

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		14-0058		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 9:37

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: PASSAVANT AREA HOSPITAL 14-0058 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.

 ECR ENCRYPTION INFORMATION
 DATE: 2/25/2011 TIME 9:37

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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 TITLE

 PI ENCRYPTION INFORMATION
 DATE: 2/25/2011 TIME 9:37

 DATE

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PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	565,461	292,105		0
5	HOSPITAL-BASED SNF	0	0	0		0
100	TOTAL	0	565,461	292,105		0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1600 WEST WALNUT P.O. BOX:
 1.01 CITY: JACKSONVILLE STATE: IL ZIP CODE: 62650-1185 COUNTY: MORGAN

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	PASSAVANT AREA HOSPITAL	14-0058		7/1/1966	4	5	6
06.00 HOSPITAL-BASED SNF	HOSPITAL-BASED SNF	14-5951		10/31/1997	N	P	N

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

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. 2 Y 99914
- 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 2
- 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 2
- 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. Y
- 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) Y 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 Y N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? Y
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.
- 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). / /

- 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). 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 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. N
- 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 1/19/2011

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	84	30,660			7,282		1,479
2 HMO					74		
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	84	30,660			7,282		1,479
6 INTENSIVE CARE UNIT	9	3,285			611		120
11 NURSERY							387
12 TOTAL	93	33,945			7,893		1,986
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	15	5,475			3,358		
25 TOTAL	108						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			11,193				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			11,193				
6 INTENSIVE CARE UNIT			926				
11 NURSERY			646				
12 TOTAL			12,765				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			3,607				
25 TOTAL			1,177				
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			277				
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,830	461	3,393
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		651.07			1,830	461	3,393
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			16.07				
25 TOTAL		667.14					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0058
 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	34,190,766		34,190,766	1,387,653.87	24.64	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	1,980,450		1,980,450	20,789.99	95.26	
4 PHYSICIAN - PART A	108,000		108,000	864.00	125.00	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	2,862,597		2,862,597	17,877.76	160.12	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	688,201		688,201	33,423.56	20.59	
8.01 EXCLUDED AREA SALARIES	11,071	60,112	71,183	2,544.08	27.98	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	231,190		231,190	3,068.50	75.34	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	60,000		60,000	414.00	144.93	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	10,885,736		10,885,736			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	357,009		357,009			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	431,544		431,544			CMS 339
18 PHYSICIAN PART A	21,426		21,426			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	531,100		531,100			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	184,450		184,450	7,999.77	23.06	
22 ADMINISTRATIVE & GENERAL	5,397,094	-60,112	5,336,982	235,936.75	22.62	
22.01 A & G UNDER CONTRACT	267,102		267,102	1,374.93	194.27	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	946,207		946,207	41,492.88	22.80	
25 LAUNDRY & LINEN SERVICE	199,690		199,690	16,890.70	11.82	
26 HOUSEKEEPING	819,191		819,191	76,071.31	10.77	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,058,079	-767,531	290,548	22,956.71	12.66	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		767,531	767,531	60,643.85	12.66	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	848,148		848,148	23,755.53	35.70	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	625,725		625,725	21,021.35	29.77	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	576,622		576,622	36,360.48	15.86	
34 SOCIAL SERVICE	2,498		2,498	280.00	8.92	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	29,614,821		29,614,821	1,350,361.05	21.93	
2 EXCLUDED AREA SALARIES	699,272	60,112	759,384	35,967.64	21.11	
3 SUBTOTAL SALARIES	28,915,549	-60,112	28,855,437	1,314,393.41	21.95	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	291,190		291,190	3,482.50	83.62	
5 SUBTOTAL WAGE-RELATED COSTS	10,907,162		10,907,162		37.80	
6 TOTAL	40,113,901	-60,112	40,053,789	1,317,875.91	30.39	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	10,924,806	-60,112	10,864,694	544,784.26	19.94	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0058
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/25/2011
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB		17				
3	RUA		1				
3.01	RUX						
3.02	RUL		25				
4	RVC		8				
5	RVB		178				
6	RVA		91				
6.01	RVX		38				
6.02	RVL		487				
7	RHC		21				
8	RHB		210				
9	RHA		421				
9.01	RHX						
9.02	RHL						
10	RMC		27				
11	RMB		69				
12	RMA		233				
12.01	RMX		172				
12.02	RML		1,077				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		12				
16	SE2		126				
17	SE1		8				
18	SSC		10				
19	SSB						
20	SSA		109				
21	CC2						
22	CC1						
23	CB2						
24	CB1		2				
25	CA2						
26	CA1		1				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2		2				
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1		4				
45	AAA		9				
45.01	ES3						
45.02	ES2						
45.03	ES1						
45.04	HE2						
45.05	HE1						
45.06	HD2						
45.07	HD1						
45.08	HC2						
45.09	HC1						
45.10	HB2						
45.11	HB1						
45.12	LE2						
45.13	LE1						
45.14	LD2						
45.15	LD1						
45.16	LC2						
45.17	LC1						
45.18	LB2						
45.19	LB1						
45.20	CE2						
45.21	CE1						
45.22	CD2						
45.23	CD1						
46	TOTAL		3,358				

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0058
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/25/2011
WORKSHEET S-7

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

Worksheet S-2 reference data:

Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01): 0.8386
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 9914
 SNF CBSA Code : 99914

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0058
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/25/2011
WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 0.8386
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 9914
 SNF CBSA Code : 99914

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0058	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	6,892,793
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	6,892,793
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)	.341175
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	28,973,584

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0058	FROM 10/ 1/2009	2/25/2011
	TO 9/30/2010	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	9,885,063
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	12,401,402
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	4,231,048
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	9,885,063

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0058
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/25/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,947,125	3,947,125	746,835	4,693,960
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2,807,883	2,807,883	29,941	2,837,824
5	0500 EMPLOYEE BENEFITS	184,450	11,991,595	12,176,045		12,176,045
6.01	0610 NONPATIENT TELEPHONES	122,785	127,028	249,813		249,813
6.02	0620 DATA PROCESSING	698,870	1,095,891	1,794,761		1,794,761
6.03	0630 PURCHASING, RECEIVING AND STORES	283,652	119,245	402,897		402,897
6.04	0640 ADMINITTING	527,144	34,074	561,218		561,218
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	592,797	624,119	1,216,916		1,216,916
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	3,171,846	4,512,517	7,684,363	-168,949	7,515,414
8	0800 OPERATION OF PLANT	946,207	1,895,240	2,841,447	-197,184	2,644,263
9	0900 LAUNDRY & LINEN SERVICE	199,690	101,520	301,210		301,210
10	1000 HOUSEKEEPING	819,191	75,724	894,915		894,915
11	1100 DIETARY	1,058,079	1,022,911	2,080,990	-1,509,551	571,439
12	1200 CAFETERIA				1,509,551	1,509,551
14	1400 NURSING ADMINISTRATION	848,148	37,714	885,862		885,862
16	1600 PHARMACY	625,725	2,179,384	2,805,109	-1,691,436	1,113,673
17	1700 MEDICAL RECORDS & LIBRARY	576,622	60,141	636,763		636,763
18	1800 SOCIAL SERVICE	2,498	1,684	4,182		4,182
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS	1,980,450		1,980,450		1,980,450
25	2500 ADULTS & PEDIATRICS	3,742,975	460,361	4,203,336	-14,965	4,188,371
26	2600 INTENSIVE CARE UNIT	819,815	71,302	891,117	-2,984	888,133
33	3300 NURSERY	232,829	24,866	257,695		257,695
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	688,201	38,378	726,579	-1,700	724,879
37	3700 OPERATING ROOM	3,300,405	4,706,462	8,006,867		8,006,867
39	3900 DELIVERY ROOM & LABOR ROOM	58,207	6,217	64,424		64,424
40	4000 ANESTHESIOLOGY	210,853	336,521	547,374		547,374
41	4100 RADIOLOGY-DIAGNOSTIC	2,009,183	892,289	2,901,472		2,901,472
44	4400 LABORATORY	1,742,384	1,836,506	3,578,890		3,578,890
49	4900 RESPIRATORY THERAPY	655,175	518,064	1,173,239		1,173,239
50	5000 PHYSICAL THERAPY	1,962,413	485,703	2,448,116	-139,054	2,309,062
52	5200 SPEECH PATHOLOGY	153,063	6,579	159,642		159,642
53	5300 ELECTROCARDIOLOGY					
53.01	5301 CARDIAC REHAB				139,054	139,054
54	5400 ELECTROENCEPHALOGRAPHY	7,573	2,851	10,424		10,424
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	99,430	420,691	520,121		520,121
56	5600 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS				1,711,085	1,711,085
61	6100 EMERGENCY	5,859,035	1,193,838	7,052,873		7,052,873
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		667,939	667,939	-667,939	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS NONREIMBURS COST CENTERS	34,179,695	42,302,362	76,482,057	-257,296	76,224,761
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	11,071	15,554	26,625		26,625
100	7950 RENTAL SPACE PROS				197,184	197,184
100.01	7951 LI FELINE					
100.02	7952 FUNDED DEVELOPMENT		23,263	23,263	60,112	83,375
101	TOTAL	34,190,766	42,341,179	76,531,945	-0-	76,531,945

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-0058	I FROM 10/ 1/2009	I WORKSHEET A
I	I TO 9/30/2010	I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	1,058,873	5,752,833
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-1,488	2,836,336
5	0500 EMPLOYEE BENEFITS	-3,605,038	8,571,007
6.01	0610 NONPATIENT TELEPHONES	-21,977	227,836
6.02	0620 DATA PROCESSING		1,794,761
6.03	0630 PURCHASING, RECEIVING AND STORES		402,897
6.04	0640 ADMITTING		561,218
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE		1,216,916
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	347,089	7,862,503
8	0800 OPERATION OF PLANT	-13,193	2,631,070
9	0900 LAUNDRY & LINEN SERVICE		301,210
10	1000 HOUSEKEEPING		894,915
11	1100 DIETARY	-54,741	516,698
12	1200 CAFETERIA	-500,186	1,009,365
14	1400 NURSING ADMINISTRATION	-2,100	883,762
16	1600 PHARMACY		1,113,673
17	1700 MEDICAL RECORDS & LIBRARY	-32,023	604,740
18	1800 SOCIAL SERVICE		4,182
20	2000 NONPHYSICIAN ANESTHETISTS	-1,980,450	
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-208,248	3,980,123
26	2600 INTENSIVE CARE UNIT	-2,000	886,133
33	3300 NURSERY		257,695
34	3400 SKILLED NURSING FACILITY		724,879
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-30,469	7,976,398
39	3900 DELIVERY ROOM & LABOR ROOM		64,424
40	4000 ANESTHESIOLOGY	-26,661	520,713
41	4100 RADIOLOGY-DIAGNOSTIC		2,901,472
44	4400 LABORATORY	-75,000	3,503,890
49	4900 RESPIRATORY THERAPY	-4,280	1,168,959
50	5000 PHYSICAL THERAPY	-241,338	2,067,724
52	5200 SPEECH PATHOLOGY		159,642
53	5300 ELECTROCARDIOLOGY		
53.01	5301 CARDIAC REHAB		139,054
54	5400 ELECTROENCEPHALOGRAPHY		10,424
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		520,121
56	5600 DRUGS CHARGED TO PATIENTS		1,711,085
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-3,689,938	3,362,935
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-9,083,168	67,141,593
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		26,625
100	7950 RENTAL SPACE PROS		197,184
100.01	7951 LI FELINE		
100.02	7952 FUNDED DEVELOPMENT		83,375
101	TOTAL	-9,083,168	67,448,777

