

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		14-0051		FROM 10/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/25/2011 TIME 14:48

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: SKOKIE HOSPITAL 14-0051 FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2009 AND ENDING 9/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	-572,483	714,764	0	
2	SUBPROVIDER	0	70,834	0	0	
100	TOTAL	0	-501,649	714,764	0	

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-0051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 9600 GROSS POINT ROAD P.O. BOX:
 1.01 CITY: SKOKIE STATE: IL ZIP CODE: 60076- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	SKOKIE HOSPITAL	14-0051		7/1/1966	4	5	6
03.00 SUBPROVIDER	SKOKIE HOSPITAL PSYCH	14-S051		10/1/1989	N	P	0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/1/2009 TO: 9/30/2010

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 4

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 1 N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER: ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED 2/25/2011
14-0051	FROM 10/ 1/2009	WORKSHEET S-2
	TO 9/30/2010	

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILBLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). N N 0

MULTI CAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
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62.00 0.00

SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 1/12/2011

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0051
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/25/2011
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / O/P VISITS /		TRIPS TOTAL TITLE XIX 5
				TITLE V 3	TITLE XVII 4	
1 ADULTS & PEDIATRICS	119	44,716			20,632	4,203
2 HMO					1,043	
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	119	44,716			20,632	4,203
6 INTENSIVE CARE UNIT	10	3,650			2,346	403
7 CORONARY CARE UNIT						
8 BURN INTENSIVE CARE UNIT						
9 SURGICAL INTENSIVE CARE UNIT	6	2,190			38	119
11 NURSERY						
12 TOTAL	135	50,556			23,016	4,725
13 RPCH VISITS						
14 SUBPROVIDER		4,758			2,070	649
15 SKILLED NURSING FACILITY						
16 NURSING FACILITY						
16 01 ICF/MR						
17 OTHER LONG TERM CARE						
25 TOTAL	135					
26 OBSERVATION BED DAYS						219
26 01 OBSERVATION BED DAYS-SUB I						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						
29 LABOR & DELIVERY DAYS						

COMPONENT	I/P DAYS / OBSERVATION BEDS		O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS		INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
	TITLE XIX ADMITTED 5.01	NOT ADMITTED 5.02		TITLE XIX ADMITTED 6.01	TITLE XX NOT ADMITTED 6.02		
1 ADULTS & PEDIATRICS			33,310				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			33,310				
6 INTENSIVE CARE UNIT			3,196				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT			939				
11 NURSERY							
12 TOTAL			37,445			24.94	
13 RPCH VISITS							
14 SUBPROVIDER			3,700				
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
25 TOTAL						24.94	
26 OBSERVATION BED DAYS			2,663				
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES		TOTAL ALL PATIENTS 15
				TITLE V 12	TITLE XIII 13	
1 ADULTS & PEDIATRICS					4,613	7,712
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	24.94	789.33			4,613	7,712
13 RPCH VISITS						
14 SUBPROVIDER		29.07			246	530
15 SKILLED NURSING FACILITY						
16 NURSING FACILITY						
16 01 ICF/MR						
17 OTHER LONG TERM CARE						

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0051
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/25/2011
WORKSHEET S-3
PART I

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
25 TOTAL	24.94	818.40	11	12	13	14	15
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 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	51,696,899		51,696,899	1,702,270.63	30.37	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	106,195		106,195	2,134.00	49.76	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	198,805		198,805	4,833.00	41.13	
5 PHYSICIAN - PART B	606,504		606,504	12,661.00	47.90	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	80,000		80,000	1,579.00	50.66	
6.01 CONTRACT SERVICES, I&R	2,688,197		2,688,197	51,875.20	51.82	
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	2,301,086	-41,312	2,259,774	68,554.80	32.96	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	148,580		148,580	2,829.00	52.52	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	10,000		10,000	51.00	196.08	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	11,393,127		11,393,127			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	518,574		518,574			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	18,574		18,574			CMS 339
18.01 PART A TEACHING PHYSICIANS	39,186		39,186			CMS 339
19 PHYSICIAN PART B	108,572		108,572			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	458,874		458,874			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	145,895		145,895	6,102.75	23.91	
22 ADMINISTRATIVE & GENERAL	4,627,890		4,627,890	191,309.17	24.19	
22.01 A & G UNDER CONTRACT	2,917,573		2,917,573	82,212.00	35.49	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT	1,834,651		1,834,651	109,615.00	16.74	
27 DIETARY						
27.01 DIETARY UNDER CONTRACT	2,036,032		2,036,032	103,238.00	19.72	
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,091,812		1,091,812	29,051.87	37.58	
31 CENTRAL SERVICE AND SUPPLY	601,129		601,129	34,211.52	17.57	
32 PHARMACY	2,338,425		2,338,425	60,446.52	38.69	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	747,861		747,861	31,880.55	23.46	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	54,911,649		54,911,649	1,926,387.43	28.50	
2 EXCLUDED AREA SALARIES	2,301,086	-41,312	2,259,774	68,554.80	32.96	
3 SUBTOTAL SALARIES	52,610,563	41,312	52,651,875	1,857,832.63	28.34	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	158,580		158,580	2,880.00	55.06	
5 SUBTOTAL WAGE-RELATED COSTS	11,411,701		11,411,701		21.67	
6 TOTAL	64,180,844	41,312	64,222,156	1,860,712.63	34.51	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO:	PERIOD:	PREPARED
14-0051	FROM 10/ 1/2009	WORKSHEET S-3
	TO 9/30/2010	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
13 TOTAL OVERHEAD COSTS	16,341,268		16,341,268	648,067.38	25.22	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0051	FROM 10/ 1/2009	2/25/2011
	TO 9/30/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	6,481,471
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	6,481,471
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)	.284126
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
 | PROVIDER NO: | PERIOD: | PREPARED 2/25/2011
 | 14-0051 | FROM 10/ 1/2009 | WORKSHEET S-10
 | | TO 9/30/2010 |
 | | |

DESCRIPTION

27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	36,826,540
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	10,463,378
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	58,918,799
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	16,740,363
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	10,463,378

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 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		10,047,746	10,047,746	65,670	10,113,416
3.01	0301 NEW CAP REL COSTS-OOH				276,239	276,239
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4,224,925	4,224,925	-821,548	3,403,377
5	0500 EMPLOYEE BENEFITS	145,895	78,506	224,401		224,401
6	0600 ADMINISTRATIVE & GENERAL	4,627,890	13,589,951	18,217,841	819,564	19,037,405
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT		7,319,112	7,319,112	4,429	7,323,541
9	0900 LAUNDRY & LINEN SERVICE		651,757	651,757		651,757
10	1000 HOUSEKEEPING		2,301,003	2,301,003		2,301,003
11	1100 DIETARY		2,897,451	2,897,451		2,897,451
12	1200 CAFETERIA		430,977	430,977		430,977
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	1,091,812	338,798	1,430,610		1,430,610
15	1500 CENTRAL SERVICES & SUPPLY	601,129	2,155,934	2,757,063	-1,191,050	1,566,013
16	1600 PHARMACY	2,338,425	6,749,535	9,087,960	-5,994,953	3,093,007
17	1700 MEDICAL RECORDS & LIBRARY	747,861	623,586	1,371,447		1,371,447
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	80,000	2,689,067	2,769,067		2,769,067
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM					
25	2500 INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	12,285,605	4,539,427	16,825,032		16,825,032
26	2600 INTENSIVE CARE UNIT	2,462,023	836,444	3,298,467		3,298,467
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT	1,126,833	397,662	1,524,495		1,524,495
31	3100 SUBPROVIDER	1,921,254	537,571	2,458,825	-41,312	2,417,513
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,715,178	18,559,860	23,275,038	-9,322,022	13,953,016
38	3800 RECOVERY ROOM	1,122,875	432,195	1,555,070		1,555,070
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	1,038,035	719,551	1,757,586		1,757,586
41	4100 RADIOLOGY-DIAGNOSTIC	2,369,475	1,679,111	4,048,586	-109,040	3,939,546
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE	457,334	933,411	1,390,745		1,390,745
43.01	4301 PURCHASED SCAN	1,398,729	2,877,346	4,276,075		4,276,075
43.02	4302 ULTRASOUND	447,229	134,742	581,971		581,971
43.03	4303 BREAST IMAGING	290,509	99,829	390,338		390,338
43.04	4304 CARDIAC CATH LAB	871,119	3,603,789	4,474,908	-3,459,526	1,015,382
44	4400 LABORATORY	2,292,290	3,919,687	6,211,977		6,211,977
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	27,485	35,050	62,535		62,535
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY	154,089	118,694	272,783		272,783
49	4900 RESPIRATORY THERAPY	1,202,368	505,291	1,707,659		1,707,659
50	5000 PHYSICAL THERAPY	860,335	234,971	1,095,306	46,025	1,141,331
51	5100 OCCUPATIONAL THERAPY	256,072	66,087	322,159	-4,713	317,446
51.01	5101 OCCUPATIONAL THERAPY-PSYCH					
52	5200 SPEECH PATHOLOGY	77,368	21,390	98,758		98,758
53	5300 ELECTROCARDIOLOGY	873,372	331,231	1,204,603		1,204,603
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,189,443	1,189,443
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				12,926,761	12,926,761
56	5600 DRUGS CHARGED TO PATIENTS				5,994,953	5,994,953
58	5800 ASC (NON-DISTINCT PART)					
58.02	5802 CARDIAC CATH LAB					
58.04	5804 SPECIAL DIAGNOSTICS	99,081	37,457	136,538		136,538
58.05	5805 INPATIENT RENAL DIALYSIS		270,930	270,930		270,930
58.06	5806 OP SURGERY	2,480,676	1,103,017	3,583,693	-36,173	3,547,520
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	96,979	25,676	122,655		122,655
61	6100 EMERGENCY	2,757,742	1,301,026	4,058,768		4,058,768
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
95	SUBTOTALS	51,317,067	97,419,793	148,736,860	342,747	149,079,607
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,950	31,373	52,323		52,323
98	9800 PHYSICIANS' PRIVATE OFFICES	93,278	1,906,625	1,999,903	-342,747	1,657,156
98.01	9801 GHP/WH		1,710	1,710		1,710
98.02	9802 PHYSICIAN REFERRAL/DEVELOPMENT	265,604	45,360	310,964		310,964
99	9900 NONPAID WORKERS					
101	TOTAL	51,696,899	99,404,861	151,101,760	-0-	151,101,760

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/25/2011
I 14-0051 I FROM 10/ 1/2009 I WORKSHEET A
I I TO 9/30/2010 I

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT		
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT		10,113,416
3.01	0301	NEW CAP REL COSTS-OOH		276,239
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	-743,414	2,659,963
5	0500	EMPLOYEE BENEFITS		224,401
6	0600	ADMINISTRATIVE & GENERAL	-677,349	18,360,056
7	0700	MAINTENANCE & REPAIRS		
8	0800	OPERATION OF PLANT	631,808	7,955,349
9	0900	LAUNDRY & LINEN SERVICE		651,757
10	1000	HOUSEKEEPING		2,301,003
11	1100	DIETARY	-681,842	2,215,609
12	1200	CAFETERIA		430,977
13	1300	MAINTENANCE OF PERSONNEL		
14	1400	NURSING ADMINISTRATION		1,430,610
15	1500	CENTRAL SERVICES & SUPPLY		1,566,013
16	1600	PHARMACY		3,093,007
17	1700	MEDICAL RECORDS & LIBRARY		1,371,447
18	1800	SOCIAL SERVICE		
20	2000	NONPHYSICIAN ANESTHETISTS		
21	2100	NURSING SCHOOL		
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD		2,769,067
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400	PARAMED ED PRGM		
25	2500	INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-19,628	16,805,404
26	2600	INTENSIVE CARE UNIT		3,298,467
27	2700	CORONARY CARE UNIT		
28	2800	BURN INTENSIVE CARE UNIT		
29	2900	SURGICAL INTENSIVE CARE UNIT		1,524,495
31	3100	SUBPROVIDER		2,417,513
33	3300	NURSERY		
34	3400	SKILLED NURSING FACILITY		
35	3500	NURSING FACILITY		
35.01	3510	ICF/MR		
36	3600	OTHER LONG TERM CARE		
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-465,727	13,487,289
38	3800	RECOVERY ROOM		1,555,070
39	3900	DELIVERY ROOM & LABOR ROOM		
40	4000	ANESTHESIOLOGY		1,757,586
41	4100	RADIOLOGY-DIAGNOSTIC		3,939,546
42	4200	RADIOLOGY-THERAPEUTIC		
43	4300	RADIOISOTOPE		1,390,745
43.01	4301	PURCHASED SCAN		4,276,075
43.02	4302	ULTRASOUND		581,971
43.03	4303	BREAST IMAGING		390,338
43.04	4304	CARDIAC CATH LAB		1,015,382
44	4400	LABORATORY		6,211,977
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		62,535
47	4700	BLOOD STORING, PROCESSING & TRANS.		
48	4800	INTRAVENOUS THERAPY		272,783
49	4900	RESPIRATORY THERAPY		1,707,659
50	5000	PHYSICAL THERAPY	-46,025	1,095,306
51	5100	OCCUPATIONAL THERAPY		317,446
51.01	5101	OCCUPATIONAL THERAPY-PSYCH		
52	5200	SPEECH PATHOLOGY		98,758
53	5300	ELECTROCARDIOLOGY		1,204,603
54	5400	ELECTROENCEPHALOGRAPHY		
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,189,443
55.30	5530	IMPL. DEV. CHARGED TO PATIENT		12,926,761
56	5600	DRUGS CHARGED TO PATIENTS		5,994,953
58	5800	ASC (NON-DISTINCT PART)		
58.02	5802	CARDIAC CATH LAB		
58.04	5804	SPECIAL DIAGNOSTICS		136,538
58.05	5805	INPATIENT RENAL DIALYSIS		270,930
58.06	5806	OP SURGERY		3,547,520
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC		122,655
61	6100	EMERGENCY	-75,124	3,983,644
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		SPEC PURPOSE COST CENTERS		
95		SUBTOTALS	-2,077,301	147,002,306
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		52,323
98	9800	PHYSICIANS' PRIVATE OFFICES		1,657,156
98.01	9801	GHP/WH		1,710
98.02	9802	PHYSICIAN REFERRAL/DEVELOPMENT		310,964
99	9900	NONPAID WORKERS		
101		TOTAL	-2,077,301	149,024,459

I PROVIDER NO: I PERIOD: I PREPARED 2/25/2011
 I 14-0051 I FROM 10/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 9/30/2010 I

