15	5			20	1
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		206	65			271	4
040 RECOVERY ROOM							1
041 DELIVERY ROOM & LABOR ROO							
041 01 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC		112	35			147	3
044 01 CARDIAC CATHETERIZATION L		26	8			34	1
049 RADIOISOTOPE		1				1	
050 LABORATORY		76	24			100	
051 RESPIRATORY THERAPY		19	6			25	1
052 PHYSICAL THERAPY		17	5			22	1
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY		40	12			52	1
056 ELECTROENCEPHALOGRAPHY							
059 30 MEDICAL SUPPLIES CHARGED							
059 97 IMPL. DEV. CHARGED TO PAT							
059 97 DRUGS CHARGED TO PATIENTS		5	2			7	
060 97 OTHER ANCILLARY SERVICE C		11	3			14	
061 CARDIAC REHABILITATION							
062 OUTPAT SERVICE COST CNTRS							
066 CLINIC							
066 EMERGENCY		106	33			139	4
066 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		2,033	638			2,671	33
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC							
100 NONREIM PARAMED RT							
101 OTHER NONREIMBURSABLE COS		17	5			22	
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		2,050	643			2,693	33

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO:
14-0048

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

PREPARED 5/26/2011
WORKSHEET B
PART II

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
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							
008 ADMINISTRATIVE & GENERAL	426						
009 OPERATION OF PLANT	35	331					
010 LAUNDRY & LINEN SERVICE	4	5	36				
011 HOUSEKEEPING	10	4		40			
012 DIETARY	8	8		1	65		
014 CAFETERIA	3	14		2	42	146	
015 NURSING ADMINISTRATION	11	5		1		5	54
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	12	7		1		6	
018 MEDICAL RECORDS & LIBRARY	8	4		1		3	
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C	1						
024 01 PARAMED ED PRGM-(SPECIFY)	1	2					
025 PARAMEDICAL ED. PROGRAM(S							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	96	118	23	15	19	67	32
028 INTENSIVE CARE UNIT	27	19	4	2	4	13	7
029 CORONARY CARE UNIT							
033 BURN INTENSIVE CARE U							
037 SURGICAL INTENSIVE CARE U							
038 NURSERY	5	3	2			3	1
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	25	46	2	6		11	5
041 RECOVERY ROOM	3					2	1
042 DELIVERY ROOM & LABOR ROO							
043 ANESTHESIOLOGY	5						
044 RADIOLOGY-DIAGNOSTIC	25	25		3		9	
045 01 CARDIAC CATHETERIZATION L	5	6		1		2	1
046 RADIOISOTOPE	2					1	
047 LABORATORY	35	17		2			
048 RESPIRATORY THERAPY	7	4		1		4	
049 PHYSICAL THERAPY	5	4				3	
050 OCCUPATIONAL THERAPY	1					1	
051 SPEECH PATHOLOGY							
052 ELECTROCARDIOLOGY	4	9		1		2	
053 ELECTROENCEPHALOGRAPHY							
054 MEDICAL SUPPLIES CHARGED	25						
055 30 IMPL. DEV. CHARGED TO PAT	10						
056 DRUGS CHARGED TO PATIENTS	18						
059 OTHER ANCILLARY SERVICE C	4	1					
059 97 CARDIAC REHABILITATION	1	2				1	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	2						
062 EMERGENCY	26	24	5	3		13	7
095 OBSERVATION BEDS (NON-DIS							
096 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS	424	327	36	40	65	146	54
099 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP							
101 PHYSICIANS' PRIVATE OFFIC							
102 01 NONREIM PARAMED RT							
103 OTHER NONREIMBURSABLE COS	2	4					
104 CROSS FOOT ADJUSTMENTS							
105 NEGATIVE COST CENTER							
106 TOTAL	426	331	36	40	65	146	54

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	15	16	17	18	22	23	24
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							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY		69					
018 MEDICAL RECORDS & LIBRARY			41				
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C						1	
024 01 PARAMED ED PRGM-(SPECIFY)							14
025 01 PARAMEDICAL ED. PROGRAM(S							
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		3	13				
026 INTENSIVE CARE UNIT		1					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY			1				
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		1	5				
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY		1					
041 01 RADIOLOGY-DIAGNOSTIC			2				
043 CARDIAC CATHETERIZATION L							
044 RADIOISOTOPE							
049 LABORATORY			7				
050 RESPIRATORY THERAPY			1				
051 PHYSICAL THERAPY							
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY			4				
055 ELECTROENCEPHALOGRAPHY							
055 30 MEDICAL SUPPLIES CHARGED							
056 IMPL. DEV. CHARGED TO PAT							
059 DRUGS CHARGED TO PATIENTS		61	1				
059 97 OTHER ANCILLARY SERVICE C							
060 CARDIAC REHABILITATION							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							
062 EMERGENCY		2	7				
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS		69	41				
098 NONREIMBURS COST CENTERS							
098 01 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC							
101 NONREIM PARAMED RT							
102 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS						1	14
102 NEGATIVE COST CENTER							
103 TOTAL		69	41			1	14

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0048 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 5/26/2011 WORKSHEET B PART II

COST CENTER DESCRIPTION	PARAMEDICAL ED. PROGRAM(S)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.01	25	26	27
001 GENERAL SERVICE COST CNTR				
002 OLD CAP REL COSTS-BLDG &				
003 OLD CAP REL COSTS-MVBLE E				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
018 MEDICAL RECORDS & LIBRARY				
022 SOCIAL SERVICE				
023 I&R SERVICES-SALARY & FRI				
024 I&R SERVICES-OTHER PRGM C				
024 01 PARAMED ED PRGM-(SPECIFY)				
024 01 PARAMEDICAL ED. PROGRAM(S)				
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		1,076		1,076
026 INTENSIVE CARE UNIT		190		190
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
033 NURSERY		36		36
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		376		376
038 RECOVERY ROOM		7		7
039 DELIVERY ROOM & LABOR ROO				
040 ANESTHESIOLOGY		6		6
041 RADIOLOGY-DIAGNOSTIC		214		214
041 01 CARDIAC CATHETERIZATION L		50		50
043 RADIOISOPE		4		4
044 LABORATORY		161		161
049 RESPIRATORY THERAPY		43		43
050 PHYSICAL THERAPY		35		35
051 OCCUPATIONAL THERAPY		2		2
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY		73		73
054 ELECTROENCEPHALOGRAPHY				
055 MEDICAL SUPPLIES CHARGED		25		25
055 30 IMPL. DEV. CHARGED TO PAT		10		10
056 DRUGS CHARGED TO PATIENTS		80		80
059 OTHER ANCILLARY SERVICE C		12		12
059 97 CARDIAC REHABILITATION		18		18
060 OUTPAT SERVICE COST CNTRS				
060 CLINIC		2		2
061 EMERGENCY		230		230
062 OBSERVATION BEDS (NON-DIS				
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS		2,650		2,650
096 NONREIMBURS COST CENTERS				
098 GIFT, FLOWER, COFFEE SHOP				
098 01 PHYSICIANS' PRIVATE OFFIC				
100 OTHER NONREIMBURSABLE COS		28		28
101 CROSS FOOT ADJUSTMENTS		15		15
102 NEGATIVE COST CENTER				
103 TOTAL		2,693		2,693

