

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	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0125	I	FROM 1/ 1/2010	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
	I		I		I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/24/2011 TIME 13:39

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:
 GATEWAY REGIONAL 14-0125

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

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	356,047	96,672	0	
2	SUBPROVIDER	0	41,273	0	0	
2.01	SUBPROVIDER II	0	16,961	0	0	
5	HOSPITAL-BASED SNF	0	4,706	0	0	
100	TOTAL	0	418,987	96,672	0	

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 2100 MADISON AVENUE
 1.01 CITY: GRANITE CITY P.O. BOX: STATE: IL ZIP CODE: 62040- COUNTY: MADISON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	GATEWAY REGIONAL	14-0125	2.01	7/1/1969	N	P	N
03.00 SUBPROVIDER	PSYCH DPU	14-S125		1/1/1984	N	P	N
03.01 SUBPROVIDER 2	REHAB DPU	14-T125		12/31/2001	N	P	N
06.00 HOSPITAL-BASED SNF	HOSPITAL BASED SNF	14-5562		5/23/1986	N	P	N

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	1
20 SUBPROVIDER	4
20.01 SUBPROVIDER 11	5

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 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.	1	N
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
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.	3	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).		/ /

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011 WORKSHEET S-2

MISCELLANEOUS COST REPORT INFORMATION

- 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
- 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2. N
- 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
- 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

- 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX
1 2 3
- 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
- 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N
- 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX INF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 449008

40.01 NAME: COMMUNITY HEALTH SYSTEMS, INC. FI/CONTRACTOR NAME WPS FI/CONTRACTOR #
 40.02 STREET: 4000 MERIDIAN BOULEVARD P.O. BOX: 52280
 40.03 CITY: FRANKLIN STATE: TN ZIP CODE: 37067-

- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N
49.00 SNF	N	N			

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 53.01 MDH PERIOD: / / BEGINNING: / / ENDING: / /
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 172,438
 PAID LOSSES: 837,541
 AND/OR SELF INSURANCE: 0
- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 14-0125
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/24/2011
WORKSHEET S-2

LINE	DESCRIPTION	DATE	Y OR N	LIMIT	Y OR N	FEES
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01	ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02	THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03	FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		N			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		Y			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).				0	
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		Y	N		
60.01	IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).		N		0	

MULTI CAMPUS

61.00	IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.					N
	IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.					

LINE	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00

SETTLEMENT DATA

63.00	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).				Y	2/18/2011
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MI SCELLANEOUS DATA

64.00	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO.				Y	
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HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0125
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/24/2011
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	276	100,740					11,193
2 HMO					10,131		1,369
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	276	100,740			10,131		11,193
6 INTENSIVE CARE UNIT	11	4,015			781		175
6 01 NICU							602
11 NURSERY							
12 TOTAL	287	104,755			10,912		11,970
13 RPCH VISITS							
14 SUBPROVIDER	17	6,205			2,961		514
14 01 SUBPROVIDER II	14	5,110			915		99
15 SKILLED NURSING FACILITY	19	6,935			2,178		
16 NURSING FACILITY							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
25 TOTAL	337						
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	TRIPS TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	RES. FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			32,592				
2 HMO			1,563				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			32,592				
6 INTENSIVE CARE UNIT			1,563				
6 01 NICU							
11 NURSERY			697				
12 TOTAL			34,852				
13 RPCH VISITS							
14 SUBPROVIDER			4,083				
14 01 SUBPROVIDER II			1,154				
15 SKILLED NURSING FACILITY			3,441				
16 NURSING FACILITY							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS			8				
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,223	2,119	7,298
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
6 01 NICU							
11 NURSERY							
12 TOTAL		552.25			2,223	2,119	7,298
13 RPCH VISITS							
14 SUBPROVIDER		15.95			294	63	464
14 01 SUBPROVIDER II		11.21			68	10	95
15 SKILLED NURSING FACILITY		13.42					
16 NURSING FACILITY							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	29,561,775		29,561,775	1,233,093.00	23.97	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	592,102		592,102	27,907.00	21.22	
8.01 EXCLUDED AREA SALARIES	1,428,023	124,027	1,552,050	67,336.00	23.05	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	260		260	4.00	65.00	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	127,850		127,850	1,212.00	105.49	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	1,958,018		1,958,018	29,610.00	66.13	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	6,636,546		6,636,546			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	176,091		176,091			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	205,205		205,205	8,341.00	24.60	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	3,960,497	151,005	4,111,502	184,758.00	22.25	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,071,353		1,071,353	59,711.00	17.94	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY						
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,365,274		1,365,274	44,032.00	31.01	
31 CENTRAL SERVICE AND SUPPLY	251,191		251,191	17,713.00	14.18	
32 PHARMACY	1,333,833		1,333,833	40,165.00	33.21	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	649,754		649,754	41,831.00	15.53	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	29,561,775		29,561,775	1,233,093.00	23.97	
2 EXCLUDED AREA SALARIES	2,020,125	124,027	2,144,152	95,243.00	22.51	
3 SUBTOTAL SALARIES	27,541,650	-124,027	27,417,623	1,137,850.00	24.10	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,086,128		2,086,128	30,826.00	67.67	
5 SUBTOTAL WAGE-RELATED COSTS	6,636,546		6,636,546		24.21	
6 TOTAL	36,264,324	-124,027	36,140,297	1,168,676.00	30.92	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	8,837,107	151,005	8,988,112	396,551.00	22.67	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0125
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/24/2011
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL		14				
4	RVC		32				
5	RVB		94				
6	RVA		80				
6 .01	RVX		51				
6 .02	RVL		262				
7	RHC		176				
8	RHB		216				
9	RHA		139				
9 .01	RHX		21				
9 .02	RHL		14				
10	RMC		34				
11	RMB		34				
12	RMA		45				
12 .01	RMX		337				
12 .02	RML		498				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3		25				
16	SE2		22				
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1		4				
23	CB2						
24	CB1		12				
25	CA2						
26	CA1		26				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1		3				
45	AAA		14				
45 .01	ES3						
45 .02	ES2						
45 .03	ES1		7				
45 .04	HE2						
45 .05	HE1						
45 .06	HD2						
45 .07	HD1						
45 .08	HC2						
45 .09	HC1						
45 .10	HB2						
45 .11	HB1		6				
45 .12	LE2						
45 .13	LE1						
45 .14	LD2						
45 .15	LD1		7				
45 .16	LC2						
45 .17	LC1						
45 .18	LB2						
45 .19	LB1		5				
45 .20	CE2						
45 .21	CE1						
45 .22	CD2						
45 .23	CD1						
46	TOTAL		2,178				

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0125
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/24/2011
WORKSHEET S-7

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

Worksheet S-2 reference data:

Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9024
 Wage Index Factor (after 10/01): 0.9006
 SNF Facility Specific Rate : 460.75
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : NOT SPECIFIED

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0125
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/24/2011
WORKSHEET S-7

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

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

(4) Additional RUGs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9024
 Wage Index Factor (after 10/01) : 0.9006
 SNF Facility Specific Rate : 460.75
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : NOT SPECIFIED

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/1/2010	5/24/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE 166,798,410
17.01	GROSS MEDICAID REVENUES
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 166,798,410
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) .114023
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 143,520,005

HOSPITAL UNCOMPENSATED CARE DATA

		IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
	PROVIDER NO:	PERIOD: PREPARED 5/24/2011
	14-0125	FROM 1/ 1/2010 WORKSHEET S-10
		TO 12/31/2010

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	16,364,582
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	50,408,095
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5,747,682
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	16,364,582

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		2,133,068	2,133,068	1,114,015	3,247,083
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		2,334,042	2,334,042	994,421	3,328,463
5	0500	EMPLOYEE BENEFITS	205,205	175,132	380,337	4,244,684	4,625,021
6	0600	ADMINISTRATIVE & GENERAL	3,960,497	37,771,238	41,731,735	-5,660,844	36,070,891
8	0800	OPERATION OF PLANT	1,071,353	3,052,530	4,123,883	16,782	4,140,665
9	0900	LAUNDRY & LINEN SERVICE		352,113	352,113		352,113
10	1000	HOUSEKEEPING		2,030,723	2,030,723		2,030,723
11	1100	DIETARY		1,958,347	1,958,347		1,958,347
12	1200	CAFETERIA					
14	1400	NURSING ADMINISTRATION	1,365,274	205,883	1,571,157	-52	1,571,105
15	1500	CENTRAL SERVICES & SUPPLY	251,191	1,114,048	1,365,239	-942,374	422,865
16	1600	PHARMACY	1,333,833	2,266,899	3,600,732	-2,141,216	1,459,516
17	1700	MEDICAL RECORDS & LIBRARY	649,754	534,764	1,184,518		1,184,518
18	1800	SOCIAL SERVICE		218	218		218
25	2500	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	6,650,620	2,482,730	9,133,350		9,133,350
26	2600	INTENSIVE CARE UNIT	909,448	204,704	1,114,152	-1,712	1,112,440
26.01	2601	NICU					
31	3100	SUBPROVIDER	847,986	272,475	1,120,461		1,120,461
31.01	3101	SUBPROVIDER II	532,063	171,238	703,301	-23	703,278
33	3300	NURSERY	135,502	42,133	177,635		177,635
34	3400	SKILLED NURSING FACILITY	592,102	134,487	726,589		726,589
35	3500	NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,939,931	3,236,731	5,176,662	-1,903,399	3,273,263
38	3800	RECOVERY ROOM	309,281	47,055	356,336		356,336
39	3900	DELIVERY ROOM & LABOR ROOM	358,425	67,477	425,902		425,902
40	4000	ANESTHESIOLOGY		1,762,903	1,762,903		1,762,903
41	4100	RADIOLOGY-DIAGNOSTIC	971,396	924,810	1,896,206	797,127	2,693,333
41.01	4101	ULTRA-SOUND	127,683	39,202	166,885	-166,885	
41.02	4102	CT SCAN	258,435	298,215	556,650	-556,650	
41.03	4103	MRI	101,687	97,847	199,534	-199,534	
43	4300	RADIOISOTOPE	88,261	136,329	224,590	-224,590	
44	4400	LABORATORY	1,811,238	1,641,859	3,453,097	-900,569	2,552,528
49	4900	RESPIRATORY THERAPY	691,482	256,886	948,368	-69,315	879,053
49.01	4901	SLEEP LAB	166,500	45,957	212,457	-212,457	
50	5000	PHYSICAL THERAPY	834,855	116,332	951,187	215,075	1,166,262
51	5100	OCCUPATIONAL THERAPY	202,651	20,888	223,539	-223,539	
52	5200	SPEECH PATHOLOGY	50,378	4,158	54,536	-54,536	
53	5300	ELECTROCARDIOLOGY	822,518	966,378	1,788,896	-392,448	1,396,448
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				424,226	424,226
55.30	5530	IMPL. DEV. CHARGED TO PATIENT				2,805,841	2,805,841
56	5600	DRUGS CHARGED TO PATIENTS				1,858,071	1,858,071
57	5700	RENAL DIALYSIS		151,685	151,685		151,685
59	3020	ACUPUNCTURE					
59.01	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES OUTPAT SERVICE COST CNTRS	370,463	299,760	670,223	-85,779	584,444
60	6000	CLINIC		-32,998	-32,998	1,301,249	1,268,251
61	6100	EMERGENCY	1,456,098	1,314,400	2,770,498	-9,912	2,760,586
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950	RHC	447,691	67,516	515,207	-515,207	
66	6600	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-RENTED					
71	7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D.P.)					
93	9300	HOSPICE					
95		SUBTOTALS	29,513,801	68,700,162	98,213,963	-489,550	97,724,413
96	9600	NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800	PHYSICIANS' PRIVATE OFFICES		136,692	136,692	-29,094	107,598
99	9900	NONPAID WORKERS					
100	7950	OTHER NONREIMBURSABLE COST CENTERS	47,974	21,082	69,056	518,644	587,700
100.01	7951	OTHER NONREIMB - SENIOR CIRCLE					
100.02	7952	OTHER NONREIMB - MCKINLEY SCHOOL					
100.03	7953	VNA					
100.04	7954	OTHER NONREIMB. - MARKETING					
100.06	7956	OTHER NONREIMB - TRI-LAB					
100.07	7957	OTHER NONREIMB - CONVENT					
100.08	7958	OTHER NONREIMB - UNOCCUPIED SPACE					
101		TOTAL	29,561,775	68,857,936	98,419,711	-0-	98,419,711