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-OOH	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
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	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
43.01	PURCHASED SCAN	4301	RADIOISOTOPE
43.02	ULTRASOUND	4302	RADIOISOTOPE
43.03	BREAST IMAGING	4303	RADIOISOTOPE
43.04	CARDIAC CATH LAB	4304	RADIOISOTOPE
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
51.01	OCCUPATIONAL THERAPY-PSYCH	5101	OCCUPATIONAL THERAPY
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	
58	ASC (NON-DISTINCT PART)	5800	
58.02	CARDIAC CATH LAB	5802	ASC (NON-DISTINCT PART)
58.04	SPECIAL DIAGNOSTICS	5804	ASC (NON-DISTINCT PART)
58.05	INPATIENT RENAL DIALYSIS	5805	ASC (NON-DISTINCT PART)
58.06	OP SURGERY	5806	ASC (NON-DISTINCT PART)
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	GHP/WH	9801	PHYSICIANS' PRIVATE OFFICES
98.02	PHYSICIAN REFERRAL/DEVELOPMENT	9802	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 140051	PERIOD: FROM 10/ 1/2009 TO 9/30/2010	PREPARED 2/25/2011 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CHARGEABLE DRUGS	E	DRUGS CHARGED TO PATIENTS	56		5,994,953
2 CHARGEABLE MED SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		875,278
3 C/S RENTAL COST	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		314,165
4 CAPITAL	H	ADMINISTRATIVE & GENERAL	6		819,564
5		OPERATION OF PLANT	8		3,591
6 OOH CAPITAL COST	I	NEW CAP REL COSTS-OOH	3.01		271,931
7		NEW CAP REL COSTS-BLDG & FIXT	3		65,670
8		OPERATION OF PLANT	8		838
9 OOH FACILITY COST	J	NEW CAP REL COSTS-OOH	3.01		4,308
10 RECREATIONAL THERAPIST SALARY	K	PHYSICAL THERAPY	50	46,025	
11					
12 IMPLANTABLE DEVICES	L	IMPL. DEV. CHARGED TO PATIENT	55.30		12,926,761
13					
14					
15					
36 TOTAL RECLASSIFICATIONS				46,025	21,277,059

(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: 140051	PERIOD: FROM 10/ 1/2009 TO 9/30/2010	PREPARED 2/25/2011 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8		OTHER 9
1 CHARGEABLE DRUGS	E	PHARMACY	16		5,994,953	
2 CHARGEABLE MED SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15		875,278	
3 C/S RENTAL COST	G	CENTRAL SERVICES & SUPPLY	15		314,165	
4 CAPITAL	H	NEW CAP REL COSTS-MVBLE EQUIP	4		821,548	9
5		CENTRAL SERVICES & SUPPLY	15		1,607	9
6 OOH CAPITAL COST	I	PHYSICIANS' PRIVATE OFFICES	98		338,439	9
7						9
8						
9 OOH FACILITY COST	J	PHYSICIANS' PRIVATE OFFICES	98		4,308	9
10 RECREATIONAL THERAPIST SALARY	K	SUBPROVIDER	31	41,312		
11		OCCUPATIONAL THERAPY	51	4,713		
12 IMPLANTABLE DEVICES	L	OPERATING ROOM	37		9,322,022	
13		RADIOLOGY-DIAGNOSTIC	41		109,040	
14		CARDIAC CATH LAB	43.04		3,459,526	
15		OP SURGERY	58.06		36,173	
36 TOTAL RECLASSIFICATIONS				46,025	21,277,059	

(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: 140051	PERIOD: FROM 10/ 1/2009 TO 9/30/2010	PREPARED 2/25/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: E
EXPLANATION : CHARGEABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	5,994,953	PHARMACY	16	5,994,953	
TOTAL RECLASSIFICATIONS FOR CODE E			5,994,953				

RECLASS CODE: F
EXPLANATION : CHARGEABLE MED SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	875,278	CENTRAL SERVICES & SUPPLY	15	875,278	
TOTAL RECLASSIFICATIONS FOR CODE F			875,278				

RECLASS CODE: G
EXPLANATION : C/S RENTAL COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	314,165	CENTRAL SERVICES & SUPPLY	15	314,165	
TOTAL RECLASSIFICATIONS FOR CODE G			314,165				

RECLASS CODE: H
EXPLANATION : CAPITAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	819,564	NEW CAP REL COSTS-MVBLE EQUIP	4	821,548	
2.00	OPERATION OF PLANT	8	3,591	CENTRAL SERVICES & SUPPLY	15	1,607	
TOTAL RECLASSIFICATIONS FOR CODE H			823,155	823,155			

RECLASS CODE: I
EXPLANATION : OOH CAPITAL COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-OOH	3.01	271,931	PHYSICIANS' PRIVATE OFFICES	98	338,439	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	65,670			0	
3.00	OPERATION OF PLANT	8	838			0	
TOTAL RECLASSIFICATIONS FOR CODE I			338,439	338,439			

RECLASS CODE: J
EXPLANATION : OOH FACILITY COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-OOH	3.01	4,308	PHYSICIANS' PRIVATE OFFICES	98	4,308	
TOTAL RECLASSIFICATIONS FOR CODE J			4,308	4,308			

RECLASS CODE: K
EXPLANATION : RECREATIONAL THERAPIST SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	46,025	SUBPROVIDER	31	41,312	
2.00			0	OCCUPATIONAL THERAPY	51	4,713	
TOTAL RECLASSIFICATIONS FOR CODE K			46,025	46,025			

RECLASS CODE: L
EXPLANATION : IMPLANTABLE DEVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	12,926,761	OPERATING ROOM	37	9,322,022	
2.00			0	RADIOLOGY-DIAGNOSTIC	41	109,040	
3.00			0	CARDIAC CATH LAB	43.04	3,459,526	
4.00			0	OP SURGERY	58.06	36,173	
TOTAL RECLASSIFICATIONS FOR CODE L			12,926,761	12,926,761			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	26,269,650					26,269,650	
2 LAND IMPROVEMENTS	1,927,350					1,927,350	
3 BUILDINGS & FIXTURE	56,455,988	13,675,389		13,675,389	39,212	70,092,165	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	20,091,071	3,394,178		3,394,178	404,253	23,080,996	
6 MOVABLE EQUIPMENT							
7 SUBTOTAL	104,744,059	17,069,567		17,069,567	443,465	121,370,161	
8 RECONCILING ITEMS							
9 TOTAL	104,744,059	17,069,567		17,069,567	443,465	121,370,161	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
DESCRIPTION		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7
* 1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	121,370,161		121,370,161	1.000000			
3 01	NEW CAP REL COSTS-OO							
4	NEW CAP REL COSTS-MV							
5	TOTAL	121,370,161		121,370,161	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	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	10,113,416						10,113,416
3 01	NEW CAP REL COSTS-OO	276,239						276,239
4	NEW CAP REL COSTS-MV	2,659,963						2,659,963
5	TOTAL	13,049,618						13,049,618

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	10,047,746						10,047,746
3 01	NEW CAP REL COSTS-OO							
4	NEW CAP REL COSTS-MV	4,224,925						4,224,925
5	TOTAL	14,272,671						14,272,671

* All line 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

DESCR IPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON	LINE NO 4	WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3		
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					
10 TELEVISION AND RADIO SERVICE	B	-1,685	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-606,504			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-681,842	DIETARY	11	
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			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 REAL ESTATE TAXES	A	-677,349	ADMINISTRATIVE & GENERAL	6	
38 OTHER ADJUSTMENTS (SPECIFY)					
39 OTHER ADJUSTMENTS (SPECIFY)					
40 OTHER ADJUSTMENTS (SPECIFY)					
41 OTHER ADJUSTMENTS (SPECIFY)					
42 OTHER ADJUSTMENTS (SPECIFY)					
42.01 OTHER ADJUSTMENTS (SPECIFY)					
42.02 OTHER ADJUSTMENTS (SPECIFY)					
42.03 OTHER ADJUSTMENTS (SPECIFY)					
42.04 DEPR POST 33098 ASSETS <5K FY05 AMOU	A	-45,644	NEW CAP REL COSTS-MVBLE E	4	9
42.05 DEPR POST 33098 ASSETS <5K FY06 AMOU	A	-309,944	NEW CAP REL COSTS-MVBLE E	4	9
42.06 DEPR POST 33098 ASSETS <5K FY07 AMOU	A	-151,371	NEW CAP REL COSTS-MVBLE E	4	9
42.07 DEPR POST 33098 ASSETS <5K FY6/30/08	A	-120,450	NEW CAP REL COSTS-MVBLE E	4	9
42.08 DEPR POST 33098 ASSETS <5K FY12/31/0	A	-116,005	NEW CAP REL COSTS-MVBLE E	4	9
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47					
48					
49 KENTON KNOX OPERATING COSTS	A	633,493	OPERATION OF PLANT	8	
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,077,301			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED: 2/25/2011
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS & PEDIATRICS	99,628	19,628	80,000	138,700	1,579	105,292	5,265
2 37	OPERATING ROOM	640,727	465,727	175,000	208,000	2,791	279,100	13,955
3 50	PHYSICAL THERAPY	46,025	46,025					
4 61	EMERGENCY ROOM	75,124	75,124					
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	861,504	606,504	255,000		4,370	384,392	19,220

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED: 2/25/2011
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS & PEDIATRICS					105,292		19,628
2 37	OPERATING ROOM					279,100		465,727
3 50	PHYSICAL THERAPY							46,025
4 61	EMERGENCY ROOM							75,124
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					384,392		606,504

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 2/25/2011
 I 14-0051 I FROM 10/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 9/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-OOH	28	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	26	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTES SERVED		ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
16	PHARMACY	15	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED	TIME	NOT ENTERED
24	PARAMED ED PRGM	22	ASSIGNED	TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-00H 3.01	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	10,113,416			10,113,416			
003 01 NEW CAP REL COSTS-00H	276,239				276,239		
004 NEW CAP REL COSTS-MVBLE E	2,659,963					2,659,963	
005 EMPLOYEE BENEFITS	224,401			100,823			325,224
006 ADMINISTRATIVE & GENERAL	18,360,056			718,097		465,821	29,197
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	7,955,349			1,921,861		15,444	
009 LAUNDRY & LINEN SERVICE	651,757						
010 HOUSEKEEPING	2,301,003			144,793		4,554	
011 DIETARY	2,215,609			333,979	2,345	16,049	
012 CAFETERIA	430,977			330,471		35,229	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,430,610			81,831	9,423	50,280	6,888
015 CENTRAL SERVICES & SUPPLY	1,566,013			253,962		32,551	3,793
016 PHARMACY	3,093,007			190,154		1,415	14,753
017 MEDICAL RECORDS & LIBRARY	1,371,447					841	4,718
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	2,769,067			79,896			505
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	16,805,404			1,704,309		50,517	77,498
026 INTENSIVE CARE UNIT	3,298,467			343,172		14,586	15,533
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U	1,524,495			284,263		4,070	7,109
031 SUBPROVIDER	2,417,513				54,801	999	11,861
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	13,487,289			489,719		582,018	29,748
038 RECOVERY ROOM	1,555,070			187,372		1,606	7,084
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	1,757,586			16,088		79,358	6,549
041 RADIOLOGY-DIAGNOSTIC	3,939,546			402,263		301,179	14,949
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	1,390,745			120,721		44,612	2,885
043 01 PURCHASED SCAN	4,276,075			215,314		8,532	8,825
043 02 ULTRASOUND	581,971			45,724		6,153	2,822
043 03 BREAST IMAGING	390,338			165,598		70,975	1,833
043 04 CARDIAC CATH LAB	1,015,382			136,809		232,455	5,496
044 LABORATORY	6,211,977			36,107		106,970	14,462
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	62,535			30,241		3,693	173
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY	272,783						972
049 RESPIRATORY THERAPY	1,707,659			123,745		41,281	7,586
050 PHYSICAL THERAPY	1,095,306			294,424		2,827	5,718
051 OCCUPATIONAL THERAPY	317,446				18,759	567	1,586
051 01 OCCUPATIONAL THERAPY-PSYC							
052 SPEECH PATHOLOGY	98,758			16,209		333	488
053 ELECTROCARDIOLOGY	1,204,603			36,289		75,488	5,510
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	1,189,443						
055 30 IMPL. DEV. CHARGED TO PAT	12,926,761						
056 DRUGS CHARGED TO PATIENTS	5,994,953						
058 ASC (NON-DISTINCT PART)							
058 02 CARDIAC CATH LAB				123,080			
058 04 SPECIAL DIAGNOSTICS	136,538			38,829		2,040	625
058 05 INPATIENT RENAL DIALYSIS	270,930			28,789			
058 06 OP SURGERY	3,547,520			525,705		143,039	15,651
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	122,655						612
061 EMERGENCY	3,983,644			525,826		227,115	17,399
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	147,002,306			10,046,463	85,328	2,622,597	322,828
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	52,323			46,510			132
098 PHYSICIANS' PRIVATE OFFIC	1,657,156				190,911	19,087	588
098 01 GHP/WH	1,710						
098 02 PHYSICIAN REFERRAL/DEVELO	310,964			20,443		18,279	1,676
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	149,024,459			10,113,416	276,239	2,659,963	325,224

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5a.00	6	7	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-00H							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 ADMINSTRATIVE & GENERAL	19,573,171	19,573,171					
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	9,892,654	1,495,779		11,388,433			
009 LAUNDRY & LINEN SERVICE	651,757	98,546			750,303		
010 HOUSEKEEPING	2,450,350	370,495		223,660	8,420	3,052,925	
011 DIETARY	2,567,982	388,281		515,894		141,067	3,613,224
012 CAFETERIA	796,677	120,458		510,475		139,586	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,579,032	238,751		126,404		34,564	
015 CENTRAL SERVICES & SUPPLY	1,856,319	280,677		392,292	18,547	107,269	
016 PHARMACY	3,299,329	498,862		293,729		80,318	
017 MEDICAL RECORDS & LIBRARY	1,377,006	208,205					
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	2,849,468	430,842		123,415		33,747	
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	18,637,728	2,818,051		2,632,627	202,310	719,875	2,895,570
026 INTENSIVE CARE UNIT	3,671,758	555,173		530,094	42,992	144,950	150,935
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U	1,819,937	275,176		439,098	16,801	120,068	44,303
031 SUBPROVIDER	2,485,174	375,761					261,573
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	14,588,774	2,205,837		756,463	43,923	206,849	
038 RECOVERY ROOM	1,751,132	264,773		289,431	25,299	79,143	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	1,859,581	281,171		24,851		6,795	
041 RADIOLOGY-DIAGNOSTIC	4,657,937	704,285		621,371	26,152	169,909	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	1,558,963	235,717		186,477	21,069	50,991	
043 01 PURCHASED SCAN	4,508,746	681,727		332,594	33,718	90,945	
043 02 ULTRASOUND	636,670	96,265		70,629	21,069	19,313	
043 03 BREAST IMAGING	628,744	95,067		255,798	25,299	69,946	
043 04 CARDIAC CATH LAB	1,390,142	210,191		211,328		57,786	
044 LABORATORY	6,369,516	963,077		55,775		15,251	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	96,642	14,612		46,713		12,773	
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY	273,755	41,392					
049 RESPIRATORY THERAPY	1,880,271	284,299		191,148		52,268	848
050 PHYSICAL THERAPY	1,398,275	211,421		454,794	27,821	124,360	
051 OCCUPATIONAL THERAPY	338,358	51,160					
051 01 OCCUPATIONAL THERAPY-PSYC							
052 SPEECH PATHOLOGY	115,788	17,507		25,038		6,846	
053 ELECTROCARDIOLOGY	1,321,890	199,871		56,055	53,119	15,328	3,087
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	1,189,443	179,845					
055 30 IMPL. DEV. CHARGED TO PAT	12,926,761	1,954,539					
056 DRUGS CHARGED TO PATIENTS	5,994,953	906,443					
058 ASC (NON-DISTINCT PART)							
058 02 CARDIAC CATH LAB	123,080	18,610		190,120	42,992	51,987	4,737
058 04 SPECIAL DIAGNOSTICS	178,032	26,919		59,979		16,401	
058 05 INPATIENT RENAL DIALYSIS	299,719	45,318		44,470		12,160	306
058 06 OP SURGERY	4,231,915	639,870		812,051	77,564	222,049	44,114
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	123,267	18,638					
061 EMERGENCY	4,753,984	718,807		812,238	63,208	222,101	207,751
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	146,704,680	19,222,418		11,285,011	750,303	3,024,645	3,613,224
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	98,965	14,964		71,844		19,645	
098 PHYSICIANS' PRIVATE OFFIC	1,867,742	282,404					
098 01 GHP/WH	1,710	259					
098 02 PHYSICIAN REFERRAL/DEVELO	351,362	53,126		31,578		8,635	
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	149,024,459	19,573,171		11,388,433	750,303	3,052,925	3,613,224