COST CENTERS USED IN COST REPORT

I PROVIDER NO:	I PERIOD:	I PREPARED 2/25/2011
I 14-0058	I FROM 10/ 1/2009	I NOT A CMS WORKSHEET
I	I TO 9/30/2010	I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHAB	5301	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	RENTAL SPACE PROS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	LIFELINE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	FUNDED DEVELOPMENT	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140058

PERIOD:
FROM 10/1/2009
TO 9/30/2010

PREPARED 2/25/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS CAFETERIA COSTS	A	CAFETERIA	12	767,531	742,020
2 TO RECLASS SPOILED DRUGS EXPENSE	B	PHARMACY	16		19,649
3					
4					
5 TO RECLASS CHARGEABLE DRUG COSTS	C	DRUGS CHARGED TO PATIENTS	56		1,711,085
6 TO RECLASS INTEREST EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3		578,962
7		NEW CAP REL COSTS-BLDG & FIXT	3		88,977
8 TO RECLASS PROPERTY INSURANCE EXP	E	OTHER CAPITAL RELATED COSTS	90		108,837
9 TO RECLASS FUND DEVELOPMENT COSTS	F	FUNDED DEVELOPMENT	100.02	60,112	
10 TO RECLASS REAL ESTATE TAXES	G	RENTAL SPACE PROS	100		197,184
11 TO RECLASS CARDIAC REHAB EXPENSE	H	CARDIAC REHAB	53.01	119,961	19,093
36 TOTAL RECLASSIFICATIONS				947,604	3,465,807

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

RECLASSIFICATIONS

PROVIDER NO:
140058

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 2/25/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER 1	LINE NO 7	SALARY 8		OTHER 9
1 TO RECLASS CAFETERIA COSTS	A	DIETARY 6	11	767,531	742,020	
2 TO RECLASS SPOILED DRUGS EXPENSE	B	ADULTS & PEDIATRICS	25		14,965	
3		INTENSIVE CARE UNIT	26		2,984	
4		SKILLED NURSING FACILITY	34		1,700	
5 TO RECLASS CHARGEABLE DRUG COSTS	C	PHARMACY	16		1,711,085	
6 TO RECLASS INTEREST EXPENSE	D	INTEREST EXPENSE	88		667,939	11
7						11
8 TO RECLASS PROPERTY INSURANCE EXP	E	OTHER ADMINISTRATIVE AND GENERAL	6.06		108,837	12
9 TO RECLASS FUND DEVELOPMENT COSTS	F	OTHER ADMINISTRATIVE AND GENERAL	6.06	60,112		
10 TO RECLASS REAL ESTATE TAXES	G	OPERATION OF PLANT	8		197,184	
11 TO RECLASS CARDIAC REHAB EXPENSE	H	PHYSICAL THERAPY	50	119,961	19,093	
36 TOTAL RECLASSIFICATIONS				947,604	3,465,807	

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

RECLASSIFICATIONS

PROVIDER NO:
140058

PERIOD:
FROM 10/1/2009
TO 9/30/2010

PREPARED 2/25/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS CAFETERIA COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,509,551	DIETARY	11	1,509,551	
TOTAL RECLASSIFICATIONS FOR CODE A			1,509,551				1,509,551

RECLASS CODE: B
EXPLANATION : TO RECLASS SPOILED DRUGS EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHARMACY	16	19,649	ADULTS & PEDIATRICS	25	14,965	
2.00			0	INTENSIVE CARE UNIT	26	2,984	
3.00			0	SKILLED NURSING FACILITY	34	1,700	
TOTAL RECLASSIFICATIONS FOR CODE B			19,649				19,649

RECLASS CODE: C
EXPLANATION : TO RECLASS CHARGEABLE DRUG COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	1,711,085	PHARMACY	16	1,711,085	
TOTAL RECLASSIFICATIONS FOR CODE C			1,711,085				1,711,085

RECLASS CODE: D
EXPLANATION : TO RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	578,962	INTEREST EXPENSE	88	667,939	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	88,977			0	
TOTAL RECLASSIFICATIONS FOR CODE D			667,939				667,939

RECLASS CODE: E
EXPLANATION : TO RECLASS PROPERTY INSURANCE EXP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	108,837	OTHER ADMINISTRATIVE AND GENER	6.06	108,837	
TOTAL RECLASSIFICATIONS FOR CODE E			108,837				108,837

RECLASS CODE: F
EXPLANATION : TO RECLASS FUND DEVELOPMENT COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	FUNDED DEVELOPMENT	100.02	60,112	OTHER ADMINISTRATIVE AND GENER	6.06	60,112	
TOTAL RECLASSIFICATIONS FOR CODE F			60,112				60,112

RECLASS CODE: G
EXPLANATION : TO RECLASS REAL ESTATE TAXES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENTAL SPACE PROS	100	197,184	OPERATION OF PLANT	8	197,184	
TOTAL RECLASSIFICATIONS FOR CODE G			197,184				197,184

RECLASS CODE: H
EXPLANATION : TO RECLASS CARDIAC REHAB EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CARDIAC REHAB	53.01	139,054	PHYSICAL THERAPY	50	139,054	
TOTAL RECLASSIFICATIONS FOR CODE H			139,054				139,054

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	356,799					356,799	
2 LAND IMPROVEMENTS	3,227,192					3,227,192	
3 BUILDINGS & FIXTURE	27,811,827	12,042,973		12,042,973		39,854,800	
4 BUILDING IMPROVEMENT		2,708,831		2,708,831		2,708,831	
5 FIXED EQUIPMENT	42,218,346	269,074		269,074		42,487,420	
6 MOVABLE EQUIPMENT	30,252,241	2,601,975		2,601,975	381,232	32,472,984	
7 SUBTOTAL	103,866,405	17,622,853		17,622,853	381,232	121,108,026	
8 RECONCILING ITEMS							
9 TOTAL	103,866,405	17,622,853		17,622,853	381,232	121,108,026	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
*								8
3	NEW CAP REL COSTS-BL	88,278,243	2,708,831	85,569,412	.724904	78,896		78,896
4	NEW CAP REL COSTS-MV	32,472,984		32,472,984	.275096	29,941		29,941
5	TOTAL	120,751,227	2,708,831	118,042,396	1.000000	108,837		108,837

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	3,227,379		649,026	78,896		1,797,532	5,752,833
4	NEW CAP REL COSTS-MV	2,806,395			29,941			2,836,336
5	TOTAL	6,033,774		649,026	108,837		1,797,532	8,589,169

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

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	3,207,753					739,372	3,947,125
4	NEW CAP REL COSTS-MV	2,807,883						2,807,883
5	TOTAL	6,015,636					739,372	6,755,008

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF.
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-18,913	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-7,059	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE	A	-13,193	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-4,113,575			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-500,186	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-32,023	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-3,053	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST	A	-1,980,450	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 HEALTH EDUCATION	B	-18,139	OTHER ADMINISTRATIVE AND	6.06	
38 MISCELLANEOUS INCOME	B	-139	OTHER ADMINISTRATIVE AND	6.06	
39 WEE CARE	B	-315	OTHER ADMINISTRATIVE AND	6.06	
40 DOORBELL DINNERS	B	-51,688	DIETARY	11	
41 CHILDBIRTH PREP	B	-660	OTHER ADMINISTRATIVE AND	6.06	
42 MISCELLANEOUS NURSE ADMIN INCOME	B	-2,100	NURSING ADMINISTRATION	14	
43 MISCELLANEOUS PT INCOME	B	-150,469	PHYSICAL THERAPY	50	
44 MISCELLANEOUS ER INCOME	B	-680	EMERGENCY	61	
44.01 MISCELLANEOUS WOC CONTRACTUAL INCOME	B	-26,643	OTHER ADMINISTRATIVE AND	6.06	
44.02 MISCELLANEOUS CLINICS INCOME	B	-22,157	OTHER ADMINISTRATIVE AND	6.06	
44.03 MISCELLANEOUS PLANT ENG. INCOME	B	-22,096	OTHER ADMINISTRATIVE AND	6.06	
45 INDUSTRIAL REHAB CABLE EXPENSE	A	-1,856	PHYSICAL THERAPY	50	
45.01 HYPERBARICS CABLE EXPENSE	A	-280	RESPIRATORY THERAPY	49	
46 SWITCHBOARD SALARY EXPENSE	A	-14,918	NONPATIENT TELEPHONES	6.01	
47 SWITCHBOARD BENEFIT EXPENSE	A	-4,228	EMPLOYEE BENEFITS	5	
48 TELEPHONE CRC	A	-1,186	NEW CAP REL COSTS-MVBLE E	4	9
49 INTERMEDIARY DEPRECIATION ADJUSTMENT	A	30,552	NEW CAP REL COSTS-BLDG &	3	9
49.01 INTERMEDIARY DEPRECIATION ADJUSTMENT	A	-10,926	NEW CAP REL COSTS-BLDG &	3	9
49.02 LOSS ON EXTINGUISHMENT OF DEBT	A	1,058,160	NEW CAP REL COSTS-BLDG &	3	14
49.03 SELF INSURANCE EXPENSE	A	-2,486,291	EMPLOYEE BENEFITS	5	
49.04 PHYSICIAN RECRUITMENT	A	-609,653	OTHER ADMINISTRATIVE AND	6.06	
49.05 PARAMEDIC SALARY EXPENSE	A	-23,435	EMERGENCY	61	
49.06 PARAMEDIC BENEFIT EXPENSE	A	-6,641	EMPLOYEE BENEFITS	5	
49.07 PARAMEDIC OTHER EXPENSE	A	-1,639	EMERGENCY	61	
49.08 PARAMEDIC CRC EXPENSE	A	-281	NEW CAP REL COSTS-MVBLE E	4	9
49.09 CRNA BENEFITS	A	-431,544	EMPLOYEE BENEFITS	5	
49.10 LOBBYING EXPENSE	A	-27,874	OTHER ADMINISTRATIVE AND	6.06	
49.11 COMMUNITY RELATIONS SALARY EXPENSE	A	-440,280	OTHER ADMINISTRATIVE AND	6.06	
49.12 COMMUNITY RELATIONS BENEFIT EXPENSE	A	-145,234	EMPLOYEE BENEFITS	5	
49.13 COMMUNITY RELATIONS OTHER EXPENSE	A	-246,991	OTHER ADMINISTRATIVE AND	6.06	
49.14 ALCOHOL EXPENSE	A	-175	OTHER ADMINISTRATIVE AND	6.06	
49.15 LIFELINE CRC EXPENSE	A	-21	NEW CAP REL COSTS-MVBLE E	4	9
49.16 LIFELINE EXPENSE	A	-84,939	OTHER ADMINISTRATIVE AND	6.06	
49.17 ER PROFESSIONAL COMPONENT BENEFITS	A	-531,100	EMPLOYEE BENEFITS	5	
49.18 INCOME TAX EXPENSE	A	-14,308	OTHER ADMINISTRATIVE AND	6.06	
49.19 PROVIDER TAX EXPENSE	A	-1,099,542	OTHER ADMINISTRATIVE AND	6.06	
49.20 LOSS ON INTEREST RATE SWAP	A	2,975,000	OTHER ADMINISTRATIVE AND	6.06	
50 TOTAL (SUM OF LINES 1 THRU 49)		-9,083,168			

