

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		14-0118		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/19/2011 TIME 8:45

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:  
METROSOUTH MEDICAL CENTER 14-0118  
FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	A	TITLE XVII	B	TITLE XIX
		1	2	3	4	
1	HOSPITAL	0	879,162	40,730	11,720,554	
100	TOTAL	0	879,162	40,730	11,720,554	

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: 12935 SOUTH GREGORY STREET      P. O. BOX:  
 1.01 CITY: BLUE ISLAND      STATE: IL      ZIP CODE: 60406-      COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	4	5	6
02.00	HOSPITAL	METROSOUTH MEDICAL CENTER	14-0118	7/ 1/1966	N	P	O

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

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL  
 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.      1      N      N      16974
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL      1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL      1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO.      N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 or MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS)      N      N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART 1, 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.      2      N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?      N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.
- 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).      / /







COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	216	78,840	2.01	3		18,750	7,547
2 HMO						1,146	2,033
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	216	78,840				18,750	7,547
6 INTENSIVE CARE UNIT	14	5,110				1,771	678
7 CORONARY CARE UNIT	14	5,110				1,453	493
11 NURSERY							1,765
12 TOTAL	244	89,060				21,974	10,483
13 RPCH VISITS							
25 TOTAL	244						
26 OBSERVATION BED DAYS							27
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							725

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS / TOTAL OBSERVATION BEDS ADMITTED	INTERNS & RES. LESS I&R REPL NON-PHYS ANES	FTES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7
2 HMO			33,205			8
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS			33,205			
6 INTENSIVE CARE UNIT			4,917			
7 CORONARY CARE UNIT			4,521			
11 NURSERY			2,207			
12 TOTAL			44,850			
13 RPCH VISITS						
25 TOTAL						
26 OBSERVATION BED DAYS						133
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						
29 LABOR & DELIVERY DAYS			900			

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					4,570	3,409	11,772
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
11 NURSERY							
12 TOTAL		930.66			4,570	3,409	11,772
13 RPCH VISITS							
25 TOTAL		930.66					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							



PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
13    TOTAL OVERHEAD COSTS	19,747,814		19,747,814	688,860.60	28.67	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 14-0118  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/19/2011  
 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 24,077,502
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 24,077,502
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) .269567
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0118	FROM 1/ 1/2010	5/19/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	84,389,758
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	22,748,694
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	22,927,536
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	6,180,507
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	22,748,694

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO:  
14-0118

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

PREPARED 5/19/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,722,843	2,722,843	8,888,471	11,611,314
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		28,719	28,719	2,444,072	2,472,791
5	0500 EMPLOYEE BENEFITS	522,265	13,310,327	13,832,592	-7,269	13,825,323
6.01	0650 CASHIERING/ACCOUNTS RECEIVABLE	911,700	13,738,045	14,649,745	-59,258	14,590,487
6.06	0661 OTHER ADMINSTRATIVE AND GENERAL	8,760,063	30,725,209	39,485,272	-9,542,799	29,942,473
7	0700 MAINTENANCE & REPAIRS	301,490	50,559	352,049	-2,263	349,786
8	0800 OPERATION OF PLANT	1,675,747	2,999,102	4,674,849	-61,330	4,613,519
9	0900 LAUNDRY & LINEN SERVICE	488,011	-488,011		-1,570	-1,570
10	1000 HOUSEKEEPING	1,541,993	582,247	2,124,240	-4,387	2,119,853
11	1100 DIETARY	1,484,916	1,115,681	2,600,597	-1,092,042	1,508,555
12	1200 CAFETERIA				1,067,954	1,067,954
14	1400 NURSING ADMINISTRATION	722,942	55,754	778,696	-12,779	765,917
15	1500 CENTRAL SERVICES & SUPPLY	545,841	187,839	733,680	-18,250	715,430
16	1600 PHARMACY	1,838,292	4,749,315	6,587,607	-4,691,926	1,895,681
17	1700 MEDICAL RECORDS & LIBRARY INPAT ROUTINE SRVC CNTRS	809,234	714,014	1,523,248	-3,205	1,520,043
25	2500 ADULTS & PEDIATRICES	10,459,655	2,078,832	12,538,487	-723,006	11,815,481
26	2600 INTENSIVE CARE UNIT	4,304,663	702,795	5,007,458	-370,684	4,636,774
27	2700 CORONARY CARE UNIT	1,680,094	167,252	1,847,346	-88,240	1,759,106
33	3300 NURSERY	1,364,444	868,403	2,232,847	-94,164	2,138,683
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,563,425	6,438,665	10,002,090	-4,812,978	5,189,112
38	3800 RECOVERY ROOM	492,624	50,862	543,486	-25,977	517,509
39	3900 DELIVERY ROOM & LABOR ROOM	2,135,626	1,539,086	3,674,712	-301,105	3,373,607
40	4000 ANESTHESIOLOGY	48,125	1,272,078	1,320,203	-201,158	1,119,045
41	4100 RADIOLOGY-DIAGNOSTIC	3,068,068	2,275,173	5,343,241	-1,028,132	4,315,109
43	4300 RADIOISOTOPE	225,955	544,142	770,097	-11,941	758,156
44	4400 LABORATORY	2,653,765	3,114,509	5,768,274	-168,971	5,599,303
48	4800 INTRAVENOUS THERAPY	144,666	118,157	262,823	-110,767	152,056
49	4900 RESPIRATORY THERAPY	1,195,712	338,857	1,534,569	-261,868	1,272,701
50	5000 PHYSICAL THERAPY	1,108,241	307,924	1,416,165	-82,388	1,333,777
53	5300 ELECTROCARDIOLOGY	916,331	4,718,918	5,635,249	-4,449,701	1,185,548
53.01	3140 CARDIAC REHABILITATION	290,818	26,204	317,022	-2,849	314,173
53.02	3120 CARDIAC CATHETERIZATION LABORATORY	729,752	3,101,095	3,830,847	-2,416,664	1,414,183
54	5400 ELECTROENCEPHALOGRAPHY	191,110	35,499	226,609	-13,053	213,556
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				6,708,729	6,708,729
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				7,848,212	7,848,212
56	5600 DRUGS CHARGED TO PATIENTS				4,342,652	4,342,652
57	5700 RENAL DIALYSIS OUTPAT SERVICE COST CNTRS		928,487	928,487	-9,559	918,928
61	6100 EMERGENCY	3,991,731	1,675,887	5,667,618	-469,213	5,198,405
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	58,167,299	100,794,468	158,961,767	160,594	159,122,361
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		3,530	3,530		3,530
98	9800 PHYSICIANS' PRIVATE OFFICES	2,271,808	1,686,153	3,957,961	-139,011	3,818,950
98.01	9801 OTHER NRCC DEPARTMENTS					
99	9900 NONPAID WORKERS	74,658	9,218	83,876	-1,574	82,302
100	7950 CHF CLINIC	143,837	21,261	165,098	-16,842	148,256
100.01	7951 TIME SHARE	18,104	6,723	24,827	-3,167	21,660
100.02	7952 VACANT SPACE					
101	TOTAL	60,675,706	102,521,353	163,197,059	-0-	163,197,059

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0118  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/19/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-8,803,268	2,808,046
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2,472,791
5	0500 EMPLOYEE BENEFITS	-2,536	13,822,787
6.01	0650 CASHIERING/ACCOUNTS RECEIVABLE	-13,194,717	1,395,770
6.06	0661 OTHER ADMINISTRATIVE AND GENERAL	-3,480,697	26,461,776
7	0700 MAINTENANCE & REPAIRS	-972	348,814
8	0800 OPERATION OF PLANT	-11,678	4,601,841
9	0900 LAUNDRY & LINEN SERVICE	-15,948	-17,518
10	1000 HOUSEKEEPING	-10,474	2,109,379
11	1100 DIETARY	-686	1,507,869
12	1200 CAFETERIA	-530,230	537,724
14	1400 NURSING ADMINISTRATION	-1,389	764,528
15	1500 CENTRAL SERVICES & SUPPLY	-3,871	711,559
16	1600 PHARMACY	-23,393	1,872,288
17	1700 MEDICAL RECORDS & LIBRARY	-9,226	1,510,817
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICALS	-354,019	11,461,462
26	2600 INTENSIVE CARE UNIT	-58,696	4,578,078
27	2700 CORONARY CARE UNIT	-857	1,758,249
33	3300 NURSERY	-725,249	1,413,434
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-208,210	4,980,902
38	3800 RECOVERY ROOM	-200	517,309
39	3900 DELIVERY ROOM & LABOR ROOM	-811,544	2,562,063
40	4000 ANESTHESIOLOGY	-971,873	147,172
41	4100 RADIOLOGY-DIAGNOSTIC	-69,035	4,246,074
43	4300 RADIOISOTOPE	-319	757,837
44	4400 LABORATORY	-81,448	5,517,855
48	4800 INTRAVENOUS THERAPY	-5,825	146,231
49	4900 RESPIRATORY THERAPY	-8,009	1,264,692
50	5000 PHYSICAL THERAPY	-2,144	1,331,633
53	5300 ELECTROCARDIOLOGY	-111,789	1,073,759
53.01	3140 CARDIAC REHABILITATION	-178,533	135,640
53.02	3120 CARDIAC CATHETERIZATION LABORATORY	-133,768	1,280,415
54	5400 ELECTROENCEPHALOGRAPHY	-779	212,777
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,708,729
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		7,848,212
56	5600 DRUGS CHARGED TO PATIENTS		4,342,652
57	5700 RENAL DIALYSIS		918,928
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-994,827	4,203,578
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-30,806,209	128,316,152
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		3,530
98	9800 PHYSICIANS' PRIVATE OFFICES	-3,260,305	558,645
98.01	9801 OTHER NRCC DEPARTMENTS		
99	9900 NONPAID WORKERS		82,302
100	7950 CHF CLINIC		148,256
100.01	7951 TIME SHARE	-36	21,624
100.02	7952 VACANT SPACE		
101	TOTAL	-34,066,550	129,130,509

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0118  
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 PREPARED 5/19/2011  
 NOT A CMS WORKSHEET

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	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0661	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHABILITATION	3140	CARDIOLOGY
53.02	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	OTHER NRCC DEPARTMENTS	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100	CHF CLINIC	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	TIME SHARE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	VACANT SPACE	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 PROPERTY TAXES	A	NEW CAP REL COSTS-BLDG & FIXT	3		2,083
2 CHARGEABLE PHARMACEUTICAL COSTS	B	DRUGS CHARGED TO PATIENTS	56		4,249,716
3					
4					
5					
6					
7					
8					
9					
10					
11 CHARGEABLE IV PHARMACEUTICAL COSTS	C	DRUGS CHARGED TO PATIENTS	56		92,936
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26 CHARGEABLE MEDICAL SUPPLY COSTS	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		6,708,729
27		CENTRAL SERVICES & SUPPLY	15		22,705
28					
29					
30					
31					
32					
33					
34					
35					
1 CHARGEABLE MEDICAL SUPPLY COSTS	D				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25 CHARGEABLE IMPLANT/DEVICE COSTS	E	IMPL. DEV. CHARGED TO PATIENT	55.30		7,848,212
26		INTENSIVE CARE UNIT	26		150
27		ANESTHESIOLOGY	40		757
28					
29					
30					
31					
32					
33					
34 EQUIPMENT RENTAL COSTS	F	NEW CAP REL COSTS-MVBLE EQUIP	4		1,114,174
35					

RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 EQUIPMENT RENTAL COSTS	F	2	3	4	5
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31 BUILDING/SPACE CAPITAL RENT COSTS	G	NEW CAP REL COSTS-BLDG & FIXT	3		8,852,677
32					
33 EQUIPMENT DEPRECIATION COSTS	H	NEW CAP REL COSTS-MVBLE EQUIP	4		1,329,898
34					
35					
1 EQUIPMENT DEPRECIATION COSTS	H				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19 BUILDING DEPRECIATION COSTS	I	NEW CAP REL COSTS-BLDG & FIXT	3		33,711
20					
21 CAFETERIA COSTS	J	CAFETERIA	12	615,943	452,011
22					
36 TOTAL RECLASSIFICATIONS				615,943	30,707,759

(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:  
140118

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

PREPARED 5/19/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 PROPERTY TAXES	A	CASHIERING/ACCOUNTS RECEIVABLE	6.01			2,083	13
2 CHARGEABLE PHARMACEUTICAL COSTS	B	OTHER ADMINISTRATIVE AND GENERAL	6.06			6,383	
3		CENTRAL SERVICES & SUPPLY	15			83	
4		PHARMACY	16			4,229,160	
5		DELIVERY ROOM & LABOR ROOM	39			21	
6		LABORATORY	44			11	
7		ELECTROCARDIOLOGY	53			10,428	
8		CARDIAC CATHETERIZATION LABORATORY	53.02			92	
9		EMERGENCY	61			4	
10		PHYSICIANS' PRIVATE OFFICES	98			3,534	
11 CHARGEABLE IV PHARMACEUTICAL COSTS	C	PHARMACY	16			77,949	
12		ADULTS & PEDIATRICS	25			1,167	
13		INTENSIVE CARE UNIT	26			706	
14		CORONARY CARE UNIT	27			463	
15		OPERATING ROOM	37			6,681	
16		RECOVERY ROOM	38			135	
17		DELIVERY ROOM & LABOR ROOM	39			1,906	
18		ANESTHESIOLOGY	40			62	
19		RADIOLOGY-DIAGNOSTIC	41			1,513	
20		LABORATORY	44			148	
21		RESPIRATORY THERAPY	49			13	
22		PHYSICAL THERAPY	50			46	
23		ELECTROENCEPHALOGRAPHY	54			6	
24		EMERGENCY	61			2,057	
25		PHYSICIANS' PRIVATE OFFICES	98			84	
26 CHARGEABLE MEDICAL SUPPLY COSTS	D	EMPLOYEE BENEFITS	5			536	
27		OTHER ADMINISTRATIVE AND GENERAL	6.06			20,620	
28		MAINTENANCE & REPAIRS	7			192	
29		OPERATION OF PLANT	8			493	
30		LAUNDRY & LINEN SERVICE	9			1,552	
31		HOUSEKEEPING	10			1,849	
32		DIETARY	11			19,544	
33		NURSING ADMINISTRATION	14			618	
34		PHARMACY	16			12,479	
35		MEDICAL RECORDS & LIBRARY	17			2	
1 CHARGEABLE MEDICAL SUPPLY COSTS	D	ADULTS & PEDIATRICS	25			543,595	
2		INTENSIVE CARE UNIT	26			324,705	
3		CORONARY CARE UNIT	27			71,301	
4		NURSERY	33			74,356	
5		OPERATING ROOM	37			2,091,330	
6		RECOVERY ROOM	38			23,842	
7		DELIVERY ROOM & LABOR ROOM	39			259,703	
8		ANESTHESIOLOGY	40			187,142	
9		RADIOLOGY-DIAGNOSTIC	41			512,157	
10		RADIOISOTOPE	43			11,941	
11		LABORATORY	44			164,032	
12		INTRAVENOUS THERAPY	48			110,767	
13		RESPIRATORY THERAPY	49			229,219	
14		PHYSICAL THERAPY	50			57,956	
15		ELECTROCARDIOLOGY	53			136,927	
16		CARDIAC REHABILITATION	53.01			1,338	
17		CARDIAC CATHETERIZATION LABORATORY	53.02			1,339,122	
18		ELECTROENCEPHALOGRAPHY	54			11,527	
19		RENAL DIALYSIS	57			9,559	
20		EMERGENCY	61			440,877	
21		PHYSICIANS' PRIVATE OFFICES	98			61,977	
22		NONPAID WORKERS	99			64	
23		CHF CLINIC	100			8,488	
24		TIME SHARE	100.01			1,624	
25 CHARGEABLE IMPLANT/DEVICE COSTS	E	ADULTS & PEDIATRICS	25			7	
26		OPERATING ROOM	37			2,431,529	
27		RECOVERY ROOM	38			600	
28		RADIOLOGY-DIAGNOSTIC	41			48,054	
29		LABORATORY	44			102	
30		PHYSICAL THERAPY	50			534	
31		ELECTROCARDIOLOGY	53			4,293,547	
32		CARDIAC CATHETERIZATION LABORATORY	53.02			1,074,461	
33		PHYSICIANS' PRIVATE OFFICES	98			285	
34 EQUIPMENT RENTAL COSTS	F	EMPLOYEE BENEFITS	5			6,733	10
35		CASHIERING/ACCOUNTS RECEIVABLE	6.01			7,766	

RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 EQUIPMENT RENTAL COSTS	F	OTHER ADMINISTRATIVE AND GENERAL	6.06			34,533	
2		MAINTENANCE & REPAIRS	7			2,071	
3		OPERATION OF PLANT	8			12,358	
4		HOUSEKEEPING	10			1,511	
5		DIETARY	11			3,453	
6		NURSING ADMINISTRATION	14			2,198	
7		CENTRAL SERVICES & SUPPLY	15			40,872	
8		PHARMACY	16			371,944	
9		MEDICAL RECORDS & LIBRARY	17			3,203	
10		ADULTS & PEDIATRICS	25			176,614	
11		INTENSIVE CARE UNIT	26			45,217	
12		CORONARY CARE UNIT	27			13,979	
13		NURSERY	33			19,808	
14		OPERATING ROOM	37			217,575	
15		RECOVERY ROOM	38			1,400	
16		DELIVERY ROOM & LABOR ROOM	39			28,388	
17		ANESTHESIOLOGY	40			1,821	
18		RADIOLOGY-DIAGNOSTIC	41			5,741	
19		LABORATORY	44			4,209	
20		RESPIRATORY THERAPY	49			32,124	
21		PHYSICAL THERAPY	50			19,812	
22		ELECTROCARDIOLOGY	53			8,366	
23		CARDIAC REHABILITATION	53.01			1,511	
24		CARDIAC CATHETERIZATION LABORATORY	53.02			2,989	
25		ELECTROENCEPHALOGRAPHY	54			1,520	
26		EMERGENCY	61			25,156	
27		PHYSICIANS' PRIVATE OFFICES	98			10,052	
28		NONPAID WORKERS	99			1,510	
29		CHF CLINIC	100			8,197	
30		TIME SHARE	100.01			1,543	
31 BUILDING/SPACE CAPITAL RENT COSTS	G	CASHIERING/ACCOUNTS RECEIVABLE	6.01			49,409	10
32		OTHER ADMINISTRATIVE AND GENERAL	6.06			8,803,268	
33 EQUIPMENT DEPRECIATION COSTS	H	OTHER ADMINISTRATIVE AND GENERAL	6.06			672,267	9
34		OPERATION OF PLANT	8			20,496	
35		LAUNDRY & LINEN SERVICE	9			18	
1 EQUIPMENT DEPRECIATION COSTS	H	HOUSEKEEPING	10			1,027	
2		DIETARY	11			1,091	
3		NURSING ADMINISTRATION	14			9,963	
4		PHARMACY	16			394	
5		ADULTS & PEDIATRICS	25			1,623	
6		INTENSIVE CARE UNIT	26			206	
7		CORONARY CARE UNIT	27			2,497	
8		OPERATING ROOM	37			65,863	
9		DELIVERY ROOM & LABOR ROOM	39			11,087	
10		ANESTHESIOLOGY	40			12,890	
11		RADIOLOGY-DIAGNOSTIC	41			460,667	
12		LABORATORY	44			469	
13		RESPIRATORY THERAPY	49			512	
14		PHYSICAL THERAPY	50			4,040	
15		ELECTROCARDIOLOGY	53			433	
16		EMERGENCY	61			1,119	
17		PHYSICIANS' PRIVATE OFFICES	98			63,079	
18		CHF CLINIC	100			157	
19 BUILDING DEPRECIATION COSTS	I	OTHER ADMINISTRATIVE AND GENERAL	6.06			5,728	9
20		OPERATION OF PLANT	8			27,983	
21 CAFETERIA COSTS	J	DIETARY	11		615,943	452,011	
36 TOTAL RECLASSIFICATIONS					615,943	30,707,759	

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

RECLASSIFICATIONS

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RECLASS CODE: A  
EXPLANATION : PROPERTY TAXES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,083
TOTAL RECLASSIFICATIONS FOR CODE A			2,083

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CASHIERING/ACCOUNTS RECEIVABLE	6.01	2,083	
			2,083

RECLASS CODE: B  
EXPLANATION : CHARGEABLE PHARMACEUTICAL COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	4,249,716
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			4,249,716

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENERAL	6.06	6,383	
CENTRAL SERVICES & SUPPLY	15	83	
PHARMACY	16	4,229,160	
DELIVERY ROOM & LABOR ROOM	39	21	
LABORATORY	44	11	
ELECTROCARDIOLOGY	53	10,428	
CARDIAC CATHETERIZATION LABORATORY	53.02	92	
EMERGENCY	61	4	
PHYSICIANS' PRIVATE OFFICES	98	3,534	
			4,249,716

RECLASS CODE: C  
EXPLANATION : CHARGEABLE IV PHARMACEUTICAL COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	92,936
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			92,936

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	77,949	
ADULTS & PEDIATRICS	25	1,167	
INTENSIVE CARE UNIT	26	706	
CORONARY CARE UNIT	27	463	
OPERATING ROOM	37	6,681	
RECOVERY ROOM	38	135	
DELIVERY ROOM & LABOR ROOM	39	1,906	
ANESTHESIOLOGY	40	62	
RADIOLOGY-DIAGNOSTIC	41	1,513	
LABORATORY	44	148	
RESPIRATORY THERAPY	49	13	
PHYSICAL THERAPY	50	46	
ELECTROENCEPHALOGRAPHY	54	6	
EMERGENCY	61	2,057	
PHYSICIANS' PRIVATE OFFICES	98	84	
			92,936

RECLASS CODE: D  
EXPLANATION : CHARGEABLE MEDICAL SUPPLY COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	6,708,729
2.00	CENTRAL SERVICES & SUPPLY	15	22,705
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	536	
OTHER ADMINISTRATIVE AND GENERAL	6.06	20,620	
MAINTENANCE & REPAIRS	7	192	
OPERATION OF PLANT	8	493	
LAUNDRY & LINEN SERVICE	9	1,552	
HOUSEKEEPING	10	1,849	
DIETARY	11	19,544	
NURSING ADMINISTRATION	14	618	
PHARMACY	16	12,479	
MEDICAL RECORDS & LIBRARY	17	2	
ADULTS & PEDIATRICS	25	543,595	
INTENSIVE CARE UNIT	26	324,705	
CORONARY CARE UNIT	27	71,301	
NURSERY	33	74,356	
OPERATING ROOM	37	2,091,330	
RECOVERY ROOM	38	23,842	
DELIVERY ROOM & LABOR ROOM	39	259,703	
ANESTHESIOLOGY	40	187,142	
RADIOLOGY-DIAGNOSTIC	41	512,157	
RADIOISOTOPE	43	11,941	
LABORATORY	44	164,032	
INTRAVENOUS THERAPY	48	110,767	
RESPIRATORY THERAPY	49	229,219	
PHYSICAL THERAPY	50	57,956	