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011
I 14-0125 I FROM 1/ 1/2010 I WORKSHEET A
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	2,013,370	5,260,453
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-638,073	2,690,390
5 0500	EMPLOYEE BENEFITS	-6,998	4,618,023
6 0600	ADMINISTRATIVE & GENERAL	-25,550,189	10,520,702
8 0800	OPERATION OF PLANT		4,140,665
9 0900	LAUNDRY & LINEN SERVICE		352,113
10 1000	HOUSEKEEPING		2,030,723
11 1100	DIETARY	-186,006	1,772,341
12 1200	CAFETERIA		
14 1400	NURSING ADMINISTRATION	-1,150	1,569,955
15 1500	CENTRAL SERVICES & SUPPLY	-620	422,245
16 1600	PHARMACY		1,459,516
17 1700	MEDICAL RECORDS & LIBRARY	-3,363	1,181,155
18 1800	SOCIAL SERVICE		218
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-978,933	8,154,417
26 2600	INTENSIVE CARE UNIT		1,112,440
26.01 2601	NICU		
31 3100	SUBPROVIDER	-122,914	997,547
31.01 3101	SUBPROVIDER II	-72,000	631,278
33 3300	NURSERY		177,635
34 3400	SKILLED NURSING FACILITY	-16,200	710,389
35 3500	NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		3,273,263
38 3800	RECOVERY ROOM		356,336
39 3900	DELIVERY ROOM & LABOR ROOM		425,902
40 4000	ANESTHESIOLOGY	-1,762,903	
41 4100	RADIOLOGY-DIAGNOSTIC		2,693,333
41.01 4101	ULTRA-SOUND		
41.02 4102	CT SCAN		
41.03 4103	MRI		
43 4300	RADIOISOTOPE		
44 4400	LABORATORY	-24,696	2,527,832
49 4900	RESPIRATORY THERAPY		879,053
49.01 4901	SLEEP LAB		
50 5000	PHYSICAL THERAPY		1,166,262
51 5100	OCCUPATIONAL THERAPY		
52 5200	SPEECH PATHOLOGY		
53 5300	ELECTROCARDIOLOGY		1,396,448
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		424,226
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		2,805,841
56 5600	DRUGS CHARGED TO PATIENTS		1,858,071
57 5700	RENAL DIALYSIS		151,685
59 3020	ACUPUNCTURE		
59.01 3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-220,233	364,211
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		1,268,251
61 6100	EMERGENCY	-750,300	2,010,286
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63 4950	RHC		
	OTHER REIMBURS COST CNTRS		
66 6600	DURABLE MEDICAL EQUIP-RENTED		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
92 9200	AMBULATORY SURGICAL CENTER (D.P.)		
93 9300	HOSPICE		
95	SUBTOTALS	-28,321,208	69,403,205
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 9800	PHYSICIANS' PRIVATE OFFICES		107,598
99 9900	NONPAID WORKERS		
100 7950	OTHER NONREIMBURSABLE COST CENTERS		587,700
100.01 7951	OTHER NONREIMB - SENIOR CIRCLE		
100.02 7952	OTHER NONREIMB - MCKINLEY SCHOOL		
100.03 7953	VNA		
100.04 7954	OTHER NONREIMB. - MARKETING		
100.06 7956	OTHER NONREIMB - TRI-LAB		
100.07 7957	OTHER NONREIMB - CONVENT		
100.08 7958	OTHER NONREIMB - UNOCCUPIED SPACE		
101	TOTAL	-28,321,208	70,098,503

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	NICU	2601	INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER II	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRA-SOUND	4101	RADIOLOGY-DIAGNOSTIC
41.02	CT SCAN	4102	RADIOLOGY-DIAGNOSTIC
41.03	MRI	4103	RADIOLOGY-DIAGNOSTIC
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
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	
59	ACUPUNCTURE	3020	ACUPUNCTURE
59.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	RHC	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
66	DURABLE MEDICAL EQUIP-RENTED	6600	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OTHER NONREIMB - SENIOR CIRCLE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OTHER NONREIMB - MCKINLEY SCHOOL	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	VNA	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	OTHER NONREIMB. - MARKETING	7954	OTHER NONREIMBURSABLE COST CENTERS
100.06	OTHER NONREIMB - TRI-LAB	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	OTHER NONREIMB - CONVENT	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	OTHER NONREIMB - UNOCCUPIED SPACE	7958	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140125

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

PREPARED 5/24/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS OF EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5		4,244,684
2					
3					
4					
5					
6					
7					
8					
9 RECLASS OF OXYGEN COSTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		43,920
10					
11					
12					
13					
14 RECLASS OF LEASE AND RENTAL EXPENSES	C	NEW CAP REL COSTS-BLDG & FIXT	3		35,774
15		NEW CAP REL COSTS-MVBLE EQUIP	4		984,301
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28 RECLASS OF OTHER CAPITAL COSTS	D	NEW CAP REL COSTS-BLDG & FIXT	3		1,078,241
29		NEW CAP REL COSTS-MVBLE EQUIP	4		10,120
30 RECLASS OF MARKETING DEPARTMENT	E	OTHER NONREIMBURSABLE COST CENTERS	100	50,885	379,528
31 RECLASS OF COST OF DRUGS/IV SOLUTION	F	DRUGS CHARGED TO PATIENTS	56		1,858,071
32 RECLASS OF PT, OT, AND SP COSTS	G	PHYSICAL THERAPY	50	253,029	25,046
33					
34 RECLASS OF MISCELLANEOUS DEPTS	H	ADMINISTRATIVE & GENERAL	6	201,890	71,095
35		CLINIC	60	541,688	244,354
1 RECLASS OF MISCELLANEOUS DEPTS	H	OTHER NONREIMBURSABLE COST CENTERS	100	73,142	15,089
2		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59.01	166,500	45,957
3 RECLASS OF OTHER RADIOLOGY COSTS	I	RADIOLOGY-DIAGNOSTIC	41	576,066	412,751
4					
5					
6					
7 RECLASS OF RHC COSTS	J	CLINIC	60	447,691	67,516
8 RECLASS OF PHYSICIAN PRIVATE OFFICE	K	OPERATION OF PLANT	8		22,232
9 RECLASS OF MEDICAL SUPPLIES	L	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		380,306
10		IMPL. DEV. CHARGED TO PATIENT	55.30		2,805,841
11					
36 TOTAL RECLASSIFICATIONS				2,310,891	12,724,826

(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:
140125

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

PREPARED 5/24/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 RECLASS OF EMPLOYEE BENEFITS	A	ADMINISTRATIVE & GENERAL	6			4,240,116	
2		OPERATION OF PLANT	8			2,355	
3		SUBPROVIDER II	31.01			23	
4		RADIOLOGY-DIAGNOSTIC	41			531	
5		LABORATORY	44			1,339	
6		RESPIRATORY THERAPY	49			210	
7		PHYSICAL THERAPY	50			20	
8		EMERGENCY	61			90	
9 RECLASS OF OXYGEN COSTS	B	OPERATION OF PLANT	8			3,024	
10		OPERATING ROOM	37			222	
11		LABORATORY	44			120	
12		RESPIRATORY THERAPY	49			39,793	
13		EMERGENCY	61			761	
14 RECLASS OF LEASE AND RENTAL EXPENSES	C	ADMINISTRATIVE & GENERAL	6			174,939	9
15		OPERATION OF PLANT	8			71	9
16		NURSING ADMINISTRATION	14			52	
17		CENTRAL SERVICES & SUPPLY	15			29,911	
18		PHARMACY	16			283,145	
19		INTENSIVE CARE UNIT	26			1,712	
20		OPERATING ROOM	37			18,991	
21		RADIOLOGY-DIAGNOSTIC	41			191,159	
22		CT SCAN	41.02			158,842	
23		LABORATORY	44			113,068	
24		RESPIRATORY THERAPY	49			29,312	
25		ELECTROCARDIOLOGY	53			2,950	
26		EMERGENCY	61			9,061	
27		PHYSICIANS' PRIVATE OFFICES	98			6,862	
28 RECLASS OF OTHER CAPITAL COSTS	D	ADMINISTRATIVE & GENERAL	6			1,088,361	9
29							9
30 RECLASS OF MARKETING DEPARTMENT	E	ADMINISTRATIVE & GENERAL	6		50,885	379,528	
31 RECLASS OF COST OF DRUGS/IV SOLUTION	F	PHARMACY	16			1,858,071	
32 RECLASS OF PT, OT, AND SP COSTS	G	OCCUPATIONAL THERAPY	51		202,651	20,888	
33		SPEECH PATHOLOGY	52		50,378	4,158	
34 RECLASS OF MISCELLANEOUS DEPTS	H	LABORATORY	44		541,688	244,354	
35		PHYSICAL THERAPY	50		57,115	5,865	
1 RECLASS OF MISCELLANEOUS DEPTS	H	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59.01		217,917	80,319	
2		SLEEP LAB	49.01		166,500	45,957	
3 RECLASS OF OTHER RADIOLOGY COSTS	I	ULTRA-SOUND	41.01		127,683	39,202	
4		CT SCAN	41.02		258,435	139,373	
5		MRI	41.03		101,687	97,847	
6		RADIOISOTOPE	43		88,261	136,329	
7 RECLASS OF RHC COSTS	J	RHC	63		447,691	67,516	
8 RECLASS OF PHYSICIAN PRIVATE OFFICE	K	PHYSICIANS' PRIVATE OFFICES	98			22,232	
9 RECLASS OF MEDICAL SUPPLIES	L	CENTRAL SERVICES & SUPPLY	15			912,463	
10		OPERATING ROOM	37			1,884,186	
11		ELECTROCARDIOLOGY	53			389,498	
36 TOTAL RECLASSIFICATIONS					2,310,891	12,724,826	

(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: 140125	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/24/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A
EXPLANATION : RECLASS OF EMPLOYEE BENEFITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	4,244,684	ADMINISTRATIVE & GENERAL	6	4,240,116	
2.00			0	OPERATION OF PLANT	8	2,355	
3.00			0	SUBPROVIDER II	31.01	23	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	531	
5.00			0	LABORATORY	44	1,339	
6.00			0	RESPIRATORY THERAPY	49	210	
7.00			0	PHYSICAL THERAPY	50	20	
8.00			0	EMERGENCY	61	90	
TOTAL RECLASSIFICATIONS FOR CODE A			4,244,684				4,244,684

RECLASS CODE: B
EXPLANATION : RECLASS OF OXYGEN COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	43,920	OPERATION OF PLANT	8	3,024	
2.00			0	OPERATING ROOM	37	222	
3.00			0	LABORATORY	44	120	
4.00			0	RESPIRATORY THERAPY	49	39,793	
5.00			0	EMERGENCY	61	761	
TOTAL RECLASSIFICATIONS FOR CODE B			43,920				43,920

RECLASS CODE: C
EXPLANATION : RECLASS OF LEASE AND RENTAL EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	35,774	ADMINISTRATIVE & GENERAL	6	174,939	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	984,301	OPERATION OF PLANT	8	71	
3.00			0	NURSING ADMINISTRATION	14	52	
4.00			0	CENTRAL SERVICES & SUPPLY	15	29,911	
5.00			0	PHARMACY	16	283,145	
6.00			0	INTENSIVE CARE UNIT	26	1,712	
7.00			0	OPERATING ROOM	37	18,991	
8.00			0	RADIOLOGY-DIAGNOSTIC	41	191,159	
9.00			0	CT SCAN	41.02	158,842	
10.00			0	LABORATORY	44	113,068	
11.00			0	RESPIRATORY THERAPY	49	29,312	
13.00			0	ELECTROCARDIOLOGY	53	2,950	
14.00			0	EMERGENCY	61	9,061	
15.00			0	PHYSICIANS' PRIVATE OFFICES	98	6,862	
TOTAL RECLASSIFICATIONS FOR CODE C			1,020,075				1,020,075

RECLASS CODE: D
EXPLANATION : RECLASS OF OTHER CAPITAL COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,078,241	ADMINISTRATIVE & GENERAL	6	1,088,361	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	10,120			0	
TOTAL RECLASSIFICATIONS FOR CODE D			1,088,361				1,088,361

RECLASS CODE: E
EXPLANATION : RECLASS OF MARKETING DEPARTMENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER NONREIMBURSABLE COST CEN	100	430,413	ADMINISTRATIVE & GENERAL	6	430,413	
TOTAL RECLASSIFICATIONS FOR CODE E			430,413				430,413

RECLASS CODE: F
EXPLANATION : RECLASS OF COST OF DRUGS/IV SOLUTION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	1,858,071	PHARMACY	16	1,858,071	
TOTAL RECLASSIFICATIONS FOR CODE F			1,858,071				1,858,071

RECLASS CODE: G
EXPLANATION : RECLASS OF PT, OT, AND SP COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	278,075	OCCUPATIONAL THERAPY	51	223,539	

RECLASSIFICATIONS

PROVIDER NO: 140125	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/24/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: G
EXPLANATION : RECLASS OF PT, OT, AND SP COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	SPEECH PATHOLOGY	52	54,536	
TOTAL RECLASSIFICATIONS FOR CODE G			278,075				278,075

RECLASS CODE: H
EXPLANATION : RECLASS OF MISCELLANEOUS DEPTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	272,985	LABORATORY	44	786,042	
2.00	CLINIC	60	786,042	PHYSICAL THERAPY	50	62,980	
3.00	OTHER NONREIMBURSABLE COST CEN	100	88,231	PSYCHIATRIC/PSYCHOLOGICAL SERV	59.01	298,236	
4.00	PSYCHIATRIC/PSYCHOLOGICAL SERV	59.01	212,457	SLEEP LAB	49.01	212,457	
TOTAL RECLASSIFICATIONS FOR CODE H			1,359,715				1,359,715

RECLASS CODE: I
EXPLANATION : RECLASS OF OTHER RADIOLOGY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	988,817	ULTRA-SOUND	41.01	166,885	
2.00			0	CT SCAN	41.02	397,808	
3.00			0	MRI	41.03	199,534	
4.00			0	RADIOISOTOPE	43	224,590	
TOTAL RECLASSIFICATIONS FOR CODE I			988,817				988,817

RECLASS CODE: J
EXPLANATION : RECLASS OF RHC COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	515,207	RHC	63	515,207	
TOTAL RECLASSIFICATIONS FOR CODE J			515,207				515,207

RECLASS CODE: K
EXPLANATION : RECLASS OF PHYSICIAN PRIVATE OFFICE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	22,232	PHYSICIANS' PRIVATE OFFICES	98	22,232	
TOTAL RECLASSIFICATIONS FOR CODE K			22,232				22,232