(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: 14-0058
 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 6	6 UTILIZATION REVIEW/DR. DA	2,000	2,000					
2 25	ADULTS & PEDIAGGREGATE	208,248	208,248					
3 26	INTENSIVE CARE UNIT/AGGRE	2,000	2,000					
4 37	BARIATRIC PROGRAM/AGGREGA	75	75					
5 37	OPERATING ROOM/AGGREGATE	30,394	30,394					
6 44	LABORATORY/AGGREGATE	75,000	75,000					
7 40	ANESTHESIOLOGY/ DR. ROODH	60,645		60,645	167,500	414	33,339	1,667
8 49	RESPIRATORY THERAPY/AGGR	4,000	4,000					
9 50	PHYSICAL THERAPY/ AGGREGA	89,013	89,013					
10 61	ER / AGGREGATE	3,735,579	3,627,579	108,000	159,800	864	66,379	3,319
11 6	6 UTILIZATION REVIEW/DR. LI	12,000	12,000					
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	4,218,954	4,050,309	168,645		1,278	99,718	4,986

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0058
 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	6 6 UTILIZATION REVIEW/DR. DA							2,000
2	25 ADULTS & PEDIAGGREGATE							208,248
3	26 INTENSIVE CARE UNIT/AGGRE							2,000
4	37 BARIATRIC PROGRAM/AGGREGA							75
5	37 OPERATING ROOM/AGGREGATE							30,394
6	44 LABORATORY/AGGREGATE							75,000
7	40 ANESTHESIOLOGY/ DR. ROODH	645	645			33,984	26,661	26,661
8	49 RESPIRATORY THERAPY/AGGR							4,000
9	50 PHYSICAL THERAPY/ AGGREGA							89,013
10	61 ER / AGGREGATE	44,110	1,275	129,401	3,741	71,395	36,605	3,664,184
11	6 6 UTILIZATION REVIEW/DR. LI							12,000
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	44,755	1,920	129,401	3,741	105,379	63,266	4,113,575

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 2/25/2011
 I 14-0058 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				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	7	NUMBER OF	PHONES	ENTERED
6.02	DATA PROCESSING	8	DEPT TIME		ENTERED
6.03	PURCHASING, RECEIVING AND STORES	9	COST OF	SUPPLIES	ENTERED
6.04	ADMINISTRATIVE	10	INPATIENT	CHARGES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	11	GROSS	CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-12	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	15	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	16	HOURS OF	SERVICE	ENTERED
11	DIETARY	26	MEALS	SERVED	ENTERED
12	CAFETERIA	18	FTES		ENTERED
14	NURSING ADMINISTRATION	20	DIRECT	NURSING HRS	ENTERED
16	PHARMACY	22	COSTED	REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	11	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	23	TIME	SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	25	ASSIGNED	TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0058
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND
	0	3	4	5	6.01	6.02	6.03
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	5,752,833	5,752,833					
005 NEW CAP REL COSTS-MVBLE E	2,836,336		2,836,336				
006 EMPLOYEE BENEFITS	8,571,007	147,351	2,146	8,720,504			
006 01 NONPATIENT TELEPHONES	227,836	16,856	4,599	32,793	282,084		
006 02 DATA PROCESSING	1,794,761	67,446	567,926	212,466	5,968	2,648,567	
006 03 PURCHASING, RECEIVING AND	402,897	133,456	1,081	86,234	3,979	54,032	681,679
006 04 ADMINITTING	561,218	22,732	611	160,259	7,957	135,130	22,061
006 05 CASHIERING/ACCOUNTS RECEI	1,216,916	48,654	5,574	180,218	7,559	216,228	46,785
006 06 OTHER ADMINISTRATIVE AND	7,862,503	468,042	47,114	812,157	40,980	675,649	131,051
008 OPERATION OF PLANT	2,631,070	722,564	37,578	287,659	9,947		35,809
009 LAUNDRY & LINEN SERVICE	301,210	126,873	13,780	60,708	1,194		74,248
010 HOUSEKEEPING	894,915	173,864	1,877	249,045	1,194		32,913
011 DIETARY	516,698	152,453	31,408	88,330	3,979	27,067	32,510
012 CAFETERIA	1,009,365	69,655	10,448	233,339	1,194		81,520
014 NURSING ADMINISTRATION	883,762	39,474	6,267	257,848	3,183	54,032	1,931
016 PHARMACY	1,113,673	59,633	1,308	190,229	6,366	81,098	10,991
017 MEDICAL RECORDS & LIBRARY	604,740	55,533	46,488	175,301	11,936	189,161	4,447
018 SOCIAL SERVICE	4,182	12,983	136	759	1,591	27,067	8
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	3,980,123	691,130	88,979	1,137,914	16,312	216,228	13,206
026 INTENSIVE CARE UNIT	886,133	123,047	10,766	249,234	7,162	54,032	1,629
033 NURSERY	257,695	17,699	23,578	70,783	1,194		554
034 SKILLED NURSING FACILITY	724,879	124,300	15,498	209,222	2,387	27,067	2,328
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	7,976,398	422,008	588,334	1,003,366	33,023	135,130	59,068
040 DELIVERY ROOM & LABOR ROO	64,424	36,331	5,895	17,696	398		138
040 ANESTHESIOLOGY	520,713	23,666	156,447	64,102	1,194		2,042
041 RADIOLOGY-DIAGNOSTIC	2,901,472	300,123	913,490	610,818	15,517	108,063	18,600
044 LABORATORY	3,503,890	203,772	134,173	529,707	13,129	189,161	51,615
049 RESPIRATORY THERAPY	1,168,959	152,294	33,852	199,182	4,774	27,067	9,846
050 PHYSICAL THERAPY	2,067,724	198,920	30,020	560,129	16,312	54,032	6,002
052 SPEECH PATHOLOGY	159,642	4,464	527	46,533	796		
053 ELECTROCARDIOLOGY							
053 01 CARDIAC REHAB	139,054	49,383	2,112	36,470	1,591		1,565
054 ELECTROENCEPHALOGRAPHY	10,424	5,216	3,442	2,302	398		71
055 MEDICAL SUPPLIES CHARGED	520,121	118,719	9	30,228	398		5,062
056 DRUGS CHARGED TO PATIENTS	1,711,085	5,239					
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY OBSERVATION BEDS (NON-DIS	3,362,935	210,309	50,873	903,832	18,302	135,130	34,397
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	67,141,593	5,004,189	2,836,336	8,698,863	239,914	2,405,374	680,397
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		29,338					
100 PHYSICIANS' PRIVATE OFFIC	26,625	4,920		3,366	42,170	243,193	540
100 RENTAL SPACE PROS	197,184	714,386					
100 01 LIFELINE							
100 02 FUNDED DEVELOPMENT	83,375			18,275			742
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	67,448,777	5,752,833	2,836,336	8,720,504	282,084	2,648,567	681,679