RECLASSIFICATIONS

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RECLASS CODE: D  
EXPLANATION : CHARGEABLE MEDICAL SUPPLY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
25.00			0	ELECTROCARDIOLOGY	53	136,927	
26.00			0	CARDIAC REHABILITATION	53.01	1,338	
27.00			0	CARDIAC CATHETERIZATION LABORA	53.02	1,339,122	
28.00			0	ELECTROENCEPHALOGRAPHY	54	11,527	
29.00			0	RENAL DIALYSIS	57	9,559	
30.00			0	EMERGENCY	61	440,877	
31.00			0	PHYSICIANS' PRIVATE OFFICES	98	61,977	
32.00			0	NONPAID WORKERS	99	64	
33.00			0	CHF CLINIC	100	8,488	
34.00			0	TIME SHARE	100.01	1,624	
TOTAL RECLASSIFICATIONS FOR CODE D			6,731,434				

RECLASS CODE: E  
EXPLANATION : CHARGEABLE IMPLANT/DEVICE COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	7,848,212	ADULTS & PEDIATRICS	25	7	
2.00	INTENSIVE CARE UNIT	26	150	OPERATING ROOM	37	2,431,529	
3.00	ANESTHESIOLOGY	40	757	RECOVERY ROOM	38	600	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	48,054	
5.00			0	LABORATORY	44	102	
6.00			0	PHYSICAL THERAPY	50	534	
7.00			0	ELECTROCARDIOLOGY	53	4,293,547	
8.00			0	CARDIAC CATHETERIZATION LABORA	53.02	1,074,461	
9.00			0	PHYSICIANS' PRIVATE OFFICES	98	285	
TOTAL RECLASSIFICATIONS FOR CODE E			7,849,119				

RECLASS CODE: F  
EXPLANATION : EQUIPMENT RENTAL COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,114,174	EMPLOYEE BENEFITS	5	6,733	
2.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.01	7,766	
3.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	34,533	
4.00			0	MAINTENANCE & REPAIRS	7	2,071	
5.00			0	OPERATION OF PLANT	8	12,358	
6.00			0	HOUSEKEEPING	10	1,511	
7.00			0	DIETARY	11	3,453	
8.00			0	NURSING ADMINISTRATION	14	2,198	
9.00			0	CENTRAL SERVICES & SUPPLY	15	40,872	
10.00			0	PHARMACY	16	371,944	
11.00			0	MEDICAL RECORDS & LIBRARY	17	3,203	
12.00			0	ADULTS & PEDIATRICS	25	176,614	
13.00			0	INTENSIVE CARE UNIT	26	45,217	
14.00			0	CORONARY CARE UNIT	27	13,979	
15.00			0	NURSERY	33	19,808	
16.00			0	OPERATING ROOM	37	217,575	
17.00			0	RECOVERY ROOM	38	1,400	
18.00			0	DELIVERY ROOM & LABOR ROOM	39	28,388	
19.00			0	ANESTHESIOLOGY	40	1,821	
20.00			0	RADIOLOGY-DIAGNOSTIC	41	5,741	
21.00			0	LABORATORY	44	4,209	
22.00			0	RESPIRATORY THERAPY	49	32,124	
23.00			0	PHYSICAL THERAPY	50	19,812	
24.00			0	ELECTROCARDIOLOGY	53	8,366	
25.00			0	CARDIAC REHABILITATION	53.01	1,511	
26.00			0	CARDIAC CATHETERIZATION LABORA	53.02	2,989	
27.00			0	ELECTROENCEPHALOGRAPHY	54	1,520	
28.00			0	EMERGENCY	61	25,156	
29.00			0	PHYSICIANS' PRIVATE OFFICES	98	10,052	
30.00			0	NONPAID WORKERS	99	1,510	
31.00			0	CHF CLINIC	100	8,197	
32.00			0	TIME SHARE	100.01	1,543	
TOTAL RECLASSIFICATIONS FOR CODE F			1,114,174				

RECLASS CODE: G  
EXPLANATION : BUILDING/SPACE CAPITAL RENT COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	8,852,677	CASHIERING/ACCOUNTS RECEIVABLE	6.01	49,409	

RECLASSIFICATIONS

PROVIDER NO:  
140118

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

PREPARED 5/19/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: G  
EXPLANATION : BUILDING/SPACE CAPITAL RENT COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE G			8,852,677

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	8,803,268	
		8,852,677	

RECLASS CODE: H  
EXPLANATION : EQUIPMENT DEPRECIATION COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,329,898
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
TOTAL RECLASSIFICATIONS FOR CODE H			1,329,898

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	672,267	
OPERATION OF PLANT	8	20,496	
LAUNDRY & LINEN SERVICE	9	18	
HOUSEKEEPING	10	1,027	
DIETARY	11	1,091	
NURSING ADMINISTRATIVE	14	9,963	
PHARMACY	16	394	
ADULTS & PEDIATRICS	25	1,623	
INTENSIVE CARE UNIT	26	206	
CORONARY CARE UNIT	27	2,497	
OPERATING ROOM	37	65,863	
DELIVERY ROOM & LABOR ROOM	39	11,087	
ANESTHESIOLOGY	40	12,890	
RADIOLOGY-DIAGNOSTIC	41	460,667	
LABORATORY	44	469	
RESPIRATORY THERAPY	49	512	
PHYSICAL THERAPY	50	4,040	
ELECTROCARDIOLOGY	53	433	
EMERGENCY	61	1,119	
PHYSICIANS' PRIVATE OFFICES	98	63,079	
CHF CLINIC	100	157	
		1,329,898	

RECLASS CODE: I  
EXPLANATION : BUILDING DEPRECIATION COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	33,711
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE I			33,711

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	5,728	
OPERATION OF PLANT	8	27,983	
		33,711	

RECLASS CODE: J  
EXPLANATION : CAFETERIA COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,067,954
TOTAL RECLASSIFICATIONS FOR CODE J			1,067,954

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,067,954	
		1,067,954	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCR IPTION	BEG I NNI NG BALANCES 1	PURCHASES 2	ACQUI SI TI ONS		TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDI NG BALANCE 6	FULLY DEPRECI ATED ASSETS 7
				DONATI ON 3					
1	LAND								
2	LAND I MPROVEMENTS								
3	BUI LDINGS & FI XTURE								
4	BUI LDING I MPROVEMEN								
5	FI XED EQUI PMENT								
6	MOVABLE EQUI PMENT								
7	SUBTOTAL								
8	RECONCI LI NG I TEMS								
9	TOTAL								

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCR IPTION	BEG I NNI NG BALANCES 1	PURCHASES 2	ACQUI SI TI ONS		TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDI NG BALANCE 6	FULLY DEPRECI ATED ASSETS 7
				DONATI ON 3					
1	LAND								
2	LAND I MPROVEMENTS								
3	BUI LDINGS & FI XTURE	2, 492, 635					356, 307	2, 136, 328	
4	BUI LDING I MPROVEMEN								
5	FI XED EQUI PMENT								
6	MOVABLE EQUI PMENT	4, 969, 928	3, 944, 515			3, 944, 515		8, 914, 443	
7	SUBTOTAL	7, 462, 563	3, 944, 515			3, 944, 515	356, 307	11, 050, 771	
8	RECONCI LI NG I TEMS								
9	TOTAL	7, 462, 563	3, 944, 515			3, 944, 515	356, 307	11, 050, 771	



ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-11,862	OTHER ADMINISTRATIVE AND	6.06	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	A	-22,868	ELECTROCARDIOLOGY	53	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-4,008,534			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-9,593,399			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-515,264	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	B	-22,504	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-4,451	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-14,966	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 HR OTHER REVENUE	B	-156	EMPLOYEE BENEFITS	5	
38 PATIENT ACCOUNTING OTHER REVENUE	B	-70	CASHIERING/ACCOUNTS RECEI	6.01	
39 A&G OTHER REVENUE	B	-1,806,783	OTHER ADMINISTRATIVE AND	6.06	
40 SECURITY/OP OF PLANT OTHER REVENUE	B	-7,443	OPERATION OF PLANT	8	
41 HOUSEKEEPING OTHER REVENUE	B	-262	HOUSEKEEPING	10	
42 NURSING ADMIN OTHER REVENUE	B	-71	NURSING ADMINISTRATION	14	
43 CS OTHER REVENUE	B	-47	CENTRAL SERVICES & SUPPLY	15	
44 A&P OTHER REVENUE	B	-3,691	ADULTS & PEDIATRICS	25	
45 ICU OTHER REVENUE	B	-47	INTENSIVE CARE UNIT	26	
46 ENDOSCOPY OTHER REVENUE	B	-11	OPERATING ROOM	37	
47 DELIVERY ROOM OTHER REVENUE	B	-17	DELIVERY ROOM & LABOR ROO	39	
48 RADIOLOGY OTHER REVENUE	B	-14,577	RADIOLOGY-DIAGNOSTIC	41	
49 LAB OTHER REVENUE	B	-330	LABORATORY	44	
49.01 EP LAB OTHER REVENUE	B	-64,162	ELECTROCARDIOLOGY	53	
49.02 CARDIAC REHAB OTHER REVENUE	B	-178,517	CARDIAC REHABILITATION	53.01	
49.03 ER OTHER REVENUE	B	-38,498	EMERGENCY	61	
49.04 SALES TAX	A	-228	CASHIERING/ACCOUNTS RECEI	6.01	
49.05 SALES TAX	A	-245,004	OTHER ADMINISTRATIVE AND	6.06	
49.06 SALES TAX	A	-972	MAINTENANCE & REPAIRS	7	
49.07 SALES TAX	A	-4,235	OPERATION OF PLANT	8	
49.08 SALES TAX	A	-15,948	LAUNDRY & LINEN SERVICE	9	
49.09 SALES TAX	A	-9,983	HOUSEKEEPING	10	
49.10 SALES TAX	A	-634	DIETARY	11	
49.11 SALES TAX	A	-1,318	NURSING ADMINISTRATION	14	
49.12 SALES TAX	A	-3,824	CENTRAL SERVICES & SUPPLY	15	
49.13 SALES TAX	A	-889	PHARMACY	16	
49.14 SALES TAX	A	-4,775	MEDICAL RECORDS & LIBRARY	17	
49.15 SALES TAX	A	-21,124	ADULTS & PEDIATRICS	25	
49.16 SALES TAX	A	-1,147	INTENSIVE CARE UNIT	26	
49.17 SALES TAX	A	-857	CORONARY CARE UNIT	27	
49.18 SALES TAX	A	-1,398	NURSERY	33	
49.19 SALES TAX	A	-115,132	OPERATING ROOM	37	
49.20 SALES TAX	A	-200	RECOVERY ROOM	38	
49.21 SALES TAX	A	-5,789	DELIVERY ROOM & LABOR ROO	39	
49.22 SALES TAX	A	-11,089	ANESTHESIOLOGY	40	
49.23 SALES TAX	A	-29,458	RADIOLOGY-DIAGNOSTIC	41	
49.24 SALES TAX	A	-319	RADIO SOTOPE	43	
49.25 SALES TAX	A	-56,118	LABORATORY	44	
49.26 SALES TAX	A	-5,825	INTRAVENOUS THERAPY	48	
49.27 SALEAS TAX	A	-8,009	RESPIRATORY THERAPY	49	
49.28 SALES TAX	A	-2,144	PHYSICAL THERAPY	50	
49.29 SALES TAX	A	-47,627	ELECTROCARDIOLOGY	53	
49.30 SALES TAX	A	-16	CARDIAC REHABILITATION	53.01	
49.31 SALES TAX	A	-66,852	CARDIAC CATHETERIZATION L	53.02	
49.32 SALES TAX	A	-779	ELECTROENCEPHALOGRAPHY	54	
49.33 SALES TAX	A	-3,485	EMERGENCY	61	
49.34 SALES TAX	A	-2,741	PHYSICIANS' PRIVATE OFFIC	98	