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	11,731			35,241	29,018	75,990	75,990
008 ADMINISTRATIVE & GENERAL	48,651			451,515	371,786	871,952	9,758
009 OPERATION OF PLANT	181,128			317,359	261,319	759,806	2,982
010 LAUNDRY & LINEN SERVICE				29,112	23,971	53,083	
011 HOUSEKEEPING	3,093			27,222	22,415	52,730	1,742
012 DIETARY	4,212			50,267	41,391	95,870	1,088
014 CAFETERIA				91,429	75,284	166,713	639
015 NURSING ADMINISTRATION	13,418			33,101	27,256	73,775	2,457
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	146,504			44,263	36,447	227,214	2,738
018 MEDICAL RECORDS & LIBRARY	1,918			26,115	21,504	49,537	1,390
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
024 01 PARAMEDICAL ED. PROGRAM(S	770			11,559	9,518	21,847	198
025 INPUT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	142,765			742,121	611,074	1,495,960	24,541
027 INTENSIVE CARE UNIT	84,275			117,627	96,856	298,758	5,789
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
037 NURSERY	8,826			21,103	17,377	47,306	1,325
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	132,019			291,327	239,884	663,230	5,016
040 RECOVERY ROOM	9,214					9,214	761
041 DELIVERY ROOM & LABOR ROO							
041 01 ANESTHESIOLOGY	18,963					18,963	49
042 RADIOLOGY-DIAGNOSTIC	467,318			158,684	130,664	756,666	4,143
043 01 CARDIAC CATHETERIZATION L	274,178			36,400	29,973	340,551	783
044 RADIOISOTOPE	176			1,608	1,324	3,108	305
049 LABORATORY				107,854	88,809	196,663	
050 RESPIRATORY THERAPY	87,516			26,982	22,217	136,715	1,594
051 PHYSICAL THERAPY	8,168			24,465	20,145	52,778	1,168
052 OCCUPATIONAL THERAPY	338					338	295
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY	1,597			56,083	46,180	103,860	809
055 ELECTROENCEPHALOGRAPHY	226					226	16
055 30 MEDICAL SUPPLIES CHARGED							
056 IMPL. DEV. CHARGED TO PAT							
059 DRUGS CHARGED TO PATIENTS							
059 97 OTHER ANCILLARY SERVICE C	2,934			7,664	6,311	16,909	
060 CARDIAC REHABILITATION				15,141	12,467	27,608	228
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	192					192	176
062 EMERGENCY	27,986			150,383	123,828	302,197	5,835
095 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	1,678,116			2,874,625	2,367,018	6,919,759	75,825
098 NONREIMBURS COST CENTERS							
098 01 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC							
101 NONREIM PARAMED RT	17,234			24,455	20,136	61,825	165
102 OTHER NONREIMBURSABLE COS							
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,695,350			2,899,080	2,387,154	6,981,584	75,990

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
14-0048

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

PREPARED 5/26/2011
WORKSHEET B
PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
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							
008 ADMINISTRATIVE & GENERAL	881,710						
009 OPERATION OF PLANT	71,368	834,156					
010 LAUNDRY & LINEN SERVICE	7,253	11,592	71,928				
011 HOUSEKEEPING	19,640	10,839	630	85,581			
012 DIETARY	15,598	20,015	45	2,110	134,726		
014 CAFETERIA	5,116	36,404		3,838	87,627	300,337	
015 NURSING ADMINISTRATION	21,452	13,180		1,390		12,349	124,603
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	24,686	17,624		1,858		13,759	
018 MEDICAL RECORDS & LIBRARY	16,060	10,398		1,096		6,985	
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C	1,629						
024 01 PARAMEDICAL ED. PROGRAM(S)	1,778	4,603		485		995	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	217,101	295,491	42,625	31,152	38,720	123,246	71,078
027 INTENSIVE CARE UNIT	54,605	46,836	8,353	4,938	8,379	29,092	15,976
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
037 NURSERY	11,062	8,403	4,716	886		6,657	3,357
038 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	50,427	115,998	4,632	12,230		25,206	12,297
039 RECOVERY ROOM	6,269					3,823	1,844
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY	11,016					247	146
041 01 RADIOLOGY-DIAGNOSTIC	51,326	63,184		6,662		20,821	91
043 CARDIAC CATHETERIZATION L	9,215	14,494		1,528		3,932	2,355
044 RADIOISOTOPE	3,131	640		68		1,530	
049 LABORATORY	70,857	42,944		4,528		-1	
050 RESPIRATORY THERAPY	14,236	10,743		1,133		8,011	
051 PHYSICAL THERAPY	10,531	9,741		1,027		5,869	131
052 OCCUPATIONAL THERAPY	2,613					1,481	
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY	8,663	22,331		2,354		4,068	32
055 ELECTROENCEPHALOGRAPHY	393					81	
055 30 MEDICAL SUPPLIES CHARGED	50,686						
056 IMPL. DEV. CHARGED TO PAT	19,721						
059 DRUGS CHARGED TO PATIENTS	35,699						
059 97 OTHER ANCILLARY SERVICE C	7,903	3,052		322			
060 CARDIAC REHABILITATION	2,253	6,029		636		1,148	66
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	3,363					886	112
062 EMERGENCY	52,807	59,878	10,927	6,313		29,320	17,030
095 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	878,457	824,419	71,928	84,554	134,726	299,507	124,515
098 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC							
100 NONREIM PARAMED RT	3,253	9,737		1,027		830	88
101 OTHER NONREIMBURSABLE COS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
103 TOTAL	881,710	834,156	71,928	85,581	134,726	300,337	124,603

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	PARAMED ED PRGM-(SPECIFY) 24
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						
008	ADMINISTRATIVE & GENERAL						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
014	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY		287,879				
017	MEDICAL RECORDS & LIBRARY			85,466			
018	SOCIAL SERVICE						
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGM C					1,629	
024	PARAMED ED PRGM-(SPECIFY)						29,906
024	01 PARAMEDICAL ED. PROGRAM(S						
	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS		13,945	26,243			
026	INTENSIVE CARE UNIT		4,118				
027	CORONARY CARE UNIT						
028	BURN INTENSIVE CARE UNIT						
029	SURGICAL INTENSIVE CARE U						
033	NURSERY		143	2,969			
	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM		4,646	9,965			
038	RECOVERY ROOM		184				
039	DELIVERY ROOM & LABOR ROO						
040	ANESTHESIOLOGY		3,577				
041	RADIOLOGY-DIAGNOSTIC		1,888	4,336			
041	01 CARDIAC CATHETERIZATION L		619				
043	RADIOISOTOPE		52				
044	LABORATORY			14,821			
049	RESPIRATORY THERAPY		2	1,748			
050	PHYSICAL THERAPY		17	175			
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY		257	7,607			
054	ELECTROENCEPHALOGRAPHY						
055	MEDICAL SUPPLIES CHARGED						
055	30 IMPL. DEV. CHARGED TO PAT						
056	DRUGS CHARGED TO PATIENTS		247,896	2,485			
059	OTHER ANCILLARY SERVICE C		486				
059	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
060	CLINIC						
061	EMERGENCY		10,045	15,117			
062	OBSERVATION BEDS (NON-DIS						
	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS		287,875	85,466			
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP						
098	PHYSICIANS' PRIVATE OFFIC						
098	01 NONREIM PARAMED RT						
100	OTHER NONREIMBURSABLE COS		4				
101	CROSS FOOT ADJUSTMENTS					1,629	29,906
102	NEGATIVE COST CENTER						
103	TOTAL		287,879	85,466		1,629	29,906