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0058
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMITTING 6.04	CASHIERING/AC COUNTS RECEI 6.05	SUBTOTAL 6a.05	OTHER ADMINIS TRATIVE AND 6.06	OPERATION OF PLANT 8	LAUNDRY & LIN EN SERVICE 9	HOUSEKEEPING 10
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING	909,968						
006 05 CASHIERING/ACCOUNTS RECEI		1,721,934					
006 06 OTHER ADMINISTRATIVE AND			10,037,496	10,037,496			
008 OPERATION OF PLANT			3,724,627	651,195	4,375,822		
009 LAUNDRY & LINEN SERVICE			578,013	101,057	134,564	813,634	
010 HOUSEKEEPING			1,353,808	236,693	184,404	51,385	1,826,290
011 DIETARY			852,445	149,037	161,694	9,783	24,942
012 CAFETERIA			1,405,521	245,734	73,877		
014 NURSING ADMINISTRATION			1,246,497	217,931	41,867		
016 PHARMACY			1,463,298	255,836	63,248		21,183
017 MEDICAL RECORDS & LIBRARY			1,087,606	190,152	58,899		20,010
018 SOCIAL SERVICE			46,726	8,169	13,770		4,649
020 NONPHYSICIAN ANESTHETISTS							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	193,355	137,265	6,474,512	1,131,971	733,024	273,596	616,324
026 INTENSIVE CARE UNIT	42,726	28,426	1,403,155	245,321	130,505	21,903	46,004
033 NURSERY	9,943	6,615	388,061	67,847	18,771	11,208	45,761
034 SKILLED NURSING FACILITY	36,277	24,135	1,166,093	203,874	131,834	42,430	73,938
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	188,174	406,343	10,811,844	1,890,283	447,589	172,217	238,832
039 DELIVERY ROOM & LABOR ROO	6,728	4,476	136,086	23,793	38,533	2,802	11,440
040 ANESTHESIOLOGY	12,259	29,207	809,630	141,552	25,101		
041 RADIOLOGY-DIAGNOSTIC	71,628	418,874	5,358,585	936,868	318,315	59,962	90,755
044 LABORATORY	100,676	220,309	4,946,432	864,809	216,124	1,379	64,559
049 RESPIRATORY THERAPY	54,131	88,268	1,738,373	303,928	161,525	7,299	43,821
050 PHYSICAL THERAPY	36,183	78,081	3,047,403	532,793	210,978	23,303	210,292
052 SPEECH PATHOLOGY	1,058	2,782	215,802	37,730	4,735		2,102
053 ELECTROCARDIOLOGY							
053 01 CARDIAC REHAB		2,572	232,747	40,692	52,376	419	13,259
054 ELECTROENCEPHALOGRAPHY	145	1,550	23,548	4,117	5,532		
055 MEDICAL SUPPLIES CHARGED	31,693	32,708	738,938	129,192	125,915		
056 DRUGS CHARGED TO PATIENTS	99,115	135,862	1,951,301	341,156	5,557		
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	25,877	104,461	4,846,116	847,271	223,058	126,358	173,626
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	909,968	1,721,934	66,084,663	9,799,001	3,581,795	804,044	1,701,497
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			29,338	5,129	31,116		
098 PHYSICIANS' PRIVATE OFFIC			320,814	56,090	5,218	9,590	124,793
100 RENTAL SPACE PROS			911,570	159,374	757,693		
100 01 LIFELINE							
100 02 FUNDED DEVELOPMENT			102,392	17,902			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	909,968	1,721,934	67,448,777	10,037,496	4,375,822	813,634	1,826,290

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0058
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	11	12	14	16	17	18	20	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING								
006 03 PURCHASING, RECEIVING AND								
006 04 ADMINISTRATION								
006 05 CASHIERING/ACCOUNTS RECEI								
006 06 OTHER ADMINISTRATION AND								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY	1,197,901							
012 CAFETERIA		1,725,132						
014 NURSING ADMINISTRATION		44,268	1,550,563					
016 PHARMACY		39,190	50,497	1,893,252				
017 MEDICAL RECORDS & LIBRARY		67,759			1,424,426			
018 SOCIAL SERVICE		504	673				74,491	
020 NONPHYSICIAN ANESTHETISTS								
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS	566,037	324,916	418,795	13,852	113,543		24,476	
033 INTENSIVE CARE UNIT	24,096	55,664	71,742	2,789	23,513		15,164	
034 NURSERY		18,064	23,277	108	5,472			
037 SKILLED NURSING FACILITY	162,459	62,293	80,291	1,589	19,964		21,017	
039 ANCILLARY SRVC COST CNTRS								
040 OPERATING ROOM	122,426	253,126	326,258	48,369	336,120			
041 DELIVERY ROOM & LABOR ROO		4,497	5,821	27	3,702			
044 ANESTHESIOLOGY		42,872		72,960	24,160			
049 RADIOLOGY-DIAGNOSTIC		153,581		82,676	346,558			
050 LABORATORY		162,497		2,364	182,235			
052 RESPIRATORY THERAPY		59,657	76,875	39,401	73,014			
053 PHYSICAL THERAPY	257,437	129,780	167,311	3,099	64,587			
056 SPEECH PATHOLOGY		7,481	9,623		2,302			
053 01 ELECTROCARDIOLOGY								
054 01 CARDIAC REHAB		7,636	9,842		2,127			
055 01 ELECTROENCEPHALOGRAPHY		892	1,163		1,282			
056 01 MEDICAL SUPPLIES CHARGED		15,428		16,608	27,056			
061 01 DRUGS CHARGED TO PATIENTS				1,599,371	112,383			
062 01 OUTPAT SERVICE COST CNTRS								
095 EMERGENCY	65,446	274,174	308,395	10,039	86,408		13,834	
096 OBSERVATION BEDS (NON-DIS								
098 SPEC PURPOSE COST CENTERS								
100 SUBTOTALS	1,197,901	1,724,279	1,550,563	1,893,252	1,424,426		74,491	
100 01 NONREIMBURS COST CENTERS								
101 01 GIFT, FLOWER, COFFEE SHOP								
102 01 PHYSICIANS' PRIVATE OFFIC		853						
103 01 RENTAL SPACE PROS								
103 01 LIFELINE								
103 02 FUNDED DEVELOPMENT								
103 01 CROSS FOOT ADJUSTMENT								
103 02 NEGATIVE COST CENTER								
103 03 TOTAL	1,197,901	1,725,132	1,550,563	1,893,252	1,424,426		74,491	

COST CENTER DESCRIPTION	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
006 01 NONPATIENT TELEPHONES			
006 02 DATA PROCESSING			
006 03 PURCHASING, RECEIVING AND			
006 04 ADMITTING			
006 05 CASHIERING/ACCOUNTS RECEI			
006 06 OTHER ADMINISTRATIVE AND			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHETISTS			
INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	10,691,046		10,691,046
026 INTENSIVE CARE UNIT	2,039,856		2,039,856
033 NURSERY	578,569		578,569
034 SKILLED NURSING FACILITY	1,965,782		1,965,782
ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	14,647,064		14,647,064
039 DELIVERY ROOM & LABOR ROO	226,701		226,701
040 ANESTHESIOLOGY	1,116,275		1,116,275
041 RADIOLOGY-DIAGNOSTIC	7,347,300		7,347,300
044 LABORATORY	6,440,399		6,440,399
049 RESPIRATORY THERAPY	2,503,893		2,503,893
050 PHYSICAL THERAPY	4,646,983		4,646,983
052 SPEECH PATHOLOGY	279,775		279,775
053 ELECTROCARDIOLOGY			
053 01 CARDIAC REHAB	359,098		359,098
054 ELECTROENCEPHALOGRAPHY	36,534		36,534
055 MEDICAL SUPPLIES CHARGED	1,053,137		1,053,137
056 DRUGS CHARGED TO PATIENTS	4,009,768		4,009,768
OUTPAT SERVICE COST CNTRS			
061 EMERGENCY	6,974,725		6,974,725
062 OBSERVATION BEDS (NON-DIS			
SPEC PURPOSE COST CENTERS			
095 SUBTOTALS	64,916,905		64,916,905
NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	65,583		65,583
098 PHYSICIANS' PRIVATE OFFIC	517,358		517,358
100 RENTAL SPACE PROS	1,828,637		1,828,637
100 01 LIFELINE			
100 02 FUNDED DEVELOPMENT	120,294		120,294
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	67,448,777		67,448,777

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0058
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE FITS	BENE LEPHONES	NONPATIENT TE DATA PROCESSI NG
	0	3	4	4a	5	6.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		147,351	2,146	149,497	149,497		
006 01 NONPATIENT TELEPHONES		16,856	4,599	21,455	562	22,017	
006 02 DATA PROCESSING	67,037	67,446	567,926	702,409	3,643	466	706,518
006 03 PURCHASING, RECEIVING AND		133,456	1,081	134,537	1,478	311	14,413
006 04 ADMINITTING	2,226	22,732	611	25,569	2,747	621	36,047
006 05 CASHIERING/ACCOUNTS RECEI	4,695	48,654	5,574	58,923	3,090	590	57,680
006 06 OTHER ADMINISTRATIVE AND	4,137	468,042	47,114	519,293	13,924	3,199	180,233
008 OPERATION OF PLANT	1,973	722,564	37,578	762,115	4,932	776	
009 LAUNDRY & LINEN SERVICE		126,873	13,780	140,653	1,041	93	
010 HOUSEKEEPING		173,864	1,877	175,741	4,270	93	
011 DIETARY		152,453	31,408	183,861	1,514	311	7,220
012 CAFETERIA		69,655	10,448	80,103	4,000	93	
014 NURSING ADMINISTRATION		39,474	6,267	45,741	4,421	248	14,413
016 PHARMACY	109,707	59,633	1,308	170,648	3,261	497	21,633
017 MEDICAL RECORDS & LIBRARY		55,533	46,488	102,021	3,005	932	50,460
018 SOCIAL SERVICE		12,983	136	13,119	13	124	7,220
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	49,631	691,130	88,979	829,740	19,501	1,273	57,680
026 INTENSIVE CARE UNIT	19,158	123,047	10,766	152,971	4,273	559	14,413
033 NURSERY		17,699	23,578	41,277	1,214	93	
034 SKILLED NURSING FACILITY	7,175	124,300	15,498	146,973	3,587	186	7,220
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	96,352	422,008	588,334	1,106,694	17,202	2,577	36,047
039 DELIVERY ROOM & LABOR ROO		36,331	5,895	42,226	303	31	
040 ANESTHESIOLOGY	9,427	23,666	156,447	189,540	1,099	93	
041 RADIOLOGY-DIAGNOSTIC		300,123	913,490	1,213,613	10,472	1,211	28,826
044 LABORATORY	2,366	203,772	134,173	340,311	9,081	1,025	50,460
049 RESPIRATORY THERAPY	687	152,294	33,852	186,833	3,415	373	7,220
050 PHYSICAL THERAPY	4,393	198,920	30,020	233,333	9,603	1,273	14,413
052 SPEECH PATHOLOGY		4,464	527	4,991	798	62	
053 ELECTROCARDIOLOGY							
053 01 CARDIAC REHAB	213	49,383	2,112	51,708	625	124	
054 ELECTROENCEPHALOGRAPHY		5,216	3,442	8,658	39	31	
055 MEDICAL SUPPLIES CHARGED		118,719	9	118,728	518	31	
056 DRUGS CHARGED TO PATIENTS		5,239		5,239			
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	25,326	210,309	50,873	286,508	15,495	1,428	36,047
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	404,503	5,004,189	2,836,336	8,245,028	149,126	18,724	641,645
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		29,338		29,338			
098 PHYSICIANS' PRIVATE OFFIC		4,920		4,920	58	3,293	64,873
100 RENTAL SPACE PROS		714,386		714,386			
100 01 LI FELINE							
100 02 FUNDED DEVELOPMENT					313		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	404,503	5,752,833	2,836,336	8,993,672	149,497	22,017	706,518