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3	LINE NO 4		
49.35 SALES TAX	A	-36	TIME SHARE	100.01		
49.36 ADVERTISING COSTS	A	-184,751	OTHER ADMINISTRATIVE AND	6.06		
49.37 ADVERTISING COSTS	A	-229	HOUSEKEEPING	10		
49.38 ADVERTISING COSTS	A	-52	DIETARY	11		
49.39 BAD DEBT EXPENSE	A	-13,194,419	CASHIERING/ACCOUNTS RECEI	6.01		
49.40 BAD DEBT EXPENSE	A	-339,473	DELIVERY ROOM & LABOR ROO	39		
49.41 BAD DEBT EXPENSE	A	-3,257,564	PHYSICIANS' PRIVATE OFFIC	98		
49.42 PATIENT TELEPHONE EXPENSE	A	-34,310	OTHER ADMINISTRATIVE AND	6.06		
49.43 IHA DUES	A	-102,135	OTHER ADMINISTRATIVE AND	6.06		
49.44 OFFSET LN. 7, REBATE INFO ONLY ADJ	A	22,868	ELECTROCARDIOLOGY	53		
50 TOTAL (SUM OF LINES 1 THRU 49)		-34,066,550				

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG &		8,803,268	-8,803,268	10
2	6 6	OTHER ADMINISTRATIVE AND	517,626	1,307,757	-790,131	
3		REL PARTY BLDG RENT				
4		RELATED PARTY MGMT FEES				
5		TOTALS	517,626	10,111,025	-9,593,399	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	MSMC REAL ESTATE	0.00	RELATED PARTY PROPERTY OW
2	B	0.00	TRANSITION HEALTHCARE	0.00	RELATED PARTY MGMT
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0118

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

PREPARED 5/19/2011  
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 5	EMPLOYEE HEALTH	17,800		17,800	177,200	181	15,420	771
2 6	6 A&G	391,850	304,554	87,296	177,200	1,011	86,129	4,306
3 25	ADULTS & PEDI	587,500	329,204	258,296	177,200	5,190	442,148	22,107
4 33	NURSERY	723,851	723,851					
5 37	SURGERY	116,667	75,457	41,210	208,000	236	23,600	1,180
6 39	LABOR & DELIVERY	657,000	421,587	235,413	196,400	2,020	190,735	9,537
7 40	ANESTHESIOLOGY	960,784	960,784					
8 41	RADIOLOGY	25,000	25,000					
9 44	LABORATORY	25,000	25,000					
10 53	2 CARDIAC CATH LAB	108,660		108,660	177,200	490	41,744	2,087
11 61	EMERGENCY ROOM	952,844	952,844					
12 26	ICU - PAYROLL	217,408		217,408	177,200	1,877	159,906	7,995
13 61	EMERGENCY ROOM - PAYROLL	282,993		282,993	177,200	3,609	307,459	15,373
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	5,067,357	3,818,281	1,249,076		14,614	1,267,141	63,356

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0118

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

PREPARED 5/19/2011  
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 5	EMPLOYEE HEALTH					15,420	2,380	2,380
2 6	6 A&G					86,129	1,167	305,721
3 25	ADULTS & PEDI					442,148		329,204
4 33	NURSERY							723,851
5 37	SURGERY					23,600	17,610	93,067
6 39	LABOR & DELIVERY					190,735	44,678	466,265
7 40	ANESTHESIOLOGY							960,784
8 41	RADIOLOGY							25,000
9 44	LABORATORY							25,000
10 53	2 CARDIAC CATH LAB					41,744	66,916	66,916
11 61	EMERGENCY ROOM							952,844
12 26	ICU - PAYROLL					159,906	57,502	57,502
13 61	EMERGENCY ROOM - PAYROLL					307,459		
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					1,267,141	190,253	4,008,534

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0118  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/19/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	3	GROSS	SALARIES	ENTERED
6.01	CASHIERING/ACCOUNTS RECEIVABLE	4	GROSS	CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	7	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	8	SQUARE	FEET	ENTERED
11	DIETARY	9	MEALS	SERVED	ENTERED
12	CAFETERIA	10	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	11	DI RECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED	REQUI S.	ENTERED
16	PHARMACY	13	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	TIME	SPENT	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENEFITS 5	CASHIERING/AC COUNTS RECEI 6.01	SUBTOTAL 6a.01	OTHER ADMINI STRATIVE AND 6.06
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	2,808,046	2,808,046					
005 NEW CAP REL COSTS-MVBLE E	2,472,791		2,472,791				
006 EMPLOYEE BENEFITS	13,822,787	21,498		13,844,285			
006 01 CASHIERING/ACCOUNTS RECEI	1,395,770	8,669		209,828	1,614,267		
006 06 OTHER ADMINI STRATIVE AND	26,461,776	287,902	1,031,322	2,016,128		29,797,128	29,797,128
007 MAINTENANCE & REPAIRS	348,814	10,910		69,388		429,112	128,721
008 OPERATION OF PLANT	4,601,841	254,683	168,410	385,673		5,410,607	1,623,025
009 LAUNDRY & LINEN SERVICE	-17,518	67,662		231	112,316	162,691	48,803
010 HOUSEKEEPING	2,109,379			690	354,890	2,464,959	739,416
011 DIETARY	1,507,869	69,603		2,438	199,994	1,779,904	533,920
012 CAFETERIA	537,724	63,627		1,729	141,759	744,839	223,430
014 NURSING ADMINI STRATION	764,528	12,219	22,311	166,385		965,443	289,605
015 CENTRAL SERVICES & SUPPLY	711,559	42,723		125,625		879,907	263,947
016 PHARMACY	1,872,288	20,178	881	423,083		2,316,430	694,862
017 MEDICAL RECORDS & LIBRARY	1,510,817	22,735		186,245		1,719,797	515,889
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	11,461,462	434,274	3,525	2,407,259	121,195	14,427,715	4,327,891
026 INTENSIVE CARE UNIT	4,578,078	76,452		690	41,533	5,687,471	1,706,076
027 CORONARY CARE UNIT	1,758,249	72,964	2,795	386,674	18,308	2,238,990	671,632
033 NURSERY	1,413,434	83,695		314,027	18,394	1,829,550	548,812
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,980,902	238,408	164,310	820,122	175,868	6,379,610	1,913,698
038 RECOVERY ROOM	517,309	27,353		113,377	14,247	672,286	201,666
039 DELIVERY ROOM & LABOR ROO	2,562,063	45,296	24,828	491,514	51,696	3,175,397	952,527
040 ANESTHESIOLOGY	147,172		16,461	11,076	27,010	201,719	60,510
041 RADIOLOGY-DIAGNOSTIC	4,246,074	120,212	599,093	706,116	197,802	5,869,297	1,760,619
043 RADIO SOTOPE	757,837	14,792		52,004	17,342	841,975	252,568
044 LABORATORY	5,517,855	85,110	525	610,764	232,619	6,446,873	1,933,875
048 INTRAVENOUS THERAPY	146,231			33,295	299	179,825	53,942
049 RESPIRATORY THERAPY	1,264,692	20,920	916	275,193	29,060	1,590,781	477,188
050 PHYSICAL THERAPY	1,331,633	58,767	7,951	255,062	15,768	1,669,181	500,706
053 ELECTROCARDIOLOGY	1,073,759	51,766	1,294	210,894	83,428	1,421,141	426,301
053 01 CARDIAC REHABILITATION	135,640			66,932	1,782	204,354	61,300
053 02 CARDIAC CATHETERIZATION L	1,280,415	66,805		167,952	75,647	1,590,819	477,200
054 ELECTROENCEPHALOGRAPHY	212,777	18,053		43,984	6,593	281,407	84,414
055 MEDICAL SUPPLIES CHARGED	6,708,729				46,251	6,754,980	2,026,298
055 30 IMPL. DEV. CHARGED TO PAT	7,848,212				136,860	7,985,072	2,395,290
056 DRUGS CHARGED TO PATIENTS	4,342,652				116,877	4,459,529	1,337,729
057 RENAL DIALYSIS	918,928				7,714	926,642	277,966
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	4,203,578	123,420	239	918,697	153,592	5,399,526	1,619,701
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	128,316,152	2,420,696	2,050,639	13,266,974	1,589,885	126,904,957	29,129,527
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	3,530	12,256				15,786	4,735
098 PHYSICIANS' PRIVATE OFFIC	558,645	195,432	421,628	522,857	24,382	1,722,944	516,833
098 01 OTHER NRCC DEPARTMENTS		21,651				21,651	6,495
099 NONPAID WORKERS	82,302	7,627		17,183		107,112	32,130
100 CHF CLINIC	148,256	11,362	524	33,104		193,246	57,968
100 01 TIME SHARE	21,624			4,167		25,791	7,737
100 02 VACANT SPACE		139,022				139,022	41,703
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	129,130,509	2,808,046	2,472,791	13,844,285	1,614,267	129,130,509	29,797,128

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	7	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS	557,833						
008 OPERATION OF PLANT	57,308	7,090,940					
009 LAUNDRY & LINEN SERVICE	15,225	215,695	442,414				
010 HOUSEKEEPING			8,271	3,212,646			
011 DIETARY	15,662	221,882	4,234	110,824	2,666,426		
012 CAFETERIA	14,317	202,833		101,310		1,286,729	
014 NURSING ADMINISTRATION	2,750	38,953		19,456		14,913	1,331,120
015 CENTRAL SERVICES & SUPPLY	9,614	136,195	22,849	68,026		26,474	
016 PHARMACY	4,540	64,324		32,128		46,014	
017 MEDICAL RECORDS & LIBRARY	5,116	72,474		36,199		33,121	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	97,719	1,384,384	149,474	691,463	1,997,977	320,214	511,592
026 INTENSIVE CARE UNIT	17,203	243,715	39,407	121,729	342,983	101,771	157,335
027 CORONARY CARE UNIT	16,418	232,597	16,806	116,176	271,209	49,814	70,118
033 NURSERY	18,833	266,805	8,661	133,262		33,159	58,957
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	53,646	760,003	47,981	379,601	1,908	96,667	107,072
038 RECOVERY ROOM	6,155	87,197	7,545	43,552		11,751	21,340
039 DELIVERY ROOM & LABOR ROO	10,192	144,394	20,372	72,121		61,641	93,193
040 ANESTHESIOLOGY						2,238	
041 RADIOLOGY-DIAGNOSTIC	27,050	383,213	17,513	191,405		86,001	3,641
043 RADIO SOTOPE	3,328	47,153	3,593	23,552		4,647	25
044 LABORATORY	19,151	271,316	13	135,515		100,104	42,544
048 INTRAVENOUS THERAPY						3,981	7,276
049 RESPIRATORY THERAPY	4,707	66,689	98	33,309		39,406	
050 PHYSICAL THERAPY	13,224	187,339	4,906	93,571		30,321	12,917
053 ELECTROCARDIOLOGY	11,648	165,020	3,339	82,423		23,874	8,276
053 01 CARDIAC REHABILITATION			6,937			7,742	1,700
053 02 CARDIAC CATHETERIZATION L	15,032	212,961	4,516	106,368		16,475	14,745
054 ELECTROENCEPHALOGRAPHY	4,062	57,550	2,605	28,745		7,704	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	27,772	393,442	67,150	196,514	52,349	107,389	171,048
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	470,672	5,856,134	436,270	2,817,249	2,666,426	1,225,421	1,281,779
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	2,758	39,071		19,515			
098 PHYSICIANS' PRIVATE OFFIC	43,976	623,004	5,103	311,174		52,776	41,944
098 01 OTHER NRCC DEPARTMENTS	4,872	69,020		34,473			
099 NONPAID WORKERS	1,716	24,314		12,144		4,104	
100 CHF CLINIC	2,557	36,220	595	18,091		3,323	6,055
100 01 TIME SHARE			446			1,105	1,342
100 02 VACANT SPACE	31,282	443,177					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	557,833	7,090,940	442,414	3,212,646	2,666,426	1,286,729	1,331,120