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PARAMEDICAL ED. PROGRAM(S)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.01	25	26	27
001 GENERAL SERVICE COST CNTR				
002 OLD CAP REL COSTS-BLDG &				
003 OLD CAP REL COSTS-MVBLE E				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
018 MEDICAL RECORDS & LIBRARY				
022 SOCIAL SERVICE				
023 I&R SERVICES-SALARY & FRI				
024 I&R SERVICES-OTHER PRGM C				
024 01 PARAMED ED PRGM-(SPECIFY)				
024 01 PARAMEDICAL ED. PROGRAM(S)				
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		2,380,102		2,380,102
026 INTENSIVE CARE UNIT		476,844		476,844
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
033 NURSERY		86,824		86,824
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		903,647		903,647
038 RECOVERY ROOM		22,095		22,095
039 DELIVERY ROOM & LABOR ROO				
040 ANESTHESIOLOGY		33,998		33,998
041 RADIOLOGY-DIAGNOSTIC		909,117		909,117
041 01 CARDIAC CATHETERIZATION L		373,477		373,477
043 RADIOISOTOPE		8,834		8,834
044 LABORATORY		329,814		329,814
049 RESPIRATORY THERAPY		174,182		174,182
050 PHYSICAL THERAPY		81,437		81,437
051 OCCUPATIONAL THERAPY		4,727		4,727
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY		149,981		149,981
054 ELECTROENCEPHALOGRAPHY		716		716
055 MEDICAL SUPPLIES CHARGED		50,686		50,686
055 30 IMPL. DEV. CHARGED TO PAT		19,721		19,721
056 DRUGS CHARGED TO PATIENTS		286,080		286,080
059 OTHER ANCILLARY SERVICE C		28,672		28,672
059 97 CARDIAC REHABILITATION		37,968		37,968
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC		4,729		4,729
061 EMERGENCY		509,469		509,469
062 OBSERVATION BEDS (NON-DIS				
062 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS		6,873,120		6,873,120
096 NONREIMBURS COST CENTERS				
098 GIFT, FLOWER, COFFEE SHOP				
098 01 PHYSICIANS' PRIVATE OFFIC				
100 OTHER NONREIMBURSABLE COS		76,929		76,929
101 CROSS FOOT ADJUSTMENTS		31,535		31,535
102 NEGATIVE COST CENTER				
103 TOTAL		6,981,584		6,981,584

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & (SQ. FEET) OLD	OSTS-MVBLE E (SQ. FEET) OLD	OSTS-BLDG & (SQ. FEET) OLD	OSTS-MVBLE E (SQ. FEET) OLD	(GROSS) SALARIES	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	277,641					
002 OLD CAP REL COSTS-MVB		277,641				
003 NEW CAP REL COSTS-BLD			277,641			
004 NEW CAP REL COSTS-MVB				277,641		
005 EMPLOYEE BENEFITS	3,375	3,375	3,375	3,375	55,948,218	
006 ADMIN STRATIVE & GENE	43,241	43,241	43,241	43,241	7,185,379	-22,113,605
008 OPERATION OF PLANT	30,393	30,393	30,393	30,393	2,195,622	
009 LAUNDRY & LINEN SERVI	2,788	2,788	2,788	2,788		
010 HOUSEKEEPING	2,607	2,607	2,607	2,607	1,283,046	
011 DIETARY	4,814	4,814	4,814	4,814	801,386	
012 CAFETERIA	8,756	8,756	8,756	8,756	470,656	
014 NURSING ADMIN STRATIO	3,170	3,170	3,170	3,170	1,809,589	
015 CENTRAL SERVICES & SU						
016 PHARMACY	4,239	4,239	4,239	4,239	2,016,261	
017 MEDICAL RECORDS & LIB	2,501	2,501	2,501	2,501	1,023,585	
018 SOCIAL SERVICE						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC	1,107	1,107	1,107	1,107	145,800	
024 01 PARAMEDICAL ED. PROGR						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	71,072	71,072	71,072	71,072	18,061,192	
026 INTENSIVE CARE UNIT	11,265	11,265	11,265	11,265	4,263,207	
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
033 NURSERY	2,021	2,021	2,021	2,021	975,568	
037 ANCILLARY SRVC COST C						
OPERATING ROOM	27,900	27,900	27,900	27,900	3,693,668	
038 RECOVERY ROOM					560,196	
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY					36,187	
041 RADIOLOGY-DIAGNOSTIC	15,197	15,197	15,197	15,197	3,051,128	
041 01 CARDIAC CATHETERIZATI	3,486	3,486	3,486	3,486	576,225	
043 RADIOISOTOPE	154	154	154	154	224,271	
044 LABORATORY	10,329	10,329	10,329	10,329	82	
049 RESPIRATORY THERAPY	2,584	2,584	2,584	2,584	1,173,931	
050 PHYSICAL THERAPY	2,343	2,343	2,343	2,343	860,036	
051 OCCUPATIONAL THERAPY					217,070	
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	5,371	5,371	5,371	5,371	596,069	
054 ELECTROENCEPHALOGRAPH					11,863	
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
059 OTHER ANCILLARY SERVI	734	734	734	734		
059 97 CARDIAC REHABILITATIO	1,450	1,450	1,450	1,450	168,194	
OUTPAT SERVICE COST C						
060 CLINIC					129,801	
061 EMERGENCY	14,402	14,402	14,402	14,402	4,296,556	
062 OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	275,299	275,299	275,299	275,299	55,826,568	-22,113,605
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O						
098 01 NONREIM PARAMED RT						
100 OTHER NONREIMBURSABLE	2,342	2,342	2,342	2,342	121,650	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	2,050	643	2,899,080	2,387,154	14,163,320	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.007384		10.441830		.253151	
(WRKSHT B, PT I)		.002316		8.597988		
105 COST TO BE ALLOCATED					33	
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000001	
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					75,990	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.001358	
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 5/26/2011