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0058
 PERIOD: FROM 10/ 1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.03	6.04	6.05	6.06	8	9	10
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND	150,739						
006 04 ADMINITTING	4,878	69,862					
006 05 CASHIERING/ACCOUNTS RECEI	10,345		130,628				
006 06 OTHER ADMINISTRATIVE AND	28,981			745,630			
008 OPERATION OF PLANT	7,918			48,375	824,116		
009 LAUNDRY & LINEN SERVICE	16,418			7,507	25,343	191,055	
010 HOUSEKEEPING	7,278			17,583	34,729	12,066	251,760
011 DIETARY	7,189			11,072	30,453	2,297	3,438
012 CAFETERIA	18,026			18,255	13,914		
014 NURSING ADMINISTRATION	427			16,190	7,885		
016 PHARMACY	2,430			19,005	11,912		2,920
017 MEDICAL RECORDS & LIBRARY	983			14,126	11,093		2,759
018 SOCIAL SERVICE	2			607	2,593		641
020 NONPHYSICIAN ANESTHETISTS							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,920	14,865	10,420	84,091	138,053	64,245	84,961
026 INTENSIVE CARE UNIT	360	3,279	2,158	18,224	24,579	5,143	6,342
033 NURSERY	123	763	502	5,040	3,535	2,632	6,308
034 SKILLED NURSING FACILITY	515	2,784	1,832	15,145	24,829	9,963	10,193
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	13,062	14,442	30,846	140,399	84,296	40,440	32,924
039 DELIVERY ROOM & LABOR ROO	31	516	340	1,767	7,257	658	1,577
040 ANESTHESIOLOGY	452	941	2,217	10,515	4,727		
041 RADIOLOGY-DIAGNOSTIC	4,113	5,497	31,710	69,597	59,950	14,080	12,511
044 LABORATORY	11,414	7,727	16,724	64,244	40,703	324	8,900
049 RESPIRATORY THERAPY	2,177	4,154	6,701	22,578	30,421	1,714	6,041
050 PHYSICAL THERAPY	1,327	2,777	5,927	39,580	39,734	5,472	28,989
052 SPEECH PATHOLOGY		81	211	2,803	892		290
053 ELECTROCARDIOLOGY							
053 01 CARDIAC REHAB	346		195	3,023	9,864	98	1,828
054 ELECTROENCEPHALOGRAPHY	16	11	118	306	1,042		
055 MEDICAL SUPPLIES CHARGED	1,119	2,432	2,483	9,597	23,714		
056 DRUGS CHARGED TO PATIENTS		7,607	10,314	25,343	1,046		
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	7,606	1,986	7,930	62,941	42,009	29,671	23,935
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	150,456	69,862	130,628	727,913	674,573	188,803	234,557
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				381	5,860		
098 PHYSICIANS' PRIVATE OFFIC	119			4,167	983	2,252	17,203
100 RENTAL SPACE PROS				11,839	142,700		
100 01 LIFELINE							
100 02 FUNDED DEVELOPMENT	164			1,330			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	150,739	69,862	130,628	745,630	824,116	191,055	251,760

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0058
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	11	12	14	16	17	18	20
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATION AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	247,355						
012 CAFETERIA		134,391					
014 NURSING ADMINISTRATION		3,449	92,774				
016 PHARMACY		3,053	3,021	238,380			
017 MEDICAL RECORDS & LIBRARY		5,279			190,658		
018 SOCIAL SERVICE		39	40			24,398	
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	116,881	25,312	25,057	1,744	15,198	8,016	
026 INTENSIVE CARE UNIT	4,976	4,336	4,292	351	3,147	4,967	
033 NURSERY		1,407	1,393	14	732		
034 SKILLED NURSING FACILITY	33,546	4,853	4,804	200	2,672	6,884	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	25,280	19,719	19,521	6,090	44,990		
039 DELIVERY ROOM & LABOR ROO		350	348	3	496		
040 ANESTHESIOLOGY		3,340		9,186	3,234		
041 RADIOLOGY-DIAGNOSTIC		11,964		10,410	46,385		
044 LABORATORY		12,659		298	24,392		
049 RESPIRATORY THERAPY		4,647	4,600	4,961	9,773		
050 PHYSICAL THERAPY	53,158	10,110	10,011	390	8,645		
052 SPEECH PATHOLOGY		583	576		308		
053 ELECTROCARDIOLOGY							
053 01 CARDIAC REHAB		595	589		285		
054 ELECTROENCEPHALOGRAPHY		69	70		172		
055 MEDICAL SUPPLIES CHARGED		1,202		2,091	3,621		
056 DRUGS CHARGED TO PATIENTS				201,378	15,042		
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	13,514	21,359	18,452	1,264	11,566	4,531	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	247,355	134,325	92,774	238,380	190,658	24,398	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC		66					
100 RENTAL SPACE PROS							
100 01 LI FELINE							
100 02 FUNDED DEVELOPMENT							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	247,355	134,391	92,774	238,380	190,658	24,398	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
006 01 NONPATIENT TELEPHONES			
006 02 DATA PROCESSING			
006 03 PURCHASING, RECEIVING AND			
006 04 ADMINISTRATION			
006 05 CASHIERING/ACCOUNTS RECEI			
006 06 OTHER ADMINISTRATION AND			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHETISTS			
INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	1,499,957		1,499,957
026 INTENSIVE CARE UNIT	254,370		254,370
033 NURSERY	65,033		65,033
034 SKILLED NURSING FACILITY	276,186		276,186
ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	1,634,529		1,634,529
039 DELIVERY ROOM & LABOR ROO	55,903		55,903
040 ANESTHESIOLOGY	225,344		225,344
041 RADIOLOGY-DIAGNOSTIC	1,520,339		1,520,339
044 LABORATORY	588,262		588,262
049 RESPIRATORY THERAPY	295,608		295,608
050 PHYSICAL THERAPY	464,742		464,742
052 SPEECH PATHOLOGY	11,595		11,595
053 ELECTROCARDIOLOGY			
053 01 CARDIAC REHAB	69,280		69,280
054 ELECTROENCEPHALOGRAPHY	10,532		10,532
055 MEDICAL SUPPLIES CHARGED	165,536		165,536
056 DRUGS CHARGED TO PATIENTS	265,969		265,969
OUTPAT SERVICE COST CNTRS			
061 EMERGENCY	586,242		586,242
062 OBSERVATION BEDS (NON-DIS			
SPEC PURPOSE COST CENTERS			
095 SUBTOTALS	7,989,427		7,989,427
NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	35,579		35,579
098 PHYSICIANS' PRIVATE OFFIC	97,934		97,934
100 RENTAL SPACE PROS	868,925		868,925
100 01 LIFELINE			
100 02 FUNDED DEVELOPMENT	1,807		1,807
101 CROSS FOOT ADJUSTMENTS			
102 NEGATIVE COST CENTER			
103 TOTAL	8,993,672		8,993,672

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0058
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (DEPT TIME)	PURCHASING, RECEIVING AND (COST OF SUPPLIES)
	3	4	5	6.01	6.02	6.03
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	252,561					
005 NEW CAP REL COSTS-MVB		2,708,050				
005 EMPLOYEE BENEFITS	6,469	2,049	28,684,636			
006 01 NONPATIENT TELEPHONES	740	4,391	107,867	709		
006 02 DATA PROCESSING	2,961	542,239	698,870	15	25,931	
006 03 PURCHASING, RECEIVING	5,859	1,032	283,652	10	529	882,710
006 04 ADMINITTING	998	583	527,144	20	1,323	28,567
006 05 CASHIERING/ACCOUNTS R	2,136	5,322	592,797	19	2,117	60,582
006 06 OTHER ADMINISTRATION	20,548	44,983	2,671,454	103	6,615	169,696
008 OPERATION OF PLANT	31,722	35,878	946,207	25		46,369
009 LAUNDRY & LINEN SERVI	5,570	13,157	199,690	3		96,144
010 HOUSEKEEPING	7,633	1,792	819,191	3		42,619
011 DIETARY	6,693	29,987	290,548	10	265	42,097
012 CAFETERIA	3,058	9,975	767,531	3		105,561
014 NURSING ADMINISTRATION	1,733	5,984	848,148	8	529	2,500
016 PHARMACY	2,618	1,249	625,725	16	794	14,232
017 MEDICAL RECORDS & LIB	2,438	44,385	576,622	30	1,852	5,759
018 SOCIAL SERVICE	570	130	2,498	4	265	11
020 NONPHYSICIAN ANESTHET						
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	30,342	84,955	3,742,975	41	2,117	17,101
033 INTENSIVE CARE UNIT	5,402	10,279	819,815	18	529	2,109
034 NURSERY	777	22,512	232,829	3		718
037 SKILLED NURSING FACIL	5,457	14,797	688,201	6	265	3,015
039 ANCILLARY SRVC COST C						
040 OPERATING ROOM	18,527	561,724	3,300,405	83	1,323	76,488
041 DELIVERY ROOM & LABOR	1,595	5,628	58,207	1		179
044 ANESTHESIOLOGY	1,039	149,371	210,853	3		2,644
049 RADIOLOGY-DIAGNOSTIC	13,176	872,175	2,009,183	39	1,058	24,085
050 LABORATORY	8,946	128,104	1,742,384	33	1,852	66,837
052 RESPIRATORY THERAPY	6,686	32,321	655,175	12	265	12,750
053 PHYSICAL THERAPY	8,733	28,662	1,842,452	41	529	7,772
056 SPEECH PATHOLOGY	196	503	153,063	2		
053 ELECTROCARDIOLOGY						
053 01 CARDIAC REHAB	2,168	2,016	119,961	4		2,027
054 ELECTROENCEPHALOGRAPH	229	3,286	7,573	1		92
055 MEDICAL SUPPLIES CHAR	5,212	9	99,430	1		6,555
056 DRUGS CHARGED TO PATI	230					
061 OUTPAT SERVICE COST C						
062 EMERGENCY	9,233	48,572	2,973,003	46	1,323	44,541
095 OBSERVATION BEDS (NON						
096 SPEC PURPOSE COST CEN						
098 SUBTOTALS	219,694	2,708,050	28,613,453	603	23,550	881,050
100 NONREIMBURS COST CENT						
100 GIFT, FLOWER, COFFEE	1,288					
100 PHYSICIANS' PRIVATE O	216		11,071	106	2,381	699
100 RENTAL SPACE PROS	31,363					
100 01 LI FELINE						
100 02 FUNDED DEVELOPMENT			60,112			961
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	5,752,833	2,836,336	8,720,504	282,084	2,648,567	681,679
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	22.777994		.304013		102.139023	
(WRKSHT B, PT I)		1.047372		397.861777		.772257
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			149,497	22,017	706,518	150,739
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.005212		27.246076	
(WRKSHT B, PT III)				31.053597		.170768