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-00H							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	1,567,196						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	30,262		2,009,013				
015 CENTRAL SERVICES & SUPPLY	35,634			2,690,738			
016 PHARMACY	62,950			30,957	4,266,145		
017 MEDICAL RECORDS & LIBRARY	33,208			440		1,618,859	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI				20			
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	470,542		1,425,904	330,820	946	163,029	
026 INTENSIVE CARE UNIT	71,289		216,032	77,379	182	30,107	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U	34,659		105,029	63,563	562	8,746	
031 SUBPROVIDER	62,971			7,401	10	19,221	
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	131,618			490,342	68	229,533	
038 RECOVERY ROOM	30,240			37,913	55	36,910	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	16,008			221,917	128,011	28,442	
041 RADIOLOGY-DIAGNOSTIC	84,416			93,125	28	75,613	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	14,232			10,890	6,175	47,694	
043 01 PURCHASED SCAN	42,522			66,544	15,231	171,939	
043 02 ULTRASOUND	10,549			5,242	27	13,730	
043 03 BREAST IMAGING	9,986			3,450	55	6,964	
043 04 CARDIAC CATH LAB				159,350	261	107,569	
044 LABORATORY	94,749			152,196		127,785	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	1,191			4,454	5,321	4,280	
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY	4,029			17,313		1,953	
049 RESPIRATORY THERAPY	44,537			87,424	30	32,120	
050 PHYSICAL THERAPY	31,150			1,814		13,432	
051 OCCUPATIONAL THERAPY	7,127					6,093	
051 01 OCCUPATIONAL THERAPY-PSYC							
052 SPEECH PATHOLOGY	2,361					1,463	
053 ELECTROCARDIOLOGY	31,865			23,720		51,637	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				401,227		21,332	
055 30 IMPL. DEV. CHARGED TO PAT						145,939	
056 DRUGS CHARGED TO PATIENTS					4,105,416	107,205	
058 ASC (NON-DISTINCT PART)							
058 02 CARDIAC CATH LAB	25,734				7	1,998	
058 04 SPECIAL DIAGNOSTICS	3,379					4,810	
058 05 INPATIENT RENAL DIALYSIS				3,818		2,741	
058 06 OP SURGERY	82,142			199,397	1,200	51,253	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,166			22		789	
061 EMERGENCY	86,474		262,048	187,684	205	104,532	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,557,990		2,009,013	2,678,422	4,263,790	1,618,859	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	801						
098 PHYSICIANS' PRIVATE OFFIC	6,239			2,656	35		
098 01 GHP/WH				9,660	2,320		
098 02 PHYSICIAN REFERRAL/DEVELO	2,166						
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,567,196		2,009,013	2,690,738	4,266,145	1,618,859	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM	PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	20	21	22	23	24		25	26
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
004 01 NEW CAP REL COSTS-00H								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 ADMINISTRATIVE & GENERAL								
007 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY								
012 CAFETERIA								
013 MAINTENANCE OF PERSONNEL								
014 NURSING ADMINISTRATION								
015 CENTRAL SERVICES & SUPPLY								
016 PHARMACY								
017 MEDICAL RECORDS & LIBRARY								
018 SOCIAL SERVICE								
020 NONPHYSICIAN ANESTHETISTS								
021 NURSING SCHOOL								
022 I&R SERVICES-SALARY & FRI			3,437,492					
023 I&R SERVICES-OTHER PRGM C								
024 PARAMED ED PRGM								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS			1,567,618				31,865,020	-1,567,618
026 INTENSIVE CARE UNIT							5,490,891	
027 CORONARY CARE UNIT								
028 BURN INTENSIVE CARE UNIT								
029 SURGICAL INTENSIVE CARE U							2,927,942	
031 SUBPROVIDER							3,212,111	
033 NURSERY								
034 SKILLED NURSING FACILITY								
035 NURSING FACILITY								
035 01 ICF/MR								
036 OTHER LONG TERM CARE								
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM			1,044,162				19,697,569	-1,044,162
038 RECOVERY ROOM							2,514,896	
039 DELIVERY ROOM & LABOR ROO								
040 ANESTHESIOLOGY			761,139				3,327,915	-761,139
041 RADIOLOGY-DIAGNOSTIC			20,608				6,453,444	-20,608
042 RADIOLOGY-THERAPEUTIC								
043 RADIOISOTOPE							2,132,208	
043 01 PURCHASED SCAN							5,943,966	
043 02 ULTRASOUND							873,494	
043 03 BREAST IMAGING							1,095,309	
043 04 CARDIAC CATH LAB			10,991				2,147,618	-10,991
044 LABORATORY							7,778,349	
045 PBP CLINICAL LAB SERVICES								
046 WHOLE BLOOD & PACKED RED							185,986	
047 BLOOD STORING, PROCESSING								
048 INTRAVENOUS THERAPY							338,442	
049 RESPIRATORY THERAPY							2,572,945	
050 PHYSICAL THERAPY			32,974				2,296,041	-32,974
051 OCCUPATIONAL THERAPY							402,738	
051 01 OCCUPATIONAL THERAPY-PSYC								
052 SPEECH PATHOLOGY							169,003	
053 ELECTROCARDIOLOGY							1,756,572	
054 ELECTROENCEPHALOGRAPHY								
055 MEDICAL SUPPLIES CHARGED							1,791,847	
055 30 IMPL. DEV. CHARGED TO PAT							15,027,239	
056 DRUGS CHARGED TO PATIENTS							11,114,017	
058 ASC (NON-DISTINCT PART)								
058 02 CARDIAC CATH LAB							459,265	
058 04 SPECIAL DIAGNOSTICS							289,520	
058 05 INPATIENT RENAL DIALYSIS							408,532	
058 06 OP SURGERY							6,361,555	
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC							144,882	
061 EMERGENCY							7,419,032	
062 OBSERVATION BEDS (NON-DIS								
062 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS			3,437,492				146,198,348	-3,437,492
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP							206,219	
098 PHYSICIANS' PRIVATE OFFIC							2,159,076	
098 01 GHP/WH							13,949	
098 02 PHYSICIAN REFERRAL/DEVELO							446,867	
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL			3,437,492				149,024,459	-3,437,492

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
004	01 NEW CAP REL COSTS-00H	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	30,297,402
026	INTENSIVE CARE UNIT	5,490,891
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	2,927,942
031	SUBPROVIDER	3,212,111
033	NURSERY	
034	SKILLED NURSING FACILITY	
035	NURSING FACILITY	
035	01 ICF/MR	
036	OTHER LONG TERM CARE	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	18,653,407
038	RECOVERY ROOM	2,514,896
039	DELIVERY ROOM & LABOR ROO	
040	ANESTHESIOLOGY	2,566,776
041	RADIOLOGY-DIAGNOSTIC	6,432,836
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE	2,132,208
043	01 PURCHASED SCAN	5,943,966
043	02 ULTRASOUND	873,494
043	03 BREAST IMAGING	1,095,309
043	04 CARDIAC CATH LAB	2,136,627
044	LABORATORY	7,778,349
045	PBP CLINICAL LAB SERVICES	
046	WHOLE BLOOD & PACKED RED	185,986
047	BLOOD STORING, PROCESSING	
048	INTRAVENOUS THERAPY	338,442
049	RESPIRATORY THERAPY	2,572,945
050	PHYSICAL THERAPY	2,263,067
051	OCCUPATIONAL THERAPY	402,738
051	01 OCCUPATIONAL THERAPY-PSYC	
052	SPEECH PATHOLOGY	169,003
053	ELECTROCARDIOLOGY	1,756,572
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	1,791,847
055	30 IMPL. DEV. CHARGED TO PAT	15,027,239
056	DRUGS CHARGED TO PATIENTS	11,114,017
058	ASC (NON-DISTINCT PART)	
058	02 CARDIAC CATH LAB	459,265
058	04 SPECIAL DIAGNOSTICS	289,520
058	05 INPATIENT RENAL DIALYSIS	408,532
058	06 OP SURGERY	6,361,555
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	144,882
061	EMERGENCY	7,419,032
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	142,760,856
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	206,219
098	PHYSICIANS' PRIVATE OFFIC	2,159,076
098	01 GHP/WH	13,949
098	02 PHYSICIAN REFERRAL/DEVELO	446,867
099	NONPAID WORKERS	
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	145,586,967

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-OOH 3.01	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-OOH							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				100,823			100,823
006 ADMINISTRATIVE & GENERAL				718,097		465,821	1,183,918
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT				1,921,861		15,444	1,937,305
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING				144,793		4,554	149,347
011 DIETARY				333,979	2,345	16,049	352,373
012 CAFETERIA				330,471		35,229	365,700
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				81,831	9,423	50,280	141,534
015 CENTRAL SERVICES & SUPPLY				253,962		32,551	286,513
016 PHARMACY				190,154		1,415	191,569
017 MEDICAL RECORDS & LIBRARY						841	841
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI				79,896			79,896
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				1,704,309		50,517	1,754,826
026 INTENSIVE CARE UNIT				343,172		14,586	357,758
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U				284,263		4,070	288,333
031 SUBPROVIDER					54,801	999	55,800
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				489,719		582,018	1,071,737
038 RECOVERY ROOM				187,372		1,606	188,978
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY				16,088		79,358	95,446
041 RADIOLOGY-DIAGNOSTIC				402,263		301,179	703,442
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE				120,721		44,612	165,333
043 01 PURCHASED SCAN				215,314		8,532	223,846
043 02 ULTRASOUND				45,724		6,153	51,877
043 03 BREAST IMAGING				165,598		70,975	236,573
043 04 CARDIAC CATH LAB				136,809		232,455	369,264
044 LABORATORY				36,107		106,970	143,077
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED				30,241		3,693	33,934
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				123,745		41,281	165,026
050 PHYSICAL THERAPY				294,424		2,827	297,251
051 OCCUPATIONAL THERAPY					18,759	567	19,326
051 01 OCCUPATIONAL THERAPY-PSYC							
052 SPEECH PATHOLOGY				16,209		333	16,542
053 ELECTROCARDIOLOGY				36,289		75,488	111,777
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
058 02 CARDIAC CATH LAB				123,080			123,080
058 04 SPECIAL DIAGNOSTICS				38,829		2,040	40,869
058 05 INPATIENT RENAL DIALYSIS				28,789			28,789
058 06 OP SURGERY				525,705		143,039	668,744
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY				525,826		227,115	752,941
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				10,046,463	85,328	2,622,597	12,754,388
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				46,510			46,510
098 PHYSICIANS' PRIVATE OFFIC					190,911	19,087	209,998
098 01 GHP/WH							
098 02 PHYSICIAN REFERRAL/DEVELO				20,443		18,279	38,722
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				10,113,416	276,239	2,659,963	13,049,618

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5	6	7	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-OOH							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	100,823						
006 ADMINISTRATIVE & GENERAL	9,052	1,192,970					
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		91,171		2,028,476			
009 LAUNDRY & LINEN SERVICE		6,007			6,007		
010 HOUSEKEEPING		22,582		39,838	67	211,834	
011 DIETARY		23,667		91,890			477,718
012 CAFETERIA		7,342		90,924		9,685	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	2,136	14,552		22,515		2,398	
015 CENTRAL SERVICES & SUPPLY	1,176	17,108		69,874	148	7,443	
016 PHARMACY	4,574	30,407		52,318		5,573	
017 MEDICAL RECORDS & LIBRARY	1,463	12,690					
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	156	26,261		21,982		2,342	
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	24,019	171,710		468,915	1,619	49,951	382,835
026 INTENSIVE CARE UNIT	4,816	33,839		94,419	344	10,058	19,956
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U	2,204	16,773		78,211	135	8,331	5,857
031 SUBPROVIDER	3,677	22,903					34,584
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	9,223	134,450		134,739	352	14,353	
038 RECOVERY ROOM	2,196	16,138		51,553	203	5,491	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	2,030	17,138		4,426		472	
041 RADIOLOGY-DIAGNOSTIC	4,635	42,928		110,677	209	11,790	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	895	14,367		33,215	169	3,538	
043 01 PURCHASED SCAN	2,736	41,553		59,241	270	6,310	
043 02 ULTRASOUND	875	5,868		12,580	169	1,340	
043 03 BREAST IMAGING	568	5,795		45,562	203	4,853	
043 04 CARDIAC CATH LAB	1,704	12,812		37,641		4,010	
044 LABORATORY	4,484	58,701		9,934		1,058	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	54	891		8,320		886	
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY	301	2,523					
049 RESPIRATORY THERAPY	2,352	17,329		34,047		3,627	112
050 PHYSICAL THERAPY	1,773	12,887		81,007	223	8,629	
051 OCCUPATIONAL THERAPY	492	3,118					
051 01 OCCUPATIONAL THERAPY-PSYC							
052 SPEECH PATHOLOGY	151	1,067		4,460		475	
053 ELECTROCARDIOLOGY	1,708	12,183		9,984	425	1,064	408
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED		10,962					
055 30 IMPL. DEV. CHARGED TO PAT		119,133					
056 DRUGS CHARGED TO PATIENTS		55,249					
058 ASC (NON-DISTINCT PART)							
058 02 CARDIAC CATH LAB		1,134		33,864	344	3,607	626
058 04 SPECIAL DIAGNOSTICS	194	1,641		10,683		1,138	
058 05 INPATIENT RENAL DIALYSIS		2,762		7,921		844	41
058 06 OP SURGERY	4,852	39,001		144,640	621	15,407	5,832
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	190	1,136					
061 EMERGENCY	5,394	43,813		144,674	506	15,411	27,467
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	100,080	1,171,591		2,010,054	6,007	209,872	477,718
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	41	912		12,797		1,363	
098 PHYSICIANS' PRIVATE OFFIC	182	17,213					
098 01 GHP/WH		16					
098 02 PHYSICIAN REFERRAL/DEVELO	520	3,238		5,625		599	
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	100,823	1,192,970		2,028,476	6,007	211,834	477,718