RECLASS CODE: L
EXPLANATION : RECLASS OF MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	380,306	CENTRAL SERVICES & SUPPLY	15	912,463	
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	2,805,841	OPERATING ROOM	37	1,884,186	
3.00			0	ELECTROCARDIOLOGY	53	389,498	
TOTAL RECLASSIFICATIONS FOR CODE L			3,186,147				3,186,147

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION					
	1	2	3		4	5	6	7
1 LAND	2,712,052						2,712,052	
2 LAND IMPROVEMENTS	2,929,956						2,929,956	
3 BUILDINGS & FIXTURE	2,328,647	80,614			80,614		2,409,261	
4 BUILDING IMPROVEMEN	83,378,864	3,756,518			3,756,518		87,135,382	
5 FIXED EQUIPMENT	4,318,333	5,593,574			5,593,574		9,911,907	
6 MOVABLE EQUIPMENT	45,554,633					5,132,726	40,421,907	
7 SUBTOTAL	141,222,485	9,430,706			9,430,706	5,132,726	145,520,465	
8 RECONCILING ITEMS								
9 TOTAL	141,222,485	9,430,706			9,430,706	5,132,726	145,520,465	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	5,260,453						5,260,453
4	NEW CAP REL COSTS-MV	2,690,390						2,690,390
5	TOTAL	7,950,843						7,950,843

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	2,133,068						2,133,068
4	NEW CAP REL COSTS-MV	2,334,042						2,334,042
5	TOTAL	4,467,110						4,467,110

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

ADJUSTMENTS TO EXPENSES

1	DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
				COST CENTER 3			
1	INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5	INVESTMENT INCOME-OTHER						
6	TRADE, QUANTITY AND TIME DISCOUNTS						
7	REFUNDS AND REBATES OF EXPENSES						
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9	TELEPHONE SERVICES	A	-70,833	ADMINISTRATIVE & GENERAL		6	
10	TELEVISION AND RADIO SERVICE	A	-20,100	ADMINISTRATIVE & GENERAL		6	
11	PARKING LOT						
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,221,777				
13	SALE OF SCRAP, WASTE, ETC.	B	-7,000	ADMINISTRATIVE & GENERAL		6	
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	-1,607,692				
15	LAUNDRY AND LINEN SERVICE						
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-186,006	DIETARY		11	
17	RENTAL OF QTRS TO EMPLOYEE AND OTHERS						
18	SALE OF MED AND SURG SUPPLIES						
19	SALE OF DRUGS TO OTHER THAN PATIENTS						
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-3,363	MEDICAL RECORDS & LIBRARY		17	
21	NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22	VENDING MACHINES	B	-18,829	ADMINISTRATIVE & GENERAL		6	
23	INCOME FROM IMPOSITION OF INTEREST						
24	INTRST EXP ON MEDICARE OVERPAYMENTS						
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30	DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES	A	1,657,469	NEW CAP REL COSTS-BLDG &		3	9
32	DEPRECIATION-NEW MOVABLE EQUIP	A	-837,647	NEW CAP REL COSTS-MVBLE E		4	9
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34	PHYSICIANS' ASSISTANT						
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37	PHOTO COMMISSION	B	-3,790	ADMINISTRATIVE & GENERAL		6	
38	OTHER MISC REVENUE	B	-85,309	ADMINISTRATIVE & GENERAL		6	
39	HOSPITAL BAD DEBT	A	-14,670,337	ADMINISTRATIVE & GENERAL		6	
40	PATIENT PHONE BENEFIT COST	A	-6,998	EMPLOYEE BENEFITS		5	
41	PATIENT TV DEPRECIATION	A	-5,948	NEW CAP REL COSTS-MVBLE E		4	9
42	PATIENT PHONE DEPRECIATION	A	-16,287	NEW CAP REL COSTS-MVBLE E		4	9
43	MARKETING EXPENSES	A	-238,833	ADMINISTRATIVE & GENERAL		6	
44	LEGAL FEES	A	-148,733	ADMINISTRATIVE & GENERAL		6	
45	PHYSICIAN RECRUITING	A	-213,963	ADMINISTRATIVE & GENERAL		6	
46	LOBBYING EXPENSE	A	-34,126	ADMINISTRATIVE & GENERAL		6	
47	CHARITABLE CONTRIBUTIONS	A	-38,453	ADMINISTRATIVE & GENERAL		6	
48	PENALTIES	A	-30,107	ADMINISTRATIVE & GENERAL		6	
49	PATIENT TRANSPORTATION	A	-3,880	ADMINISTRATIVE & GENERAL		6	
49.01	ILLINOIS PROVIDER TAX	A	-7,225,759	ADMINISTRATIVE & GENERAL		6	
49.02	CRNA ADJUSTMENT	A	-1,762,903	ANESTHESIOLOGY		40	
49.03	RENTAL INCOME	B	-520,004	NEW CAP REL COSTS-BLDG &		3	9
50	TOTAL (SUM OF LINES 1 THRU 49)		-28,321,208				

(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 & DIRECT ALLOC - CAP RELATE	807,498		807,498	9
2	6	ADMINISTRATIVE & GENERAL DIRECT ALLOC - OPERATING	185,955		185,955	
3	6	ADMINISTRATIVE & GENERAL PASI OPERATING COSTS	481,045		481,045	
4	3	NEW CAP REL COSTS-BLDG & PASI CAPITAL COSTS	36,089		36,089	9
4.01	3	NEW CAP REL COSTS-BLDG & NEW CAPITAL - BUILDING AN	32,318		32,318	9
4.02	4	NEW CAP REL COSTS-MVBLE E NEW CAPITAL - MOVABLE EQU	221,809		221,809	9
4.03	6	ADMINISTRATIVE & GENERAL NON CAPITAL HOME OFFICE C	1,884,328		1,884,328	
4.04	6	ADMINISTRATIVE & GENERAL MALPRACTICE COSTS	1,009,979	1,314,940	-304,961	
4.05	6	ADMINISTRATIVE & GENERAL INTEREST EXPENSE		130,012	-130,012	
4.06	6	ADMINISTRATIVE & GENERAL MANAGEMENT FEES		3,616,424	-3,616,424	
4.07	6	ADMINISTRATIVE & GENERAL 401K FEES		3,492	-3,492	
4.08	6	ADMINISTRATIVE & GENERAL AUDIT FEES		63,096	-63,096	
4.09	6	ADMINISTRATIVE & GENERAL MIS FEES		442,248	-442,248	
4.10	6	ADMINISTRATIVE & GENERAL MANAGED CARE		22,812	-22,812	
4.11	6	ADMINISTRATIVE & GENERAL CASE MANAGEMENT		94,944	-94,944	
4.12	6	ADMINISTRATIVE & GENERAL PURCHASE AND ANCI LLARY		10,392	-10,392	
4.13	6	ADMINISTRATIVE & GENERAL EMERGENCY ROOM		52,164	-52,164	
4.14	6	ADMINISTRATIVE & GENERAL PPSI FEES		17,250	-17,250	
4.15	6	ADMINISTRATIVE & GENERAL COMPLIANCE/HIM/CCA FEES		24,147	-24,147	
4.16	6	ADMINISTRATIVE & GENERAL SENIOR CIRCLE		25,512	-25,512	
4.17	6	ADMINISTRATIVE & GENERAL PASI COLLECTION FEES		360,915	-360,915	
4.18	6	ADMINISTRATIVE & GENERAL EBOS FEES		16,096	-16,096	
4.19	6	ADMINISTRATIVE & GENERAL PASI LIEN UNIT COLLECTION		72,269	-72,269	
5		TOTALS	4,659,021	6,266,713	-1,607,692	

* 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	CHS/COMMUNITY HEALTH SYST		0.00	HOSPITAL MANAGEMENT
2	B	PASI		0.00	COLLECTIONS
3				0.00	
4				0.00	
5				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: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/24/2011
 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 44	LABORATORY	33,215	23,215	10,000	177,200	100	8,519	426
2 6	GENERAL AND ADMINISTRATIVE	43,250	30,750	12,500	177,200	100	8,519	426
3 15	CENTRAL SERVICES AND SUPP	620	620		177,200			
4 25	ADULTS AND PEDIATRIC	978,933	978,933		140,600			
5 31	GERO-PSYCH	122,914	122,914		177,200			
6 31	INPATIENT REHAB FACILITY	72,000	72,000		177,200			
7 34	SNF	16,200	16,200		177,200			
8								
9								
10 59	1 GASTRO-INTESTINAL SERVICE	16,000	16,000		177,200			
11 14	NURSING ADMINISTRATION	1,150	1,150		177,200			
12 61	ER	750,300	750,300		177,200			
13 59	1 WOUND CARE	204,233	204,233		177,200			
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,238,815	2,216,315	22,500		200	17,038	852

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/24/2011
 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 44	LABORATORY					8,519	1,481	24,696
2 6	GENERAL AND ADMINISTRATIVE					8,519	3,981	34,731
3 15	CENTRAL SERVICES AND SUPP							620
4 25	ADULTS AND PEDIATRIC							978,933
5 31	GERO-PSYCH							122,914
6 31	1 INPATIENT REHAB FACILITY							72,000
7 34	SNF							16,200
8								
9								
10 59	1 GASTRO-INTESTINAL SERVICE							16,000
11 14	NURSING ADMINISTRATION							1,150
12 61	ER							750,300
13 59	1 WOUND CARE							204,233
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					17,038	5,462	2,221,777

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-4	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	6	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	7	POUNDS		ENTERED
10	HOUSEKEEPING	8	SQUARE	FEET	ENTERED
11	DIETARY	9	MEALS	SERVED	ENTERED
12	CAFETERIA	10	FTE'S		ENTERED
14	NURSING ADMINISTRATION	12	NURSING	SALARIES	ENTERED
15	CENTRAL SERVICES & SUPPLY	13	COSTED	REQS	ENTERED
16	PHARMACY	14	COSTED	REQS	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	16	PATIENT	DAYS	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	5,260,453			5,260,453			
005 NEW CAP REL COSTS-MVBLE E	2,690,390				2,690,390		
006 EMPLOYEE BENEFITS	4,618,023			18,856	9,644	4,646,523	
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT	10,520,702			328,697	168,108	650,764	11,668,271
009 LAUNDRY & LINEN SERVICE	4,140,665			1,392,745	712,302	169,573	6,415,285
010 HOUSEKEEPING	352,113			8,062	4,123		364,298
011 DIETARY	2,030,723			72,726	37,195		2,140,644
012 CAFETERIA	1,772,341			75,325	38,524		1,886,190
014 NURSING ADMINISTRATION				48,696	24,905		73,601
015 CENTRAL SERVICES & SUPPLY	1,569,955			51,543	26,361	216,094	1,863,953
016 PHARMACY	422,245			48,869	24,993	39,758	535,865
017 MEDICAL RECORDS & LIBRARY	1,459,516			43,852	22,427	211,118	1,736,913
018 SOCIAL SERVICE	1,181,155			76,711	39,233	102,842	1,399,941
025 INPAT ROUTINE SRVC CNTRS	218						218
026 ADULTS & PEDIATRICS	8,154,417			751,733	384,464	1,052,650	10,343,264
031 INTENSIVE CARE UNIT	1,112,440			51,947	26,568	143,947	1,334,902
033 SUBPROVIDER	997,547			81,894	41,883	134,218	1,255,542
034 SUBPROVIDER II	631,278			45,684	23,364	84,214	784,540
035 NURSERY	177,635			10,315	5,276	21,447	214,673
037 SKILLED NURSING FACILITY	710,389			67,552	34,548	93,717	906,206
038 NURSING FACILITY							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	3,273,263			297,117	151,956	307,050	4,029,386
041 RECOVERY ROOM	356,336			12,700	6,495	48,953	424,484
042 DELIVERY ROOM & LABOR ROOM	425,902			55,966	28,623	56,731	567,222
043 ANESTHESIOLOGY				2,484	1,270		3,754
044 RADIOLOGY-DIAGNOSTIC	2,693,333			189,641	96,990	244,931	3,224,895
045 ULTRA-SOUND							
046 CT SCAN							
047 MRI							
048 RADIOISOTOPE							
049 LABORATORY	2,527,832			80,837	41,343	200,943	2,850,955
050 RESPIRATORY THERAPY	879,053			94,363	48,261	109,447	1,131,124
051 SLEEP LAB							
052 PHYSICAL THERAPY	1,166,262			120,967	61,867	163,149	1,512,245
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY	1,396,448			59,143	30,248	130,187	1,616,026
056 MEDICAL SUPPLIES CHARGED	424,226						424,226
057 30 IMPL. DEV. CHARGED TO PAT	2,805,841						2,805,841
058 DRUGS CHARGED TO PATIENTS	1,858,071						1,858,071
059 RENAL DIALYSIS	151,685						151,685
060 ACUPUNCTURE							
061 PSYCHIATRIC/PSYCHOLOGICAL	364,211			36,251	18,540	50,498	469,500
062 OUTPAT SERVICE COST CNTRS							
063 CLINIC	1,268,251					156,598	1,424,849
064 EMERGENCY	2,010,286			81,456	41,660	230,470	2,363,872
065 OBSERVATION BEDS (NON-DIS RHC)							
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
068 HOME HEALTH AGENCY							
069 SPEC PURPOSE COST CENTERS							
070 AMBULATORY SURGICAL CENTER							
071 HOSPICE							
072 SUBTOTALS	69,403,205			4,206,132	2,151,171	4,619,299	67,782,441
073 NONREIMBURS COST CENTERS							
074 GIFT, FLOWER, COFFEE SHOP							
075 PHYSICIANS' PRIVATE OFFICE	107,598			696,576	356,255		1,160,429
076 NONPAID WORKERS							
077 OTHER NONREIMBURSABLE COSTS	587,700			357,745	182,964	27,224	1,155,633
078 01 OTHER NONREIMB - SENIOR C							
079 02 OTHER NONREIMB - MCKINLEY							
080 03 VNA							
081 04 OTHER NONREIMB. - MARKET							
082 06 OTHER NONREIMB - TRI-LAB							
083 07 OTHER NONREIMB - CONVENT							
084 08 OTHER NONREIMB - UNOCCUPI							
085 CROSS FOOT ADJUSTMENT							
086 NEGATIVE COST CENTER							
087 TOTAL	70,098,503			5,260,453	2,690,390	4,646,523	70,098,503