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINING	CASHIERING/AC COUNTS RECEI		OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
	(INPATIENT HARGES	C(GROSS HARGES	C RECONCI L- IATION	(ACCUM. COST	(SQUARE) FEET	(POUNDS OF)AUNDRY	L(HOURS OF)ERVICE
	6. 04	6. 05	6a. 06	6. 06	8	9	10
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINING	66, 896, 586						
006 05 CASHIERING/ACCOUNTS R		190, 274, 449					
006 06 OTHER ADMINIS TRATIVE			-10, 037, 496	57, 411, 281			
008 OPERATION OF PLANT				3, 724, 627	181, 128		
009 LAUNDRY & LINEN SERVI				578, 013	5, 570	941, 553	
010 HOUSEKEEPING				1, 353, 808	7, 633	59, 464	45, 177
011 DIETARY				852, 445	6, 693	11, 321	617
012 CAFETERIA				1, 405, 521	3, 058		
014 NURSING ADMINIS TRATIO				1, 246, 497	1, 733		
016 PHARMACY				1, 463, 298	2, 618		524
017 MEDICAL RECORDS & LIB				1, 087, 606	2, 438		495
018 SOCIAL SERVICE				46, 726	570		115
020 NONPHYSICIAN ANESTHET							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	14, 216, 083	15, 167, 379		6, 474, 512	30, 342	316, 608	15, 246
026 INTENSIVE CARE UNIT	3, 140, 958	3, 140, 958		1, 403, 155	5, 402	25, 347	1, 138
033 NURSERY	730, 963	730, 963		388, 061	777	12, 970	1, 132
034 SKILLED NURSING FACIL	2, 666, 820	2, 666, 820		1, 166, 093	5, 457	49, 101	1, 829
ANCILLARY SRVC COST C							
037 OPERATING ROOM	13, 833, 274	44, 899, 809		10, 811, 844	18, 527	199, 293	5, 908
039 DELIVERY ROOM & LABOR	494, 584	494, 584		136, 086	1, 595	3, 243	283
040 ANESTHESIOLOGY	901, 169	3, 227, 345		809, 630	1, 039		
041 RADIOLOGY-DIAGNOSTIC	5, 265, 577	46, 289, 940		5, 358, 585	13, 176	69, 389	2, 245
044 LABORATORY	7, 401, 021	24, 343, 500		4, 946, 432	8, 946	1, 596	1, 597
049 RESPIRATORY THERAPY	3, 979, 361	9, 753, 388		1, 738, 373	6, 686	8, 447	1, 084
050 PHYSICAL THERAPY	2, 659, 950	8, 627, 736		3, 047, 403	8, 733	26, 967	5, 202
052 SPEECH PATHOLOGY	77, 802	307, 446		215, 802	196		52
053 ELECTROCARDIOLOGY							
053 01 CARDIAC REHAB		284, 170		232, 747	2, 168	485	328
054 ELECTROENCEPHALOGRAPH	10, 640	171, 216		23, 548	229		
055 MEDICAL SUPPLIES CHAR	2, 329, 850	3, 614, 173		738, 938	5, 212		
056 DRUGS CHARGED TO PATI	7, 286, 266	15, 012, 393		1, 951, 301	230		
OUTPAT SERVICE COST C							
061 EMERGENCY	1, 902, 268	11, 542, 629		4, 846, 116	9, 233	146, 224	4, 295
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	66, 896, 586	190, 274, 449	-10, 037, 496	56, 047, 167	148, 261	930, 455	42, 090
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE				29, 338	1, 288		
098 PHYSICIANS' PRIVATE O				320, 814	216	11, 098	3, 087
100 RENTAL SPACE PROS				911, 570	31, 363		
100 01 LI FELINE							
100 02 FUNDED DEVELOPMENT				102, 392			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	909, 968	1, 721, 934		10, 037, 496	4, 375, 822	813, 634	1, 826, 290
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		. 009050		. 174835		. 864140	
(WRKSHT B, PT I)	. 013603				24. 158728		40. 425216
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	69, 862	130, 628		745, 630	824, 116	191, 055	251, 760
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		. 000687		. 012988		. 202915	
(WRKSHT B, PT III)	. 001044				4. 549909		5. 572747

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	PHARMACY (COSTED EQUIP)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	11	12	14	16	17	18	20
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	78,248						
012 CAFETERIA		44,504					
014 NURSING ADMINISTRATION		1,142	645,475				
016 PHARMACY		1,011	21,021	2,025,493			
017 MEDICAL RECORDS & LIB		1,748			190,274,449		
018 SOCIAL SERVICE		13	280				
020 NONPHYSICIAN ANESTHET							280
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	36,974	8,382	174,338	14,820	15,167,379		92
033 INTENSIVE CARE UNIT	1,574	1,436	29,865	2,984	3,140,958		57
034 NURSERY		466	9,690	116	730,963		
037 SKILLED NURSING FACIL	10,612	1,607	33,424	1,700	2,666,820		79
039 ANCILLARY SRVC COST C							
040 OPERATING ROOM	7,997	6,530	135,816	51,748	44,899,809		
041 DELIVERY ROOM & LABOR		116	2,423	29	494,584		
044 ANESTHESIOLOGY		1,106		78,056	3,227,345		
049 RADIOLOGY-DIAGNOSTIC		3,962		88,451	46,289,940		
050 LABORATORY		4,192		2,529	24,343,500		
052 RESPIRATORY THERAPY		1,539	32,002	42,153	9,753,388		
053 PHYSICAL THERAPY	16,816	3,348	69,649	3,315	8,627,736		
054 SPEECH PATHOLOGY		193	4,006		307,446		
055 ELECTROCARDIOLOGY							
056 01 CARDIAC REHAB		197	4,097		284,170		
061 ELECTROENCEPHALOGRAPH		23	484		171,216		
062 MEDICAL SUPPLIES CHAR		398		17,768	3,614,173		
095 DRUGS CHARGED TO PATI				1,711,084	15,012,393		
096 OUTPAT SERVICE COST C							
098 EMERGENCY	4,275	7,073	128,380	10,740	11,542,629		52
100 OBSERVATION BEDS (NON							
101 SPEC PURPOSE COST CEN							
102 SUBTOTALS	78,248	44,482	645,475	2,025,493	190,274,449		280
103 NONREIMBURS COST CENT							
104 GIFT, FLOWER, COFFEE							
105 PHYSICIANS' PRIVATE O		22					
106 RENTAL SPACE PROS							
107 01 LIFELINE							
108 02 FUNDED DEVELOPMENT							
109 CROSS FOOT ADJUSTMENT							
110 NEGATIVE COST CENTER							
111 COST TO BE ALLOCATED	1,197,901	1,725,132	1,550,563	1,893,252	1,424,426		74,491
112 (WRKSHT B, PART I)							
113 UNIT COST MULTIPLIER		38.763527		.934712			266.039286
114 (WRKSHT B, PT I)	15.309030		2.402205		.007486		
115 COST TO BE ALLOCATED							
116 (WRKSHT B, PART II)							
117 UNIT COST MULTIPLIER							
118 (WRKSHT B, PT II)	247,355	134,391	92,774	238,380	190,658		24,398
119 COST TO BE ALLOCATED							
120 (WRKSHT B, PART III)							
121 UNIT COST MULTIPLIER		3.019751		.117690			87.135714
122 (WRKSHT B, PT III)	3.161167		.143730		.001002		

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0058
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET C
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	10,691,046		10,691,046		10,691,046
26	INTENSIVE CARE UNIT	2,039,856		2,039,856		2,039,856
33	NURSERY	578,569		578,569		578,569
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	1,965,782		1,965,782		1,965,782
37	OPERATING ROOM	14,647,064		14,647,064		14,647,064
39	DELIVERY ROOM & LABOR ROOM	226,701		226,701		226,701
40	ANESTHESIOLOGY	1,116,275		1,116,275	26,661	1,142,936
41	RADIOLOGY-DIAGNOSTIC	7,347,300		7,347,300		7,347,300
44	LABORATORY	6,440,399		6,440,399		6,440,399
49	RESPIRATORY THERAPY	2,503,893		2,503,893		2,503,893
50	PHYSICAL THERAPY	4,646,983		4,646,983		4,646,983
52	SPEECH PATHOLOGY	279,775		279,775		279,775
53	ELECTROCARDIOLOGY					
53	01 CARDIAC REHAB	359,098		359,098		359,098
54	ELECTROENCEPHALOGRAPHY	36,534		36,534		36,534
55	MEDICAL SUPPLIES CHARGED	1,053,137		1,053,137		1,053,137
56	DRUGS CHARGED TO PATIENTS	4,009,768		4,009,768		4,009,768
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	6,974,725		6,974,725	36,605	7,011,330
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,017,246		1,017,246		1,017,246
101	SUBTOTAL	65,934,151		65,934,151	63,266	65,997,417
102	LESS OBSERVATION BEDS	1,017,246		1,017,246		1,017,246
103	TOTAL	64,916,905		64,916,905	63,266	64,980,171

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	14,063,731		14,063,731			
26	INTENSIVE CARE UNIT	3,140,958		3,140,958			
33	NURSERY	730,963		730,963			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,666,820		2,666,820			
37	OPERATING ROOM	13,833,274	31,066,535	44,899,809	.326217	.326217	.326217
39	DELIVERY ROOM & LABOR ROO	494,584		494,584	.458367	.458367	.458367
40	ANESTHESIOLOGY	901,169	2,326,176	3,227,345	.345880	.345880	.354141
41	RADIOLOGY-DIAGNOSTIC	5,265,577	41,024,364	46,289,941	.158723	.158723	.158723
44	LABORATORY	7,401,021	16,942,478	24,343,499	.264563	.264563	.264563
49	RESPIRATORY THERAPY	3,979,361	5,774,027	9,753,388	.256720	.256720	.256720
50	PHYSICAL THERAPY	2,659,950	5,967,786	8,627,736	.538610	.538610	.538610
52	SPEECH PATHOLOGY	77,802	229,644	307,446	.909997	.909997	.909997
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB		284,170	284,170	1.263673	1.263673	1.263673
54	ELECTROENCEPHALOGRAPHY	10,640	160,576	171,216	.213380	.213380	.213380
55	MEDICAL SUPPLIES CHARGED	2,329,850	1,284,322	3,614,172	.291391	.291391	.291391
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	7,286,266	7,726,127	15,012,393	.267097	.267097	.267097
61	EMERGENCY	1,902,268	9,640,360	11,542,628	.604258	.604258	.607429
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	152,352	951,296	1,103,648	.921712	.921712	.921712
101	SUBTOTAL	66,896,586	123,377,861	190,274,447			
102	LESS OBSERVATION BEDS						
103	TOTAL	66,896,586	123,377,861	190,274,447			