14-0048

FROM 1/ 1/2010

WORKSHEET B-1

TO 12/31/2010

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(ACCUM. COST)	(SQ. FEET) OLD	(LAUNDRY) LBS	(SQ. FEET) OLD	(MEALS) SERVED	(GROSS) SALARIES	(NSG FTE)
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	109,062,577						
009 OPERATION OF PLANT	8,828,244	200,632					
010 LAUNDRY & LINEN SERVICE	897,152	2,788	1,121,673				
011 HOUSEKEEPING	2,429,549	2,607	9,818	195,237			
012 DIETARY	1,929,549	4,814	696	4,814	419,019		
014 CAFETERIA	632,863	8,756		8,756	272,535	44,012,129	
015 NURSING ADMINISTRATION	2,653,617	3,170		3,170		1,809,589	1,845,854
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	3,053,652	4,239		4,239		2,016,261	
018 MEDICAL RECORDS & LIBRARY	1,986,629	2,501		2,501		1,023,585	
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & BENEFITS	201,514						
024 I&R SERVICES-OTHER PROGRAMS	219,881	1,107		1,107		145,800	
025 PARAMEDICAL ED. PROGRAMS							
026 INPATIENT ROUTINE SERVICE CENTER	26,849,614	71,072	664,710	71,072	120,424	18,061,192	1,052,960
027 ADULTS & PEDIATRICS	6,754,729	11,265	130,258	11,265	26,060	4,263,207	236,663
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
033 BURN INTENSIVE CARE UNIT							
037 SURGICAL INTENSIVE CARE UNIT	1,368,431	2,021	73,548	2,021		975,568	49,737
038 NURSERY							
039 ANCILLARY SERVICE CENTER							
040 OPERATING ROOM	6,237,914	27,900	72,237	27,900		3,693,668	182,163
041 RECOVERY ROOM	775,479					560,196	27,312
043 DELIVERY ROOM & LABOR							
044 ANESTHESIOLOGY	1,362,711					36,187	2,160
041 RADIOLOGY-DIAGNOSTIC	6,349,122	15,197		15,197		3,051,128	1,343
043 CARDIAC CATHETERIZATION	1,139,883	3,486		3,486		576,225	34,882
044 RADIOISOTOPE	387,250	154		154		224,271	
049 LABORATORY	8,765,101	10,329		10,329		82	
050 RESPIRATORY THERAPY	1,760,998	2,584		2,584		1,173,931	
051 PHYSICAL THERAPY	1,302,711	2,343		2,343		860,036	1,946
052 OCCUPATIONAL THERAPY	323,270					217,070	
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY	1,071,609	5,371		5,371		596,069	476
055 ELECTROENCEPHALOGRAPHY	48,622					11,863	
056 MEDICAL SUPPLIES CHARACTERIZED	6,269,938						
059 IMPL. DEV. CHARGED TO PATIENT	2,439,532						
059 DRUGS CHARGED TO PATIENT	4,416,018						
059 OTHER ANCILLARY SERVICES	977,648	734		734			
060 CARDIAC REHABILITATION	278,662	1,450		1,450		168,194	971
061 OUTPAT SERVICE COST CENTER							
062 CLINIC	415,963					129,801	1,664
095 EMERGENCY	6,532,334	14,402	170,406	14,402		4,296,556	252,276
096 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)							
096 SUBTOTALS	108,660,189	198,290	1,121,673	192,895	419,019	43,890,479	1,844,553
096 NONREIMBURSABLE COST CENTER							
098 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE OFFICE							
100 NONREIMBURSABLE PARAMEDICAL							
101 OTHER NONREIMBURSABLE	402,388	2,342		2,342		121,650	1,301
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
104 COST TO BE ALLOCATED (WRKSHT B, PART I)	22,113,605	10,618,268	1,226,611	3,070,877	2,652,043	3,087,230	3,536,231
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		52.924100		15.728970		.070145	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	.202761	331	1.093555	40	6.329171	146	1.915770
105 UNIT COST MULTIPLIER (WRKSHT B, PT II)	426		36		65		54
106 COST TO BE ALLOCATED (WRKSHT B, PART III)		.001650		.000205		.000003	
106 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000004		.000032		.000155		.000029
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	881,710	834,156	71,928	85,581	134,726	300,337	124,603
107 UNIT COST MULTIPLIER (WRKSHT B, PT III)		4.157642		.438344		.006824	
108 COST TO BE ALLOCATED (WRKSHT B, PART III)	.008084		.064126		.321527		.067504
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (MED SUPPL COSTS)	PHARMACY (PHARM) COSTS	MEDICAL RECORDS & LIBRARY (MED REC) TIME	SOCIAL SERVICE (SOC SERV) TIME	I&R SERVICES- SALARY & FRI (I&RHRS)	I&R SERVICES- OTHER PRGM C (I&RHRS)	PARAMED ED PRGM-(SPECIFY) (PARAMED) HRS XRAY
	15	16	17	18	22	23	24
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	8,666,236						
016 PHARMACY	14,344	4,414,491					
017 MEDICAL RECORDS & LIBRARY			14,134				
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI					10,400		
023 I&R SERVICES-OTHER PROGRAM						10,400	
024 PARAMEDICAL PRGM-(SPECIFY)							100
025 ADULTS & PEDIATRICS	934,288	213,837	4,340		2,080	2,080	
026 INTENSIVE CARE UNIT	404,890	63,144					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
033 NURSERY	57,261	2,187	491				
037 ANCILLARY SERVICE COST CENTER							
038 OPERATING ROOM	4,187,491	71,238	1,648				
039 RECOVERY ROOM	20,224	2,826					
040 DELIVERY ROOM & LABOR							
041 ANESTHESIOLOGY	134,245	54,854					
042 RADIOLOGY-DIAGNOSTIC	768,514	28,949	717				100
043 CARDIAC CATHETERIZATION	1,026,273	9,490					
044 RADIOISOTOPE	274,243	803					
049 LABORATORY	2,333		2,451				
050 RESPIRATORY THERAPY	217,026	37	289				
051 PHYSICAL THERAPY	34,510	254	29				
052 OCCUPATIONAL THERAPY	1,128						
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY	17,518	3,935	1,258				
055 ELECTROENCEPHALOGRAPH	1,544						
056 MEDICAL SUPPLIES CHARGED TO							
059 IMPL. DEV. CHARGED TO PATIENTS		3,801,388	411				
059 OTHER ANCILLARY SERVICES	13,297	7,449					
059 CARDIAC REHABILITATION	4,467						
060 OUTPAT SERVICE COST CENTER							
061 CLINIC	1,497						
062 EMERGENCY	511,106	154,042	2,500		8,320	8,320	
095 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)							
095 SUBTOTALS	8,626,199	4,414,433	14,134		10,400	10,400	100
096 NONREIMBURSABLE COST CENTER							
098 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE OFFICE							
100 NONREIMBURSABLE PARAMEDICAL							
101 OTHER NONREIMBURSABLE	40,037	58					
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		4,105,265	2,632,940		242,373	350,690	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.929952	186.284138		23.305096	3,506.900000	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		69	41		1	14	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		.000016	.002901		.000096	.140000	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		287,879	85,466		1,629	29,906	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.065212	6.046837		.156635	299.060000	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICAL E D. PROGRAM(S)	(PARAMED HRS RT)
		24.01
001 GENERAL SERVICE COST		
002 OLD CAP REL COSTS-BLD		
003 OLD CAP REL COSTS-MVB		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENE		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVI		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
015 NURSING ADMINISTRATION		
016 CENTRAL SERVICES & SU		
017 PHARMACY		
018 MEDICAL RECORDS & LIB		
022 SOCIAL SERVICE		
023 I&R SERVICES-SALARY &		
024 I&R SERVICES-OTHER PR		
025 PARAMED ED PRGM-(SPEC		
026 01 PARAMEDICAL ED. PROGR		
027 INPAT ROUTINE SRVC CN		
028 ADULTS & PEDIATRICS		
029 INTENSIVE CARE UNIT		
030 CORONARY CARE UNIT		
031 BURN INTENSIVE CARE U		
032 SURGICAL INTENSIVE CA		
033 NURSERY		
037 ANCILLARY SRVC COST C		
038 OPERATING ROOM		
039 RECOVERY ROOM		
040 DELIVERY ROOM & LABOR		
041 ANESTHESIOLOGY		
042 RADIOLOGY-DIAGNOSTIC		
043 01 CARDIAC CATHETERIZATI		
044 RADIOISOTOPE		
045 LABORATORY		
049 RESPIRATORY THERAPY		
050 PHYSICAL THERAPY		
051 OCCUPATIONAL THERAPY		
052 SPEECH PATHOLOGY		
053 ELECTROCARDIOLOGY		
054 ELECTROENCEPHALOGRAPH		
055 MEDICAL SUPPLIES CHAR		
056 30 IMPL. DEV. CHARGED TO		
057 DRUGS CHARGED TO PATI		
058 OTHER ANCILLARY SERVI		
059 97 CARDIAC REHABILITATIO		
060 OUTPAT SERVICE COST C		
061 CLINIC		
062 EMERGENCY		
095 OBSERVATION BEDS (NON		
096 SPEC PURPOSE COST CEN		
097 SUBTOTALS		
098 NONREIMBURS COST CENT		
099 GIFT, FLOWER, COFFEE		
100 PHYSICIANS' PRIVATE O		
101 01 NONREIM PARAMED RT		
102 OTHER NONREIMBURSABLE		
103 CROSS FOOT ADJUSTMENT		
104 NEGATIVE COST CENTER		
105 COST TO BE ALLOCATED		
106 (PER WRKSHT B, PART		
107 UNIT COST MULTIPLIER		
108 (WRKSHT B, PT I)		
109 COST TO BE ALLOCATED		
110 (PER WRKSHT B, PART		
111 UNIT COST MULTIPLIER		
112 (WRKSHT B, PT II)		
113 COST TO BE ALLOCATED		
114 (PER WRKSHT B, PART		
115 UNIT COST MULTIPLIER		
116 (WRKSHT B, PT III)		