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 CASHIERING/ACCOUNTS RECEI						
007 06 OTHER ADMINISTRATIVE AND						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY	1,407,012					
017 PHARMACY		3,158,298				
017 MEDICAL RECORDS & LIBRARY			2,382,596			
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS		2,586	202	23,911,217		23,911,217
027 INTENSIVE CARE UNIT		258	27	8,417,975		8,417,975
027 CORONARY CARE UNIT		575	60	3,684,395		3,684,395
033 NURSERY		1,055		2,899,094		2,899,094
037 ANCILLARY SRVC COST CNTRS						
038 OPERATING ROOM		22,121	1,243	9,763,550		9,763,550
038 RECOVERY ROOM		29	2	1,051,523		1,051,523
039 DELIVERY ROOM & LABOR ROO		1,215	242	4,531,294		4,531,294
040 ANESTHESIOLOGY		2,175	4,253	270,895		270,895
041 RADIOLOGY-DIAGNOSTIC		1,418		8,340,157		8,340,157
043 RADIO SOTOPE				1,176,841		1,176,841
044 LABORATORY		505		8,949,896		8,949,896
048 INTRAVENOUS THERAPY				245,024		245,024
049 RESPIRATORY THERAPY		1,721		2,213,899		2,213,899
050 PHYSICAL THERAPY		215	6	2,512,386		2,512,386
053 ELECTROCARDIOLOGY		29	25,673	2,167,724		2,167,724
053 01 CARDIAC REHABILITATION				282,033		282,033
053 02 CARDIAC CATHETERIZATION L		259		2,438,375		2,438,375
054 ELECTROENCEPHALOGRAPHY		121		466,608		466,608
055 MEDICAL SUPPLIES CHARGED	1,407,012			10,188,290		10,188,290
055 30 IMPL. DEV. CHARGED TO PAT				10,380,362		10,380,362
056 DRUGS CHARGED TO PATIENTS		3,086,370	2,350,872	11,234,500		11,234,500
057 RENAL DIALYSIS				1,204,608		1,204,608
061 OUTPAT SERVICE COST CNTRS						
062 EMERGENCY		2,419	16	8,037,326		8,037,326
095 OBSERVATION BEDS (NON-DIS						
095 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	1,407,012	3,123,071	2,382,596	124,367,972		124,367,972
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				81,865		81,865
098 PHYSICIANS' PRIVATE OFFIC		35,193		3,352,947		3,352,947
098 01 OTHER NRCC DEPARTMENTS				136,511		136,511
099 NONPAID WORKERS		20		181,540		181,540
100 CHF CLINIC				318,055		318,055
100 01 TIME SHARE		14		36,435		36,435
100 02 VACANT SPACE				655,184		655,184
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	1,407,012	3,158,298	2,382,596	129,130,509		129,130,509

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OST S-BLDG & 3	NEW CAP REL C OST S-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	CASHIERING/AC COUNTS RECEI 6.01	OTHER ADMINI S TRATIVE AND 6.06
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS		21,498		21,498	21,498		
006 01 CASHIERING/ACCOUNTS RECEI		8,669		8,669	325	8,994	
006 06 OTHER ADMINI STRATIVE AND		287,902	1,031,322	1,319,224	3,127		1,322,351
007 MAINTENANCE & REPAIRS		10,910		10,910	108		5,712
008 OPERATION OF PLANT		254,683	168,410	423,093	598		72,026
009 LAUNDRY & LINEN SERVICE		67,662	231	67,893	174		2,166
010 HOUSEKEEPING			690	690	550		32,814
011 DIETARY		69,603	2,438	72,041	310		23,694
012 CAFETERIA		63,627	1,729	65,356	220		9,915
014 NURSING ADMINI STRATION		12,219	22,311	34,530	258		12,852
015 CENTRAL SERVICES & SUPPLY		42,723		42,723	195		11,713
016 PHARMACY		20,178	881	21,059	656		30,836
017 MEDICAL RECORDS & LIBRARY		22,735		22,735	289		22,894
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		434,274	3,525	437,799	3,759	665	192,092
026 INTENSIVE CARE UNIT		76,452	690	77,142	1,537	228	75,712
027 CORONARY CARE UNIT		72,964	2,795	75,759	600	100	29,805
033 NURSERY		83,695		83,695	487	101	24,355
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		238,408	164,310	402,718	1,272	964	84,925
038 RECOVERY ROOM		27,353		27,353	176	78	8,949
039 DELIVERY ROOM & LABOR ROO		45,296	24,828	70,124	762	283	42,271
040 ANESTHESIOLOGY			16,461	16,461	17	148	2,685
041 RADIOLOGY-DIAGNOSTIC		120,212	599,093	719,305	1,095	1,085	78,132
043 RADIO SOTOPE		14,792		14,792	81	95	11,208
044 LABORATORY		85,110	525	85,635	947	1,419	85,821
048 INTRAVENOUS THERAPY					52	2	2,394
049 RESPIRATORY THERAPY		20,920	916	21,836	427	159	21,176
050 PHYSICAL THERAPY		58,767	7,951	66,718	396	86	22,220
053 ELECTROCARDIOLOGY		51,766	1,294	53,060	327	457	18,918
053 01 CARDIAC REHABILITATION					104	10	2,720
053 02 CARDIAC CATHETERIZATION L		66,805		66,805	261	415	21,177
054 ELECTROENCEPHALOGRAPHY		18,053		18,053	68	36	3,746
055 MEDICAL SUPPLIES CHARGED						254	89,922
055 30 IMPL. DEV. CHARGED TO PAT						750	106,297
056 DRUGS CHARGED TO PATIENTS						641	59,365
057 RENAL DIALYSIS						42	12,335
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		123,420	239	123,659	1,425	842	71,878
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		2,420,696	2,050,639	4,471,335	20,603	8,860	1,292,725
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		12,256		12,256			210
098 PHYSICIANS' PRIVATE OFFIC		195,432	421,628	617,060	811	134	22,936
098 01 OTHER NRCC DEPARTMENTS		21,651		21,651			288
099 NONPAID WORKERS		7,627		7,627	27		1,426
100 CHF CLINIC		11,362	524	11,886	51		2,572
100 01 TIME SHARE					6		343
100 02 VACANT SPACE		139,022		139,022			1,851
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		2,808,046	2,472,791	5,280,837	21,498	8,994	1,322,351

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF		LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN
	REPAIRS	PLANT	EN SERVICE				ISTRATION
	7	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS	16,730						
008 OPERATION OF PLANT	1,719	497,436					
009 LAUNDRY & LINEN SERVICE	457	15,131	82,552				
010 HOUSEKEEPING			1,543	35,597			
011 DIETARY	470	15,565	790	1,228	114,098		
012 CAFETERIA	429	14,229		1,123		91,272	
014 NURSING ADMINISTRATION	82	2,733		216		1,058	51,729
015 CENTRAL SERVICES & SUPPLY	288	9,554	4,264	754		1,878	
016 PHARMACY	136	4,512		356		3,264	
017 MEDICAL RECORDS & LIBRARY	153	5,084		401		2,349	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,931	97,117	27,893	7,660	85,495	22,715	19,882
026 INTENSIVE CARE UNIT	516	17,097	7,353	1,349	14,676	7,219	6,114
027 CORONARY CARE UNIT	492	16,317	3,136	1,287	11,605	3,533	2,725
033 NURSERY	565	18,717	1,616	1,477		2,352	2,291
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,609	53,315	8,953	4,206	82	6,857	4,161
038 RECOVERY ROOM	185	6,117	1,408	483		834	829
039 DELIVERY ROOM & LABOR ROO	306	10,129	3,801	799		4,372	3,622
040 ANESTHESIOLOGY						159	
041 RADIOLOGY-DIAGNOSTIC	811	26,883	3,268	2,121		6,100	141
043 RADIOISOTOPE	100	3,308	670	261		330	1
044 LABORATORY	574	19,033	2	1,502		7,101	1,653
048 INTRAVENOUS THERAPY						282	283
049 RESPIRATORY THERAPY	141	4,678	18	369		2,795	
050 PHYSICAL THERAPY	397	13,142	915	1,037		2,151	502
053 ELECTROCARDIOLOGY	349	11,576	623	913		1,693	322
053 01 CARDIAC REHABILITATION			1,294			549	66
053 02 CARDIAC CATHETERIZATION L	451	14,939	843	1,179		1,169	573
054 ELECTROENCEPHALOGRAPHY	122	4,037	486	318		546	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	833	27,600	12,530	2,177	2,240	7,617	6,647
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	14,116	410,813	81,406	31,216	114,098	86,923	49,812
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	83	2,741		216			
098 PHYSICIANS' PRIVATE OFFIC	1,319	43,704	952	3,448		3,744	1,630
098 01 OTHER NRCC DEPARTMENTS	146	4,842		382			
099 NONPAID WORKERS	51	1,706		135		291	
100 CHF CLINIC	77	2,541	111	200		236	235
100 01 TIME SHARE			83			78	52
100 02 VACANT SPACE	938	31,089					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER			3,269				
103 TOTAL	16,730	497,436	85,821	35,597	114,098	91,272	51,729

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	15	16	17		25	
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 CASHIERING/ACCOUNTS RECEI						
006 06 OTHER ADMINISTRATIVE AND						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY	71,369					
016 PHARMACY		60,819				
017 MEDICAL RECORDS & LIBRARY			53,905			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS			50	5	898,063	898,063
026 INTENSIVE CARE UNIT			5	1	208,949	208,949
027 CORONARY CARE UNIT			11	1	145,371	145,371
033 NURSERY			20		135,676	135,676
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM		426	28		569,516	569,516
038 RECOVERY ROOM		1			46,413	46,413
039 DELIVERY ROOM & LABOR ROO		23	5		136,497	136,497
040 ANESTHESIOLOGY		42	96		19,608	19,608
041 RADIOLOGY-DIAGNOSTIC		27			838,968	838,968
043 RADIOISOTOPE					30,846	30,846
044 LABORATORY		10			203,697	203,697
048 INTRAVENOUS THERAPY					3,013	3,013
049 RESPIRATORY THERAPY		33			51,632	51,632
050 PHYSICAL THERAPY		4			107,568	107,568
053 ELECTROCARDIOLOGY		1	581		88,820	88,820
053 01 CARDIAC REHABILITATION					4,743	4,743
053 02 CARDIAC CATHETERIZATION L			5		107,817	107,817
054 ELECTROENCEPHALOGRAPHY		2			27,414	27,414
055 MEDICAL SUPPLIES CHARGED	71,369				161,545	161,545
055 30 IMPL. DEV. CHARGED TO PAT					107,047	107,047
056 DRUGS CHARGED TO PATIENTS		59,434	53,188		172,628	172,628
057 RENAL DIALYSIS					12,377	12,377
061 OUTPAT SERVICE COST CNTRS						
061 EMERGENCY		47			257,495	257,495
062 OBSERVATION BEDS (NON-DIS						
062 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	71,369	60,141	53,905	4,335,703		4,335,703
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP					15,506	15,506
098 PHYSICIANS' PRIVATE OFFIC		678			696,416	696,416
098 01 OTHER NRCC DEPARTMENTS					27,309	27,309
099 NONPAID WORKERS					11,263	11,263
100 CHF CLINIC					17,909	17,909
100 01 TIME SHARE					562	562
100 02 VACANT SPACE					172,900	172,900
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER					3,269	3,269
103 TOTAL	71,369	60,819	53,905	5,280,837		5,280,837