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	14,647,064	1,634,529	13,012,535			14,647,064
39	DELIVERY ROOM & LABOR ROO	226,701	55,903	170,798			226,701
40	ANESTHESIOLOGY	1,116,275	225,344	890,931			1,116,275
41	RADIOLOGY-DIAGNOSTIC	7,347,300	1,520,339	5,826,961			7,347,300
44	LABORATORY	6,440,399	588,262	5,852,137			6,440,399
49	RESPIRATORY THERAPY	2,503,893	295,608	2,208,285			2,503,893
50	PHYSICAL THERAPY	4,646,983	464,742	4,182,241			4,646,983
52	SPEECH PATHOLOGY	279,775	11,595	268,180			279,775
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB	359,098	69,280	289,818			359,098
54	ELECTROENCEPHALOGRAPHY	36,534	10,532	26,002			36,534
55	MEDICAL SUPPLIES CHARGED	1,053,137	165,536	887,601			1,053,137
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	4,009,768	265,969	3,743,799			4,009,768
61	EMERGENCY	6,974,725	586,242	6,388,483			6,974,725
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,017,246	142,720	874,526			1,017,246
101	SUBTOTAL	50,658,898	6,036,601	44,622,297			50,658,898
102	LESS OBSERVATION BEDS	1,017,246	142,720	874,526			1,017,246
103	TOTAL	49,641,652	5,893,881	43,747,771			49,641,652

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	44,899,809	.326217	.326217
39	DELIVERY ROOM & LABOR ROO	494,584	.458367	.458367
40	ANESTHESIOLOGY	3,227,345	.345880	.345880
41	RADIOLOGY-DIAGNOSTIC	46,289,941	.158723	.158723
44	LABORATORY	24,343,499	.264563	.264563
49	RESPIRATORY THERAPY	9,753,388	.256720	.256720
50	PHYSICAL THERAPY	8,627,736	.538610	.538610
52	SPEECH PATHOLOGY	307,446	.909997	.909997
53	ELECTROCARDIOLOGY			
53	01 CARDIAC REHAB	284,170	1.263673	1.263673
54	ELECTROENCEPHALOGRAPHY	171,216	.213380	.213380
55	MEDICAL SUPPLIES CHARGED	3,614,172	.291391	.291391
56	DRUGS CHARGED TO PATIENTS	15,012,393	.267097	.267097
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	11,542,628	.604258	.604258
62	OBSERVATION BEDS (NON-DIS	1,103,648	.921712	.921712
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	169,671,975		
102	LESS OBSERVATION BEDS	1,103,648		
103	TOTAL	168,568,327		

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	14,647,064	1,634,529	13,012,535			14,647,064
39	DELIVERY ROOM & LABOR ROO	226,701	55,903	170,798			226,701
40	ANESTHESIOLOGY	1,116,275	225,344	890,931			1,116,275
41	RADIOLOGY-DIAGNOSTIC	7,347,300	1,520,339	5,826,961			7,347,300
44	LABORATORY	6,440,399	588,262	5,852,137			6,440,399
49	RESPIRATORY THERAPY	2,503,893	295,608	2,208,285			2,503,893
50	PHYSICAL THERAPY	4,646,983	464,742	4,182,241			4,646,983
52	SPEECH PATHOLOGY	279,775	11,595	268,180			279,775
53	ELECTROCARDIOLOGY						
01	CARDIAC REHAB	359,098	69,280	289,818			359,098
54	ELECTROENCEPHALOGRAPHY	36,534	10,532	26,002			36,534
55	MEDICAL SUPPLIES CHARGED	1,053,137	165,536	887,601			1,053,137
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	4,009,768	265,969	3,743,799			4,009,768
61	EMERGENCY	6,974,725	586,242	6,388,483			6,974,725
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,017,246	142,720	874,526			1,017,246
101	SUBTOTAL	50,658,898	6,036,601	44,622,297			50,658,898
102	LESS OBSERVATION BEDS	1,017,246	142,720	874,526			1,017,246
103	TOTAL	49,641,652	5,893,881	43,747,771			49,641,652

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS	44,899,809	.326217	.326217
39	OPERATING ROOM	494,584	.458367	.458367
40	DELIVERY ROOM & LABOR ROO	3,227,345	.345880	.345880
41	ANESTHESIOLOGY	46,289,941	.158723	.158723
44	RADIOLOGY-DIAGNOSTIC	24,343,499	.264563	.264563
49	LABORATORY	9,753,388	.256720	.256720
50	RESPIRATORY THERAPY	8,627,736	.538610	.538610
52	PHYSICAL THERAPY	307,446	.909997	.909997
53	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	01 CARDIAC REHAB	284,170	1.263673	1.263673
54	ELECTROENCEPHALOGRAPHY	171,216	.213380	.213380
55	MEDICAL SUPPLIES CHARGED	3,614,172	.291391	.291391
56	DRUGS CHARGED TO PATIENTS	15,012,393	.267097	.267097
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	11,542,628	.604258	.604258
62	OBSERVATION BEDS (NON-DIS	1,103,648	.921712	.921712
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	169,671,975		
102	LESS OBSERVATION BEDS	1,103,648		
103	TOTAL	168,568,327		

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		1,634,529	44,899,809	7,856,477		
39	DELIVERY ROOM & LABOR ROO		55,903	494,584	3,017		
40	ANESTHESIOLOGY		225,344	3,227,345	428,431		
41	RADIOLOGY-DIAGNOSTIC		1,520,339	46,289,941	4,062,449		
44	LABORATORY		588,262	24,343,499	5,056,789		
49	RESPIRATORY THERAPY		295,608	9,753,388	2,360,949		
50	PHYSICAL THERAPY		464,742	8,627,736	1,168,711		
52	SPEECH PATHOLOGY		11,595	307,446	48,343		
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB		69,280	284,170			
54	ELECTROENCEPHALOGRAPHY		10,532	171,216	5,320		
55	MEDICAL SUPPLIES CHARGED		165,536	3,614,172	2,000,704		
56	DRUGS CHARGED TO PATIENTS		265,969	15,012,393	4,718,409		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		586,242	11,542,628	1,242,686		
62	OBSERVATION BEDS (NON-DIS		142,720	1,103,648	135,650		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		6,036,601	169,671,975	29,087,935		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0058
 COMPONENT NO: 14-0058
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.036404	286,007
39	DELIVERY ROOM & LABOR ROO	.113030	341
40	ANESTHESIOLOGY	.069823	29,914
41	RADIOLOGY-DIAGNOSTIC	.032844	133,427
44	LABORATORY	.024165	122,197
49	RESPIRATORY THERAPY	.030308	71,556
50	PHYSICAL THERAPY	.053866	62,954
52	SPEECH PATHOLOGY	.037714	1,823
53	ELECTROCARDIOLOGY		
53 01	CARDIAC REHAB	.243798	
54	ELECTROENCEPHALOGRAPHY	.061513	327
55	MEDICAL SUPPLIES CHARGED	.045802	91,636
56	DRUGS CHARGED TO PATIENTS	.017717	83,596
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.050789	63,115
62	OBSERVATION BEDS (NON-DIS	.129317	17,542
	OTHER REIMBURS COST CNTRS		
101	TOTAL		964,435

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

PROVIDER NO: 14-0058
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					12,370	
26	INTENSIVE CARE UNIT					926	
33	NURSERY					646	
34	SKILLED NURSING FACILITY					3,607	
101	TOTAL					17,549	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	7,282	
26	INTENSIVE CARE UNIT	611	
33	NURSERY		
34	SKILLED NURSING FACILITY	3,358	
101	TOTAL	11,251	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			44,899,809			7,856,477	
	OPERATING ROOM			494,584			3,017	
39	DELIVERY ROOM & LABOR ROO			3,227,345			428,431	
40	ANESTHESIOLOGY			46,289,941			4,062,449	
41	RADIOLOGY-DIAGNOSTIC			24,343,499			5,056,789	
44	LABORATORY			9,753,388			2,360,949	
49	RESPIRATORY THERAPY			8,627,736			1,168,711	
50	PHYSICAL THERAPY			307,446			48,343	
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
53	01 CARDIAC REHAB			284,170				
54	ELECTROENCEPHALOGRAPHY			171,216			5,320	
55	MEDICAL SUPPLIES CHARGED			3,614,172			2,000,704	
56	DRUGS CHARGED TO PATIENTS			15,012,393			4,718,409	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			11,542,628			1,242,686	
62	OBSERVATION BEDS (NON-DIS			1,103,648			135,650	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			169,671,975			29,087,935	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,415,497	7,629,078				
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	144,295	484,502				
41	RADIOLOGY-DIAGNOSTIC	3,012,417	9,466,282				
44	LABORATORY	80,703	309,028				
49	RESPIRATORY THERAPY	519,627	1,599,417				
50	PHYSICAL THERAPY	176,172	456,463				
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB	36,426	117,700				
54	ELECTROENCEPHALOGRAPHY	11,527	42,561				
55	MEDICAL SUPPLIES CHARGED	143,630	517,850				
56	DRUGS CHARGED TO PATIENTS	880,570	2,473,429				
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	472,682	1,765,665				
62	OBSERVATION BEDS (NON-DIS	101,451	322,026				
	OTHER REIMBURS COST CNTRS						
101	TOTAL	7,994,997	25,184,001				

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.267097
2	PROGRAM VACCINE CHARGES		19,188
3	PROGRAM COSTS		5,125

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0058
 COMPONENT NO: 14-5951
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0058
 COMPONENT NO: 14-5951
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
53	01 CARDIAC REHAB		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
53	01 CARDIAC REHAB	1.01				
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL					