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
14-0048

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

PREPARED 5/26/2011
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	42,953,492		42,953,492		42,953,492
26	INTENSIVE CARE UNIT	10,016,240		10,016,240		10,016,240
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY	2,122,288		2,122,288		2,122,288
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	10,478,453		10,478,453		10,478,453
38	RECOVERY ROOM	1,026,963		1,026,963		1,026,963
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	1,696,704		1,696,704		1,696,704
41	RADIOLOGY-DIAGNOSTIC	9,407,568		9,407,568		9,407,568
41	01 CARDIAC CATHETERIZATION L	1,726,401		1,726,401		1,726,401
43	RADIOISOTOPE	492,819		492,819		492,819
44	LABORATORY	11,708,028		11,708,028		11,708,028
49	RESPIRATORY THERAPY	2,431,675		2,431,675		2,431,675
50	PHYSICAL THERAPY	1,797,397		1,797,397		1,797,397
51	OCCUPATIONAL THERAPY	404,043		404,043		404,043
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	1,938,352		1,938,352		1,938,352
54	ELECTROENCEPHALOGRAPHY	59,313		59,313		59,313
55	MEDICAL SUPPLIES CHARGED	7,541,237		7,541,237		7,541,237
55	30 IMPL. DEV. CHARGED TO PAT	2,934,174		2,934,174		2,934,174
56	DRUGS CHARGED TO PATIENTS	8,923,086		8,923,086		8,923,086
59	OTHER ANCILLARY SERVICE C	1,233,195		1,233,195		1,233,195
59	97 CARDIAC REHABILITATION	448,369		448,369		448,369
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	512,597		512,597		512,597
61	EMERGENCY	10,425,574		10,425,574		10,425,574
62	OBSERVATION BEDS (NON-DIS	4,738,316		4,738,316		4,738,316
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	135,016,284		135,016,284		135,016,284
102	LESS OBSERVATION BEDS	4,738,316		4,738,316		4,738,316
103	TOTAL	130,277,968		130,277,968		130,277,968

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	63,192,610		63,192,610			
26	INTENSIVE CARE UNIT	19,853,780		19,853,780			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	3,123,150		3,123,150			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	17,630,683	22,435,789	40,066,472	.261527	.261527	.261527
38	RECOVERY ROOM	4,047,470	4,305,987	8,353,457	.122939	.122939	.122939
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	5,812,458	2,916,312	8,728,770	.194381	.194381	.194381
41	RADIOLOGY-DIAGNOSTIC	24,979,455	41,297,416	66,276,871	.141943	.141943	.141943
41	01 CARDIAC CATHETERIZATION L	5,758,298	1,221,132	6,979,430	.247356	.247356	.247356
43	RADIOISOTOPE	3,937,396	3,650,131	7,587,527	.064951	.064951	.064951
44	LABORATORY	39,415,052	16,616,610	56,031,662	.208954	.208954	.208954
49	RESPIRATORY THERAPY	12,229,970	2,162,905	14,392,875	.168950	.168950	.168950
50	PHYSICAL THERAPY	1,992,340	3,158,295	5,150,635	.348966	.348966	.348966
51	OCCUPATIONAL THERAPY	630,403	744,993	1,375,396	.293765	.293765	.293765
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	8,060,028	4,996,017	13,056,045	.148464	.148464	.148464
54	ELECTROENCEPHALOGRAPHY	322,601	70,368	392,969	.150936	.150936	.150936
55	MEDICAL SUPPLIES CHARGED	5,579,912	1,161,497	6,741,409	1.118644	1.118644	1.118644
55	30 IMPL. DEV. CHARGED TO PAT	4,755,953	1,435,107	6,191,060	.473937	.473937	.473937
56	DRUGS CHARGED TO PATIENTS	43,251,410	6,304,617	49,556,027	.180061	.180061	.180061
59	OTHER ANCILLARY SERVICE C	3,702,651	30,314	3,732,965	.330353	.330353	.330353
59	97 CARDIAC REHABILITATION	6,525	473,327	479,852	.934390	.934390	.934390
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		920,873	920,873	.556642	.556642	.556642
61	EMERGENCY	17,086,524	36,878,227	53,964,751	.193192	.193192	.193192
62	OBSERVATION BEDS (NON-DIS		6,212,711	6,212,711	.762681	.762681	.762681
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	285,368,669	156,992,628	442,361,297			
102	LESS OBSERVATION BEDS						
103	TOTAL	285,368,669	156,992,628	442,361,297			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-0048

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

PREPARED 5/26/2011
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	43,001,967		43,001,967		43,001,967
26	INTENSIVE CARE UNIT	10,016,240		10,016,240		10,016,240
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY	2,122,288		2,122,288		2,122,288
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	10,478,453		10,478,453		10,478,453
38	RECOVERY ROOM	1,026,963		1,026,963		1,026,963
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	1,696,704		1,696,704		1,696,704
41	RADIOLOGY-DIAGNOSTIC	9,407,568		9,407,568		9,407,568
41	01 CARDIAC CATHETERIZATION L	1,726,401		1,726,401		1,726,401
43	RADIOISOTOPE	492,819		492,819		492,819
44	LABORATORY	11,708,028		11,708,028		11,708,028
49	RESPIRATORY THERAPY	2,431,675		2,431,675		2,431,675
50	PHYSICAL THERAPY	1,797,397		1,797,397		1,797,397
51	OCCUPATIONAL THERAPY	404,043		404,043		404,043
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	1,938,352		1,938,352		1,938,352
54	ELECTROENCEPHALOGRAPHY	59,313		59,313		59,313
55	MEDICAL SUPPLIES CHARGED	7,541,237		7,541,237		7,541,237
55	30 IMPL. DEV. CHARGED TO PAT	2,934,174		2,934,174		2,934,174
56	DRUGS CHARGED TO PATIENTS	8,923,086		8,923,086		8,923,086
59	OTHER ANCILLARY SERVICE C	1,233,195		1,233,195		1,233,195
59	97 CARDIAC REHABILITATION	448,369		448,369		448,369
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	512,597		512,597		512,597
61	EMERGENCY	10,619,472		10,619,472		10,619,472
62	OBSERVATION BEDS (NON-DIS	4,738,316		4,738,316		4,738,316
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	135,258,657		135,258,657		135,258,657
102	LESS OBSERVATION BEDS	4,738,316		4,738,316		4,738,316
103	TOTAL	130,520,341		130,520,341		130,520,341

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	63,192,610		63,192,610			
26	INTENSIVE CARE UNIT	19,853,780		19,853,780			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	3,123,150		3,123,150			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	17,630,683	22,435,789	40,066,472	.261527	.261527	.261527
38	RECOVERY ROOM	4,047,470	4,305,987	8,353,457	.122939	.122939	.122939
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	5,812,458	2,916,312	8,728,770	.194381	.194381	.194381
41	RADIOLOGY-DIAGNOSTIC	24,979,455	41,297,416	66,276,871	.141943	.141943	.141943
41	01 CARDIAC CATHETERIZATION L	5,758,298	1,221,132	6,979,430	.247356	.247356	.247356
43	RADIOISOTOPE	3,937,396	3,650,131	7,587,527	.064951	.064951	.064951
44	LABORATORY	39,415,052	16,616,610	56,031,662	.208954	.208954	.208954
49	RESPIRATORY THERAPY	12,229,970	2,162,905	14,392,875	.168950	.168950	.168950
50	PHYSICAL THERAPY	1,992,340	3,158,295	5,150,635	.348966	.348966	.348966
51	OCCUPATIONAL THERAPY	630,403	744,993	1,375,396	.293765	.293765	.293765
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	8,060,028	4,996,017	13,056,045	.148464	.148464	.148464
54	ELECTROENCEPHALOGRAPHY	322,601	70,368	392,969	.150936	.150936	.150936
55	MEDICAL SUPPLIES CHARGED	5,579,912	1,161,497	6,741,409	1.118644	1.118644	1.118644
55	30 IMPL. DEV. CHARGED TO PAT	4,755,953	1,435,107	6,191,060	.473937	.473937	.473937
56	DRUGS CHARGED TO PATIENTS	43,251,410	6,304,617	49,556,027	.180061	.180061	.180061
59	OTHER ANCILLARY SERVICE C	3,702,651	30,314	3,732,965	.330353	.330353	.330353
59	97 CARDIAC REHABILITATION	6,525	473,327	479,852	.934390	.934390	.934390
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		920,873	920,873	.556642	.556642	.556642
61	EMERGENCY	17,086,524	36,878,227	53,964,751	.196785	.196785	.196785
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		6,212,711	6,212,711	.762681	.762681	.762681
101	SUBTOTAL	285,368,669	156,992,628	442,361,297			
102	LESS OBSERVATION BEDS						
103	TOTAL	285,368,669	156,992,628	442,361,297			