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	11,668,271						
009 OPERATION OF PLANT	1,281,107	7,696,392					
010 LAUNDRY & LINEN SERVICE	72,749	17,627	454,674				
011 HOUSEKEEPING	427,478	159,006		2,727,128			
012 DIETARY	376,665	164,689		59,726	2,487,270		
014 CAFETERIA	14,698	106,467		38,612		233,378	
015 NURSING ADMINISTRATION	372,224	112,692		40,869		10,483	2,400,221
016 CENTRAL SERVICES & SUPPLY	107,010	106,846	2,077	38,749		4,219	45,375
017 PHARMACY	346,855	95,876		34,771		9,562	
018 MEDICAL RECORDS & LIBRARY	279,563	167,720		60,826		9,958	
025 SOCIAL SERVICE	44						
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,065,494	1,643,572	203,748	596,059	1,903,190	69,114	1,201,382
026 INTENSIVE CARE UNIT	266,575	113,576		41,190	45,176	6,660	164,284
031 01 NICU							
031 SUBPROVIDER	250,727	179,051	76,192	64,935	240,707	7,898	
031 01 SUBPROVIDER II	156,669	99,882		36,223	66,349	5,551	96,112
033 NURSERY	42,869	22,553	26,856	8,179			24,477
034 SKILLED NURSING FACILITY	180,966	147,694		53,563	198,733	6,645	106,958
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	804,652	649,610	19,443	235,589		16,608	350,431
039 RECOVERY ROOM	84,768	27,767		10,070	4,262	2,194	55,869
040 DELIVERY ROOM & LABOR ROO	113,272	122,362		44,376			64,746
041 ANESTHESIOLOGY	750	5,431		1,970			
041 RADIOLOGY-DIAGNOSTIC	643,999	414,628	20,945	150,370		14,910	
041 01 ULTRA-SOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY	569,324	176,741		64,097		15,573	
049 RESPIRATORY THERAPY	225,881	206,313		74,822		8,368	
049 01 SLEEP LAB							
050 PHYSICAL THERAPY	301,989	264,481	34,972	95,917		9,918	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	322,714	129,309	13,596	46,895		7,284	
055 MEDICAL SUPPLIES CHARGED	84,716						
055 30 IMPL. DEV. CHARGED TO PAT	560,315						
056 DRUGS CHARGED TO PATIENTS	371,049						
057 RENAL DIALYSIS	30,291						
059 ACUPUNCTURE							
059 01 PSYCHIATRIC/PSYCHOLOGICAL	93,757	79,259		28,744		3,451	27,556
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	284,537					9,582	
061 EMERGENCY	472,056	178,095	45,677	64,588	28,853	12,815	263,031
062 OBSERVATION BEDS (NON-DIS							
063 RHC							
066 OTHER REIMBURS COST CNTRS							
071 DURABLE MEDICAL EQUIP-REN							
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE	11,205,763	5,391,247	443,506	1,891,140	2,487,270	230,793	2,400,221
096 SUBTOTALS							
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	231,733	1,522,979	11,168	552,326			
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS	230,775	782,166		283,662		2,585	
100 01 OTHER NONREIMB - SENIOR C							
100 02 OTHER NONREIMB - MCKINLEY							
100 03 VNA							
100 04 OTHER NONREIMB. - MARKET							
100 06 OTHER NONREIMB - TRI-LAB							
100 07 OTHER NONREIMB - CONVENT							
100 08 OTHER NONREIMB - UNOCCUPI							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	11,668,271	7,696,392	454,674	2,727,128	2,487,270	233,378	2,400,221

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY	840,141						
017 PHARMACY		2,223,977					
018 MEDICAL RECORDS & LIBRARY	3,502		1,921,510				
025 SOCIAL SERVICE					262		
026 INPAT ROUTINE SRVC CNTRS							
026 01 ADULTS & PEDIATRICS	58,213		402,338	143	18,486,517		18,486,517
026 01 INTENSIVE CARE UNIT	13,839		29,668	7	2,015,877		2,015,877
031 01 SUBPROVIDER	1,787		44,696	89	2,121,624		2,121,624
031 01 SUBPROVIDER II	3,628		7,109	5	1,256,068		1,256,068
033 NURSERY	3,315		3,720	3	346,645		346,645
034 SKILLED NURSING FACILITY	7,027		19,525	15	1,627,332		1,627,332
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	91,023		220,527		6,417,269		6,417,269
039 RECOVERY ROOM	2,717		29,120		641,251		641,251
040 DELIVERY ROOM & LABOR ROO	3,934		8,832		924,744		924,744
041 ANESTHESIOLOGY	12,617		35,776		60,298		60,298
041 01 RADIOLOGY-DIAGNOSTIC	32,921		189,266		4,691,934		4,691,934
041 02 ULTRA-SOUND							
041 03 CT SCAN							
043 MRI							
044 RADIOISOTOPE							
049 LABORATORY	85,204		244,028		4,005,922		4,005,922
049 01 RESPIRATORY THERAPY	14,708		77,746		1,738,962		1,738,962
049 01 SLEEP LAB	1,268				1,268		1,268
050 PHYSICAL THERAPY	1,962		54,599		2,276,083		2,276,083
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	68,259		136,789		2,340,872		2,340,872
055 MEDICAL SUPPLIES CHARGED	51,745		30,200		590,887		590,887
055 30 IMPL. DEV. CHARGED TO PAT	339,601		47,100		3,752,857		3,752,857
056 DRUGS CHARGED TO PATIENTS		2,223,977	102,437		4,555,534		4,555,534
057 RENAL DIALYSIS	195		7,488		189,659		189,659
059 ACUPUNCTURE							
059 01 PSYCHIATRIC/PSYCHOLOGICAL	5,232		11,683		719,182		719,182
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC			2,036		1,721,004		1,721,004
062 EMERGENCY	36,516		216,827		3,682,330		3,682,330
063 OBSERVATION BEDS (NON-DIS							
066 RHC							
071 OTHER REIMBURS COST CNTRS							
092 DURABLE MEDICAL EQUIP-REN							
093 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
096 AMBULATORY SURGICAL CENTE							
099 HOSPICE							
100 SUBTOTALS	839,213	2,223,977	1,921,510	262	64,164,119		64,164,119
100 NONREIMBURS COST CENTERS							
100 01 GIFT, FLOWER, COFFEE SHOP							
100 02 PHYSICIANS' PRIVATE OFFIC					3,478,635		3,478,635
100 03 NONPAID WORKERS							
100 04 OTHER NONREIMBURSABLE COS	928				2,455,749		2,455,749
100 01 OTHER NONREIMB - SENIOR C							
100 02 OTHER NONREIMB - MCKINLEY							
100 03 VNA							
100 04 OTHER NONREIMB. - MARKETI							
100 06 OTHER NONREIMB - TRI-LAB							
100 07 OTHER NONREIMB - CONVENT							
100 08 OTHER NONREIMB - UNOCCUPI							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	840,141	2,223,977	1,921,510	262	70,098,503		70,098,503

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				18,856	9,644	28,500	28,500
008 ADMINISTRATIVE & GENERAL				328,697	168,108	496,805	3,992
009 OPERATION OF PLANT				1,392,745	712,302	2,105,047	1,040
010 LAUNDRY & LINEN SERVICE				8,062	4,123	12,185	
011 HOUSEKEEPING				72,726	37,195	109,921	
012 DIETARY				75,325	38,524	113,849	
014 CAFETERIA				48,696	24,905	73,601	
015 NURSING ADMINISTRATION				51,543	26,361	77,904	1,326
016 CENTRAL SERVICES & SUPPLY				48,869	24,993	73,862	244
017 PHARMACY				43,852	22,427	66,279	1,295
018 MEDICAL RECORDS & LIBRARY				76,711	39,233	115,944	631
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
026 01 ADULTS & PEDIATRICS				751,733	384,464	1,136,197	6,451
026 02 INTENSIVE CARE UNIT				51,947	26,568	78,515	883
031 01 NICU							
031 01 SUBPROVIDER				81,894	41,883	123,777	823
033 01 SUBPROVIDER II				45,684	23,364	69,048	517
033 NURSERY				10,315	5,276	15,591	132
034 SKILLED NURSING FACILITY				67,552	34,548	102,100	575
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM				297,117	151,956	449,073	1,884
039 RECOVERY ROOM				12,700	6,495	19,195	300
040 DELIVERY ROOM & LABOR ROO				55,966	28,623	84,589	348
041 ANESTHESIOLOGY				2,484	1,270	3,754	
041 01 RADIOLOGY-DIAGNOSTIC				189,641	96,990	286,631	1,503
041 02 ULTRA-SOUND							
041 03 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY				80,837	41,343	122,180	1,233
049 RESPIRATORY THERAPY				94,363	48,261	142,624	671
049 01 SLEEP LAB							
050 PHYSICAL THERAPY				120,967	61,867	182,834	1,001
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY				59,143	30,248	89,391	799
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 ACUPUNCTURE							
059 01 PSYCHIATRIC/PSYCHOLOGICAL				36,251	18,540	54,791	310
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							961
061 EMERGENCY				81,456	41,660	123,116	1,414
062 OBSERVATION BEDS (NON-DIS							
063 RHC							
066 OTHER REIMBURS COST CNTRS							
071 DURABLE MEDICAL EQUIP-REN							
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS				4,206,132	2,151,171	6,357,303	28,333
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC				696,576	356,255	1,052,831	
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS				357,745	182,964	540,709	167
100 01 OTHER NONREIMB - SENIOR C							
100 02 OTHER NONREIMB - MCKINLEY							
100 03 VNA							
100 04 OTHER NONREIMB. - MARKETI							
100 06 OTHER NONREIMB - TRI-LAB							
100 07 OTHER NONREIMB - CONVENT							
100 08 OTHER NONREIMB - UNOCCUPI							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				5,260,453	2,690,390	7,950,843	28,500

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	500,797						
009 OPERATION OF PLANT	54,985	2,161,072					
010 LAUNDRY & LINEN SERVICE	3,122	4,950	20,257				
011 HOUSEKEEPING	18,347	44,647		172,915			
012 DIETARY	16,167	46,243		3,787	180,046		
014 CAFETERIA	631	29,895		2,448		106,575	
015 NURSING ADMINISTRATION	15,976	31,643		2,591		4,787	134,227
016 CENTRAL SERVICES & SUPPLY	4,593	30,001	93	2,457		1,927	2,538
017 PHARMACY	14,887	26,921		2,205		4,366	
018 MEDICAL RECORDS & LIBRARY	11,999	47,094		3,857		4,547	
025 SOCIAL SERVICE	2						
026 INPAT ROUTINE SRVC CNTRS							
026 01 ADULTS & PEDIATRICS	88,644	461,497	9,076	37,792	137,765	31,562	67,184
031 01 INTENSIVE CARE UNIT	11,441	31,891		2,612	3,270	3,041	9,187
031 01 NICU							
031 01 SUBPROVIDER	10,761	50,276	3,395	4,117	17,424	3,607	
033 01 SUBPROVIDER II	6,724	28,046		2,297	4,803	2,535	5,375
033 NURSERY	1,840	6,333	1,197	519			1,369
034 SKILLED NURSING FACILITY	7,767	41,471		3,396	14,386	3,035	5,981
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	34,536	182,404	866	14,938		7,584	19,597
039 RECOVERY ROOM	3,638	7,797		638	309	1,002	3,124
040 DELIVERY ROOM & LABOR ROO	4,862	34,358		2,814			3,621
041 ANESTHESIOLOGY	32	1,525		125			
041 01 RADIOLOGY-DIAGNOSTIC	27,641	116,424	933	9,534		6,809	
041 02 ULTRA-SOUND							
041 03 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY	24,436	49,627		4,064		7,112	
049 RESPIRATORY THERAPY	9,695	57,931		4,744		3,822	
049 01 SLEEP LAB							
050 PHYSICAL THERAPY	12,961	74,264	1,558	6,082		4,529	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	13,851	36,309	606	2,973		3,326	
055 MEDICAL SUPPLIES CHARGED	3,636						
055 30 IMPL. DEV. CHARGED TO PAT	24,049						
056 DRUGS CHARGED TO PATIENTS	15,926						
057 RENAL DIALYSIS	1,300						
059 ACUPUNCTURE							
059 01 PSYCHIATRIC/PSYCHOLOGICAL	4,024	22,255		1,823		1,576	1,541
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	12,212					4,376	
061 EMERGENCY	20,261	50,007	2,035	4,095	2,089	5,852	14,710
062 OBSERVATION BEDS (NON-DIS							
063 RHC							
066 OTHER REIMBURS COST CNTRS							
071 DURABLE MEDICAL EQUIP-REN							
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE	480,946	1,513,809	19,759	119,908	180,046	105,395	134,227
096 SUBTOTALS							
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	9,946	427,638	498	35,021			
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS	9,905	219,625		17,986		1,180	
100 01 OTHER NONREIMB - SENIOR C							
100 02 OTHER NONREIMB - MCKINLEY							
100 03 VNA							
100 04 OTHER NONREIMB. - MARKET							
100 06 OTHER NONREIMB - TRI-LAB							
100 07 OTHER NONREIMB - CONVENT							
100 08 OTHER NONREIMB - UNOCCUPI							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	500,797	2,161,072	20,257	172,915	180,046	106,575	134,227