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:  
14-0118

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

PREPARED 5/19/2011  
WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)	CASHIERING/AC COUNTS RECEI (GROSS CHARGES)	RECONCILIATION	OTHER ADMINISTRATIVE AND ( ACCUM. COST )
	3	4	5	6.01	6a.06	6.06
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	533,828					
004 NEW CAP REL COSTS-MVB		11,041,232				
005 EMPLOYEE BENEFITS	4,087		60,153,441			
006 01 CASHIERING/ACCOUNTS R	1,648		911,700	465,855,076		
006 06 OTHER ADMINISTRATIVE	54,732	4,604,954	8,760,063		-29,797,128	99,333,381
007 MAINTENANCE & REPAIRS	2,074		301,490			429,112
008 OPERATION OF PLANT	48,417	751,966	1,675,747			5,410,607
009 LAUNDRY & LINEN SERVI	12,863	1,030	488,011			162,691
010 HOUSEKEEPING		3,080	1,541,993			2,464,959
011 DIETARY	13,232	10,888	868,973			1,779,904
012 CAFETERIA	12,096	7,718	615,943			744,839
014 NURSING ADMINISTRATIO	2,323	99,622	722,942			965,443
015 CENTRAL SERVICES & SU	8,122		545,841			879,907
016 PHARMACY	3,836	3,934	1,838,292			2,316,430
017 MEDICAL RECORDS & LIB	4,322		809,234			1,719,797
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	82,558	15,739	10,459,655	34,976,823		14,427,715
026 INTENSIVE CARE UNIT	14,534	3,080	4,304,663	11,986,297		5,687,471
027 CORONARY CARE UNIT	13,871	12,479	1,680,094	5,283,645		2,238,990
033 NURSERY	15,911		1,364,444	5,308,464		1,829,550
ANCILLARY SRVC COST C						
037 OPERATING ROOM	45,323	733,657	3,563,425	50,755,420		6,379,610
038 RECOVERY ROOM	5,200		492,624	4,111,806		672,286
039 DELIVERY ROOM & LABOR	8,611	110,858	2,135,626	14,919,594		3,175,397
040 ANESTHESIOLOGY		73,501	48,125	7,795,229		201,719
041 RADIOLOGY-DIAGNOSTIC	22,853	2,675,000	3,068,068	57,085,631		5,869,297
043 RADIOISOTOPE	2,812		225,955	5,004,897		841,975
044 LABORATORY	16,180	2,343	2,653,765	67,111,056		6,446,873
048 INTRAVENOUS THERAPY			144,666	86,292		179,825
049 RESPIRATORY THERAPY	3,977	4,090	1,195,712	8,386,594		1,590,781
050 PHYSICAL THERAPY	11,172	35,502	1,108,241	4,550,602		1,669,181
053 ELECTROCARDIOLOGY	9,841	5,780	916,331	24,077,439		1,421,141
053 01 CARDIAC REHABILITATI			290,818	514,262		204,354
053 02 CARDIAC CATHETERIZATI	12,700		729,752	21,831,868		1,590,819
054 ELECTROENCEPHALOGRAPH	3,432		191,110	1,902,784		281,407
055 MEDICAL SUPPLIES CHAR				13,348,055		6,754,980
055 30 IMPL. DEV. CHARGED TO				39,497,767		7,985,072
056 DRUGS CHARGED TO PATI				33,730,794		4,459,529
057 RENAL DIALYSIS				2,226,304		926,642
OUTPAT SERVICE COST C						
061 EMERGENCY	23,463	1,068	3,991,731	44,326,718		5,399,526
062 OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	460,190	9,156,289	57,645,034	458,818,341	-29,797,128	97,107,829
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	2,330					15,786
098 PHYSICIANS' PRIVATE O	37,153	1,882,602	2,271,808	7,036,735		1,722,944
098 01 OTHER NRCC DEPARTMENT	4,116					21,651
099 NONPAID WORKERS	1,450		74,658			107,112
100 CHF CLINIC	2,160	2,341	143,837			193,246
100 01 TIME SHARE			18,104			25,791
100 02 VACANT SPACE	26,429					139,022
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	2,808,046	2,472,791	13,844,285	1,614,267		29,797,128
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	5.260207		.230150			
(WRKSHT B, PT I)		.223960		.003465		.299971
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			21,498	8,994		1,322,351
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.000357		.000019	.013312
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(MEALS SERVED)	(DIRECT NRSING HRS)
		7	8	9	10	11	12	14
	GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	01 CASHIERING/ACCOUNTS R							
006	06 OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS	471,287						
008	OPERATION OF PLANT	48,417	422,870					
009	LAUNDRY & LINEN SERVICE	12,863	12,863	1,524,601				
010	HOUSEKEEPING			28,504	383,578			
011	DIETARY	13,232	13,232	14,592	13,232	132,737		
012	CAFETERIA	12,096	12,096		12,096		135,120	
014	NURSING ADMINISTRATION	2,323	2,323		2,323		1,566	758,679
015	CENTRAL SERVICES & SU	8,122	8,122	78,740	8,122		2,780	
016	PHARMACY	3,836	3,836		3,836		4,832	
017	MEDICAL RECORDS & LIB	4,322	4,322		4,322		3,478	
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	82,558	82,558	515,092	82,558	99,461	33,626	291,585
026	INTENSIVE CARE UNIT	14,534	14,534	135,802	14,534	17,074	10,687	89,674
027	CORONARY CARE UNIT	13,871	13,871	57,914	13,871	13,501	5,231	39,964
033	NURSERY	15,911	15,911	29,848	15,911		3,482	33,603
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	45,323	45,323	165,347	45,323	95	10,151	61,026
038	RECOVERY ROOM	5,200	5,200	26,002	5,200		1,234	12,163
039	DELIVERY ROOM & LABOR	8,611	8,611	70,205	8,611		6,473	53,116
040	ANESTHESIOLOGY						235	
041	RADIOLOGY-DIAGNOSTIC	22,853	22,853	60,351	22,853		9,031	2,075
043	RADIOISOTOPE	2,812	2,812	12,382	2,812		488	14
044	LABORATORY	16,180	16,180	45	16,180		10,512	24,248
048	INTRAVENOUS THERAPY						418	4,147
049	RESPIRATORY THERAPY	3,977	3,977	338	3,977		4,138	
050	PHYSICAL THERAPY	11,172	11,172	16,906	11,172		3,184	7,362
053	ELECTROCARDIOLOGY	9,841	9,841	11,508	9,841		2,507	4,717
053	01 CARDIAC REHABILITATI			23,905			813	969
053	02 CARDIAC CATHETERIZATI	12,700	12,700	15,564	12,700		1,730	8,404
054	ELECTROENCEPHALOGRAPH	3,432	3,432	8,977	3,432		809	
055	MEDICAL SUPPLIES CHAR							
055	30 IMPL. DEV. CHARGED TO							
056	DRUGS CHARGED TO PATI							
057	RENAL DIALYSIS							
	OUTPAT SERVICE COST C							
061	EMERGENCY	23,463	23,463	231,406	23,463	2,606	11,277	97,490
062	OBSERVATION BEDS (NON SPEC PURPOSE COST CEN							
095	SUBTOTALS	397,649	349,232	1,503,428	336,369	132,737	128,682	730,557
	NONREIMBURS COST CENT							
096	GI FT, FLOWER, COFFEE	2,330	2,330		2,330			
098	PHYSICIANS' PRIVATE O	37,153	37,153	17,586	37,153		5,542	23,906
098	01 OTHER NRCC DEPARTMENT	4,116	4,116		4,116			
099	NONPAID WORKERS	1,450	1,450		1,450		431	
100	CHF CLINIC	2,160	2,160	2,050	2,160		349	3,451
100	01 TIME SHARE			1,537			116	765
100	02 VACANT SPACE	26,429	26,429					
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	557,833	7,090,940	442,414	3,212,646	2,666,426	1,286,729	1,331,120
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.183638	16.768605	.290183	8.375470	20.088039	9.522861	1.754523
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	16,730	497,436	82,552	35,597	114,098	91,272	51,729
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.035499	1.176333	.054147	.092803	.859579	.675488	.068183

COST ALLOCATION - STATISTICAL BASIS

14-0118

FROM 1/ 1/2010

WORKSHEET B-1

TO 12/31/2010

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)
	15	16	17
003 GENERAL SERVICE COST			
004 NEW CAP REL COSTS-BLD			
005 NEW CAP REL COSTS-MVB			
006 EMPLOYEE BENEFITS			
006 01 CASHIERING/ACCOUNTS R			
006 06 OTHER ADMINISTRATIVE			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVI			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SU	6,708,729		
016 PHARMACY		4,443,855	
017 MEDICAL RECORDS & LIB			13,716,186
INPAT ROUTINE SRVC CN			
025 ADULTS & PEDIATRICS		3,638	1,164
026 INTENSIVE CARE UNIT		363	153
027 CORONARY CARE UNIT		809	347
033 NURSERY		1,484	
ANCILLARY SRVC COST C			
037 OPERATING ROOM		31,125	7,158
038 RECOVERY ROOM		41	11
039 DELIVERY ROOM & LABOR		1,710	1,391
040 ANESTHESIOLOGY		3,061	24,484
041 RADIOLOGY-DIAGNOSTIC		1,995	
043 RADIOISOTOPE			
044 LABORATORY		710	
048 INTRAVENOUS THERAPY			
049 RESPIRATORY THERAPY		2,421	
050 PHYSICAL THERAPY		302	37
053 ELECTROCARDIOLOGY		41	147,792
053 01 CARDIAC REHABILITATI			
053 02 CARDIAC CATHETERIZATI		364	
054 ELECTROENCEPHALOGRAPH		170	
055 MEDICAL SUPPLIES CHAR	6,708,729		
055 30 IMPL. DEV. CHARGED TO			
056 DRUGS CHARGED TO PATI		4,342,652	13,533,558
057 RENAL DIALYSIS			
OUTPAT SERVICE COST C			
061 EMERGENCY		3,403	91
062 OBSERVATION BEDS (NON			
SPEC PURPOSE COST CEN			
095 SUBTOTALS	6,708,729	4,394,289	13,716,186
NONREIMBURS COST CENT			
096 GIFT, FLOWER, COFFEE			
098 PHYSICIANS' PRIVATE O		49,518	
098 01 OTHER NRCC DEPARTMENT			
099 NONPAID WORKERS		28	
100 CHF CLINIC			
100 01 TIME SHARE		20	
100 02 VACANT SPACE			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED	1,407,012	3,158,298	2,382,596
(PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER		.710711	
(WRKSHT B, PT I)	.209729		.173707
105 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER			
(WRKSHT B, PT II)			
107 COST TO BE ALLOCATED	71,369	60,819	53,905
(PER WRKSHT B, PART			
108 UNIT COST MULTIPLIER		.013686	
(WRKSHT B, PT III)	.010638		.003930