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVI CE 18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-00H							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINI STRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	473,651						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINI STRATION	9,146		192,281				
015 CENTRAL SERVI CES & SUPPLY	10,770			393,032			
016 PHARMACY	19,025			4,522	307,988		
017 MEDICAL RECORDS & LIBRARY	10,036			64		25,094	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI				3			
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	142,211		136,473	48,322	68	2,530	
026 INTENSIVE CARE UNIT	21,546		20,676	11,303	13	467	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U	10,475		10,052	9,285	41	136	
031 SUBPROVIDER	19,032			1,081	1	298	
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	39,779			71,620	5	3,536	
038 RECOVERY ROOM	9,139			5,538	4	573	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	4,838			32,415	9,242	441	
041 RADIOLOGY-DIAGNOSTIC	25,513			13,603	2	1,173	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	4,301			1,591	446	740	
043 01 PURCHASED SCAN	12,851			9,720	1,100	2,668	
043 02 ULTRASOUND	3,188			766	2	213	
043 03 BREAST IMAGING	3,018			504	4	108	
043 04 CARDIAC CATH LAB				23,276	19	1,669	
044 LABORATORY	28,636			22,231		1,983	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	360			651	384	66	
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY	1,218			2,529		30	
049 RESPIRATORY THERAPY	13,460			12,770	2	498	
050 PHYSICAL THERAPY	9,414			265		208	
051 OCCUPATIONAL THERAPY	2,154					95	
051 01 OCCUPATIONAL THERAPY-PSYC							
052 SPEECH PATHOLOGY	714					23	
053 ELECTROCARDIOLOGY	9,630			3,465		801	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				58,607		331	
055 30 IMPL. DEV. CHARGED TO PAT						2,265	
056 DRUGS CHARGED TO PATIENTS					296,382	1,664	
058 ASC (NON-DISTINCT PART)							
058 02 CARDIAC CATH LAB	7,778					31	
058 04 SPECIAL DIAGNOSTICS	1,021					75	
058 05 INPATIENT RENAL DIALYSIS				558		43	
058 06 OP SURGERY	24,826			29,126	87	795	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	655			3		12	
061 EMERGENCY	26,135		25,080	27,415	15	1,622	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	470,869		192,281	391,233	307,817	25,094	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	242						
098 PHYSICIANS' PRIVATE OFFIC	1,885			388	3		
098 01 GHP/WH				1,411	168		
098 02 PHYSICIAN REFERRAL/DEVELO	655						
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	473,651		192,281	393,032	307,988	25,094	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	20	21	22	23	24	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-00H							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI			130,640				
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS						3,183,479	
026 INTENSIVE CARE UNIT						575,195	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U						429,833	
031 SUBPROVIDER						137,376	
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM						1,479,794	
038 RECOVERY ROOM						279,813	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY						166,448	
041 RADIOLOGY-DIAGNOSTIC						913,972	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE						224,595	
043 01 PURCHASED SCAN						360,295	
043 02 ULTRASOUND						76,878	
043 03 BREAST IMAGING						297,188	
043 04 CARDIAC CATH LAB						450,395	
044 LABORATORY						270,104	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED						45,546	
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY						6,601	
049 RESPIRATORY THERAPY						249,223	
050 PHYSICAL THERAPY						411,657	
051 OCCUPATIONAL THERAPY						25,185	
051 01 OCCUPATIONAL THERAPY-PSYC							
052 SPEECH PATHOLOGY						23,432	
053 ELECTROCARDIOLOGY						151,445	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED						69,900	
055 30 IMPL. DEV. CHARGED TO PAT						121,398	
056 DRUGS CHARGED TO PATIENTS						353,295	
058 ASC (NON-DISTINCT PART)							
058 02 CARDIAC CATH LAB						170,464	
058 04 SPECIAL DIAGNOSTICS						55,621	
058 05 INPATIENT RENAL DIALYSIS						40,958	
058 06 OP SURGERY						933,931	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC						1,996	
061 EMERGENCY						1,070,473	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS						12,576,490	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						61,865	
098 PHYSICIANS' PRIVATE OFFIC						229,669	
098 01 GHP/WH						1,595	
098 02 PHYSICIAN REFERRAL/DEVELO						49,359	
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS			130,640			130,640	
102 NEGATIVE COST CENTER							
103 TOTAL			130,640			13,049,618	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET B
 PART III

TOTAL

27

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
004	01 NEW CAP REL COSTS-00H	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	3,183,479
026	INTENSIVE CARE UNIT	575,195
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	429,833
031	SUBPROVIDER	137,376
033	NURSERY	
034	SKILLED NURSING FACILITY	
035	NURSING FACILITY	
035	01 ICF/MR	
036	OTHER LONG TERM CARE	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	1,479,794
038	RECOVERY ROOM	279,813
039	DELIVERY ROOM & LABOR ROO	
040	ANESTHESIOLOGY	166,448
041	RADIOLOGY-DIAGNOSTIC	913,972
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE	224,595
043	01 PURCHASED SCAN	360,295
043	02 ULTRASOUND	76,878
043	03 BREAST IMAGING	297,188
043	04 CARDIAC CATH LAB	450,395
044	LABORATORY	270,104
045	PBP CLINICAL LAB SERVICES	
046	WHOLE BLOOD & PACKED RED	45,546
047	BLOOD STORING, PROCESSING	
048	INTRAVENOUS THERAPY	6,601
049	RESPIRATORY THERAPY	249,223
050	PHYSICAL THERAPY	411,657
051	OCCUPATIONAL THERAPY	25,185
051	01 OCCUPATIONAL THERAPY-PSYC	
052	SPEECH PATHOLOGY	23,432
053	ELECTROCARDIOLOGY	151,445
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	69,900
055	30 IMPL. DEV. CHARGED TO PAT	121,398
056	DRUGS CHARGED TO PATIENTS	353,295
058	ASC (NON-DISTINCT PART)	
058	02 CARDIAC CATH LAB	170,464
058	04 SPECIAL DIAGNOSTICS	55,621
058	05 INPATIENT RENAL DIALYSIS	40,958
058	06 OP SURGERY	933,931
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	1,996
061	EMERGENCY	1,070,473
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	12,576,490
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	61,865
098	PHYSICIANS' PRIVATE OFFIC	229,669
098	01 GHP/WH	1,595
098	02 PHYSICIAN REFERRAL/DEVELO	49,359
099	NONPAID WORKERS	
101	CROSS FOOT ADJUSTMENTS	130,640
102	NEGATIVE COST CENTER	
103	TOTAL	13,049,618

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-OOH (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
	1	2	3	3.01	4	5
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			167,215			
003 01 NEW CAP REL COSTS-OOH				63,615		
004 NEW CAP REL COSTS-MVB					4,224,925	
005 EMPLOYEE BENEFITS			1,667			51,551,004
006 ADMINISTRATIVE & GENE			11,873		739,882	4,627,890
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT			31,776		24,530	
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING			2,394		7,234	
011 DIETARY			5,522	540	25,491	
012 CAFETERIA			5,464		55,955	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO			1,353	2,170	79,862	1,091,812
015 CENTRAL SERVICES & SU			4,199		51,702	601,129
016 PHARMACY			3,144		2,247	2,338,425
017 MEDICAL RECORDS & LIB					1,336	747,861
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &			1,321			80,000
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM						
025 INPAT ROUTINE SRVC CN						
ADULTS & PEDIATRICS			28,179		80,238	12,285,605
026 INTENSIVE CARE UNIT			5,674		23,167	2,462,023
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA			4,700		6,464	1,126,833
031 SUBPROVIDER				12,620	1,586	1,879,942
033 NURSERY						
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
ANCILLARY SRVC COST C						
037 OPERATING ROOM			8,097		924,441	4,715,178
038 RECOVERY ROOM			3,098		2,551	1,122,875
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY			266		126,047	1,038,035
041 RADIOLOGY-DIAGNOSTIC			6,651		478,375	2,369,475
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE			1,996		70,859	457,334
043 01 PURCHASED SCAN			3,560		13,551	1,398,729
043 02 ULTRASOUND			756		9,773	447,229
043 03 BREAST IMAGING			2,738		112,733	290,509
043 04 CARDIAC CATH LAB			2,262		369,217	871,119
044 LABORATORY			597		169,905	2,292,290
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED			500		5,866	27,485
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						154,089
049 RESPIRATORY THERAPY			2,046		65,569	1,202,368
050 PHYSICAL THERAPY			4,868		4,491	906,360
051 OCCUPATIONAL THERAPY				4,320	900	251,359
051 01 OCCUPATIONAL THERAPY-						
SPEECH PATHOLOGY			268		529	77,368
053 ELECTROCARDIOLOGY			600		119,901	873,372
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
058 ASC (NON-DISTINCT PAR						
058 02 CARDIAC CATH LAB			2,035			
058 04 SPECIAL DIAGNOSTICS			642		3,241	99,081
058 05 INPATIENT RENAL DIALY			476			
058 06 OP SURGERY			8,692		227,195	2,480,676
060 OUTPAT SERVICE COST C						
061 CLINIC						96,979
062 EMERGENCY			8,694		360,736	2,757,742
OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
095 SUBTOTALS			166,108	19,650	4,165,574	51,171,172
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			769			20,950
098 PHYSICIANS' PRIVATE O				43,965	30,317	93,278
098 01 GHP/WH						
098 02 PHYSICIAN REFERRAL/DE			338		29,034	265,604

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-OOH	OSTS-MVBLE E	FITS
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)
	1	2	3	3.01	4	5
099 NONREIMBURS COST CENT						
101 NONPAID WORKERS						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			10,113,416	276,239	2,659,963	325,224
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			60.481512	4.342356	.629588	.006309
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						100,823
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						.001956

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6a.00	6	7	8	9	10	11	S
GENERAL SERVICE COST									
001	OLD CAP REL COSTS-BLD								
002	OLD CAP REL COSTS-MVB								
003	NEW CAP REL COSTS-BLD								
003	01 NEW CAP REL COSTS-00H								
004	NEW CAP REL COSTS-MVB								
005	EMPLOYEE BENEFITS								
006	ADMINISTRATIVE & GENERAL	-19,573,171	129,451,288						
007	MAINTENANCE & REPAIRS								
008	OPERATION OF PLANT		9,892,654		121,899				
009	LAUNDRY & LINEN SERVICE		651,757			19,337			
010	HOUSEKEEPING		2,450,350		2,394	217	119,505		
011	DIETARY		2,567,982		5,522		5,522	153,329	
012	CAFETERIA		796,677		5,464		5,464		
013	MAINTENANCE OF PERSONNEL								
014	NURSING ADMINISTRATION		1,579,032		1,353		1,353		
015	CENTRAL SERVICES & SUPPLIES		1,856,319		4,199	478	4,199		
016	PHARMACY		3,299,329		3,144		3,144		
017	MEDICAL RECORDS & LIBRARY		1,377,006						
018	SOCIAL SERVICE								
020	NONPHYSICIAN ANESTHETIC								
021	NURSING SCHOOL								
022	I&R SERVICES-SALARY & BENEFITS		2,849,468		1,321		1,321		
023	I&R SERVICES-OTHER PERSONNEL								
024	PARAMEDICAL PROGRAM								
025	INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS		18,637,728		28,179	5,214	28,179	122,875	
026	INTENSIVE CARE UNIT		3,671,758		5,674	1,108	5,674	6,405	
027	CORONARY CARE UNIT								
028	BURN INTENSIVE CARE UNIT								
029	SURGICAL INTENSIVE CARE UNIT		1,819,937		4,700	433	4,700	1,880	
031	SUBPROVIDER		2,485,174					11,100	
033	NURSERY								
034	SKILLED NURSING FACILITY								
035	NURSING FACILITY								
035	01 ICF/MR								
036	OTHER LONG TERM CARE								
037	ANCILLARY SERVICE COST CENTER								
037	OPERATING ROOM		14,588,774		8,097	1,132	8,097		
038	RECOVERY ROOM		1,751,132		3,098	652	3,098		
039	DELIVERY ROOM & LABOR								
040	ANESTHESIOLOGY		1,859,581		266		266		
041	RADIOLOGY-DIAGNOSTIC		4,657,937		6,651	674	6,651		
042	RADIOLOGY-THERAPEUTIC								
043	RADIOISOTOPE		1,558,963		1,996	543	1,996		
043	01 PURCHASED SCAN		4,508,746		3,560	869	3,560		
043	02 ULTRASOUND		636,670		756	543	756		
043	03 BREAST IMAGING		628,744		2,738	652	2,738		
043	04 CARDIAC CATH LAB		1,390,142		2,262		2,262		
044	LABORATORY		6,369,516		597		597		
045	PBP CLINICAL LAB SERVICE								
046	WHOLE BLOOD & PACKED		96,642		500		500		
047	BLOOD STORAGE, PROCESSING								
048	INTRAVENOUS THERAPY		273,755						
049	RESPIRATORY THERAPY		1,880,271		2,046		2,046	36	
050	PHYSICAL THERAPY		1,398,275		4,868	717	4,868		
051	OCCUPATIONAL THERAPY		338,358						
051	01 OCCUPATIONAL THERAPY-SPEECH PATHOLOGY		115,788		268		268		
053	ELECTROCARDIOLOGY		1,321,890		600	1,369	600	131	
054	ELECTROENCEPHALOGRAPHY								
055	MEDICAL SUPPLIES CHAR		1,189,443						
055	30 IMPL. DEV. CHARGED TO		12,926,761						
056	DRUGS CHARGED TO PATIENT		5,994,953						
058	ASC (NON-DISTINCT PAR)								
058	02 CARDIAC CATH LAB		123,080		2,035	1,108	2,035	201	
058	04 SPECIAL DIAGNOSTICS		178,032		642		642		
058	05 INPATIENT RENAL DIALYSIS		299,719		476		476	13	
058	06 OP SURGERY		4,231,915		8,692	1,999	8,692	1,872	
060	OUTPATIENT SERVICE COST CENTER CLINIC		123,267						
061	EMERGENCY		4,753,984		8,694	1,629	8,694	8,816	
062	OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER)								
095	SUBTOTALS	-19,573,171	127,131,509		120,792	19,337	118,398	153,329	
096	NONREIMBURS COST CENTER								
096	GIFT, FLOWER, COFFEE		98,965		769		769		
098	PHYSICIANS' PRIVATE OFFICE		1,867,742						
098	01 GHP/WH		1,710						
098	02 PHYSICIAN REFERRAL/DE		351,362		338		338		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	S
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	
	6a.00	6	7	8	9	10	11	
099 NONREIMBURS COST CENT								
101 NONPAID WORKERS								
102 CROSS FOOT ADJUSTMENT								
103 NEGATIVE COST CENTER								
COST TO BE ALLOCATED (WRKSHT B, PART I)		19,573,171		11,388,433	750,303	3,052,925	3,613,224	
UNIT COST MULTIPLIER (WRKSHT B, PT I)		.151201		93.425155	38.801417	25.546421	23.565170	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		1,192,970		2,028,476	6,007	211,834	477,718	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.009216		16.640629	.310648	1.772595	3.115640	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA (FTES SERVED)	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLY (NR(COSTED) EQUI S.)	PHARMACY (R(COSTED) EQUI S.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICES (TIME SPENT)
	12	13	14	15	16	17	18
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-00H							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	72,348						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,397		30,605				
015 CENTRAL SERVICES & SUPPLY	1,645			3,402,461			
016 PHARMACY	2,906			39,145	6,234,470		
017 MEDICAL RECORDS & LIBRARY	1,533			557		502,456,856	
018 SOCIAL SERVICE							8,320
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS				25			
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM							
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	21,722		21,722	418,325	1,382	50,598,725	5,120
026 INTENSIVE CARE UNIT	3,291		3,291	97,846	266	9,344,114	520
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE	1,600		1,600	80,376	822	2,714,346	520
031 SUBPROVIDER	2,907			9,359	14	5,965,464	
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	6,076			620,041	100	71,257,251	2,080
038 RECOVERY ROOM	1,396			47,941	80	11,455,626	
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	739			280,616	187,073	8,827,539	
041 RADIOLOGY-DIAGNOSTIC	3,897			117,758	41	23,467,861	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	657			13,771	9,024	14,802,675	
043 01 PURCHASED SCAN	1,963			84,146	22,258	53,364,047	
043 02 ULTRASOUND	487			6,628	40	4,261,300	
043 03 BREAST IMAGING	461			4,363	81	2,161,312	
043 04 CARDIAC CATH LAB				201,499	382	33,385,843	
044 LABORATORY	4,374			192,453		39,660,067	
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED	55			5,632	7,776	1,328,281	
047 BLOOD STORAGE, PROCESSING							
048 INTRAVENOUS THERAPY	186			21,892		606,198	
049 RESPIRATORY THERAPY	2,056			110,549	44	9,968,821	
050 PHYSICAL THERAPY	1,438			2,294		4,168,890	
051 OCCUPATIONAL THERAPY	329					1,891,142	
051 01 OCCUPATIONAL THERAPY-SPEECH PATHOLOGY	109					454,083	
053 ELECTROCARDIOLOGY	1,471			29,994		16,026,264	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARACTERIZED				507,355		6,620,709	
055 30 IMPL. DEV. CHARGED TO						45,294,616	
056 DRUGS CHARGED TO PATIENT					5,999,582	33,272,882	
058 ASC (NON-DISTINCT PAR)							
058 02 CARDIAC CATH LAB	1,188				10	620,023	
058 04 SPECIAL DIAGNOSTICS	156					1,492,847	
058 05 INPATIENT RENAL DIALYSIS				4,828		850,828	
058 06 OP SURGERY	3,792			252,139	1,754	15,907,201	30
OUTPATIENT SERVICE COST CENTER							
060 CLINIC	100			28		244,768	
061 EMERGENCY	3,992		3,992	237,328	299	32,443,133	50
062 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)							
095 SUBTOTALS	71,923		30,605	3,386,888	6,231,028	502,456,856	8,320
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE	37						
098 PHYSICIANS' PRIVATE OFFICE	288			3,358	51		
098 01 GHP/WH				12,215	3,391		
098 02 PHYSICIAN REFERRAL/DE	100						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT) (SING HRS)	CENTRAL SERVICES & SUPPLY (NR(COSTED)EQUI S.)	PHARMACY (R(COSTED)EQUI S.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)
	12	13	14	15	16	17	18
099 NONREIMBURS COST CENT							
101 NONPAID WORKERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,567,196		2,009,013	2,690,738	4,266,145	1,618,859	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	21.661912		65.643294	.790821	.684284	.003222	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	473,651		192,281	393,032	307,988	25,094	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	6.546843		6.282666	.115514	.049401	.000050	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	20	21	22	23	24
001 OLD CAP REL COSTS-BLD					
002 OLD CAP REL COSTS-MVB					
003 NEW CAP REL COSTS-BLD					
003 01 NEW CAP REL COSTS-00H					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENE					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVI					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSON					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SU					
016 PHARMACY					
017 MEDICAL RECORDS & LIB					
018 SOCIAL SERVICE					
020 NONPHYSICIAN ANESTHET					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY &			2,502		
023 I&R SERVICES-OTHER PR					
024 PARAMED ED PRGM					
025 INPAT ROUTINE SRVC CN					
ADULTS & PEDIATRICS			1,141		
026 INTENSIVE CARE UNIT					
027 CORONARY CARE UNIT					
028 BURN INTENSIVE CARE U					
029 SURGICAL INTENSIVE CA					
031 SUBPROVIDER					
033 NURSERY					
034 SKILLED NURSING FACIL					
035 NURSING FACILITY					
035 01 ICF/MR					
036 OTHER LONG TERM CARE					
ANCILLARY SRVC COST C					
037 OPERATING ROOM				760	
038 RECOVERY ROOM					
039 DELIVERY ROOM & LABOR					
040 ANESTHESIOLOGY				554	
041 RADIOLOGY-DIAGNOSTIC				15	
042 RADIOLOGY-THERAPEUTIC					
043 RADIOISOTOPE					
043 01 PURCHASED SCAN					
043 02 ULTRASOUND					
043 03 BREAST IMAGING					
043 04 CARDIAC CATH LAB				8	
044 LABORATORY					
045 PBP CLINICAL LAB SERV					
046 WHOLE BLOOD & PACKED					
047 BLOOD STORING, PROCES					
048 INTRAVENOUS THERAPY					
049 RESPIRATORY THERAPY					
050 PHYSICAL THERAPY				24	
051 OCCUPATIONAL THERAPY					
051 01 OCCUPATIONAL THERAPY-					
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY					
054 ELECTROENCEPHALOGRAPH					
055 MEDICAL SUPPLIES CHAR					
055 30 IMPL. DEV. CHARGED TO					
056 DRUGS CHARGED TO PATI					
058 ASC (NON-DISTINCT PAR					
058 02 CARDIAC CATH LAB					
058 04 SPECIAL DIAGNOSTICS					
058 05 INPATIENT RENAL DIALY					
058 06 OP SURGERY					
OUTPAT SERVICE COST C					
060 CLINIC					
061 EMERGENCY					
062 OBSERVATION BEDS (NON					
SPEC PURPOSE COST CEN					
095 SUBTOTALS			2,502		
NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE					
098 PHYSICIANS' PRIVATE O					
098 01 GHP/WH					
098 02 PHYSICIAN REFERRAL/DE					