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	15	16	17	18	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY	115,715						
017 PHARMACY		115,953					
018 MEDICAL RECORDS & LIBRARY	482		184,554				
025 SOCIAL SERVICE				2			
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	8,018		38,643	1	2,022,830		2,022,830
033 INTENSIVE CARE UNIT	1,906		2,849		145,595		145,595
035 NICU							
037 SUBPROVIDER	246		4,293	1	218,720		218,720
039 01 SUBPROVIDER II	500		683		120,528		120,528
041 NURSERY	457		357		27,795		27,795
043 SKILLED NURSING FACILITY	968		1,875		181,554		181,554
045 NURSING FACILITY							
047 ANCILLARY SRVC COST CNTRS							
049 OPERATING ROOM	12,537		21,181		744,600		744,600
051 RECOVERY ROOM	374		2,797		39,174		39,174
053 DELIVERY ROOM & LABOR ROO	542		848		131,982		131,982
055 ANESTHESIOLOGY	1,738		3,436		10,610		10,610
057 RADIOLOGY-DIAGNOSTIC	4,534		18,178		472,187		472,187
059 01 ULTRA-SOUND							
061 02 CT SCAN							
063 03 MRI							
065 RADIOISOTOPE							
067 LABORATORY	11,735		23,438		243,825		243,825
069 RESPIRATORY THERAPY	2,026		7,467		228,980		228,980
071 01 SLEEP LAB	175				175		175
073 PHYSICAL THERAPY	270		5,244		288,743		288,743
075 OCCUPATIONAL THERAPY							
077 SPEECH PATHOLOGY							
079 ELECTROCARDIOLOGY	9,402		13,138		169,795		169,795
081 MEDICAL SUPPLIES CHARGED	7,127		2,901		13,664		13,664
083 30 IMPL. DEV. CHARGED TO PAT	46,773		4,524		75,346		75,346
085 DRUGS CHARGED TO PATIENTS		115,953	9,839		141,718		141,718
087 RENAL DIALYSIS	27		719		2,046		2,046
089 ACUPUNCTURE							
091 01 PSYCHIATRIC/PSYCHOLOGICAL	721		1,122		88,163		88,163
093 OUTPAT SERVICE COST CNTRS							
095 CLINIC			196		17,745		17,745
097 EMERGENCY	5,029		20,826		249,434		249,434
099 OBSERVATION BEDS (NON-DIS							
101 RHC							
103 OTHER REIMBURS COST CNTRS							
105 DURABLE MEDICAL EQUIP-REN							
107 HOME HEALTH AGENCY							
109 SPEC PURPOSE COST CENTERS							
111 AMBULATORY SURGICAL CENTE							
113 HOSPICE							
115 SUBTOTALS	115,587	115,953	184,554	2	5,635,209		5,635,209
117 NONREIMBURS COST CENTERS							
119 GIFT, FLOWER, COFFEE SHOP							
121 PHYSICIANS' PRIVATE OFFIC					1,525,934		1,525,934
123 NONPAID WORKERS							
125 OTHER NONREIMBURSABLE COS	128				789,700		789,700
127 01 OTHER NONREIMB - SENIOR C							
129 02 OTHER NONREIMB - MCKINLEY							
131 03 VNA							
133 04 OTHER NONREIMB. - MARKETI							
135 06 OTHER NONREIMB - TRI-LAB							
137 07 OTHER NONREIMB - CONVENT							
139 08 OTHER NONREIMB - UNOCCUPI							
141 CROSS FOOT ADJUSTMENTS							
143 NEGATIVE COST CENTER							
145 TOTAL	115,715	115,953	184,554	2	7,950,843		7,950,843

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2010	WORKSHEET B
	TO 12/31/2010	PART III

COST CENTER
DESCRIPTION

- 001 GENERAL SERVICE COST CNTR
- 002 OLD CAP REL COSTS-BLDG &
- 003 OLD CAP REL COSTS-MVBLE E
- 004 NEW CAP REL COSTS-BLDG &
- 005 NEW CAP REL COSTS-MVBLE E
- 006 EMPLOYEE BENEFITS
- 008 ADMINISTRATIVE & GENERAL
- 009 OPERATION OF PLANT
- 010 LAUNDRY & LINEN SERVICE
- 011 HOUSEKEEPING
- 012 DIETARY
- 014 CAFETERIA
- 015 NURSING ADMINISTRATION
- 016 CENTRAL SERVICES & SUPPLY
- 017 PHARMACY
- 018 MEDICAL RECORDS & LIBRARY
- 025 SOCIAL SERVICE
- 026 INPAT ROUTINE SRVC CNTRS
- 026 ADULTS & PEDIATRICS
- 026 INTENSIVE CARE UNIT
- 031 01 NICU
- 031 SUBPROVIDER
- 031 01 SUBPROVIDER II
- 033 NURSERY
- 034 SKILLED NURSING FACILITY
- 035 NURSING FACILITY
- 037 ANCILLARY SRVC COST CNTRS
- 038 OPERATING ROOM
- 039 RECOVERY ROOM
- 040 DELIVERY ROOM & LABOR ROO
- 041 ANESTHESIOLOGY
- 041 RADIOLOGY-DIAGNOSTIC
- 041 01 ULTRA-SOUND
- 041 02 CT SCAN
- 041 03 MRI
- 043 RADIOISOTOPE
- 044 LABORATORY
- 049 RESPIRATORY THERAPY
- 049 01 SLEEP LAB
- 050 PHYSICAL THERAPY
- 051 OCCUPATIONAL THERAPY
- 052 SPEECH PATHOLOGY
- 053 ELECTROCARDIOLOGY
- 055 MEDICAL SUPPLIES CHARGED
- 055 30 IMPL. DEV. CHARGED TO PAT
- 056 DRUGS CHARGED TO PATIENTS
- 057 RENAL DIALYSIS
- 059 ACUPUNCTURE
- 059 01 PSYCHIATRIC/PSYCHOLOGICAL
- 060 OUTPAT SERVICE COST CNTRS
- 061 CLINIC
- 061 EMERGENCY
- 062 OBSERVATION BEDS (NON-DIS
- 063 RHC
- 066 OTHER REIMBURS COST CNTRS
- 071 DURABLE MEDICAL EQUIP-REN
- 092 HOME HEALTH AGENCY
- 093 SPEC PURPOSE COST CENTERS
- 095 AMBULATORY SURGICAL CENTE
- 096 HOSPICE
- 098 SUBTOTALS
- 099 NONREIMBURS COST CENTERS
- 100 GIFT, FLOWER, COFFEE SHOP
- 100 PHYSICIANS' PRIVATE OFFIC
- 100 NONPAID WORKERS
- 100 OTHER NONREIMBURSABLE COS
- 100 01 OTHER NONREIMB - SENIOR C
- 100 02 OTHER NONREIMB - MCKINLEY
- 100 03 VNA
- 100 04 OTHER NONREIMB. - MARKET
- 100 06 OTHER NONREIMB - TRI-LAB
- 100 07 OTHER NONREIMB - CONVENT
- 100 08 OTHER NONREIMB - UNOCCUPI
- 101 CROSS FOOT ADJUSTMENTS
- 102 NEGATIVE COST CENTER
- 103 TOTAL

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION
	1	2	3	4	5	6a. 00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	637,469					
003 OLD CAP REL COSTS-MVB		637,469				
004 NEW CAP REL COSTS-BLD			637,469			
005 NEW CAP REL COSTS-MVB				637,469		
006 EMPLOYEE BENEFITS	2,285	2,285	2,285	2,285	29,356,570	
008 ADMIN STRATIVE & GENE	39,832	39,832	39,832	39,832	4,111,502	-11,668,271
009 OPERATION OF PLANT	168,775	168,775	168,775	168,775	1,071,353	
010 LAUNDRY & LINEN SERVI	977	977	977	977		
011 HOUSEKEEPING	8,813	8,813	8,813	8,813		
012 DIETARY	9,128	9,128	9,128	9,128		
014 CAFETERIA	5,901	5,901	5,901	5,901		
015 NURSING ADMIN STRATIO	6,246	6,246	6,246	6,246	1,365,274	
016 CENTRAL SERVICES & SU	5,922	5,922	5,922	5,922	251,191	
017 PHARMACY	5,314	5,314	5,314	5,314	1,333,833	
018 MEDICAL RECORDS & LIB	9,296	9,296	9,296	9,296	649,754	
025 SOCIAL SERVICE						
026 INPAT ROUTINE SRVC CN	91,096	91,096	91,096	91,096	6,650,620	
031 ADULTS & PEDIATRICS	6,295	6,295	6,295	6,295	909,448	
031 01 INTENSIVE CARE UNIT						
031 01 NICU						
031 01 SUBPROVIDER	9,924	9,924	9,924	9,924	847,986	
033 01 SUBPROVIDER II	5,536	5,536	5,536	5,536	532,063	
034 NURSERY	1,250	1,250	1,250	1,250	135,502	
035 SKILLED NURSING FACIL	8,186	8,186	8,186	8,186	592,102	
037 NURSING FACILITY						
038 ANCILLARY SRVC COST C						
039 OPERATING ROOM	36,005	36,005	36,005	36,005	1,939,931	
040 RECOVERY ROOM	1,539	1,539	1,539	1,539	309,281	
041 DELIVERY ROOM & LABOR	6,782	6,782	6,782	6,782	358,425	
041 ANESTHESIOLOGY	301	301	301	301		
041 01 RADIOLOGY-DIAGNOSTIC	22,981	22,981	22,981	22,981	1,547,462	
041 02 ULTRA-SOUND						
041 03 CT SCAN						
043 MRI						
044 RADIOISOTOPE						
049 LABORATORY	9,796	9,796	9,796	9,796	1,269,550	
049 01 RESPIRATORY THERAPY	11,435	11,435	11,435	11,435	691,482	
049 01 SLEEP LAB						
050 PHYSICAL THERAPY	14,659	14,659	14,659	14,659	1,030,769	
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	7,167	7,167	7,167	7,167	822,518	
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
059 ACUPUNCTURE						
059 01 PSYCHIATRIC/PSYCHOLOG	4,393	4,393	4,393	4,393	319,046	
060 OUTPAT SERVICE COST C						
061 CLINIC					989,379	
062 EMERGENCY	9,871	9,871	9,871	9,871	1,456,098	
062 OBSERVATION BEDS (NON						
063 RHC						
066 OTHER REIMBURS COST C						
071 DURABLE MEDICAL EQUIP						
092 HOME HEALTH AGENCY						
092 SPEC PURPOSE COST CEN						
093 AMBULATORY SURGICAL C						
095 HOSPICE						
095 SUBTOTALS	509,705	509,705	509,705	509,705	29,184,569	-11,668,271
096 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O	84,412	84,412	84,412	84,412		
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE	43,352	43,352	43,352	43,352	172,001	
100 01 OTHER NONREIMB - SENI						
100 02 OTHER NONREIMB - MCKI						
100 03 VNA						
100 04 OTHER NONREIMB. - MAR						
100 06 OTHER NONREIMB - TRI -						
100 07 OTHER NONREIMB - CONV						
100 08 OTHER NONREIMB - UNOC						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			5,260,453	2,690,390	4,646,523	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			8.252092		158279	
(WRKSHT B, PT I)				4.220425		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCI L- IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET	(GROSS) SALARIES	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENT (WRKSHT B, PT III)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					28,500	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000971	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING SALARIES)
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	58,430,232						
009 OPERATION OF PLANT	6,415,285	426,577					
010 LAUNDRY & LINEN SERVICE	364,298		739,934				
011 HOUSEKEEPING	2,140,644	8,813		416,787			
012 DIETARY	1,886,190	9,128		9,128	126,633		
014 CAFETERIA	73,601	5,901		5,901		47,131	
015 NURSING ADMINISTRATION	1,863,953	6,246		6,246		2,117	13,287,207
016 CENTRAL SERVICES & SUPPLIES	535,865	5,922	3,380	5,922		852	251,191
017 PHARMACY	1,736,913	5,314		5,314		1,931	
018 MEDICAL RECORDS & LIBRARY	1,399,941	9,296		9,296		2,011	
018 SOCIAL SERVICE	218						
025 INPATIENT ROUTINE SERVICE CENTER							
026 ADULTS & PEDIATRICS	10,343,264	91,096	331,578	91,096	96,896	13,958	6,650,620
026 INTENSIVE CARE UNIT	1,334,902	6,295		6,295	2,300	1,345	909,448
031 SUBPROVIDER	1,255,542	9,924	123,994	9,924	12,255	1,595	
031 SUBPROVIDER II	784,540	5,536		5,536	3,378	1,121	532,063
033 NURSERY	214,673	1,250	43,706	1,250			135,502
034 SKILLED NURSING FACILITY	906,206	8,186		8,186	10,118	1,342	592,102
035 NURSING FACILITY							
037 ANCILLARY SERVICE COST CENTER							
038 OPERATING ROOM	4,029,386	36,005	31,642	36,005		3,354	1,939,931
039 RECOVERY ROOM	424,484	1,539		1,539	217	443	309,281
040 DELIVERY ROOM & LABOR	567,222	6,782		6,782			358,425
041 ANESTHESIOLOGY	3,754	301		301			
041 RADIOLOGY-DIAGNOSTIC	3,224,895	22,981	34,086	22,981		3,011	
041 ULTRA-SOUND							
041 CT SCAN							
041 MRI							
043 RADIOISOTOPE							
044 LABORATORY	2,850,955	9,796		9,796		3,145	
049 RESPIRATORY THERAPY	1,131,124	11,435		11,435		1,690	
049 SLEEP LAB							
050 PHYSICAL THERAPY	1,512,245	14,659	56,914	14,659		2,003	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	1,616,026	7,167	22,126	7,167		1,471	
055 MEDICAL SUPPLIES CHARGED TO	424,226						
055 IMPL. DEV. CHARGED TO	2,805,841						
056 DRUGS CHARGED TO PATIENTS	1,858,071						
057 RENAL DIALYSIS	151,685						
059 ACUPUNCTURE							
059 PSYCHIATRIC/PSYCHOLOGICAL	469,500	4,393		4,393		697	152,546
060 OUTPATIENT SERVICE COST CENTER							
061 CLINIC	1,424,849					1,935	
061 EMERGENCY	2,363,872	9,871	74,334	9,871	1,469	2,588	1,456,098
062 OBSERVATION BEDS (NON-RHC)							
063 OTHER REIMBURSABLE COST CENTER							
066 DURABLE MEDICAL EQUIPMENT							
071 HOME HEALTH AGENCY							
092 SPECIFIC PURPOSE COST CENTER							
093 AMBULATORY SURGICAL CENTER							
095 HOSPITAL							
095 SUBTOTALS	56,114,170	298,813	721,760	289,023	126,633	46,609	13,287,207
096 NONREIMBURSABLE COST CENTER							
098 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE OPPORTUNITY	1,160,429	84,412	18,174	84,412			
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE	1,155,633	43,352		43,352		522	
100 OTHER NONREIMBURSABLE - SENIOR							
100 OTHER NONREIMBURSABLE - MCKI							
100 OTHER NONREIMBURSABLE - VNA							
100 OTHER NONREIMBURSABLE - MAR							
100 OTHER NONREIMBURSABLE - TRI							
100 OTHER NONREIMBURSABLE - CONV							
100 OTHER NONREIMBURSABLE - UNOC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	11,668,271	7,696,392	454,674	2,727,128	2,487,270	233,378	2,400,221
104 UNIT COST MULTIPLIER (WRKSHT B, PART I)	.199696	18.042210	.614479	6.543218	19.641563	4.951688	.180641
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET B-1