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	23,911,217		23,911,217		23,911,217
26	INTENSIVE CARE UNIT	8,417,975		8,417,975	57,502	8,475,477
27	CORONARY CARE UNIT	3,684,395		3,684,395		3,684,395
33	NURSERY	2,899,094		2,899,094		2,899,094
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	9,763,550		9,763,550	17,610	9,781,160
38	RECOVERY ROOM	1,051,523		1,051,523		1,051,523
39	DELIVERY ROOM & LABOR ROO	4,531,294		4,531,294	44,678	4,575,972
40	ANESTHESIOLOGY	270,895		270,895		270,895
41	RADIOLOGY-DIAGNOSTIC	8,340,157		8,340,157		8,340,157
43	RADIOISOTOPE	1,176,841		1,176,841		1,176,841
44	LABORATORY	8,949,896		8,949,896		8,949,896
48	INTRAVENOUS THERAPY	245,024		245,024		245,024
49	RESPIRATORY THERAPY	2,213,899		2,213,899		2,213,899
50	PHYSICAL THERAPY	2,512,386		2,512,386		2,512,386
53	ELECTROCARDIOLOGY	2,167,724		2,167,724		2,167,724
53	01 CARDIAC REHABILITATION	282,033		282,033		282,033
53	02 CARDIAC CATHETERIZATION L	2,438,375		2,438,375	66,916	2,505,291
54	ELECTROENCEPHALOGRAPHY	466,608		466,608		466,608
55	MEDICAL SUPPLIES CHARGED	10,188,290		10,188,290		10,188,290
55	30 IMPL. DEV. CHARGED TO PAT	10,380,362		10,380,362		10,380,362
56	DRUGS CHARGED TO PATIENTS	11,234,500		11,234,500		11,234,500
57	RENAL DIALYSIS	1,204,608		1,204,608		1,204,608
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	8,037,326		8,037,326		8,037,326
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	95,393		95,393		95,393
101	SUBTOTAL	124,463,365		124,463,365	186,706	124,650,071
102	LESS OBSERVATION BEDS	95,393		95,393		95,393
103	TOTAL	124,367,972		124,367,972	186,706	124,554,678

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-0118

FROM 1/ 1/2010

WORKSHEET C

TO 12/31/2010

PART I

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	34,976,823		34,976,823			
26	INTENSIVE CARE UNIT	11,986,297		11,986,297			
27	CORONARY CARE UNIT	5,283,645		5,283,645			
33	NURSERY	5,308,464		5,308,464			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	25,929,936	24,825,484	50,755,420	.192365	.192365	.192712
38	RECOVERY ROOM	2,313,995	1,797,811	4,111,806	.255733	.255733	.255733
39	DELIVERY ROOM & LABOR ROO	13,355,740	1,563,854	14,919,594	.303714	.303714	.306709
40	ANESTHESIOLOGY	4,001,255	3,793,974	7,795,229	.034751	.034751	.034751
41	RADIOLOGY-DIAGNOSTIC	24,744,241	32,341,390	57,085,631	.146099	.146099	.146099
43	RADIOISOTOPE	2,959,465	2,045,432	5,004,897	.235138	.235138	.235138
44	LABORATORY	45,860,307	21,250,749	67,111,056	.133359	.133359	.133359
48	INTRAVENOUS THERAPY	271,649	14,643	286,292	.855853	.855853	.855853
49	RESPIRATORY THERAPY	7,778,017	608,577	8,386,594	.263981	.263981	.263981
50	PHYSICAL THERAPY	2,883,251	1,667,351	4,550,602	.552100	.552100	.552100
53	ELECTROCARDIOLOGY	11,424,241	12,653,198	24,077,439	.090031	.090031	.090031
53	01 CARDIAC REHABILITATION	119,088	395,174	514,262	.548423	.548423	.548423
53	02 CARDIAC CATHETERIZATION L	10,821,147	11,010,719	21,831,866	.111689	.111689	.114754
54	ELECTROENCEPHALOGRAPHY	352,705	1,550,079	1,902,784	.245224	.245224	.245224
55	MEDICAL SUPPLIES CHARGED	8,380,745	4,967,310	13,348,055	.763279	.763279	.763279
55	30 IMPL. DEV. CHARGED TO PAT	19,259,089	20,238,678	39,497,767	.262809	.262809	.262809
56	DRUGS CHARGED TO PATIENTS	28,153,975	5,376,819	33,530,794	.335050	.335050	.335050
57	RENAL DIALYSIS	2,226,304		2,226,304	.541080	.541080	.541080
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	13,709,326	30,617,392	44,326,718	.181320	.181320	.181320
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		2,544,292	2,544,292	.037493	.037493	.037493
101	SUBTOTAL	282,099,705	179,262,926	461,362,631			
102	LESS OBSERVATION BEDS						
103	TOTAL	282,099,705	179,262,926	461,362,631			





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	9,763,550	569,516	9,194,034			9,763,550
38	RECOVERY ROOM	1,051,523	46,413	1,005,110			1,051,523
39	DELIVERY ROOM & LABOR ROO	4,531,294	136,497	4,394,797			4,531,294
40	ANESTHESIOLOGY	270,895	19,608	251,287			270,895
41	RADIOLOGY-DIAGNOSTIC	8,340,157	838,968	7,501,189			8,340,157
43	RADIOISOTOPE	1,176,841	30,846	1,145,995			1,176,841
44	LABORATORY	8,949,896	203,697	8,746,199			8,949,896
48	INTRAVENOUS THERAPY	245,024	3,013	242,011			245,024
49	RESPIRATORY THERAPY	2,213,899	51,632	2,162,267			2,213,899
50	PHYSICAL THERAPY	2,512,386	107,568	2,404,818			2,512,386
53	ELECTROCARDIOLOGY	2,167,724	88,820	2,078,904			2,167,724
53	01 CARDIAC REHABILITATION	282,033	4,743	277,290			282,033
53	02 CARDIAC CATHETERIZATION L	2,438,375	107,817	2,330,558			2,438,375
54	ELECTROENCEPHALOGRAPHY	466,608	27,414	439,194			466,608
55	MEDICAL SUPPLIES CHARGED	10,188,290	161,545	10,026,745			10,188,290
55	30 IMPL. DEV. CHARGED TO PAT	10,380,362	107,047	10,273,315			10,380,362
56	DRUGS CHARGED TO PATIENTS	11,234,500	172,628	11,061,872			11,234,500
57	RENAL DIALYSIS	1,204,608	12,377	1,192,231			1,204,608
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	8,037,326	257,495	7,779,831			8,037,326
62	OBSERVATION BEDS (NON-DIS	95,393	3,583	91,810			95,393
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	85,550,684	2,951,227	82,599,457			85,550,684
102	LESS OBSERVATION BEDS	95,393	3,583	91,810			95,393
103	TOTAL	85,455,291	2,947,644	82,507,647			85,455,291

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	50,755,420	.192365	.192365
38	OPERATING ROOM	4,111,806	.255733	.255733
39	RECOVERY ROOM	14,919,594	.303714	.303714
40	DELIVERY ROOM & LABOR ROO	7,795,229	.034751	.034751
41	ANESTHESIOLOGY	57,085,631	.146099	.146099
43	RADIOLOGY-DIAGNOSTIC	5,004,897	.235138	.235138
44	RADIOISOTOPE	67,111,056	.133359	.133359
48	LABORATORY	286,292	.855853	.855853
49	INTRAVENOUS THERAPY	8,386,594	.263981	.263981
50	RESPIRATORY THERAPY	4,550,602	.552100	.552100
53	PHYSICAL THERAPY	24,077,439	.090031	.090031
53	ELECTROCARDIOLOGY	514,262	.548423	.548423
53	01 CARDIAC REHABILITATION	21,831,866	.111689	.111689
54	02 CARDIAC CATHETERIZATION L	1,902,784	.245224	.245224
55	ELECTROENCEPHALOGRAPHY	13,348,055	.763279	.763279
55	MEDICAL SUPPLIES CHARGED	39,497,767	.262809	.262809
56	30 IMPL. DEV. CHARGED TO PAT	33,530,794	.335050	.335050
57	DRUGS CHARGED TO PATIENTS	2,226,304	.541080	.541080
61	RENAL DIALYSIS			
62	OUTPAT SERVICE COST CNTRS	44,326,718	.181320	.181320
	EMERGENCY	2,544,292	.037493	.037493
101	OBSERVATION BEDS (NON-DIS			
102	OTHER REIMBURS COST CNTRS	403,807,402		
103	SUBTOTAL	2,544,292		
	LESS OBSERVATION BEDS	401,263,110		
	TOTAL			

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	9,763,550	569,516	9,194,034	56,952	533,254	9,173,344
38	RECOVERY ROOM	1,051,523	46,413	1,005,110	4,641	58,296	988,586
39	DELIVERY ROOM & LABOR ROO	4,531,294	136,497	4,394,797	13,650	254,898	4,262,746
40	ANESTHESIOLOGY	270,895	19,608	251,287	1,961	14,575	254,359
41	RADIOLOGY-DIAGNOSTIC	8,340,157	838,968	7,501,189	83,897	435,069	7,821,191
43	RADIOISOTOPE	1,176,841	30,846	1,145,995	3,085	66,468	1,107,288
44	LABORATORY	8,949,896	203,697	8,746,199	20,370	507,280	8,422,246
48	INTRAVENOUS THERAPY	245,024	3,013	242,011	301	14,037	230,686
49	RESPIRATORY THERAPY	2,213,899	51,632	2,162,267	5,163	125,411	2,083,325
50	PHYSICAL THERAPY	2,512,386	107,568	2,404,818	10,757	139,479	2,362,150
53	ELECTROCARDIOLOGY	2,167,724	88,820	2,078,904	8,882	120,576	2,038,266
53	01 CARDIAC REHABILITATION	282,033	4,743	277,290	474	16,083	265,476
53	02 CARDIAC CATHETERIZATION L	2,438,375	107,817	2,330,558	10,782	135,172	2,292,421
54	ELECTROENCEPHALOGRAPHY	466,608	27,414	439,194	2,741	25,473	438,394
55	MEDICAL SUPPLIES CHARGED	10,188,290	161,545	10,026,745	16,155	581,551	9,590,584
55	30 IMPL. DEV. CHARGED TO PAT	10,380,362	107,047	10,273,315	10,705	595,852	9,773,805
56	DRUGS CHARGED TO PATIENTS	11,234,500	172,628	11,061,872	17,263	641,589	10,575,648
57	RENAL DIALYSIS	1,204,608	12,377	1,192,231	1,238	69,149	1,134,221
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	8,037,326	257,495	7,779,831	25,750	451,230	7,560,346
62	OBSERVATION BEDS (NON-DIS	95,393	3,583	91,810	358	5,325	89,710
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	85,550,684	2,951,227	82,599,457	295,125	4,790,767	80,464,792
102	LESS OBSERVATION BEDS	95,393	3,583	91,810	358	5,325	89,710
103	TOTAL	85,455,291	2,947,644	82,507,647	294,767	4,785,442	80,375,082