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING SCHOOL	I&R SERVICES-	I&R SERVICES-	PARAMED ED PR
	ANESTHETISTS	L	SALARY & FRI	OTHER PRGM	CGM
	(ASSIGNED TIME)				
099 NONREIMBURS COST CENT	20	21	22	23	24
101 NONPAID WORKERS					
102 CROSS FOOT ADJUSTMENT					
103 NEGATIVE COST CENTER					
104 COST TO BE ALLOCATED			3,437,492		
(PER WRKSHT B, PART					
UNIT COST MULTIPLIER					
(WRKSHT B, PT I)			1,373.897682		
105 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER					
(WRKSHT B, PT II)					
107 COST TO BE ALLOCATED			130,640		
(PER WRKSHT B, PART					
108 UNIT COST MULTIPLIER					
(WRKSHT B, PT III)			52.214229		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	30,297,402		30,297,402		30,297,402
26	INTENSIVE CARE UNIT	5,490,891		5,490,891		5,490,891
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U	2,927,942		2,927,942		2,927,942
31	SUBPROVIDER	3,212,111		3,212,111		3,212,111
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	18,653,407		18,653,407		18,653,407
38	RECOVERY ROOM	2,514,896		2,514,896		2,514,896
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	2,566,776		2,566,776		2,566,776
41	RADIOLOGY-DIAGNOSTIC	6,432,836		6,432,836		6,432,836
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	2,132,208		2,132,208		2,132,208
01	PURCHASED SCAN	5,943,966		5,943,966		5,943,966
02	ULTRASOUND	873,494		873,494		873,494
03	BREAST IMAGING	1,095,309		1,095,309		1,095,309
04	CARDIAC CATH LAB	2,136,627		2,136,627		2,136,627
	LABORATORY	7,778,349		7,778,349		7,778,349
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED	185,986		185,986		185,986
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY	338,442		338,442		338,442
49	RESPIRATORY THERAPY	2,572,945		2,572,945		2,572,945
50	PHYSICAL THERAPY	2,263,067		2,263,067		2,263,067
51	OCCUPATIONAL THERAPY	402,738		402,738		402,738
01	OCCUPATIONAL THERAPY-PSYC					
52	SPEECH PATHOLOGY	169,003		169,003		169,003
53	ELECTROCARDIOLOGY	1,756,572		1,756,572		1,756,572
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	1,791,847		1,791,847		1,791,847
30	IMPL. DEV. CHARGED TO PAT	15,027,239		15,027,239		15,027,239
56	DRUGS CHARGED TO PATIENTS	11,114,017		11,114,017		11,114,017
58	ASC (NON-DISTINCT PART)					
02	CARDIAC CATH LAB	459,265		459,265		459,265
04	SPECIAL DIAGNOSTICS	289,520		289,520		289,520
05	INPATIENT RENAL DIALYSIS	408,532		408,532		408,532
06	OP SURGERY	6,361,555		6,361,555		6,361,555
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	144,882		144,882		144,882
61	EMERGENCY	7,419,032		7,419,032		7,419,032
62	OBSERVATION BEDS (NON-DIS	2,242,858		2,242,858		2,242,858
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	145,003,714		145,003,714		145,003,714
102	LESS OBSERVATION BEDS	2,242,858		2,242,858		2,242,858
103	TOTAL	142,760,856		142,760,856		142,760,856

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	47,299,564		47,299,564			
26	INTENSIVE CARE UNIT	9,344,114		9,344,114			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U	2,714,346		2,714,346			
31	SUBPROVIDER	5,965,464		5,965,464			
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	44,496,895	26,760,356	71,257,251	.261776	.261776	.261776
38	RECOVERY ROOM	6,272,046	5,183,580	11,455,626	.219534	.219534	.219534
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	5,663,807	3,163,732	8,827,539	.290769	.290769	.290769
41	RADIOLOGY-DIAGNOSTIC	8,496,088	14,971,773	23,467,861	.274113	.274113	.274113
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	3,691,300	11,111,375	14,802,675	.144042	.144042	.144042
43	01 PURCHASED SCAN	13,969,273	39,394,774	53,364,047	.111385	.111385	.111385
43	02 ULTRASOUND	845,357	3,415,943	4,261,300	.204983	.204983	.204983
43	03 BREAST IMAGING	3,230	2,158,082	2,161,312	.506780	.506780	.506780
43	04 CARDIAC CATH LAB	21,094,405	12,291,438	33,385,843	.063998	.063998	.063998
44	LABORATORY	29,741,625	9,918,442	39,660,067	.196125	.196125	.196125
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	645,783	682,498	1,328,281	.140020	.140020	.140020
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY	587,474	18,724	606,198	.558303	.558303	.558303
49	RESPIRATORY THERAPY	8,383,232	1,585,589	9,968,821	.258099	.258099	.258099
50	PHYSICAL THERAPY	3,449,804	719,086	4,168,890	.542846	.542846	.542846
51	OCCUPATIONAL THERAPY	1,801,794	89,348	1,891,142	.212960	.212960	.212960
51	01 OCCUPATIONAL THERAPY-PSYC						
52	SPEECH PATHOLOGY	422,253	31,830	454,083	.372185	.372185	.372185
53	ELECTROCARDIOLOGY	6,981,809	9,044,455	16,026,264	.109606	.109606	.109606
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,874,201	4,746,508	6,620,709	.270643	.270643	.270643
55	30 IMPL. DEV. CHARGED TO PAT	38,963,131	6,331,485	45,294,616	.331767	.331767	.331767
56	DRUGS CHARGED TO PATIENTS	23,904,070	9,368,812	33,272,882	.334026	.334026	.334026
58	ASC (NON-DIAGNOSTIC PART)						
58	02 CARDIAC CATH LAB		620,023	620,023	.740723	.740723	.740723
58	04 SPECIAL DIAGNOSTICS	198,035	1,294,812	1,492,847	.193938	.193938	.193938
58	05 INPATIENT RENAL DIALYSIS	825,993	24,835	850,828	.480158	.480158	.480158
58	06 OP SURGERY	2,393,246	13,513,955	15,907,201	.399917	.399917	.399917
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		244,768	244,768	.591916	.591916	.591916
61	EMERGENCY	14,340,285	18,102,848	32,443,133	.228678	.228678	.228678
62	OBSERVATION BEDS (NON-DIS	867,289	2,431,872	3,299,161	.679827	.679827	.679827
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	305,235,913	197,220,943	502,456,856			
102	LESS OBSERVATION BEDS						
103	TOTAL	305,235,913	197,220,943	502,456,856			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

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	31,865,020		31,865,020		31,865,020
26	INTENSIVE CARE UNIT	5,490,891		5,490,891		5,490,891
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U	2,927,942		2,927,942		2,927,942
31	SUBPROVIDER	3,212,111		3,212,111		3,212,111
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	19,697,569		19,697,569		19,697,569
38	RECOVERY ROOM	2,514,896		2,514,896		2,514,896
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	3,327,915		3,327,915		3,327,915
41	RADIOLOGY-DIAGNOSTIC	6,453,444		6,453,444		6,453,444
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	2,132,208		2,132,208		2,132,208
01	PURCHASED SCAN	5,943,966		5,943,966		5,943,966
02	ULTRASOUND	873,494		873,494		873,494
03	BREAST IMAGING	1,095,309		1,095,309		1,095,309
04	CARDIAC CATH LAB	2,147,618		2,147,618		2,147,618
	LABORATORY	7,778,349		7,778,349		7,778,349
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED	185,986		185,986		185,986
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY	338,442		338,442		338,442
49	RESPIRATORY THERAPY	2,572,945		2,572,945		2,572,945
50	PHYSICAL THERAPY	2,296,041		2,296,041		2,296,041
51	OCCUPATIONAL THERAPY	402,738		402,738		402,738
01	OCCUPATIONAL THERAPY-PSYC					
52	SPEECH PATHOLOGY	169,003		169,003		169,003
53	ELECTROCARDIOLOGY	1,756,572		1,756,572		1,756,572
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	1,791,847		1,791,847		1,791,847
30	IMPL. DEV. CHARGED TO PAT	15,027,239		15,027,239		15,027,239
56	DRUGS CHARGED TO PATIENTS	11,114,017		11,114,017		11,114,017
58	ASC (NON-DISTINCT PART)					
02	CARDIAC CATH LAB	459,265		459,265		459,265
04	SPECIAL DIAGNOSTICS	289,520		289,520		289,520
05	INPATIENT RENAL DIALYSIS	408,532		408,532		408,532
06	OP SURGERY	6,361,555		6,361,555		6,361,555
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	144,882		144,882		144,882
61	EMERGENCY	7,419,032		7,419,032		7,419,032
62	OBSERVATION BEDS (NON-DIS	2,242,858		2,242,858		2,242,858
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	148,441,206		148,441,206		148,441,206
102	LESS OBSERVATION BEDS	2,242,858		2,242,858		2,242,858
103	TOTAL	146,198,348		146,198,348		146,198,348