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	10,478,453	904,023	9,574,430			10,478,453
38	RECOVERY ROOM	1,026,963	22,102	1,004,861			1,026,963
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,696,704	34,004	1,662,700			1,696,704
41	RADIOLOGY-DIAGNOSTIC	9,407,568	909,331	8,498,237			9,407,568
01 41	CARDIAC CATHETERIZATION L	1,726,401	373,527	1,352,874			1,726,401
43	RADIOISOTOPE	492,819	8,838	483,981			492,819
44	LABORATORY	11,708,028	329,975	11,378,053			11,708,028
49	RESPIRATORY THERAPY	2,431,675	174,225	2,257,450			2,431,675
50	PHYSICAL THERAPY	1,797,397	81,472	1,715,925			1,797,397
51	OCCUPATIONAL THERAPY	404,043	4,729	399,314			404,043
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,938,352	150,054	1,788,298			1,938,352
54	ELECTROENCEPHALOGRAPHY	59,313	716	58,597			59,313
55	MEDICAL SUPPLIES CHARGED	7,541,237	50,711	7,490,526			7,541,237
55	30 IMPL. DEV. CHARGED TO PAT	2,934,174	19,731	2,914,443			2,934,174
56	DRUGS CHARGED TO PATIENTS	8,923,086	286,160	8,636,926			8,923,086
59	OTHER ANCILLARY SERVICE C	1,233,195	28,684	1,204,511			1,233,195
59	97 CARDIAC REHABILITATION	448,369	37,986	410,383			448,369
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	512,597	4,731	507,866			512,597
61	EMERGENCY	10,425,574	509,699	9,915,875			10,425,574
62	OBSERVATION BEDS (NON-DIS	4,738,316	262,673	4,475,643			4,738,316
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	79,924,264	4,193,371	75,730,893			79,924,264
102	LESS OBSERVATION BEDS	4,738,316	262,673	4,475,643			4,738,316
103	TOTAL	75,185,948	3,930,698	71,255,250			75,185,948

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	40,066,472	.261527	.261527
38	RECOVERY ROOM	8,353,457	.122939	.122939
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	8,728,770	.194381	.194381
41	RADIOLOGY-DIAGNOSTIC	66,276,871	.141943	.141943
01 41	CARDIAC CATHETERIZATION L	6,979,430	.247356	.247356
43	RADIOISOTOPE	7,587,527	.064951	.064951
44	LABORATORY	56,031,662	.208954	.208954
49	RESPIRATORY THERAPY	14,392,875	.168950	.168950
50	PHYSICAL THERAPY	5,150,635	.348966	.348966
51	OCCUPATIONAL THERAPY	1,375,396	.293765	.293765
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	13,056,045	.148464	.148464
54	ELECTROENCEPHALOGRAPHY	392,969	.150936	.150936
55	MEDICAL SUPPLIES CHARGED	6,741,409	1.118644	1.118644
55 30	IMPL. DEV. CHARGED TO PAT	6,191,060	.473937	.473937
56	DRUGS CHARGED TO PATIENTS	49,556,027	.180061	.180061
59	OTHER ANCILLARY SERVICE C	3,732,965	.330353	.330353
59 97	CARDIAC REHABILITATION	479,852	.934390	.934390
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	920,873	.556642	.556642
61	EMERGENCY	53,964,751	.193192	.193192
62	OBSERVATION BEDS (NON-DIS	6,212,711	.762681	.762681
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	356,191,757		
102	LESS OBSERVATION BEDS	6,212,711		
103	TOTAL	349,979,046		

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	10,478,453	904,023	9,574,430	90,402	555,317	9,832,734
38	RECOVERY ROOM	1,026,963	22,102	1,004,861	2,210	58,282	966,471
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,696,704	34,004	1,662,700	3,400	96,437	1,596,867
41	RADIOLOGY-DIAGNOSTIC	9,407,568	909,331	8,498,237	90,933	492,898	8,823,737
01 41	CARDIAC CATHETERIZATION L	1,726,401	373,527	1,352,874	37,353	78,467	1,610,581
43	RADIOISOTOPE	492,819	8,838	483,981	884	28,071	463,864
44	LABORATORY	11,708,028	329,975	11,378,053	32,998	659,927	11,015,103
49	RESPIRATORY THERAPY	2,431,675	174,225	2,257,450	17,423	130,932	2,283,320
50	PHYSICAL THERAPY	1,797,397	81,472	1,715,925	8,147	99,524	1,689,726
51	OCCUPATIONAL THERAPY	404,043	4,729	399,314	473	23,160	380,410
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,938,352	150,054	1,788,298	15,005	103,721	1,819,626
54	ELECTROENCEPHALOGRAPHY	59,313	716	58,597	72	3,399	55,842
55	MEDICAL SUPPLIES CHARGED	7,541,237	50,711	7,490,526	5,071	434,451	7,101,715
55 30	IMPL. DEV. CHARGED TO PAT	2,934,174	19,731	2,914,443	1,973	169,038	2,763,163
56	DRUGS CHARGED TO PATIENTS	8,923,086	286,160	8,636,926	28,616	500,942	8,393,528
59	OTHER ANCILLARY SERVICE C	1,233,195	28,684	1,204,511	2,868	69,862	1,160,465
59 97	CARDIAC REHABILITATION	448,369	37,986	410,383	3,799	23,802	420,768
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	512,597	4,731	507,866	473	29,456	482,668
61	EMERGENCY	10,619,472	509,699	10,109,773	50,970	586,367	9,982,135
62	OBSERVATION BEDS (NON-DIS	4,738,316	262,673	4,475,643	26,267	259,587	4,452,462
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	80,118,162	4,193,371	75,924,791	419,337	4,403,640	75,295,185
102	LESS OBSERVATION BEDS	4,738,316	262,673	4,475,643	26,267	259,587	4,452,462
103	TOTAL	75,379,846	3,930,698	71,449,148	393,070	4,144,053	70,842,723

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	40,066,472	.245411	.259270
38	RECOVERY ROOM	8,353,457	.115697	.122674
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	8,728,770	.182943	.193991
41	RADIOLOGY-DIAGNOSTIC	66,276,871	.133134	.140571
01	CARDIAC CATHETERIZATION L	6,979,430	.230761	.242004
43	RADIOISOTOPE	7,587,527	.061135	.064835
44	LABORATORY	56,031,662	.196587	.208365
49	RESPIRATORY THERAPY	14,392,875	.158642	.167739
50	PHYSICAL THERAPY	5,150,635	.328062	.347384
51	OCCUPATIONAL THERAPY	1,375,396	.276582	.293421
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	13,056,045	.139370	.147315
54	ELECTROENCEPHALOGRAPHY	392,969	.142103	.150752
55	MEDICAL SUPPLIES CHARGED	6,741,409	1.053447	1.117892
55	30 IMPL. DEV. CHARGED TO PAT	6,191,060	.446315	.473619
56	DRUGS CHARGED TO PATIENTS	49,556,027	.169375	.179483
59	OTHER ANCILLARY SERVICE C	3,732,965	.310870	.329584
59	97 CARDIAC REHABILITATION	479,852	.876870	.926473
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	920,873	.524142	.556129
61	EMERGENCY	53,964,751	.184975	.195841
62	OBSERVATION BEDS (NON-DIS	6,212,711	.716670	.758453
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	356,191,757		
102	LESS OBSERVATION BEDS	6,212,711		
103	TOTAL	349,979,046		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO:
14-0048