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		(ACCUM. COST)	(SQUARE FEET)	(POUNDS)	(SQUARE FEET)	(MEALS SERVED)	(FTE'S)	(NURSING SALARIES)
		6	8	9	10	11	12	14
107	NONREIMBURS COST CENT (WRKSHT B, PT III) COST TO BE ALLOCATED (WRKSHT B, PART III)	500,797	2,161,072	20,257	172,915	180,046	106,575	134,227
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.008571	5.066077	.027377	.414876	1.421794	2.261251	.010102

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQS)	PHARMACY (COSTED REQS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICES (PATIENT DAYS)
	15	16	17	18
001 GENERAL SERVICE COST				
002 OLD CAP REL COSTS-BLD				
003 OLD CAP REL COSTS-MVB				
004 NEW CAP REL COSTS-BLD				
005 NEW CAP REL COSTS-MVB				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY	5,854,612	1,941,477		
017 PHARMACY			562,727,588	
018 MEDICAL RECORDS & LIBRARY	24,407			59,998
025 SOCIAL SERVICE				
026 INPATIENT ROUTINE SERVICE				
026 01 ADULTS & PEDIATRICS	405,661		117,875,337	32,656
031 INTENSIVE CARE UNIT	96,437		8,687,424	1,563
031 01 NICU				
031 SUBPROVIDER	12,452		13,088,223	20,487
031 01 SUBPROVIDER II	25,281		2,081,594	1,154
033 NURSERY	23,100		1,089,266	697
034 SKILLED NURSING FACILITY	48,967		5,717,538	3,441
035 NURSING FACILITY				
037 ANCILLARY SERVICE COST CENTER				
038 OPERATING ROOM	634,299		64,575,868	
039 RECOVERY ROOM	18,932		8,526,966	
040 DELIVERY ROOM & LABOR	27,413		2,586,208	
041 ANESTHESIOLOGY	87,922		10,476,105	
041 01 RADIOLOGY-DIAGNOSTIC	229,410		55,421,851	
041 02 ULTRA-SOUND				
041 03 CT SCAN				
043 MRI				
044 RADIOISOTOPE				
049 LABORATORY	593,750		71,457,599	
049 01 RESPIRATORY THERAPY	102,496		22,766,174	
049 01 SLEEP LAB	8,837			
050 PHYSICAL THERAPY	13,669		15,987,906	
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY	475,668		40,055,434	
055 MEDICAL SUPPLIES CHARGE	360,588		8,843,297	
056 30 IMPL. DEV. CHARGED TO PATIENT	2,366,572	1,941,477	13,792,007	
057 DRUGS CHARGED TO PATIENT			29,996,318	
057 RENAL DIALYSIS	1,360		2,192,597	
059 ACUPUNCTURE				
059 01 PSYCHIATRIC/PSYCHOLOGICAL	36,462		3,421,091	
060 OUTPATIENT SERVICE COST CENTER				
061 CLINIC			596,227	
062 EMERGENCY	254,464		63,492,558	
063 OBSERVATION BEDS (NON-RHC)				
066 OTHER REIMBURSABLE COST CENTER				
071 DURABLE MEDICAL EQUIPMENT				
092 HOME HEALTH AGENCY				
093 SPECIFIC PURPOSE COST CENTER				
095 AMBULATORY SURGICAL CENTER				
095 HOSPICE				
095 SUBTOTALS	5,848,147	1,941,477	562,727,588	59,998
096 NONREIMBURSABLE COST CENTER				
098 GIFT, FLOWER, COFFEE				
099 PHYSICIANS' PRIVATE OFFICE				
100 NONPAID WORKERS				
100 01 OTHER NONREIMBURSABLE	6,465			
100 02 OTHER NONREIMBURSABLE - SENIOR				
100 03 OTHER NONREIMBURSABLE - MCKI				
100 04 OTHER NONREIMBURSABLE - VNA				
100 06 OTHER NONREIMBURSABLE - MAR				
100 07 OTHER NONREIMBURSABLE - TRI				
100 08 OTHER NONREIMBURSABLE - CONV				
101 OTHER NONREIMBURSABLE - UNOC				
102 CROSS FOOT ADJUSTMENT				
103 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	840,141	2,223,977	1,921,510	262
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)	.143501	1.145508	.003415	.004367
105 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)				
106 UNIT COST MULTIPLIER				

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET B-1

	COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		(COSTED REQS)	(COSTED REQS)	(GROSS CHARGES)	(PATIENT DAYS)
		15	16	17	18
107	NONREIMBURS COST CENT (WRKSHT B, PT I I) COST TO BE ALLOCATED (PER WRKSHT B, PART	115,715	115,953	184,554	2
108	UNIT COST MULTIPLIER (WRKSHT B, PT I I I)	.019765	.059724	.000328	.000033

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	18,486,517		18,486,517		18,486,517
26	INTENSIVE CARE UNIT	2,015,877		2,015,877		2,015,877
26	01 NICU					
31	SUBPROVIDER	2,121,624		2,121,624		2,121,624
31	01 SUBPROVIDER II	1,256,068		1,256,068		1,256,068
33	NURSERY	346,645		346,645		346,645
34	SKILLED NURSING FACILITY	1,627,332		1,627,332		1,627,332
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,417,269		6,417,269		6,417,269
38	RECOVERY ROOM	641,251		641,251		641,251
39	DELIVERY ROOM & LABOR ROOM	924,744		924,744		924,744
40	ANESTHESIOLOGY	60,298		60,298		60,298
41	RADIOLOGY-DIAGNOSTIC	4,691,934		4,691,934		4,691,934
41	01 ULTRA-SOUND					
41	02 CT SCAN					
41	03 MRI					
43	RADIOISOTOPE					
44	LABORATORY	4,005,922		4,005,922	1,481	4,007,403
49	RESPIRATORY THERAPY	1,738,962		1,738,962		1,738,962
49	01 SLEEP LAB	1,268		1,268		1,268
50	PHYSICAL THERAPY	2,276,083		2,276,083		2,276,083
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	2,340,872		2,340,872		2,340,872
55	MEDICAL SUPPLIES CHARGED	590,887		590,887		590,887
55	30 IMPL. DEV. CHARGED TO PAT	3,752,857		3,752,857		3,752,857
56	DRUGS CHARGED TO PATIENTS	4,555,534		4,555,534		4,555,534
57	RENAL DIALYSIS	189,659		189,659		189,659
59	ACUPUNCTURE					
59	01 PSYCHIATRIC/PSYCHOLOGICAL	719,182		719,182		719,182
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,721,004		1,721,004		1,721,004
61	EMERGENCY	3,682,330		3,682,330		3,682,330
62	OBSERVATION BEDS (NON-DISS)	4,537		4,537		4,537
63	RHC					
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN					
101	SUBTOTAL	64,168,656		64,168,656	1,481	64,170,137
102	LESS OBSERVATION BEDS	4,537		4,537		4,537
103	TOTAL	64,164,119		64,164,119	1,481	64,165,600

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	112,509,099		112,509,099			
26	INTENSIVE CARE UNIT	8,687,424		8,687,424			
26	01 NICU						
31	SUBPROVIDER	13,088,223		13,088,223			
31	01 SUBPROVIDER II	2,081,594		2,081,594			
33	NURSERY	1,089,266		1,089,266			
34	SKILLED NURSING FACILITY	5,717,538		5,717,538			
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	26,278,823	38,297,045	64,575,868	.099376	.099376	.099376
38	RECOVERY ROOM	3,513,558	5,013,408	8,526,966	.075203	.075203	.075203
39	DELIVERY ROOM & LABOR ROO	2,364,420	221,788	2,586,208	.357568	.357568	.357568
40	ANESTHESIOLOGY	5,530,247	4,945,858	10,476,105	.005756	.005756	.005756
41	RADIOLOGY-DIAGNOSTIC	17,051,802	38,370,049	55,421,851	.084659	.084659	.084659
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	44,140,714	27,316,885	71,457,599	.056060	.056060	.056081
49	RESPIRATORY THERAPY	19,626,943	3,139,231	22,766,174	.076384	.076384	.076384
49	01 SLEEP LAB						
50	PHYSICAL THERAPY	8,561,028	7,426,878	15,987,906	.142363	.142363	.142363
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	26,070,864	13,984,570	40,055,434	.058441	.058441	.058441
55	MEDICAL SUPPLIES CHARGED	8,249,590	593,707	8,843,297	.066818	.066818	.066818
55	30 IMPL. DEV. CHARGED TO PAT	10,797,586	2,994,421	13,792,007	.272104	.272104	.272104
56	DRUGS CHARGED TO PATIENTS	25,367,340	4,628,978	29,996,318	.151870	.151870	.151870
57	RENAL DIALYSIS	2,173,459	19,138	2,192,597	.086500	.086500	.086500
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL	964,465	2,456,626	3,421,091	.210220	.210220	.210220
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		596,227	596,227	2.886491	2.886491	2.886491
61	EMERGENCY	20,647,524	42,845,034	63,492,558	.057996	.057996	.057996
62	OBSERVATION BEDS (NON-DIS	2,322,427	3,043,811	5,366,238	.000845	.000845	.000845
63	RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	SUBTOTAL	366,833,934	195,893,654	562,727,588			
102	LESS OBSERVATION BEDS						
103	TOTAL	366,833,934	195,893,654	562,727,588			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0125
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/24/2011
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	18,486,517		18,486,517		18,486,517
26	INTENSIVE CARE UNIT	2,015,877		2,015,877		2,015,877
26	01 NICU					
31	SUBPROVIDER	2,121,624		2,121,624		2,121,624
31	01 SUBPROVIDER II	1,256,068		1,256,068		1,256,068
33	NURSERY	346,645		346,645		346,645
34	SKILLED NURSING FACILITY	1,627,332		1,627,332		1,627,332
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,417,269		6,417,269		6,417,269
38	RECOVERY ROOM	641,251		641,251		641,251
39	DELIVERY ROOM & LABOR ROOM	924,744		924,744		924,744
40	ANESTHESIOLOGY	60,298		60,298		60,298
41	RADIOLOGY-DIAGNOSTIC	4,691,934		4,691,934		4,691,934
41	01 ULTRA-SOUND					
41	02 CT SCAN					
41	03 MRI					
43	RADIOISOTOPE					
44	LABORATORY	4,005,922		4,005,922	1,481	4,007,403
49	RESPIRATORY THERAPY	1,738,962		1,738,962		1,738,962
49	01 SLEEP LAB	1,268		1,268		1,268
50	PHYSICAL THERAPY	2,276,083		2,276,083		2,276,083
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	2,340,872		2,340,872		2,340,872
55	MEDICAL SUPPLIES CHARGED	590,887		590,887		590,887
55	30 IMPL. DEV. CHARGED TO PAT	3,752,857		3,752,857		3,752,857
56	DRUGS CHARGED TO PATIENTS	4,555,534		4,555,534		4,555,534
57	RENAL DIALYSIS	189,659		189,659		189,659
59	ACUPUNCTURE					
59	01 PSYCHIATRIC/PSYCHOLOGICAL	719,182		719,182		719,182
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,721,004		1,721,004		1,721,004
61	EMERGENCY	3,682,330		3,682,330		3,682,330
62	OBSERVATION BEDS (NON-DIS	4,537		4,537		4,537
63	RHC					
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN					
101	SUBTOTAL	64,168,656		64,168,656	1,481	64,170,137
102	LESS OBSERVATION BEDS	4,537		4,537		4,537
103	TOTAL	64,164,119		64,164,119	1,481	64,165,600