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	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			44,899,809			1,741	
39	DELIVERY ROOM & LABOR ROO			494,584				
40	ANESTHESIOLOGY			3,227,345				
41	RADIOLOGY-DIAGNOSTIC			46,289,941			99,606	
44	LABORATORY			24,343,499			315,306	
49	RESPIRATORY THERAPY			9,753,388			274,463	
50	PHYSICAL THERAPY			8,627,736			1,143,055	
52	SPEECH PATHOLOGY			307,446			20,335	
53	ELECTROCARDIOLOGY							
53	01 CARDIAC REHAB			284,170				
54	ELECTROENCEPHALOGRAPHY			171,216			2,660	
55	MEDICAL SUPPLIES CHARGED			3,614,172			147,190	
56	DRUGS CHARGED TO PATIENTS			15,012,393			938,391	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			11,542,628				
62	OBSERVATION BEDS (NON-DIS			1,103,648				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			169,671,975			2,942,747	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,177
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	864.27
85	OBSERVATION BED COST	1,017,246

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	10,691,046		1,017,246	
87	NEW CAPITAL-RELATED COST	1,499,957	.140300	1,017,246	142,720
88	NON PHYSICIAN ANESTHETIST	10,691,046		1,017,246	
89	MEDICAL EDUCATION	10,691,046		1,017,246	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1,921,090
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	532.60
68	PROGRAM ROUTINE SERVICE COST	1,788,471
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,788,471
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	276,186
72	PER DIEM CAPITAL-RELATED COSTS	76.57
73	PROGRAM CAPITAL-RELATED COSTS	257,122
74	INPATIENT ROUTINE SERVICE COST	1,531,349
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,531,349
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,788,471
80	PROGRAM INPATIENT ANCILLARY SERVICES	1,098,521
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	2,886,992

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		8,805,685	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		2,023,153	
37	OPERATING ROOM	.326217	7,856,477	2,562,916
39	DELIVERY ROOM & LABOR ROOM	.458367	3,017	1,383
40	ANESTHESIOLOGY	.354141	428,431	151,725
41	RADIOLOGY-DIAGNOSTIC	.158723	4,062,449	644,804
44	LABORATORY	.264563	5,056,789	1,337,839
49	RESPIRATORY THERAPY	.256720	2,360,949	606,103
50	PHYSICAL THERAPY	.538610	1,168,711	629,479
52	SPEECH PATHOLOGY	.909997	48,343	43,992
53	ELECTROCARDIOLOGY			
53	01 CARDIAC REHAB	1.263673		
54	ELECTROENCEPHALOGRAPHY	.213380	5,320	1,135
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.291391	2,000,704	582,987
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.267097	4,718,409	1,260,273
61	EMERGENCY	.607429	1,242,686	754,844
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.921712	135,650	125,030
101	TOTAL		29,087,935	8,702,510
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		29,087,935	

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	2,875,526	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	8,755,438	
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	8,449	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	100,075	
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)	110,629	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	89.78	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	4.21	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	15.23	
4.02 SUM OF LINES 4 AND 4.01	19.44	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTR)	4.59	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	533,861	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0058	FROM 10/ 1/2009	2/25/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E
14-0058		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	12,275,454	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	14,472,665	
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)	14,472,665	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	970,581	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	15,443,246	
17 PRIMARY PAYER PAYMENTS	6,149	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	15,437,097	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,484,704	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	14,762	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	408,937	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	286,256	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	368,323	
22 SUBTOTAL	14,223,887	
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	14,223,887	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	13,658,426	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	565,461	
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)	16,684	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	2,270,335	7,230,137
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	1,697,207	5,676,259
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.820	.820
1.04	LINE 1.01 TIMES LINE 1.03.	1,861,675	5,928,712
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	91.17	95.74
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	139,798	214,585
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)	16,684	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES	43,721	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	43,721	

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)	43,721	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	27,037	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	16,684	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	7,727,849	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	4,101	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,906,862	
19	SUBTOTAL (SEE INSTRUCTIONS)	5,833,570	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	5,833,570	
24	PRIMARY PAYER PAYMENTS	494	
25	SUBTOTAL	5,833,076	

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	411,411	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	287,988	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	356,417	
28	SUBTOTAL	6,121,064	
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)	121	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	6,120,943	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	5,828,838	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	292,105	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	108,225	

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)		

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		13,199,739		5,834,029
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	4/23/2010	458,687		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50			4/23/2010	5,191
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		458,687		-5,191
4 TOTAL INTERIM PAYMENTS		13,658,426		5,828,838
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)		565,461		292,105
7 TOTAL MEDICARE PROGRAM LIABILITY		14,223,887		6,120,943

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

PROVIDER NO:	PERIOD:	PREPARED
14-0058	FROM 10/ 1/2009	2/25/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E-1
14-5951		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII SNF

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		1,119,133		
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			
	SUBTOTAL	.99		NONE	NONE
4	TOTAL INTERIM PAYMENTS		1,119,133		
	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)				
	SETTLEMENT TO PROVIDER	.01			
	SETTLEMENT TO PROGRAM	.02			
7	TOTAL MEDICARE PROGRAM LIABILITY		1,119,133		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0058	FROM 10/ 1/2009	2/25/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E-3
14-5951		PART III

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
11	ROUTINE SERVICE CHARGES			
12	ANCILLARY SERVICE CHARGES			
13	INTERNS AND RESIDENTS SERVICE CHARGES			
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
15	TEACHING PHYSICIANS			
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
17	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	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)			
20	RATIO OF LINE 17 TO LINE 18			
21	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
22	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
23	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
24	COST OF COVERED SERVICES			
25	PROSPECTIVE PAYMENT AMOUNT			
26	OTHER THAN OUTLIER PAYMENTS			1,161,144
27	OUTLIER PAYMENTS			
28	PROGRAM CAPITAL PAYMENTS			
29	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
30	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
31	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
32	SUBTOTAL			1,161,144
33	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
34	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			1,161,144
35	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
36	EXCESS OF REASONABLE COST			
37	SUBTOTAL			1,161,144
38	COINSURANCE			42,011
39	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
40	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
41	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
42	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
44	UTILIZATION REVIEW			
45	SUBTOTAL (SEE INSTRUCTIONS)			1,119,133
46	INPATIENT ROUTINE SERVICE COST			
47	MEDICARE INPATIENT ROUTINE CHARGES			
48	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
49	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
50	RATIO OF LINE 43 TO 44			
51	TOTAL CUSTOMARY CHARGES			
52	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
53	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
54	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
55	OTHER ADJUSTMENTS (SPECIFY)			
56	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
57	SUBTOTAL			1,119,133
58	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
59	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
60	TOTAL AMOUNT PAYABLE TO THE PROVIDER			1,119,133
61	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
62	INTERIM PAYMENTS			1,119,133
63	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
64	BALANCE DUE PROVIDER/PROGRAM			
65	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0058	FROM 10/ 1/2009	2/25/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E-3
14-5951		PART III

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

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	6,057,172			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	11,728,463			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	658,797			
8	PREPAID EXPENSES	1,962,139			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	10,152,618			
11	TOTAL CURRENT ASSETS	30,559,189			
FIXED ASSETS					
12	LAND	356,799			
12.01	LAND IMPROVEMENTS	3,227,192			
13.01	LESS ACCUMULATED DEPRECIATION	-2,628,500			
14	BUILDINGS	39,854,800			
14.01	LESS ACCUMULATED DEPRECIATION	-18,369,030			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	42,487,420			
16.01	LESS ACCUMULATED DEPRECIATION	-26,680,429			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	35,181,816			
18.01	LESS ACCUMULATED DEPRECIATION	-21,816,114			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	876,284			
21	TOTAL FIXED ASSETS	52,490,238			
OTHER ASSETS					
22	INVESTMENTS	58,346,676			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	2,340,585			
26	TOTAL OTHER ASSETS	60,687,261			
27	TOTAL ASSETS	143,736,688			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,338,319			
29 SALARIES, WAGES & FEES PAYABLE	6,324,177			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,277,287			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	7,727,199			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	16,666,982			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	31,034,860			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	31,034,860			
43 TOTAL LIABILITIES	47,701,842			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	96,034,846			
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	96,034,846			
52 TOTAL LIABILITIES AND FUND BALANCES	143,736,688			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		85,867,833		
2	NET INCOME (LOSS)		2,043,809		
3	TOTAL		87,911,642		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	CHANGES IN PERMANENTLY RE		105,911		
6	CHANGES IN TEMPORARILY RE		27,050		
7	CHANGE IN NET ASSETS		7,990,243		
8					
9					
10	TOTAL ADDITIONS		8,123,204		
11	SUBTOTAL		96,034,846		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		96,034,846		

		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	CHANGES IN PERMANENTLY RE				
6	CHANGES IN TEMPORARILY RE				
7	CHANGE IN NET ASSETS				
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	14,093,438		14,093,438
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	2,666,820		2,666,820
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	16,760,258		16,760,258
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	3,192,122		3,192,122
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	3,192,122		3,192,122
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	19,952,380		19,952,380
17 00 ANCILLARY SERVICES	47,002,470		47,002,470
18 00 OUTPATIENT SERVICES		126,285,888	126,285,888
24 00 PROFESSIONAL FEES	3,042,244	11,614,776	14,657,020
25 00 TOTAL PATIENT REVENUES	69,997,094	137,900,664	207,897,758

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		76,531,945	
ADD (SPECIFY)			
27 00 PROVISION FOR BAD DEBTS	7,226,859		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		7,226,859	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		83,758,804	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0058
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/25/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	207,897,758
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	124,966,893
3	NET PATIENT REVENUES	82,930,865
4	LESS: TOTAL OPERATING EXPENSES	83,758,804
5	NET INCOME FROM SERVICE TO PATIENTS	-827,939
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,266,709
7	INCOME FROM INVESTMENTS	4,929,714
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	554,927
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	32,023
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	618,062
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS INCOME	124,218
24.01	HEALTH EDUCATION	18,819
24.02	LIFE LINE REVENUE	198,002
24.03	INCOME FROM BOND FUNDS	3,467
24.04	NET ASSETS RELEASED FROM RESTRICTION	28,220
24.05	LOSS ON DISPOSAL OF ASSETS	8,442
25	TOTAL OTHER INCOME	7,782,603
26	TOTAL OTHER EXPENSES	6,954,664
27	LOSS ON INTEREST RATE SWAP SETTLEMENT	2,975,000
27.01	CONTRIBUTIONS	71,324
27.02	NET CHANGE IN INVESTMENT FAIR VALUE	708,923
27.03	NET CHANGE IN FAIR VALUE OF SWAPS	1,155,608
27.04	0	
27.05		
28		
29		
30	TOTAL OTHER EXPENSES	4,910,855
31	NET INCOME (OR LOSS) FOR THE PERIOD	2,043,809

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0058	FROM 10/ 1/2009	2/25/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET L
14-0058		PARTS I-IV

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	951,903
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	18,678
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	33.96
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	970,581
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)	