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

PREPARED 5/26/2011
WORKSHEET D
PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,076		1,076	2,380,102		2,380,102
26	INTENSIVE CARE UNIT	190		190	476,844		476,844
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	36		36	86,824		86,824
101	TOTAL	1,302		1,302	2,943,770		2,943,770

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	40,340	13,760	.03	413	59.00	811,840
26	INTENSIVE CARE UNIT	7,765	3,281	.02	66	61.41	201,486
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	4,126		.01		21.04	
101	TOTAL	52,231	17,041		479		1,013,326

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0048
 COMPONENT NO: 14-0048
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	376	903,647	40,066,472	5,495,670	.000009	49
38	RECOVERY ROOM	7	22,095	8,353,457	1,131,610	.000001	1
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	6	33,998	8,728,770	937,925	.000001	1
41	RADIOLOGY-DIAGNOSTIC	214	909,117	66,276,871	9,991,829	.000003	30
01	CARDIAC CATHETERIZATION L	50	373,477	6,979,430	1,898,647	.000007	13
43	RADIOISOTOPE	4	8,834	7,587,527	1,682,570	.000001	2
44	LABORATORY	161	329,814	56,031,662	15,080,104	.000003	45
49	RESPIRATORY THERAPY	43	174,182	14,392,875	5,431,806	.000003	16
50	PHYSICAL THERAPY	35	81,437	5,150,635	1,005,274	.000007	7
51	OCCUPATIONAL THERAPY	2	4,727	1,375,396	321,281	.000001	
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	73	149,981	13,056,045	3,337,877	.000006	20
54	ELECTROENCEPHALOGRAPHY		716	392,969	167,700		
55	MEDICAL SUPPLIES CHARGED	25	50,686	6,741,409	2,485,288	.000004	10
55	30 IMPL. DEV. CHARGED TO PAT	10	19,721	6,191,060	1,486,142	.000002	3
56	DRUGS CHARGED TO PATIENTS	80	286,080	49,556,027	16,898,146	.000002	34
59	OTHER ANCILLARY SERVICE C	12	28,672	3,732,965	2,040,909	.000003	6
59	97 CARDIAC REHABILITATION	18	37,968	479,852	3,384	.000038	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2	4,729	920,873		.000002	
61	EMERGENCY	230	509,469	53,964,751	6,753,507	.000004	27
62	OBSERVATION BEDS (NON-DIS	118	262,555	6,212,711		.000019	
	OTHER REIMBURS COST CNTRS						
101	TOTAL	1,466	4,191,905	356,191,757	76,149,669		264

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0048
 COMPONENT NO: 14-0048
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.022554	123,949
38	RECOVERY ROOM	.002645	2,993
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.003895	3,653
41	RADIOLOGY-DIAGNOSTIC	.013717	137,058
41 01	CARDIAC CATHETERIZATION L	.053511	101,598
43	RADIOISOTOPE	.001164	1,959
44	LABORATORY	.005886	88,761
49	RESPIRATORY THERAPY	.012102	65,736
50	PHYSICAL THERAPY	.015811	15,894
51	OCCUPATIONAL THERAPY	.003437	1,104
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.011487	38,342
54	ELECTROENCEPHALOGRAPHY	.001822	306
55	MEDICAL SUPPLIES CHARGED	.007519	18,687
55 30	IMPL. DEV. CHARGED TO PAT	.003185	4,733
56	DRUGS CHARGED TO PATIENTS	.005773	97,553
59	OTHER ANCILLARY SERVICE C	.007681	15,676
59 97	CARDIAC REHABILITATION	.079124	268
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.005135	
61	EMERGENCY	.009441	63,760
62	OBSERVATION BEDS (NON-DIS	.042261	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		782,030

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

PROVIDER NO: 14-0048
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL						

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

PROVIDER NO:	PERIOD:	PREPARED
14-0048	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	40,340		13,760	
26	INTENSIVE CARE UNIT	7,765		3,281	
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
33	NURSERY	4,126			
101	TOTAL	52,231		17,041	

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						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC				350,690		
41	01 CARDIAC CATHETERIZATION L						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	OTHER ANCILLARY SERVICE C						
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL				350,690		

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			40,066,472			5,495,670	
38	OPERATING ROOM			8,353,457			1,131,610	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO			8,728,770			937,925	
41	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC	350,690	350,690	66,276,871	.005291	.005291	9,991,829	52,867
41	01 CARDIAC CATHETERIZATION L			6,979,430			1,898,647	
43	RADIOISOTOPE			7,587,527			1,682,570	
44	LABORATORY			56,031,662			15,080,104	
49	RESPIRATORY THERAPY			14,392,875			5,431,806	
50	PHYSICAL THERAPY			5,150,635			1,005,274	
51	OCCUPATIONAL THERAPY			1,375,396			321,281	
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			13,056,045			3,337,877	
54	ELECTROENCEPHALOGRAPHY			392,969			167,700	
55	MEDICAL SUPPLIES CHARGED			6,741,409			2,485,288	
55	30 IMPL. DEV. CHARGED TO PAT			6,191,060			1,486,142	
56	DRUGS CHARGED TO PATIENTS			49,556,027			16,898,146	
59	OTHER ANCILLARY SERVICE C			3,732,965			2,040,909	
59	97 CARDIAC REHABILITATION			479,852			3,384	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			920,873				
61	EMERGENCY			53,964,751			6,753,507	
62	OBSERVATION BEDS (NON-DIS			6,212,711				
62	OTHER REIMBURS COST CNTRS							
101	TOTAL	350,690	350,690	356,191,757			76,149,669	52,867

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,470,186					
38	RECOVERY ROOM	593,349					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	437,955					
41	RADIOLOGY-DIAGNOSTIC	6,982,764			36,946		
41 01	CARDIAC CATHETERIZATION L	496,745					
43	RADIOISOTOPE	1,016,828					
44	LABORATORY						
49	RESPIRATORY THERAPY	320,727					
50	PHYSICAL THERAPY	127,799					
51	OCCUPATIONAL THERAPY	5,527					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,093,604					
54	ELECTROENCEPHALOGRAPHY	10,333					
55	MEDICAL SUPPLIES CHARGED	302,383					
55 30	IMPL. DEV. CHARGED TO PAT	320,812					
56	DRUGS CHARGED TO PATIENTS	994,135					
59	OTHER ANCILLARY SERVICE C	18,254					
59 97	CARDIAC REHABILITATION	209,968					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	322,682					
61	EMERGENCY	4,038,872					
62	OBSERVATION BEDS (NON-DIS	1,014,246					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	21,777,169			36,946		

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	4,450
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,064.79
85	OBSERVATION BED COST	4,738,316

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	1,076	.000025	4,738,316	118
87	NEW CAPITAL-RELATED COST	2,380,102	.055411	4,738,316	262,555
88	NON PHYSICIAN ANESTHETIST	42,953,492		4,738,316	
89	MEDICAL EDUCATION	42,953,492		4,738,316	
89.01	MEDICAL EDUCATION - ALLIED HEA	42,953,492		4,738,316	
89.02	MEDICAL EDUCATION - ALL OTHER	42,953,492		4,738,316	

TITLE XIX - I/P HOSPITAL OTHER

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	4,450
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,065.99
85	OBSERVATION BED COST	4,743,656