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	112,509,099		112,509,099			
26	INTENSIVE CARE UNIT	8,687,424		8,687,424			
26	01 NICU						
31	SUBPROVIDER	13,088,223		13,088,223			
31	01 SUBPROVIDER II	2,081,594		2,081,594			
33	NURSERY	1,089,266		1,089,266			
34	SKILLED NURSING FACILITY	5,717,538		5,717,538			
35	NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	26,278,823	38,297,045	64,575,868	.099376	.099376	.099376
38	RECOVERY ROOM	3,513,558	5,013,408	8,526,966	.075203	.075203	.075203
39	DELIVERY ROOM & LABOR ROO	2,364,420	221,788	2,586,208	.357568	.357568	.357568
40	ANESTHESIOLOGY	5,530,247	4,945,858	10,476,105	.005756	.005756	.005756
41	RADIOLOGY-DIAGNOSTIC	17,051,802	38,370,049	55,421,851	.084659	.084659	.084659
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	44,140,714	27,316,885	71,457,599	.056060	.056060	.056081
49	RESPIRATORY THERAPY	19,626,943	3,139,231	22,766,174	.076384	.076384	.076384
49	01 SLEEP LAB						
50	PHYSICAL THERAPY	8,561,028	7,426,878	15,987,906	.142363	.142363	.142363
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	26,070,864	13,984,570	40,055,434	.058441	.058441	.058441
55	MEDICAL SUPPLIES CHARGED	8,249,590	593,707	8,843,297	.066818	.066818	.066818
55	30 IMPL. DEV. CHARGED TO PAT	10,797,586	2,994,421	13,792,007	.272104	.272104	.272104
56	DRUGS CHARGED TO PATIENTS	25,367,340	4,628,978	29,996,318	.151870	.151870	.151870
57	RENAL DIALYSIS	2,173,459	19,138	2,192,597	.086500	.086500	.086500
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	964,465	2,456,626	3,421,091	.210220	.210220	.210220
60	CLINIC		596,227	596,227	2.886491	2.886491	2.886491
61	EMERGENCY	20,647,524	42,845,034	63,492,558	.057996	.057996	.057996
62	OBSERVATION BEDS (NON-DIS RHC	2,322,427	3,043,811	5,366,238	.000845	.000845	.000845
63	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	SUBTOTAL	366,833,934	195,893,654	562,727,588			
102	LESS OBSERVATION BEDS						
103	TOTAL	366,833,934	195,893,654	562,727,588			

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	6,417,269	744,600	5,672,669			6,417,269
38	RECOVERY ROOM	641,251	39,174	602,077			641,251
39	DELIVERY ROOM & LABOR ROO	924,744	131,982	792,762			924,744
40	ANESTHESIOLOGY	60,298	10,610	49,688			60,298
41	RADIOLOGY-DIAGNOSTIC	4,691,934	472,187	4,219,747			4,691,934
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	4,005,922	243,825	3,762,097			4,005,922
49	RESPIRATORY THERAPY	1,738,962	228,980	1,509,982			1,738,962
49	01 SLEEP LAB	1,268	175	1,093			1,268
50	PHYSICAL THERAPY	2,276,083	288,743	1,987,340			2,276,083
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,340,872	169,795	2,171,077			2,340,872
55	MEDICAL SUPPLIES CHARGED	590,887	13,664	577,223			590,887
55	30 IMPL. DEV. CHARGED TO PAT	3,752,857	75,346	3,677,511			3,752,857
56	DRUGS CHARGED TO PATIENTS	4,555,534	141,718	4,413,816			4,555,534
57	RENAL DIALYSIS	189,659	2,046	187,613			189,659
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	719,182	88,163	631,019			719,182
60	CLINIC	1,721,004	17,745	1,703,259			1,721,004
61	EMERGENCY	3,682,330	249,434	3,432,896			3,682,330
62	OBSERVATION BEDS (NON-DIS	4,537	496	4,041			4,537
63	RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	SUBTOTAL	38,314,593	2,918,683	35,395,910			38,314,593
102	LESS OBSERVATION BEDS	4,537	496	4,041			4,537
103	TOTAL	38,310,056	2,918,187	35,391,869			38,310,056

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	64,575,868	.099376	.099376
38	RECOVERY ROOM	8,526,966	.075203	.075203
39	DELIVERY ROOM & LABOR ROO	2,586,208	.357568	.357568
40	ANESTHESIOLOGY	10,476,105	.005756	.005756
41	RADIOLOGY-DIAGNOSTIC	55,421,851	.084659	.084659
41	01 ULTRA-SOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	71,457,599	.056060	.056060
49	RESPIRATORY THERAPY	22,766,174	.076384	.076384
49	01 SLEEP LAB			
50	PHYSICAL THERAPY	15,987,906	.142363	.142363
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	40,055,434	.058441	.058441
55	MEDICAL SUPPLIES CHARGED	8,843,297	.066818	.066818
55	30 IMPL. DEV. CHARGED TO PAT	13,792,007	.272104	.272104
56	DRUGS CHARGED TO PATIENTS	29,996,318	.151870	.151870
57	RENAL DIALYSIS	2,192,597	.086500	.086500
59	ACUPUNCTURE			
59	01 PSYCHIATRIC/PSYCHOLOGICAL	3,421,091	.210220	.210220
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	596,227	2.886491	2.886491
61	EMERGENCY	63,492,558	.057996	.057996
62	OBSERVATION BEDS (NON-DIS	5,366,238	.000845	.000845
63	RHC			
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN			
101	SUBTOTAL	419,554,444		
102	LESS OBSERVATION BEDS	5,366,238		
103	TOTAL	414,188,206		

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	6,417,269	744,600	5,672,669	74,460	329,015	6,013,794
38	RECOVERY ROOM	641,251	39,174	602,077	3,917	34,920	602,414
39	DELIVERY ROOM & LABOR ROO	924,744	131,982	792,762	13,198	45,980	865,566
40	ANESTHESIOLOGY	60,298	10,610	49,688	1,061	2,882	56,355
41	RADIOLOGY-DIAGNOSTIC	4,691,934	472,187	4,219,747	47,219	244,745	4,399,970
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	4,005,922	243,825	3,762,097	24,383	218,202	3,763,337
49	RESPIRATORY THERAPY	1,738,962	228,980	1,509,982	22,898	87,579	1,628,485
49	01 SLEEP LAB	1,268	175	1,093	18	63	1,187
50	PHYSICAL THERAPY	2,276,083	288,743	1,987,340	28,874	115,266	2,131,943
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,340,872	169,795	2,171,077	16,980	125,922	2,197,970
55	MEDICAL SUPPLIES CHARGED	590,887	13,664	577,223	1,366	33,479	556,042
55	30 IMPL. DEV. CHARGED TO PAT	3,752,857	75,346	3,677,511	7,535	213,296	3,532,026
56	DRUGS CHARGED TO PATIENTS	4,555,534	141,718	4,413,816	14,172	256,001	4,285,361
57	RENAL DIALYSIS	189,659	2,046	187,613	205	10,882	178,572
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	719,182	88,163	631,019	8,816	36,599	673,767
60	CLINIC	1,721,004	17,745	1,703,259	1,775	98,789	1,620,440
61	EMERGENCY	3,682,330	249,434	3,432,896	24,943	199,108	3,458,279
62	OBSERVATION BEDS (NON-DIS	4,537	496	4,041	50	234	4,253
63	RHC						
66	OTHER REIMBURS COST CNTRS						
101	DURABLE MEDICAL EQUIP-REN SUBTOTAL	38,314,593	2,918,683	35,395,910	291,870	2,052,962	35,969,761
102	LESS OBSERVATION BEDS	4,537	496	4,041	50	234	4,253
103	TOTAL	38,310,056	2,918,187	35,391,869	291,820	2,052,728	35,965,508

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	64,575,868	.093128	.098223
38	RECOVERY ROOM	8,526,966	.070648	.074743
39	DELIVERY ROOM & LABOR ROO	2,586,208	.334685	.352464
40	ANESTHESIOLOGY	10,476,105	.005379	.005654
41	RADIOLOGY-DIAGNOSTIC	55,421,851	.079391	.083807
41	01 ULTRA-SOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	71,457,599	.052665	.055719
49	RESPIRATORY THERAPY	22,766,174	.071531	.075378
49	01 SLEEP LAB			
50	PHYSICAL THERAPY	15,987,906	.133347	.140557
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	40,055,434	.054873	.058017
55	MEDICAL SUPPLIES CHARGED	8,843,297	.062877	.066663
55	30 IMPL. DEV. CHARGED TO PAT	13,792,007	.256092	.271557
56	DRUGS CHARGED TO PATIENTS	29,996,318	.142863	.151397
57	RENAL DIALYSIS	2,192,597	.081443	.086406
59	ACUPUNCTURE			
59	01 PSYCHIATRIC/PSYCHOLOGICAL	3,421,091	.196945	.207643
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	596,227	2.717824	2.883514
61	EMERGENCY	63,492,558	.054467	.057603
62	OBSERVATION BEDS (NON-DIS	5,366,238	.000793	.000836
63	RHC			
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN			
101	SUBTOTAL	419,554,444		
102	LESS OBSERVATION BEDS	5,366,238		
103	TOTAL	414,188,206		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,022,830		2,022,830
26	INTENSIVE CARE UNIT				145,595		145,595
26 01	NICU						
31	SUBPROVIDER				218,720		218,720
31 01	SUBPROVIDER II				120,528		120,528
33	NURSERY				27,795		27,795
101	TOTAL				2,535,468		2,535,468

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	32,600	10,131			62.05	628,629
26	INTENSIVE CARE UNIT	1,563	781			93.15	72,750
26	01 NICU						
31	SUBPROVIDER	4,083	2,961			53.57	158,621
31	01 SUBPROVIDER II	1,154	915			104.44	95,563
33	NURSERY	697				39.88	
101	TOTAL	40,097	14,788				955,563

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0125
 COMPONENT NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		744,600	64,575,868	10,012,629		
38	RECOVERY ROOM		39,174	8,526,966	1,134,746		
39	DELIVERY ROOM & LABOR ROO		131,982	2,586,208	9,747		
40	ANESTHESIOLOGY		10,610	10,476,105	2,059,915		
41	RADIOLOGY-DIAGNOSTIC		472,187	55,421,851	7,647,574		
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY		243,825	71,457,599	17,409,728		
49	RESPIRATORY THERAPY		228,980	22,766,174	9,036,765		
49	01 SLEEP LAB		175				
50	PHYSICAL THERAPY		288,743	15,987,906	1,599,698		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		169,795	40,055,434	12,238,047		
55	MEDICAL SUPPLIES CHARGED		13,664	8,843,297	3,946,224		
55	30 IMPL. DEV. CHARGED TO PAT		75,346	13,792,007	5,789,650		
56	DRUGS CHARGED TO PATIENTS		141,718	29,996,318	9,266,249		
57	RENAL DIALYSIS		2,046	2,192,597	1,216,972		
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL		88,163	3,421,091	103,806		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		17,745	596,227			
61	EMERGENCY		249,434	63,492,558	7,714,830		
62	OBSERVATION BEDS (NON-DIS		496	5,366,238	804,933		
63	RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL		2,918,683	419,554,444	89,991,513		

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 14-0125
 PREPARED 5/24/2011
 WORKSHEET D
 PART II
 PPS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.011531	115,456
38	RECOVERY ROOM	.004594	5,213
39	DELIVERY ROOM & LABOR ROO	.051033	497
40	ANESTHESIOLOGY	.001013	2,087
41	RADIOLOGY-DIAGNOSTIC	.008520	65,157
41	01 ULTRA-SOUND		
41	02 CT SCAN		
41	03 MRI		
43	RADIOISOTOPE		
44	LABORATORY	.003412	59,402
49	RESPIRATORY THERAPY	.010058	90,892
49	01 SLEEP LAB		
50	PHYSICAL THERAPY	.018060	28,891
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.004239	51,877
55	MEDICAL SUPPLIES CHARGED	.001545	6,097
55	30 IMPL. DEV. CHARGED TO PAT	.005463	31,629
56	DRUGS CHARGED TO PATIENTS	.004725	43,783
57	RENAL DIALYSIS	.000933	1,135
59	ACUPUNCTURE		
59	01 PSYCHIATRIC/PSYCHOLOGICAL	.025770	2,675
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.029762	
61	EMERGENCY	.003929	30,312
62	OBSERVATION BEDS (NON-DIS	.000092	74
63	RHC		
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN		
101	TOTAL		535,177

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

PROVIDER NO: 14-0125
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/24/2011
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					32,600	
26	INTENSIVE CARE UNIT					1,563	
26	01 NICU						
31	SUBPROVIDER					4,083	
31	01 SUBPROVIDER II					1,154	
33	NURSERY					697	
34	SKILLED NURSING FACILITY					3,441	
35	NURSING FACILITY						
101	TOTAL					43,538	