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	50,755,420	.180736	.191243
38	OPERATING ROOM	4,111,806	.240426	.254604
39	RECOVERY ROOM	14,919,594	.285715	.302799
40	DELIVERY ROOM & LABOR ROO	7,795,229	.032630	.034500
41	ANESTHESIOLOGY	57,085,631	.137008	.144629
43	RADIOLOGY-DIAGNOSTIC	5,004,897	.221241	.234522
44	RADIOISOTOPE	67,111,056	.125497	.133056
48	LABORATORY	286,292	.805772	.854802
49	INTRAVENOUS THERAPY	8,386,594	.248411	.263365
50	RESPIRATORY THERAPY	4,550,602	.519085	.549736
53	PHYSICAL THERAPY	24,077,439	.084655	.089662
53	ELECTROCARDIOLOGY	514,262	.516227	.547501
53	01 CARDIAC REHABILITATION	21,831,866	.105003	.111195
54	02 CARDIAC CATHETERIZATION L	1,902,784	.230396	.243783
55	ELECTROENCEPHALOGRAPHY	13,348,055	.718500	.762069
55	MEDICAL SUPPLIES CHARGED	39,497,767	.247452	.262538
56	30 IMPL. DEV. CHARGED TO PAT	33,530,794	.315401	.334535
57	DRUGS CHARGED TO PATIENTS	2,226,304	.509464	.540524
61	RENAL DIALYSIS	44,326,718	.170560	.180739
62	EMERGENCY	2,544,292	.035259	.037352
101	OTHER REIMBURS COST CNTRS	403,807,402		
102	LESS OBSERVATION BEDS	2,544,292		
103	TOTAL	401,263,110		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				898,063		898,063
26	INTENSIVE CARE UNIT				208,949		208,949
27	CORONARY CARE UNIT				145,371		145,371
33	NURSERY				135,676		135,676
101	TOTAL				1,388,059		1,388,059

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	33,338	18,750			26.94	505,125
26	INTENSIVE CARE UNIT	4,917	1,771			42.50	75,268
27	CORONARY CARE UNIT	4,521	1,453			32.15	46,714
33	NURSERY	2,207				61.48	
101	TOTAL	44,983	21,974				627,107



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0118	FROM 1/ 1/2010	5/19/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
14-0118		PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.011221	174,332
38	RECOVERY ROOM	.011288	14,537
39	DELIVERY ROOM & LABOR ROO	.009149	1,346
40	ANESTHESIOLOGY	.002515	3,520
41	RADIOLOGY-DIAGNOSTIC	.014697	197,475
43	RADIOISOTOPE	.006163	10,626
44	LABORATORY	.003035	76,961
48	INTRAVENOUS THERAPY	.010524	220
49	RESPIRATORY THERAPY	.006156	28,499
50	PHYSICAL THERAPY	.023638	36,663
53	ELECTROCARDIOLOGY	.003689	24,039
53	01 CARDIAC REHABILITATION	.009223	6
53	02 CARDIAC CATHETERIZATION L	.004939	20,442
54	ELECTROENCEPHALOGRAPHY	.014407	2,592
55	MEDICAL SUPPLIES CHARGED	.012103	57,002
55	30 IMPL. DEV. CHARGED TO PAT	.002710	35,582
56	DRUGS CHARGED TO PATIENTS	.005148	85,478
57	RENAL DIALYSIS	.005559	9,298
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.005809	40,451
62	OBSERVATION BEDS (NON-DIS	.001408	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		819,069

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

PROVIDER NO: 14-0118  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/19/2011  
 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					33,338	
26	INTENSIVE CARE UNIT					4,917	
27	CORONARY CARE UNIT					4,521	
33	NURSERY					2,207	
101	TOTAL					44,983	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	18,750	
26	INTENSIVE CARE UNIT	1,771	
27	CORONARY CARE UNIT	1,453	
33	NURSERY		
101	TOTAL	21,974	



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			50,755,420			15,536,193	
38	OPERATING ROOM			4,111,806			1,287,866	
39	RECOVERY ROOM			14,919,594			147,164	
40	DELIVERY ROOM & LABOR ROO			7,795,229			1,399,426	
41	ANESTHESIOLOGY			57,085,631			13,436,410	
43	RADIOLOGY-DIAGNOSTIC			5,004,897			1,724,193	
44	RADIOISOTOPE			67,111,056			25,357,853	
48	LABORATORY			286,292			20,950	
49	INTRAVENOUS THERAPY			8,386,594			4,629,404	
50	RESPIRATORY THERAPY			4,550,602			1,551,006	
53	PHYSICAL THERAPY			24,077,439			6,516,450	
53	ELECTROCARDIOLOGY			514,262			672	
53	01 CARDIAC REHABILITATION			21,831,866			4,138,880	
54	02 CARDIAC CATHETERIZATION L			1,902,784			179,896	
55	ELECTROENCEPHALOGRAPHY			13,348,055			4,709,774	
55	MEDICAL SUPPLIES CHARGED			39,497,767			13,129,834	
56	30 IMPL. DEV. CHARGED TO PAT			33,530,794			16,604,182	
57	DRUGS CHARGED TO PATIENTS			2,226,304			1,672,652	
61	RENAL DIALYSIS							
62	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			44,326,718			6,963,481	
62	OBSERVATION BEDS (NON-DIS			2,544,292				
101	OTHER REIMBURS COST CNTRS							
	TOTAL			403,807,402			119,006,286	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPUT PROG CHARGES 8	OUTPUT PROG D, V COL 5. 03 8. 01	OUTPUT PROG D, V COL 5. 04 8. 02	OUTPUT 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	15,911,713					
38	RECOVERY ROOM	1,109,894					
39	DELIVERY ROOM & LABOR ROO	3,495					
40	ANESTHESIOLOGY	1,370,808					
41	RADIOLOGY-DIAGNOSTIC	9,571,741					
43	RADIOISOTOPE	538,088					
44	LABORATORY	797,725					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	217,122					
50	PHYSICAL THERAPY	1,884					
53	ELECTROCARDIOLOGY	2,322,177					
53	01 CARDIAC REHABILITATION						
53	02 CARDIAC CATHETERIZATION L	2,927,504					
54	ELECTROENCEPHALOGRAPHY	23,347					
55	MEDICAL SUPPLIES CHARGED	2,516,768					
55	30 IMPL. DEV. CHARGED TO PAT	12,930,450					
56	DRUGS CHARGED TO PATIENTS	3,175,363					
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,795,416					
62	OBSERVATION BEDS (NON-DIS	763,407					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	57,976,902					









TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.335050
2	PROGRAM VACCINE CHARGES		6,912
3	PROGRAM COSTS		2,316

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 14-0118  
 COMPONENT NO: 14-0118  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/19/2011  
 WORKSHEET D  
 PART V

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (Col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.180736				1,367,152
38 RECOVERY ROOM	.240426				137,311
39 DELIVERY ROOM & LABOR ROOM	.285715				1,096,731
40 ANESTHESIOLOGY	.032630				242,122
41 RADIOLOGY-DIAGNOSTIC	.137008				7,317,681
43 RADIOISOTOPE	.221241				275,433
44 LABORATORY	.125497				5,826,184
48 INTRAVENOUS THERAPY	.805772				2,041
49 RESPIRATORY THERAPY	.248411				191,098
50 PHYSICAL THERAPY	.519085				447,048
53 ELECTROCARDIOLOGY	.084655				945,559
53 01 CARDIAC REHABILITATION	.516227				6,932
53 02 CARDIAC CATHETERIZATION LABORATORY	.105003				503,614
54 ELECTROENCEPHALOGRAPHY	.230396				229,856
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.718500				326,139
55 30 IMPL. DEV. CHARGED TO PATIENT	.247452				435,158
56 DRUGS CHARGED TO PATIENTS	.315401				849,282
57 RENAL DIALYSIS	.509464				
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.170560				11,154,555
62 OBSERVATION BEDS (NON-DISTINCT PART)	.035259				419,773
101 SUBTOTAL					31,773,669
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					31,773,669

(A) WORKSHEET A LINE NUMBERS

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























CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)	574	
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	12.99	
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)	3,735	
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	.929567	
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	405.45	
5.06 TOTAL ADDITIONAL PAYMENT	216,335	
6 SUBTOTAL (SEE INSTRUCTIONS)	43,097,151	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	43,097,151	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,213,161	
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	46,310,312	
17 PRIMARY PAYER PAYMENTS	5,900	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	46,304,412	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,174,292	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	243,650	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,095,922	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	767,145	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	798,465	
22 SUBTOTAL	43,653,615	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	43,653,615	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	42,774,453	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	879,162	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		





CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		17,633,669	
2	MEDICAL AND OTHER SERVICES		5,393,879	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		23,027,548	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		23,027,548	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		14,407,682	
11	ANCILLARY SERVICE CHARGES		66,552,549	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		80,960,231	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		80,960,231	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		57,932,683	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		23,027,548	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		23,027,548	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		23,027,548	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		23,027,548	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		23,027,548	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDI CARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		23,027,548	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		23,027,548	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		11,306,994	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0118	FROM 1/ 1/2010	5/19/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

OTHER  
TITLE V OR  
TITLE XIX

TITLE XVIII  
SNF PPS

58 BALANCE DUE PROVIDER/PROGRAM  
 59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
 IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

1  
11,720,554

2

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	4,208,667			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	47,683,679			
5	OTHER RECEIVABLES	-1,295,713			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-28,197,195			
7	INVENTORY	3,534,788			
8	PREPAID EXPENSES	2,995,587			
9	OTHER CURRENT ASSETS	2,354,094			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	31,283,907			
FIXED ASSETS					
12	LAND				
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS				
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS	2,136,328			
15.01	LESS ACCUMULATED DEPRECIATION	-195,666			
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	8,914,443			
18.01	LESS ACCUMULATED DEPRECIATION	-1,779,128			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	9,075,977			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS				
27	TOTAL ASSETS	40,359,884			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	9,325,653			
29 SALARIES, WAGES & FEES PAYABLE	4,821,919			
30 PAYROLL TAXES PAYABLE	793,030			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	77,060			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	15,765,930			
36 TOTAL CURRENT LIABILITIES	30,783,592			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	19,633,489			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	7,164,000			
42 TOTAL LONG-TERM LIABILITIES	26,797,489			
43 TOTAL LIABILITIES	57,581,081			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-17,221,197			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
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	-17,221,197			
52 TOTAL LIABILITIES AND FUND BALANCES	40,359,884			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		-9,482,923		
2 OF PERIOD				
3 NET INCOME (LOSS)		-7,738,274		
4 TOTAL		-17,221,197		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		-17,221,197		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		-17,221,197		
PERIOD PER BALANCE SHEET				

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-0118  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/19/2011  
 WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	34,976,823		34,976,823
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	34,976,823		34,976,823
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	11,986,297		11,986,297
11 00 CORONARY CARE UNIT	5,283,645		5,283,645
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	17,269,942		17,269,942
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	52,246,765		52,246,765
17 00 ANCI LLARY SERVICES	210,835,150	146,101,242	356,936,392
18 00 OUTPATIENT SERVICES	13,709,326	33,161,684	46,871,010
24 00 NURSERY	5,308,464		5,308,464
24 01 NRCC	25,283	7,011,452	7,036,735
25 00 TOTAL PATIENT REVENUES	282,124,988	186,274,378	468,399,366

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	163,197,059
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	163,197,059

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION

1	TOTAL PATIENT REVENUES	468,399,366
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	316,299,091
3	NET PATIENT REVENUES	152,100,275
4	LESS: TOTAL OPERATING EXPENSES	163,197,059
5	NET INCOME FROM SERVICE TO PATIENTS	-11,096,784
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	11,862
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	11,740
21	RENTAL OF VENDING MACHINES	14,966
22	RENTAL OF HOSPITAL SPACE	458,098
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER MISCELLANEOUS REVENUE	2,543,886
24.01	CAPITATION PREMIUM REVENUE	317,958
25	TOTAL OTHER INCOME	3,358,510
26	TOTAL	-7,738,274
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-7,738,274

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0118	FROM 1/ 1/2010	5/19/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
14-0118		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	2,929,182
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	68,977
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	116.83
	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	6.04
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	28.94
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	34.98
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	7.34
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	215,002
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,213,161
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)	