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

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		19,650,964	
26	INTENSIVE CARE UNIT		7,996,298	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.261527	5,495,670	1,437,266
38	RECOVERY ROOM	.122939	1,131,610	139,119
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.194381	937,925	182,315
41	RADIOLOGY-DIAGNOSTIC	.141943	9,991,829	1,418,270
41	01 CARDIAC CATHETERIZATION LABORATORY	.247356	1,898,647	469,642
43	RADIOISOTOPE	.064951	1,682,570	109,285
44	LABORATORY	.208954	15,080,104	3,151,048
49	RESPIRATORY THERAPY	.168950	5,431,806	917,704
50	PHYSICAL THERAPY	.348966	1,005,274	350,806
51	OCCUPATIONAL THERAPY	.293765	321,281	94,381
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.148464	3,337,877	495,555
54	ELECTROENCEPHALOGRAPHY	.150936	167,700	25,312
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.118644	2,485,288	2,780,153
55	30 IMPL. DEV. CHARGED TO PATIENT	.473937	1,486,142	704,338
56	DRUGS CHARGED TO PATIENTS	.180061	16,898,146	3,042,697
59	OTHER ANCILLARY SERVICE COST CENTERS	.330353	2,040,909	674,220
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	.934390	3,384	3,162
60	CLINIC	.556642		
61	EMERGENCY	.193192	6,753,507	1,304,724
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.762681		
101	TOTAL		76,149,669	17,299,997
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		76,149,669	

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		21,234,220	
26	INTENSIVE CARE UNIT		3,693,842	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.261527	2,622,217	685,781
38	RECOVERY ROOM	.122939	683,594	84,040
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.194381	2,718,647	528,453
41	RADIOLOGY-DIAGNOSTIC	.141943	4,903,104	695,961
41	01 CARDIAC CATHETERIZATION LABORATORY	.247356	856,730	211,917
43	RADIOISOTOPE	.064951	740,375	48,088
44	LABORATORY	.208954	9,534,043	1,992,176
49	RESPIRATORY THERAPY	.168950	2,369,731	400,366
50	PHYSICAL THERAPY	.348966	286,071	99,829
51	OCCUPATIONAL THERAPY	.293765	115,302	33,872
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.148464	1,522,362	226,016
54	ELECTROENCEPHALOGRAPHY	.150936	64,354	9,713
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.118644	1,246,883	1,394,818
55	30 IMPL. DEV. CHARGED TO PATIENT	.473937	324,536	153,810
56	DRUGS CHARGED TO PATIENTS	.180061	10,364,786	1,866,294
59	OTHER ANCILLARY SERVICE COST CENTERS	.330353	777,610	256,886
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	.934390	732	684
60	CLINIC	.556642		
61	EMERGENCY	.196785	3,790,453	745,904
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.762681		
101	TOTAL		42,921,530	9,434,608
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		42,921,530	

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)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	32,938,047	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	32,938,047	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,305,612	
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)	163,333	
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	52,867	
16 TOTAL	35,459,859	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	35,459,859	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,483,064	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	143,251	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	878,360	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	614,852	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	762,602	
22 SUBTOTAL	33,448,396	
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 HCERA PAYMENTS		
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	33,448,396	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	32,802,000	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	646,396	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	276,113	
----- 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)		

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		32,225,344		3,081,916
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	7/23/2010	372,310	7/23/2010	32,001
ADJUSTMENTS TO PROVIDER .02	12/23/2010	204,346		
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		576,656		32,001
4 TOTAL INTERIM PAYMENTS		32,802,000		3,113,917
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)		646,396		264,897
7 TOTAL MEDICARE PROGRAM LIABILITY		33,448,396		3,378,814

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.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		1.02
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	.87
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		.87
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		2.75
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		.87
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		.75
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		2.00
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		2.75
3.10	SEE INSTRUCTIONS		.87
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		2.25
3.12	SEE INSTRUCTIONS		2.88
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		3.05
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		1.66
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	2.53
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		2.53
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		134,227.79
3.18	SEE INSTRUCTIONS		339,596
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		.45
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		.55
3.21	SEE INSTRUCTIONS	RES INIT YEARS	.41
3.22	SEE INSTRUCTIONS		.41
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		134,227.79
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		55,033
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		394,629

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		17,041
5	TOTAL INPATIENT DAYS		43,655
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.390356
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	154,046	154,046
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		4,179
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		43,655
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		32,439
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

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

TITLE XVIII

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	36,183,735
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	
16	TOTAL PART A REASONABLE COST	36,183,735

PART B REASONABLE COST

17	REASONABLE COST	5,129,166
18	PRIMARY PAYER PAYMENTS	131
19	TOTAL PART B REASONABLE COST	5,129,035
20	TOTAL REASONABLE COST	41,312,770
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.875849
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.124151

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	186,485
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	163,333
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	23,152

TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT

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

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS 12,421
- 5 TOTAL INPATIENT DAYS 43,655
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11 .284526
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 43,655
- 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 100.00
- 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.
- 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)
- 6.07 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) 100.00
- 6.08 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD PRIOR TO 422 E-3, 6 LN 12

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

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

TITLE XIX

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

- 12 REASONABLE COST (SEE INSTRUCTIONS)
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST

PART B REASONABLE COST

- 17 REASONABLE COST
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST
- 20 TOTAL REASONABLE COST
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST

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

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

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	1.02	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- 6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
- 9 MULTIPLY LINE 7 TIMES LINE 8
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)	1.00
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	1.02
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	1.00

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

- 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).
- 17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)
- 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
- 20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)
- 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
- 22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
- 23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	418,416,000			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	297,867,000			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY				
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	413,370,000			
10 DUE FROM OTHER FUNDS	38,446,000			
11 TOTAL CURRENT ASSETS	1168,099,000			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS	89,172,000			
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	1671,566,000			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	924,281,000			
18.01 LESS ACCUMULATED DEPRECIATION	-1547,710,000			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	1137,309,000			
OTHER ASSETS				
22 INVESTMENTS	2814,414,000			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	111,429,000			
26 TOTAL OTHER ASSETS	2925,843,000			
27 TOTAL ASSETS	5231,251,000			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	112,541,000			
29 SALARIES, WAGES & FEES PAYABLE	247,828,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	16,526,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	721,171,000			
36 TOTAL CURRENT LIABILITIES	1098,066,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66	859,482,000			
41 OTHER LONG TERM LIABILITIES	711,414,000			
42 TOTAL LONG-TERM LIABILITIES	1570,896,000			
43 TOTAL LIABILITIES	2668,962,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	2562,289,000			
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	2562,289,000			
52 TOTAL LIABILITIES AND FUND BALANCES	5231,251,000			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		2,558,766,284		
2	NET INCOME (LOSS)		3,522,716		
3	TOTAL		2,562,289,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		2,562,289,000		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		2,562,289,000		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	56,157,683		56,157,683
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	56,157,683		56,157,683
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	20,769,084		20,769,084
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	20,769,084		20,769,084
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	76,926,767		76,926,767
17 00 ANCILLARY SERVICES	191,366,505	113,658,612	305,025,117
18 00 OUTPATIENT SERVICES	17,201,782	44,681,654	61,883,436
24 00			
25 00 TOTAL PATIENT REVENUES	285,495,054	158,340,266	443,835,320

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		150,407,551	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 CORPORATE ALLOCATION	9,659,203		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		9,659,203	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		160,066,754	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	443,835,320
2	LESS: ALLOWANCES AND DISCOUNTS ON	281,902,215
3	NET PATIENT REVENUES	161,933,105
4	LESS: TOTAL OPERATING EXPENSES	160,066,754
5	NET INCOME FROM SERVICE TO PATIENT	1,866,351
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	INTERCOMPANY/MISCELLANEOUS	1,662,181
24.01	PREMIUMS EARNED	
24.02		
25	TOTAL OTHER INCOME	1,662,181
26	TOTAL	3,528,532
	OTHER EXPENSES	
27	NET NON OPERATING INCOME	5,816
28		
29		
30	TOTAL OTHER EXPENSES	5,816
31	NET INCOME (OR LOSS) FOR THE PERIO	3,522,716

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0048	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
14-0048		PARTS I-IV

FULLY PROSPECTIVE METHOD

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	2,067,540
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	18,499
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	119.60
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	4.43
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.05
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	21,709
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	11.90
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	33.22
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	45.12
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	9.57
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	197,864
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,305,612
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)	