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	47,299,564		47,299,564			
26	INTENSIVE CARE UNIT	9,344,114		9,344,114			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U	2,714,346		2,714,346			
31	SUBPROVIDER	5,965,464		5,965,464			
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	44,496,895	26,760,356	71,257,251	.276429	.276429	.276429
38	RECOVERY ROOM	6,272,046	5,183,580	11,455,626	.219534	.219534	.219534
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	5,663,807	3,163,732	8,827,539	.376992	.376992	.376992
41	RADIOLOGY-DIAGNOSTIC	8,496,088	14,971,773	23,467,861	.274991	.274991	.274991
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	3,691,300	11,111,375	14,802,675	.144042	.144042	.144042
01	PURCHASED SCAN	13,969,273	39,394,774	53,364,047	.111385	.111385	.111385
02	ULTRASOUND	845,357	3,415,943	4,261,300	.204983	.204983	.204983
03	BREAST IMAGING	3,230	2,158,082	2,161,312	.506780	.506780	.506780
04	CARDIAC CATH LAB	21,094,405	12,291,438	33,385,843	.064327	.064327	.064327
44	LABORATORY	29,741,625	9,918,442	39,660,067	.196125	.196125	.196125
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	645,783	682,498	1,328,281	.140020	.140020	.140020
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY	587,474	18,724	606,198	.558303	.558303	.558303
49	RESPIRATORY THERAPY	8,383,232	1,585,589	9,968,821	.258099	.258099	.258099
50	PHYSICAL THERAPY	3,449,804	719,086	4,168,890	.550756	.550756	.550756
51	OCCUPATIONAL THERAPY	1,801,794	89,348	1,891,142	.212960	.212960	.212960
01	OCCUPATIONAL THERAPY-PSYC						
52	SPEECH PATHOLOGY	422,253	31,830	454,083	.372185	.372185	.372185
53	ELECTROCARDIOLOGY	6,981,809	9,044,455	16,026,264	.109606	.109606	.109606
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,874,201	4,746,508	6,620,709	.270643	.270643	.270643
30	IMPL. DEV. CHARGED TO PAT	38,963,131	6,331,485	45,294,616	.331767	.331767	.331767
56	DRUGS CHARGED TO PATIENTS	23,904,070	9,368,812	33,272,882	.334026	.334026	.334026
58	ASC (NON-DIAGNOSTIC PART)						
02	CARDIAC CATH LAB		620,023	620,023	.740723	.740723	.740723
04	SPECIAL DIAGNOSTICS	198,035	1,294,812	1,492,847	.193938	.193938	.193938
05	INPATIENT RENAL DIALYSIS	825,993	24,835	850,828	.480158	.480158	.480158
06	OP SURGERY	2,393,246	13,513,955	15,907,201	.399917	.399917	.399917
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		244,768	244,768	.591916	.591916	.591916
61	EMERGENCY	14,340,285	18,102,848	32,443,133	.228678	.228678	.228678
62	OBSERVATION BEDS (NON-DIS	867,289	2,431,872	3,299,161	.679827	.679827	.679827
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	305,235,913	197,220,943	502,456,856			
102	LESS OBSERVATION BEDS						
103	TOTAL	305,235,913	197,220,943	502,456,856			

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	18,653,407	1,479,794	17,173,613			18,653,407
38	RECOVERY ROOM	2,514,896	279,813	2,235,083			2,514,896
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	2,566,776	166,448	2,400,328			2,566,776
41	RADIOLOGY-DIAGNOSTIC	6,432,836	913,972	5,518,864			6,432,836
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	2,132,208	224,595	1,907,613			2,132,208
43 01	PURCHASED SCAN	5,943,966	360,295	5,583,671			5,943,966
43 02	ULTRASOUND	873,494	76,878	796,616			873,494
43 03	BREAST IMAGING	1,095,309	297,188	798,121			1,095,309
43 04	CARDIAC CATH LAB	2,136,627	450,395	1,686,232			2,136,627
44	LABORATORY	7,778,349	270,104	7,508,245			7,778,349
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	185,986	45,546	140,440			185,986
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY	338,442	6,601	331,841			338,442
49	RESPIRATORY THERAPY	2,572,945	249,223	2,323,722			2,572,945
50	PHYSICAL THERAPY	2,263,067	411,657	1,851,410			2,263,067
51	OCCUPATIONAL THERAPY	402,738	25,185	377,553			402,738
51 01	OCCUPATIONAL THERAPY-PSYC						
52	SPEECH PATHOLOGY	169,003	23,432	145,571			169,003
53	ELECTROCARDIOLOGY	1,756,572	151,445	1,605,127			1,756,572
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,791,847	69,900	1,721,947			1,791,847
55 30	IMPL. DEV. CHARGED TO PAT	15,027,239	121,398	14,905,841			15,027,239
56	DRUGS CHARGED TO PATIENTS	11,114,017	353,295	10,760,722			11,114,017
58	ASC (NON-DISTINCT PART)						
58 02	CARDIAC CATH LAB	459,265	170,464	288,801			459,265
58 04	SPECIAL DIAGNOSTICS	289,520	55,621	233,899			289,520
58 05	INPATIENT RENAL DIALYSIS	408,532	40,958	367,574			408,532
58 06	OP SURGERY	6,361,555	933,931	5,427,624			6,361,555
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	144,882	1,996	142,886			144,882
61	EMERGENCY	7,419,032	1,070,473	6,348,559			7,419,032
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,242,858	235,666	2,007,192			2,242,858
101	SUBTOTAL	103,075,368	8,486,273	94,589,095			103,075,368
102	LESS OBSERVATION BEDS	2,242,858	235,666	2,007,192			2,242,858
103	TOTAL	100,832,510	8,250,607	92,581,903			100,832,510

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	71,257,251	.261776	.261776
38	RECOVERY ROOM	11,455,626	.219534	.219534
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	8,827,539	.290769	.290769
41	RADIOLOGY-DIAGNOSTIC	23,467,861	.274113	.274113
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	14,802,675	.144042	.144042
43 01	PURCHASED SCAN	53,364,047	.111385	.111385
43 02	ULTRASOUND	4,261,300	.204983	.204983
43 03	BREAST IMAGING	2,161,312	.506780	.506780
43 04	CARDIAC CATH LAB	33,385,843	.063998	.063998
44	LABORATORY	39,660,067	.196125	.196125
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED	1,328,281	.140020	.140020
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY	606,198	.558303	.558303
49	RESPIRATORY THERAPY	9,968,821	.258099	.258099
50	PHYSICAL THERAPY	4,168,890	.542846	.542846
51	OCCUPATIONAL THERAPY	1,891,142	.212960	.212960
51 01	OCCUPATIONAL THERAPY-PSYC			
52	SPEECH PATHOLOGY	454,083	.372185	.372185
53	ELECTROCARDIOLOGY	16,026,264	.109606	.109606
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	6,620,709	.270643	.270643
55 30	IMPL. DEV. CHARGED TO PAT	45,294,616	.331767	.331767
56	DRUGS CHARGED TO PATIENTS	33,272,882	.334026	.334026
58	ASC (NON-DISTINCT PART)			
58 02	CARDIAC CATH LAB	620,023	.740723	.740723
58 04	SPECIAL DIAGNOSTICS	1,492,847	.193938	.193938
58 05	INPATIENT RENAL DIALYSIS	850,828	.480158	.480158
58 06	OP SURGERY	15,907,201	.399917	.399917
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	244,768	.591916	.591916
61	EMERGENCY	32,443,133	.228678	.228678
62	OBSERVATION BEDS (NON-DIS	3,299,161	.679827	.679827
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	437,133,368		
102	LESS OBSERVATION BEDS	3,299,161		
103	TOTAL	433,834,207		

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	19,697,569	1,479,794	18,217,775	147,979	1,056,631	18,492,959
38	RECOVERY ROOM	2,514,896	279,813	2,235,083	27,981	129,635	2,357,280
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	3,327,915	166,448	3,161,467	16,645	183,365	3,127,905
41	RADIOLOGY-DIAGNOSTIC	6,453,444	913,972	5,539,472	91,397	321,289	6,040,758
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	2,132,208	224,595	1,907,613	22,460	110,642	1,999,106
43 01	PURCHASED SCAN	5,943,966	360,295	5,583,671	36,030	323,853	5,584,083
43 02	ULTRASOUND	873,494	76,878	796,616	7,688	46,204	819,602
43 03	BREAST IMAGING	1,095,309	297,188	798,121	29,719	46,291	1,019,299
43 04	CARDIAC CATH LAB	2,147,618	450,395	1,697,223	45,040	98,439	2,004,139
44	LABORATORY	7,778,349	270,104	7,508,245	27,010	435,478	7,315,861
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	185,986	45,546	140,440	4,555	8,146	173,285
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY	338,442	6,601	331,841	660	19,247	318,535
49	RESPIRATORY THERAPY	2,572,945	249,223	2,323,722	24,922	134,776	2,413,247
50	PHYSICAL THERAPY	2,296,041	411,657	1,884,384	41,166	109,294	2,145,581
51	OCCUPATIONAL THERAPY	402,738	25,185	377,553	2,519	21,898	378,321
51 01	OCCUPATIONAL THERAPY-PSYC						
52	SPEECH PATHOLOGY	169,003	23,432	145,571	2,343	8,443	158,217
53	ELECTROCARDIOLOGY	1,756,572	151,445	1,605,127	15,145	93,097	1,648,330
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,791,847	69,900	1,721,947	6,990	99,873	1,684,984
55 30	IMPL. DEV. CHARGED TO PAT	15,027,239	121,398	14,905,841	12,140	864,539	14,150,560
56	DRUGS CHARGED TO PATIENTS	11,114,017	353,295	10,760,722	35,330	624,122	10,454,565
58	ASC (NON-DISTINCT PART)						
58 02	CARDIAC CATH LAB	459,265	170,464	288,801	17,046	16,750	425,469
58 04	SPECIAL DIAGNOSTICS	289,520	55,621	233,899	5,562	13,566	270,392
58 05	INPATIENT RENAL DIALYSIS	408,532	40,958	367,574	4,096	21,319	383,117
58 06	OP SURGERY	6,361,555	933,931	5,427,624	93,393	314,802	5,953,360
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	144,882	1,996	142,886	200	8,287	136,395
61	EMERGENCY	7,419,032	1,070,473	6,348,559	107,047	368,216	6,943,769
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,242,858	235,666	2,007,192	23,567	116,417	2,102,874
101	SUBTOTAL	104,945,242	8,486,273	96,458,969	848,630	5,594,619	98,501,993
102	LESS OBSERVATION BEDS	2,242,858	235,666	2,007,192	23,567	116,417	2,102,874
103	TOTAL	102,702,384	8,250,607	94,451,777	825,063	5,478,202	96,399,119

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	71,257,251	.259524	.274352
38	RECOVERY ROOM	11,455,626	.205775	.217091
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	8,827,539	.354335	.375107
41	RADIOLOGY-DIAGNOSTIC	23,467,861	.257406	.271096
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	14,802,675	.135050	.142525
43 01	PURCHASED SCAN	53,364,047	.104641	.110710
43 02	ULTRASOUND	4,261,300	.192336	.203179
43 03	BREAST IMAGING	2,161,312	.471611	.493029
43 04	CARDIAC CATH LAB	33,385,843	.060030	.062978
44	LABORATORY	39,660,067	.184464	.195444
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED	1,328,281	.130458	.136591
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY	606,198	.525464	.557214
49	RESPIRATORY THERAPY	9,968,821	.242079	.255599
50	PHYSICAL THERAPY	4,168,890	.514665	.540881
51	OCCUPATIONAL THERAPY	1,891,142	.200049	.211628
51 01	OCCUPATIONAL THERAPY-PSYC			
52	SPEECH PATHOLOGY	454,083	.348432	.367025
53	ELECTROCARDIOLOGY	16,026,264	.102852	.108661
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	6,620,709	.254502	.269587
55 30	IMPL. DEV. CHARGED TO PAT	45,294,616	.312412	.331499
56	DRUGS CHARGED TO PATIENTS	33,272,882	.314207	.332964
58	ASC (NON-DISTINCT PART)			
58 02	CARDIAC CATH LAB	620,023	.686215	.713230
58 04	SPECIAL DIAGNOSTICS	1,492,847	.181125	.190212
58 05	INPATIENT RENAL DIALYSIS	850,828	.450287	.475344
58 06	OP SURGERY	15,907,201	.374256	.394046
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	244,768	.557242	.591099
61	EMERGENCY	32,443,133	.214029	.225379
62	OBSERVATION BEDS (NON-DIS	3,299,161	.637397	.672683
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	437,133,368		
102	LESS OBSERVATION BEDS	3,299,161		
103	TOTAL	433,834,207		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0051 PERIOD: FROM 10/1/2009 TO 9/30/2010 PREPARED 2/25/2011 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				3,183,479		3,183,479
26	INTENSIVE CARE UNIT				575,195		575,195
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U				429,833		429,833
31	SUBPROVIDER				137,376		137,376
33	NURSERY						
101	TOTAL				4,325,883		4,325,883

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0051 PERIOD: FROM 10/1/2009 TO 9/30/2010 PREPARED 2/25/2011 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	35,973	20,632			88.50	1,825,932
26	INTENSIVE CARE UNIT	3,196	2,346			179.97	422,210
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U	939	38			457.76	17,395
31	SUBPROVIDER	3,700	2,070			37.13	76,859
33	NURSERY						
101	TOTAL	43,808	25,086				2,342,396

PROVIDER NO: 14-0051
 COMPONENT NO: 14-0051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,479,794	71,257,251	35,082,237		
38	RECOVERY ROOM		279,813	11,455,626	2,912,780		
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY		166,448	8,827,539	2,895,403		
41	RADIOLOGY-DIAGNOSTIC		913,972	23,467,861			
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE		224,595	14,802,675	2,465,370		
43 01	PURCHASED SCAN		360,295	53,364,047	8,383,029		
43 02	ULTRASOUND		76,878	4,261,300	500,480		
43 03	BREAST IMAGING		297,188	2,161,312	2,687		
43 04	CARDIAC CATH LAB		450,395	33,385,843			
44	LABORATORY		270,104	39,660,067	18,454,756		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED		45,546	1,328,281	645,783		
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY		6,601	606,198			
49	RESPIRATORY THERAPY		249,223	9,968,821	5,740,654		
50	PHYSICAL THERAPY		411,657	4,168,890	2,156,809		
51	OCCUPATIONAL THERAPY		25,185	1,891,142	1,113,872		
51 01	OCCUPATIONAL THERAPY-PSYC						
52	SPEECH PATHOLOGY		23,432	454,083	331,044		
53	ELECTROCARDIOLOGY		151,445	16,026,264	6,146,082		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		69,900	6,620,709	921,603		
55 30	IMPL. DEV. CHARGED TO PAT		121,398	45,294,616	24,004,777		
56	DRUGS CHARGED TO PATIENTS		353,295	33,272,882	14,259,731		
58	ASC (NON-DISTINCT PART)						
58 02	CARDIAC CATH LAB		170,464	620,023			
58 04	SPECIAL DIAGNOSTICS		55,621	1,492,847	121,051		
58 05	INPATIENT RENAL DIALYSIS		40,958	850,828	550,297		
58 06	OP SURGERY		933,931	15,907,201			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		1,996	244,768			
61	EMERGENCY		1,070,473	32,443,133	9,126,423		
62	OBSERVATION BEDS (NON-DIS		235,666	3,299,161			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		8,486,273	437,133,368	135,814,868		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.020767	728,553
38	RECOVERY ROOM	.024426	71,148
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.018856	54,596
41	RADIOLOGY-DIAGNOSTIC	.038946	
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE	.015173	37,407
43 01	PURCHASED SCAN	.006752	56,602
43 02	ULTRASOUND	.018041	9,029
43 03	BREAST IMAGING	.137504	369
43 04	CARDIAC CATH LAB	.013491	
44	LABORATORY	.006810	125,677
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED	.034289	22,143
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY	.010889	
49	RESPIRATORY THERAPY	.025000	143,516
50	PHYSICAL THERAPY	.098745	212,974
51	OCCUPATIONAL THERAPY	.013317	14,833
51 01	OCCUPATIONAL THERAPY-PSYC		
52	SPEECH PATHOLOGY	.051603	17,083
53	ELECTROCARDIOLOGY	.009450	58,080
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.010558	9,730
55 30	IMPL. DEV. CHARGED TO PAT	.002680	64,333
56	DRUGS CHARGED TO PATIENTS	.010618	151,410
58	ASC (NON-DISTINCT PART)		
58 02	CARDIAC CATH LAB	.274932	
58 04	SPECIAL DIAGNOSTICS	.037258	4,510
58 05	INPATIENT RENAL DIALYSIS	.048139	26,491
58 06	OP SURGERY	.058711	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.008155	
61	EMERGENCY	.032995	301,126
62	OBSERVATION BEDS (NON-DIS	.071432	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		2,109,610

PROVIDER NO: 14-0051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET D
 PART III
 PPS

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

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					35,973	
26	INTENSIVE CARE UNIT					3,196	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U					939	
31	SUBPROVIDER					3,700	
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					43,808	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	20,632	
26	INTENSIVE CARE UNIT	2,346	
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		38
31	SUBPROVIDER	2,070	
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
01	ICF/MR		
101	TOTAL	25,086	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			71,257,251			35,082,237	
38	RECOVERY ROOM			11,455,626			2,912,780	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			8,827,539			2,895,403	
41	RADIOLOGY-DIAGNOSTIC			23,467,861				
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			14,802,675			2,465,370	
43 01	PURCHASED SCAN			53,364,047			8,383,029	
43 02	ULTRASOUND			4,261,300			500,480	
43 03	BREAST IMAGING			2,161,312			2,687	
43 04	CARDIAC CATH LAB			33,385,843				
44	LABORATORY			39,660,067			18,454,756	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED			1,328,281			645,783	
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY			606,198				
49	RESPIRATORY THERAPY			9,968,821			5,740,654	
50	PHYSICAL THERAPY			4,168,890			2,156,809	
51	OCCUPATIONAL THERAPY			1,891,142			1,113,872	
51 01	OCCUPATIONAL THERAPY-PSYC							
52	SPEECH PATHOLOGY			454,083			331,044	
53	ELECTROCARDIOLOGY			16,026,264			6,146,082	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			6,620,709			921,603	
55 30	IMPL. DEV. CHARGED TO PAT			45,294,616			24,004,777	
56	DRUGS CHARGED TO PATIENTS			33,272,882			14,259,731	
58	ASC (NON-DISTINCT PART)							
58 02	CARDIAC CATH LAB			620,023				
58 04	SPECIAL DIAGNOSTICS			1,492,847			121,051	
58 05	INPATIENT RENAL DIALYSIS			850,828			550,297	
58 06	OP SURGERY			15,907,201				
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			244,768				
61	EMERGENCY			32,443,133			9,126,423	
62	OBSERVATION BEDS (NON-DIS			3,299,161				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			437,133,368			135,814,868	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	12,887,811					
38	RECOVERY ROOM	2,063,322					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	938,997					
41	RADIOLOGY-DIAGNOSTIC	3,922,583					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	6,938,212					
43 01	PURCHASED SCAN	16,638,727					
43 02	ULTRASOUND						
43 03	BREAST IMAGING	2,158,082					
43 04	CARDIAC CATH LAB	5,253,159					
44	LABORATORY	1,853,695					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	682,498					
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	861,553					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY	89,348					
51 01	OCCUPATIONAL THERAPY-PSYC						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,850,425					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	4,746,508					
55 30	IMPL. DEV. CHARGED TO PAT	2,799,441					
56	DRUGS CHARGED TO PATIENTS	5,041,414					
58	ASC (NON-DISTINCT PART)						
58 02	CARDIAC CATH LAB	620,023					
58 04	SPECIAL DIAGNOSTICS	83,032					
58 05	INPATIENT RENAL DIALYSIS	24,835					
58 06	OP SURGERY	4,768,419					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	244,768					
61	EMERGENCY	4,533,636					
62	OBSERVATION BEDS (NON-DIS	1,648,895					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	83,649,383					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: 14-0051 | PERIOD: FROM 10/1/2009 TO 9/30/2010 | PREPARED 2/25/2011
 | COMPONENT NO: 14-0051 | TO 9/30/2010 | WORKSHEET D
 | | | PART V

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.261776	.261776			
38 RECOVERY ROOM	.219534	.219534			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.290769	.290769			
41 RADIOLOGY-DIAGNOSTIC	.274113	.274113			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE	.144042	.144042			
43 01 PURCHASED SCAN	.111385	.111385			
43 02 ULTRASOUND	.204983	.204983			
43 03 BREAST IMAGING	.506780	.506780			
43 04 CARDIAC CATH LAB	.063998	.063998			
44 LABORATORY	.196125	.196125			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.140020	.140020			
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY	.558303	.558303			
49 RESPIRATORY THERAPY	.258099	.258099			
50 PHYSICAL THERAPY	.542846	.542846			
51 OCCUPATIONAL THERAPY	.212960	.212960			
51 01 OCCUPATIONAL THERAPY-PSYCH					
52 SPEECH PATHOLOGY	.372185	.372185			
53 ELECTROCARDIOLOGY	.109606	.109606			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.270643	.270643			
55 30 IMPL. DEV. CHARGED TO PATIENT	.331767	.331767			
56 DRUGS CHARGED TO PATIENTS	.334026	.334026			
58 ASC (NON-DISTINCT PART)					
58 02 CARDIAC CATH LAB	.740723	.740723			
58 04 SPECIAL DIAGNOSTICS	.193938	.193938			
58 05 INPATIENT RENAL DIALYSIS	.480158	.480158			
58 06 OP SURGERY	.399917	.399917			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.591916	.591916			
61 EMERGENCY	.228678	.228678			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.679827	.679827			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/25/2011
 | 14-0051 | FROM 10/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 9/30/2010 | PART V
 | 14-0051 | |

TITLE XVIII, PART B HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		12,887,811			
38 RECOVERY ROOM		2,063,322			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		938,997			
41 RADIOLOGY-DIAGNOSTIC		3,922,583			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE		6,938,212			
43 01 PURCHASED SCAN		16,638,727			
43 02 ULTRASOUND					
43 03 BREAST IMAGING		2,158,082			
43 04 CARDIAC CATH LAB		5,253,159			
44 LABORATORY		1,853,695			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		682,498			
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		861,553			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY		89,348			
51 01 OCCUPATIONAL THERAPY-PSYCH					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		4,850,425			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,746,508			
55 30 IMPL. DEV. CHARGED TO PATIENT		2,799,441			
56 DRUGS CHARGED TO PATIENTS		5,041,414			
58 ASC (NON-DISTINCT PART)					
58 02 CARDIAC CATH LAB		620,023			
58 04 SPECIAL DIAGNOSTICS		83,032			
58 05 INPATIENT RENAL DIALYSIS		24,835			
58 06 OP SURGERY		4,768,419			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		244,768			
61 EMERGENCY		4,533,636			
62 OBSERVATION BEDS (NON-DISTINCT PART)		1,648,895			
101 SUBTOTAL		83,649,383			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		83,649,383			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/25/2011
 | 14-0051 | FROM 10/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 9/30/2010 | PART V
 | 14-0051 | |

TITLE XVIII, PART B HOSPITAL

Cost Center	Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
43 01	PURCHASED SCAN			
43 02	ULTRASOUND			
43 03	BREAST IMAGING			
43 04	CARDIAC CATH LAB			
44	LABORATORY			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
51 01	OCCUPATIONAL THERAPY-PSYCH			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30	IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS			
58	ASC (NON-DISTINCT PART)			
58 02	CARDIAC CATH LAB			
58 04	SPECIAL DIAGNOSTICS			
58 05	INPATIENT RENAL DIALYSIS			
58 06	OP SURGERY			
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
62	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104	NET CHARGES			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0051	FROM 10/ 1/2009	2/25/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D
14-0051		PART VI

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.334026
2	PROGRAM VACCINE CHARGES		46,454
3	PROGRAM COSTS		15,517

PROVIDER NO: 14-0051
 COMPONENT NO: 14-S051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		1,479,794	71,257,251			
38	RECOVERY ROOM		279,813	11,455,626	373,791		
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY		166,448	8,827,539	49,953		
41	RADIOLOGY-DIAGNOSTIC		913,972	23,467,861	5,387		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE		224,595	14,802,675			
43 01	PURCHASED SCAN		360,295	53,364,047	64,733		
43 02	ULTRASOUND		76,878	4,261,300	5,853		
43 03	BREAST IMAGING		297,188	2,161,312			
43 04	CARDIAC CATH LAB		450,395	33,385,843			
44	LABORATORY		270,104	39,660,067	519,849		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED		45,546	1,328,281			
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY		6,601	606,198			
49	RESPIRATORY THERAPY		249,223	9,968,821	428		
50	PHYSICAL THERAPY		411,657	4,168,890	10,143		
51	OCCUPATIONAL THERAPY		25,185	1,891,142	51,712		
51 01	OCCUPATIONAL THERAPY-PSYC						
52	SPEECH PATHOLOGY		23,432	454,083	937		
53	ELECTROCARDIOLOGY		151,445	16,026,264	32,298		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		69,900	6,620,709			
55 30	IMPL. DEV. CHARGED TO PAT		121,398	45,294,616			
56	DRUGS CHARGED TO PATIENTS		353,295	33,272,882	434,257		
58	ASC (NON-DISTINCT PART)						
58 02	CARDIAC CATH LAB		170,464	620,023			
58 04	SPECIAL DIAGNOSTICS		55,621	1,492,847	5,918		
58 05	INPATIENT RENAL DIALYSIS		40,958	850,828			
58 06	OP SURGERY		933,931	15,907,201			
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC		1,996	244,768			
61	EMERGENCY		1,070,473	32,443,133	426,829		
62	OBSERVATION BEDS (NON-DIS		235,666	3,299,161			
62	OTHER REIMBURS COST CNTRS						
101	TOTAL		8,486,273	437,133,368	1,982,088		

PROVIDER NO: 14-0051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 COMPONENT NO: 14-S051
 PREPARED 2/25/2011
 WORKSHEET D
 PART II
 PPS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.020767	
38	RECOVERY ROOM	.024426	9,130
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.018856	942
41	RADIOLOGY-DIAGNOSTIC	.038946	210
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE	.015173	
43 01	PURCHASED SCAN	.006752	437
43 02	ULTRASOUND	.018041	106
43 03	BREAST IMAGING	.137504	
43 04	CARDIAC CATH LAB	.013491	
44	LABORATORY	.006810	3,540
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED	.034289	
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY	.010889	
49	RESPIRATORY THERAPY	.025000	11
50	PHYSICAL THERAPY	.098745	1,002
51	OCCUPATIONAL THERAPY	.013317	689
51 01	OCCUPATIONAL THERAPY-PSYC		
52	SPEECH PATHOLOGY	.051603	48
53	ELECTROCARDIOLOGY	.009450	305
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.010558	
55 30	IMPL. DEV. CHARGED TO PAT	.002680	
56	DRUGS CHARGED TO PATIENTS	.010618	4,611
58	ASC (NON-DISTINCT PART)		
58 02	CARDIAC CATH LAB	.274932	
58 04	SPECIAL DIAGNOSTICS	.037258	220
58 05	INPATIENT RENAL DIALYSIS	.048139	
58 06	OP SURGERY	.058711	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.008155	
61	EMERGENCY	.032995	14,083
62	OBSERVATION BEDS (NON-DIS	.071432	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		35,334

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	PURCHASED SCAN						
43 02	ULTRASOUND						
43 03	BREAST IMAGING						
43 04	CARDIAC CATH LAB						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
51 01	OCCUPATIONAL THERAPY-PSYC						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58 02	CARDIAC CATH LAB						
58 04	SPECIAL DIAGNOSTICS						
58 05	INPATIENT RENAL DIALYSIS						
58 06	OP SURGERY						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			71,257,251				
38	RECOVERY ROOM			11,455,626			373,791	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			8,827,539			49,953	
41	RADIOLOGY-DIAGNOSTIC			23,467,861			5,387	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			14,802,675				
43 01	PURCHASED SCAN			53,364,047			64,733	
43 02	ULTRASOUND			4,261,300			5,853	
43 03	BREAST IMAGING			2,161,312				
43 04	CARDIAC CATH LAB			33,385,843				
44	LABORATORY			39,660,067			519,849	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED			1,328,281				
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY			606,198				
49	RESPIRATORY THERAPY			9,968,821			428	
50	PHYSICAL THERAPY			4,168,890			10,143	
51	OCCUPATIONAL THERAPY			1,891,142			51,712	
51 01	OCCUPATIONAL THERAPY-PSYC							
52	SPEECH PATHOLOGY			454,083			937	
53	ELECTROCARDIOLOGY			16,026,264			32,298	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			6,620,709				
55 30	IMPL. DEV. CHARGED TO PAT			45,294,616				
56	DRUGS CHARGED TO PATIENTS			33,272,882			434,257	
58	ASC (NON-DISTINCT PART)							
58 02	CARDIAC CATH LAB			620,023				
58 04	SPECIAL DIAGNOSTICS			1,492,847			5,918	
58 05	INPATIENT RENAL DIALYSIS			850,828				
58 06	OP SURGERY			15,907,201				
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC			244,768				
61	EMERGENCY			32,443,133			426,829	
62	OBSERVATION BEDS (NON-DIS			3,299,161				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			437,133,368			1,982,088	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		219				
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	PURCHASED SCAN		3,817				
43 02	ULTRASOUND						
43 03	BREAST IMAGING						
43 04	CARDIAC CATH LAB						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
51 01	OCCUPATIONAL THERAPY-PSYC						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		1,152				
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58 02	CARDIAC CATH LAB						
58 04	SPECIAL DIAGNOSTICS						
58 05	INPATIENT RENAL DIALYSIS						
58 06	OP SURGERY						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		5,188				

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: 14-0051 | PERIOD: FROM 10/1/2009 TO 9/30/2010 | PREPARED 2/25/2011
 | COMPONENT NO: 14-S051 | | WORKSHEET D PART V

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.261776	.261776			
38 RECOVERY ROOM	.219534	.219534			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.290769	.290769			
41 RADIOLOGY-DIAGNOSTIC	.274113	.274113			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE	.144042	.144042			
43 01 PURCHASED SCAN	.111385	.111385			
43 02 ULTRASOUND	.204983	.204983			
43 03 BREAST IMAGING	.506780	.506780			
43 04 CARDIAC CATH LAB	.063998	.063998			
44 LABORATORY	.196125	.196125			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.140020	.140020			
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY	.558303	.558303			
49 RESPIRATORY THERAPY	.258099	.258099			
50 PHYSICAL THERAPY	.542846	.542846			
51 OCCUPATIONAL THERAPY	.212960	.212960			
51 01 OCCUPATIONAL THERAPY-PSYCH					
52 SPEECH PATHOLOGY	.372185	.372185			
53 ELECTROCARDIOLOGY	.109606	.109606			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.270643	.270643			
55 30 IMPL. DEV. CHARGED TO PATIENT	.331767	.331767			
56 DRUGS CHARGED TO PATIENTS	.334026	.334026			
58 ASC (NON-DISTINCT PART)					
58 02 CARDIAC CATH LAB	.740723	.740723			
58 04 SPECIAL DIAGNOSTICS	.193938	.193938			
58 05 INPATIENT RENAL DIALYSIS	.480158	.480158			
58 06 OP SURGERY	.399917	.399917			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.591916	.591916			
61 EMERGENCY	.228678	.228678			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.679827	.679827			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				219	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
43 01 PURCHASED SCAN				3,817	
43 02 ULTRASOUND					
43 03 BREAST IMAGING					
43 04 CARDIAC CATH LAB					
44 LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
51 01 OCCUPATIONAL THERAPY-PSYCH					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				1,152	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS					
58 ASC (NON-DISTINCT PART)					
58 02 CARDIAC CATH LAB					
58 04 SPECIAL DIAGNOSTICS					
58 05 INPATIENT RENAL DIALYSIS					
58 06 OP SURGERY					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL				5,188	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				5,188	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/25/2011
 | 14-0051 | FROM 10/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 9/30/2010 | PART V
 | 14-S051 | |

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
43 01 PURCHASED SCAN					
43 02 ULTRASOUND					
43 03 BREAST IMAGING					
43 04 CARDIAC CATH LAB					
44 LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
51 01 OCCUPATIONAL THERAPY-PSYCH					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS					
58 ASC (NON-DISTINCT PART)					
58 02 CARDIAC CATH LAB					
58 04 SPECIAL DIAGNOSTICS					
58 05 INPATIENT RENAL DIALYSIS					
58 06 OP SURGERY					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/25/2011
 | 14-0051 | FROM 10/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 9/30/2010 | PART V
 | 14-S051 | |

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center	Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	60		
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
43 01	PURCHASED SCAN	425		
43 02	ULTRASOUND			
43 03	BREAST IMAGING			
43 04	CARDIAC CATH LAB			
44	LABORATORY			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
51 01	OCCUPATIONAL THERAPY-PSYCH			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	126		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30	IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS			
58	ASC (NON-DISTINCT PART)			
58 02	CARDIAC CATH LAB			
58 04	SPECIAL DIAGNOSTICS			
58 05	INPATIENT RENAL DIALYSIS			
58 06	OP SURGERY			
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
62	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
101	SUBTOTAL	611		
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104	NET CHARGES	611		

(A) WORKSHEET A LINE NUMBERS

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

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	35,973
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	35,973
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	35,973
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	20,632
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	30,297,402
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	30,297,402

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	47,299,564
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	47,299,564
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.640543
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,314.86
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	30,297,402

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-0051
 COMPONENT NO: 14-0051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET D-1
 PART II

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					842.23
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					17,376,889
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					17,376,889

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	5,490,891	3,196	1,718.05	2,346	4,030,545
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	2,927,942	939	3,118.15	38	118,490
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES				2,265,537
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				2,109,610
52	TOTAL PROGRAM EXCLUDABLE COST				4,375,147
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				51,956,283

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0051	FROM 10/ 1/2009	2/25/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D-1
14-0051		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,663
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	842.23
85	OBSERVATION BED COST	2,242,858

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	30,297,402		2,242,858	
87	NEW CAPITAL-RELATED COST	3,183,479	.105074	2,242,858	235,666
88	NON PHYSICIAN ANESTHETIST	30,297,402		2,242,858	
89	MEDICAL EDUCATION	30,297,402		2,242,858	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0051	FROM 10/ 1/2009	2/25/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D-1
14-S051		PART I

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,700
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,700
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,700
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,070
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,212,111
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,212,111

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,524,101
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,524,101
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.581472
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,493.00
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,212,111

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-0051
 COMPONENT NO: 14-S051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET D-1
 PART II

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	868.14
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,797,050
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,797,050

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				
					472,752
					2,269,802

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	76,859
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	35,334
52	TOTAL PROGRAM EXCLUDABLE COST	112,193
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	2,157,609

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0051	FROM 10/ 1/2009	2/25/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D-1
14-S051		PART III

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	868.14
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	3,212,111			
87	NEW CAPITAL-RELATED COST	137,376	.042768		
88	NON PHYSICIAN ANESTHETIST	3,212,111			
89	MEDICAL EDUCATION	3,212,111			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

PROVIDER NO: 14-0051
 COMPONENT NO: 14-0051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011 WORKSHEET D-4

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A HOSPITAL

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		29,665,966	
26	INTENSIVE CARE UNIT		5,588,671	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT		1,488,520	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.261776	35,082,237	9,183,688
38	RECOVERY ROOM	.219534	2,912,780	639,454
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.290769	2,895,403	841,893
41	RADIOLOGY-DIAGNOSTIC	.274113		
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.144042	2,465,370	355,117
43 01	PURCHASED SCAN	.111385	8,383,029	933,744
43 02	ULTRASOUND	.204983	500,480	102,590
43 03	BREAST IMAGING	.506780	2,687	1,362
43 04	CARDIAC CATH LAB	.063998		
44	LABORATORY	.196125	18,454,756	3,619,439
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.140020	645,783	90,423
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY	.558303		
49	RESPIRATORY THERAPY	.258099	5,740,654	1,481,657
50	PHYSICAL THERAPY	.542846	2,156,809	1,170,815
51	OCCUPATIONAL THERAPY	.212960	1,113,872	237,210
51 01	OCCUPATIONAL THERAPY-PSYCH			
52	SPEECH PATHOLOGY	.372185	331,044	123,210
53	ELECTROCARDIOLOGY	.109606	6,146,082	673,647
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.270643	921,603	249,425
55 30	IMPL. DEV. CHARGED TO PATIENT	.331767	24,004,777	7,963,993
56	DRUGS CHARGED TO PATIENTS	.334026	14,259,731	4,763,121
58	ASC (NON-DISTINCT PART)			
58 02	CARDIAC CATH LAB	.740723		
58 04	SPECIAL DIAGNOSTICS	.193938	121,051	23,476
58 05	INPATIENT RENAL DIALYSIS	.480158	550,297	264,230
58 06	OP SURGERY	.399917		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.591916		
61	EMERGENCY	.228678	9,126,423	2,087,012
62	OBSERVATION BEDS (NON-DISTINCT PART)	.679827		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		135,814,868	34,805,506
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		135,814,868	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0051
 COMPONENT NO: 14-S051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET D-4

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		3,011,778	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.261776		
38	RECOVERY ROOM	.219534	373,791	82,060
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.290769	49,953	14,525
41	RADIOLOGY-DIAGNOSTIC	.274113	5,387	1,477
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.144042		
43 01	PURCHASED SCAN	.111385	64,733	7,210
43 02	ULTRASOUND	.204983	5,853	1,200
43 03	BREAST IMAGING	.506780		
43 04	CARDIAC CATH LAB	.063998		
44	LABORATORY	.196125	519,849	101,955
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.140020		
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY	.558303		
49	RESPIRATORY THERAPY	.258099	428	110
50	PHYSICAL THERAPY	.542846	10,143	5,506
51	OCCUPATIONAL THERAPY	.212960	51,712	11,013
51 01	OCCUPATIONAL THERAPY-PSYCH			
52	SPEECH PATHOLOGY	.372185	937	349
53	ELECTROCARDIOLOGY	.109606	32,298	3,540
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.270643		
55 30	IMPL. DEV. CHARGED TO PATIENT	.331767		
56	DRUGS CHARGED TO PATIENTS	.334026	434,257	145,053
58	ASC (NON-DISTINCT PART)			
58 02	CARDIAC CATH LAB	.740723		
58 04	SPECIAL DIAGNOSTICS	.193938	5,918	1,148
58 05	INPATIENT RENAL DIALYSIS	.480158		
58 06	OP SURGERY	.399917		
60	OUTPAT SERVICE COST CNTRS CLINIC	.591916		
61	EMERGENCY	.228678	426,829	97,606
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.679827		
101	TOTAL		1,982,088	472,752
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,982,088	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	28,651,006	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	9,550,335	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	1,008,006	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	362,669	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	722,665	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	131.21	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	24.99	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	24.99	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	21.76	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.	3.19	
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	24.95	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	27.99	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	22.88	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	25.27	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.192592	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.141618	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)	.141618	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	2,206,423	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	737,458	
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	2,943,881	2,943,881
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	9.57	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	12.62	
4.02 SUM OF LINES 4 AND 4.01	22.19	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTR)	7.52	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	2,872,741	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	44,740,628	
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)	44,740,628	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	3,555,113	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	1,142,612	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	49,438,353	
17 PRIMARY PAYER PAYMENTS	17,544	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	49,420,809	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,542,344	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	157,057	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	662,369	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	463,658	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	644,091	
22 SUBTOTAL	46,185,066	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
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	46,185,066	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	46,757,549	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-572,483	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	15,517
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	19,283,851
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	14,957,597
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.817
1.04	LINE 1.01 TIMES LINE 1.03.	15,754,906
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	94.94
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	15,517
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	46,454
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	46,454
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	46,454
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	30,937
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	15,517
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	14,957,597
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,675,406
19	SUBTOTAL (SEE INSTRUCTIONS)	11,297,708
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	376,419
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	11,674,127
24	PRIMARY PAYER PAYMENTS	353
25	SUBTOTAL	11,673,774
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	841,272
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	588,890
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	832,142
28	SUBTOTAL	12,262,664
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	12,262,664
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	11,547,900
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	714,764
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0051	FROM 10/ 1/2009	2/25/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E
14-S051		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	611
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	766
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	766
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	259
19	SUBTOTAL (SEE INSTRUCTIONS)	507
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	507
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	507
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	507
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	507
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	507
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0051
 COMPONENT NO: 14-0051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		46,359,764		11,283,396
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	5/21/2010	232,639	5/21/2010	1,019
ADJUSTMENTS TO PROVIDER .02	9/24/2010	374,241	9/24/2010	179,011
ADJUSTMENTS TO PROVIDER .03			4/9/2010	84,474
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	4/9/2010	209,095		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		397,785		264,504
4 TOTAL INTERIM PAYMENTS		46,757,549		11,547,900
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		572,483		714,764
7 TOTAL MEDICARE PROGRAM LIABILITY		46,185,066		12,262,664

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0051
 COMPONENT NO: 14-S051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,451,903		507
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .59				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,451,903		507
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .59				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		70,834		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,522,737		507

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,601,950
1.09	NET IPF PPS OUTLIER PAYMENTS	4,390
1.10	NET IPF PPS ECT PAYMENTS	19,979
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	10.136986
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,626,319
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,626,319
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,626,319
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,626,319
7	DEDUCTIBLES	138,196
8	SUBTOTAL	1,488,123
9	COINSURANCE	36,220
10	SUBTOTAL	1,451,903
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	101,191
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	70,834
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	96,942
12	SUBTOTAL	1,522,737
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0051	FROM 10/ 1/2009	2/25/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E-3
14-S051		PART I

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

15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,522,737
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,451,903
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	70,834
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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		24.99
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)		24.99
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		21.76
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		21.76
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		6.98
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.		14.32
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		21.30
3.10	SEE INSTRUCTIONS		21.30
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.		2.70
3.12	SEE INSTRUCTIONS		17.02
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		21.23
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		13.04
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	17.10
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)		17.10
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		95,730.91
3.18	SEE INSTRUCTIONS		1,636,999
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		7.44
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		8.00
3.21	SEE INSTRUCTIONS	RES INIT YEARS	7.47
3.22	SEE INSTRUCTIONS		7.47
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		102,887.44
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		768,569
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		2,405,568

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		25,086
5	TOTAL INPATIENT DAYS		41,145
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.609697
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	1,466,668	1,466,668
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		1,043
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		41,145
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.		52,363
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		
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TITLE XVIII

- 8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 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) 58,601,232
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS 17,544
- 16 TOTAL PART A REASONABLE COST 58,583,688

PART B REASONABLE COST

- 17 REASONABLE COST 19,299,979
- 18 PRIMARY PAYER PAYMENTS 353
- 19 TOTAL PART B REASONABLE COST 19,299,626
- 20 TOTAL REASONABLE COST 77,883,314
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .752198
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .247802

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 1,519,031
 (SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 1,142,612
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 376,419

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	136,212			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	30,707,450			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-5,695,692			
7 INVENTORY	2,559,819			
8 PREPAID EXPENSES	2,967,808			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	30,675,597			
FIXED ASSETS				
12 LAND	26,269,650			
12.01 LAND IMPROVEMENTS	1,927,350			
13.01 LESS ACCUMULATED DEPRECIATION	-450,455			
14 BUILDINGS	70,121,256			
14.01 LESS ACCUMULATED DEPRECIATION	-14,501,826			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	23,087,644			
16.01 LESS ACCUMULATED DEPRECIATION	-9,639,269			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	96,814,350			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	77,170			
26 TOTAL OTHER ASSETS	77,170			
27 TOTAL ASSETS	127,567,117			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	6,576,670			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	42,013,684			
35 OTHER CURRENT LIABILITIES	13,544,941			
36 TOTAL CURRENT LIABILITIES	62,135,295			
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				
41 OTHER LONG TERM LIABILITIES	15,242,782			
42 TOTAL LONG-TERM LIABILITIES	15,242,782			
43 TOTAL LIABILITIES	77,378,077			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	50,189,040			
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	50,189,040			
52 TOTAL LIABILITIES AND FUND BALANCES	127,567,117			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		50,189,041		
2	NET INCOME (LOSS)		22,154,652		
3	TOTAL		72,343,693		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		72,343,693		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	OTHER TRANSFERS	22,154,652			
14	ROUNDING	1			
15					
16					
17					
18	TOTAL DEDUCTIONS		22,154,653		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		50,189,040		

		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	OTHER TRANSFERS				
14	ROUNDING				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-0051
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	47,299,564		47,299,564
2 00 SUBPROVIDER	5,965,464		5,965,464
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	53,265,028		53,265,028
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	9,344,114		9,344,114
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT	2,714,346		2,714,346
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	12,058,460		12,058,460
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	65,323,488		65,323,488
17 00 ANCILLARY SERVICES	239,257,443	198,063,121	437,320,564
18 00 OUTPATIENT SERVICES			
24 00 GHP/WH		58,110	58,110
24 01 PHYSICIAN REVENUE		9,424,472	9,424,472
25 00 TOTAL PATIENT REVENUES	304,580,931	207,545,703	512,126,634

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		151,101,760	
ADD (SPECIFY)			
27 00 BAD DEBT	9,457,024		
28 00 INDIRECT OPERATING EXPENSE	899,734		
29 00 IMMATERIAL VARIANCE	1		
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		10,356,759	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		161,458,519	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 2/25/2011
14-0051	FROM 10/ 1/2009	WORKSHEET G-3
	TO 9/30/2010	

DESCRIPTION

1	TOTAL PATIENT REVENUES	512,126,634
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	331,398,135
3	NET PATIENT REVENUES	180,728,499
4	LESS: TOTAL OPERATING EXPENSES	161,458,519
5	NET INCOME FROM SERVICE TO PATIENTS	19,269,980
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	19,193
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	787,423
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	22,817
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	2,047,885
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REV(LAB REF TEST, GRANT INC, E	7,354
25	TOTAL OTHER INCOME	2,884,672
26	TOTAL	22,154,652
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	22,154,652

PROVIDER NO:	PERIOD:	PREPARED
14-0051	FROM 10/ 1/2009	2/25/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET L
14-0051		PARTS I-IV

FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,141,831
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	42,546
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	102.59
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	25.27
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	7.20
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	226,212
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	9.57
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	12.62
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	22.19
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.60
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	144,524
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,555,113
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)	