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

PROVIDER NO: 14-0125
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/24/2011
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	10,131	
26	INTENSIVE CARE UNIT	781	
26 01	NICU		
31	SUBPROVIDER	2,961	
31 01	SUBPROVIDER II	915	
33	NURSERY		
34	SKILLED NURSING FACILITY	2,178	
35	NURSING FACILITY		
101	TOTAL	16,966	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			64,575,868			10,012,629	
38	RECOVERY ROOM			8,526,966			1,134,746	
39	DELIVERY ROOM & LABOR ROO			2,586,208			9,747	
40	ANESTHESIOLOGY			10,476,105			2,059,915	
41	RADIOLOGY-DIAGNOSTIC			55,421,851			7,647,574	
41	01 ULTRA-SOUND							
41	02 CT SCAN							
41	03 MRI							
43	RADIOISOTOPE							
44	LABORATORY			71,457,599			17,409,728	
49	RESPIRATORY THERAPY			22,766,174			9,036,765	
49	01 SLEEP LAB							
50	PHYSICAL THERAPY			15,987,906			1,599,698	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			40,055,434			12,238,047	
55	MEDICAL SUPPLIES CHARGED			8,843,297			3,946,224	
55	30 IMPL. DEV. CHARGED TO PAT			13,792,007			5,789,650	
56	DRUGS CHARGED TO PATIENTS			29,996,318			9,266,249	
57	RENAL DIALYSIS			2,192,597			1,216,972	
59	ACUPUNCTURE							
59	01 PSYCHIATRIC/PSYCHOLOGICAL			3,421,091			103,806	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			596,227				
61	EMERGENCY			63,492,558			7,714,830	
62	OBSERVATION BEDS (NON-DIS			5,366,238			804,933	
63	RHC							
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN							
101	TOTAL			419,554,444			89,991,513	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,298,099					
38	RECOVERY ROOM	673,988					
39	DELIVERY ROOM & LABOR ROO	3,131					
40	ANESTHESIOLOGY	761,272					
41	RADIOLOGY-DIAGNOSTIC	8,043,922					
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	250,167					
49	RESPIRATORY THERAPY	777,878					
49	01 SLEEP LAB						
50	PHYSICAL THERAPY	1,851					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,698,156					
55	MEDICAL SUPPLIES CHARGED	192,233					
55	30 IMPL. DEV. CHARGED TO PAT	1,408,317					
56	DRUGS CHARGED TO PATIENTS	1,227,982					
57	RENAL DIALYSIS	10,922					
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL	117,360					
	OUTPUT SERVICE COST CNTRS						
60	CLINIC	6,577					
61	EMERGENCY	6,095,708					
62	OBSERVATION BEDS (NON-DIS	538,541					
63	RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL	31,106,104					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/24/2011
 | 14-0125 | FROM 1/ 1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2010 | PART V
 | 14-0125 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.099376	.099376			
38 RECOVERY ROOM	.075203	.075203			
39 DELIVERY ROOM & LABOR ROOM	.357568	.357568			
40 ANESTHESIOLOGY	.005756	.005756			
41 RADIOLOGY-DIAGNOSTIC	.084659	.084659			
41 01 ULTRA-SOUND					
41 02 CT SCAN					
41 03 MRI					
43 RADIOISOTOPE					
44 LABORATORY	.056060	.056060			
49 RESPIRATORY THERAPY	.076384	.076384			
49 01 SLEEP LAB					
50 PHYSICAL THERAPY	.142363	.142363			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.058441	.058441			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.066818	.066818			
55 30 IMPL. DEV. CHARGED TO PATIENT	.272104	.272104			
56 DRUGS CHARGED TO PATIENTS	.151870	.151870			
57 RENAL DIALYSIS	.086500	.086500			
59 ACUPUNCTURE					
59 01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.210220	.210220			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	2.886491	2.886491			
61 EMERGENCY	.057996	.057996			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.000845	.000845			
63 RHC					
66 OTHER REIMBURS COST CNTRS					
101 DURABLE MEDICAL EQUIP-RENTED					
102 SUBTOTAL					
103 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
104 PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/24/2011
 | 14-0125 | FROM 1/ 1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2010 | PART V
 | 14-0125 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		7,298,099			
38 RECOVERY ROOM		673,988			
39 DELIVERY ROOM & LABOR ROOM		3,131			
40 ANESTHESIOLOGY		761,272			
41 RADIOLOGY-DIAGNOSTIC		8,043,922			
41 01 ULTRA-SOUND					
41 02 CT SCAN					
41 03 MRI					
43 RADIOISOTOPE					
44 LABORATORY		250,167			
49 RESPIRATORY THERAPY		777,878			
49 01 SLEEP LAB					
50 PHYSICAL THERAPY		1,851			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		3,698,156			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		192,233			
55 30 IMPL. DEV. CHARGED TO PATIENT		1,408,317			
56 DRUGS CHARGED TO PATIENTS		1,227,982			
57 RENAL DIALYSIS		10,922			
59 ACUPUNCTURE					
59 01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		117,360			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		6,577			
61 EMERGENCY		6,095,708			
62 OBSERVATION BEDS (NON-DISTINCT PART)		538,541			
63 RHC					
66 OTHER REIMBURS COST CNTRS					
101 DURABLE MEDICAL EQUIP-RENTED					
101 SUBTOTAL		31,106,104			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		31,106,104			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		744,600	64,575,868	16,536		
38	RECOVERY ROOM		39,174	8,526,966			
39	DELIVERY ROOM & LABOR ROO		131,982	2,586,208			
40	ANESTHESIOLOGY		10,610	10,476,105			
41	RADIOLOGY-DIAGNOSTIC		472,187	55,421,851	116,773		
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY		243,825	71,457,599	861,084		
49	RESPIRATORY THERAPY		228,980	22,766,174	130,609		
49	01 SLEEP LAB		175				
50	PHYSICAL THERAPY		288,743	15,987,906	26,344		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		169,795	40,055,434	59,390		
55	MEDICAL SUPPLIES CHARGED		13,664	8,843,297	88,562		
55	30 IMPL. DEV. CHARGED TO PAT		75,346	13,792,007			
56	DRUGS CHARGED TO PATIENTS		141,718	29,996,318	1,009,243		
57	RENAL DIALYSIS		2,046	2,192,597			
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL		88,163	3,421,091	80,580		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		17,745	596,227			
61	EMERGENCY		249,434	63,492,558	748,046		
62	OBSERVATION BEDS (NON-DIS		496	5,366,238			
63	RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL		2,918,683	419,554,444	3,137,167		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 14-S125
 PREPARED 5/24/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.011531	191
38	RECOVERY ROOM	.004594	
39	DELIVERY ROOM & LABOR ROO	.051033	
40	ANESTHESIOLOGY	.001013	
41	RADIOLOGY-DIAGNOSTIC	.008520	995
41	01 ULTRA-SOUND		
41	02 CT SCAN		
41	03 MRI		
43	RADIOISOTOPE		
44	LABORATORY	.003412	2,938
49	RESPIRATORY THERAPY	.010058	1,314
49	01 SLEEP LAB		
50	PHYSICAL THERAPY	.018060	476
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.004239	252
55	MEDICAL SUPPLIES CHARGED	.001545	137
55	30 IMPL. DEV. CHARGED TO PAT	.005463	
56	DRUGS CHARGED TO PATIENTS	.004725	4,769
57	RENAL DIALYSIS	.000933	
59	ACUPUNCTURE		
59	01 PSYCHIATRIC/PSYCHOLOGICAL	.025770	2,077
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.029762	
61	EMERGENCY	.003929	2,939
62	OBSERVATION BEDS (NON-DIS	.000092	
63	RHC		
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN		
101	TOTAL		16,088

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			64,575,868			16,536	
38	RECOVERY ROOM			8,526,966				
39	DELIVERY ROOM & LABOR ROO			2,586,208				
40	ANESTHESIOLOGY			10,476,105				
41	RADIOLOGY-DIAGNOSTIC			55,421,851			116,773	
41	01 ULTRA-SOUND							
41	02 CT SCAN							
41	03 MRI							
43	RADIOISOTOPE							
44	LABORATORY			71,457,599			861,084	
49	RESPIRATORY THERAPY			22,766,174			130,609	
49	01 SLEEP LAB							
50	PHYSICAL THERAPY			15,987,906			26,344	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			40,055,434			59,390	
55	MEDICAL SUPPLIES CHARGED			8,843,297			88,562	
55	30 IMPL. DEV. CHARGED TO PAT			13,792,007				
56	DRUGS CHARGED TO PATIENTS			29,996,318			1,009,243	
57	RENAL DIALYSIS			2,192,597				
59	ACUPUNCTURE							
59	01 PSYCHIATRIC/PSYCHOLOGICAL			3,421,091			80,580	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			596,227				
61	EMERGENCY			63,492,558			748,046	
62	OBSERVATION BEDS (NON-DIS			5,366,238				
63	RHC							
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN							
101	TOTAL			419,554,444			3,137,167	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		744,600	64,575,868	83,714		
38	RECOVERY ROOM		39,174	8,526,966	11,065		
39	DELIVERY ROOM & LABOR ROO		131,982	2,586,208			
40	ANESTHESIOLOGY		10,610	10,476,105	7,467		
41	RADIOLOGY-DIAGNOSTIC		472,187	55,421,851	94,645		
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY		243,825	71,457,599	429,158		
49	RESPIRATORY THERAPY		228,980	22,766,174	461,129		
49	01 SLEEP LAB		175				
50	PHYSICAL THERAPY		288,743	15,987,906	1,909,938		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		169,795	40,055,434	23,499		
55	MEDICAL SUPPLIES CHARGED		13,664	8,843,297	66,414		
55	30 IMPL. DEV. CHARGED TO PAT		75,346	13,792,007	1,120		
56	DRUGS CHARGED TO PATIENTS		141,718	29,996,318	447,176		
57	RENAL DIALYSIS		2,046	2,192,597	47,741		
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL		88,163	3,421,091			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		17,745	596,227			
61	EMERGENCY		249,434	63,492,558			
62	OBSERVATION BEDS (NON-DIS		496	5,366,238			
63	RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL		2,918,683	419,554,444	3,583,066		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 14-T125
 PREPARED 5/24/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.011531	965
38	RECOVERY ROOM	.004594	51
39	DELIVERY ROOM & LABOR ROO	.051033	
40	ANESTHESIOLOGY	.001013	8
41	RADIOLOGY-DIAGNOSTIC	.008520	806
41	01 ULTRA-SOUND		
41	02 CT SCAN		
41	03 MRI		
43	RADIOISOTOPE		
44	LABORATORY	.003412	1,464
49	RESPIRATORY THERAPY	.010058	4,638
49	01 SLEEP LAB		
50	PHYSICAL THERAPY	.018060	34,493
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.004239	100
55	MEDICAL SUPPLIES CHARGED	.001545	103
55	30 IMPL. DEV. CHARGED TO PAT	.005463	6
56	DRUGS CHARGED TO PATIENTS	.004725	2,113
57	RENAL DIALYSIS	.000933	45
59	ACUPUNCTURE		
59	01 PSYCHIATRIC/PSYCHOLOGICAL	.025770	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.029762	
61	EMERGENCY	.003929	
62	OBSERVATION BEDS (NON-DIS	.000092	
63	RHC		
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN		
101	TOTAL		44,792

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			64,575,868			83,714	
38	RECOVERY ROOM			8,526,966			11,065	
39	DELIVERY ROOM & LABOR ROO			2,586,208				
40	ANESTHESIOLOGY			10,476,105			7,467	
41	RADIOLOGY-DIAGNOSTIC			55,421,851			94,645	
41	01 ULTRA-SOUND							
41	02 CT SCAN							
41	03 MRI							
43	RADIOISOTOPE							
44	LABORATORY			71,457,599			429,158	
49	RESPIRATORY THERAPY			22,766,174			461,129	
49	01 SLEEP LAB							
50	PHYSICAL THERAPY			15,987,906			1,909,938	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			40,055,434			23,499	
55	MEDICAL SUPPLIES CHARGED			8,843,297			66,414	
55	30 IMPL. DEV. CHARGED TO PAT			13,792,007			1,120	
56	DRUGS CHARGED TO PATIENTS			29,996,318			447,176	
57	RENAL DIALYSIS			2,192,597			47,741	
59	ACUPUNCTURE							
59	01 PSYCHIATRIC/PSYCHOLOGICAL			3,421,091				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			596,227				
61	EMERGENCY			63,492,558				
62	OBSERVATION BEDS (NON-DIS			5,366,238				
63	RHC							
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN							
101	TOTAL			419,554,444			3,583,066	

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	32,600
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	32,600
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	32,600
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	10,131
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	18,486,517
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	18,486,517

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	113,598,365
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,831,473
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	105,766,892
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.162736
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	3,244.38
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	18,486,517

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-0125
 COMPONENT NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET D-1
 PART II

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					567.07
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					5,744,986
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					5,744,986

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	2,015,877	1,563	1,289.75	781	1,007,295
43.01	NICU				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

1

8,174,220
 14,926,501

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	701,379
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	535,177
52	TOTAL PROGRAM EXCLUDABLE COST	1,236,556
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	13,689,945

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-0125		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	8
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	567.07
85	OBSERVATION BED COST	4,537

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	18,486,517		4,537	
87	NEW CAPITAL-RELATED COST	2,022,830	.109422	4,537	496
88	NON PHYSICIAN ANESTHETIST	18,486,517		4,537	
89	MEDICAL EDUCATION	18,486,517		4,537	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-S125		PART I

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,083
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,083
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,083
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,961
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,121,624
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,121,624

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13,088,223
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13,088,223
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.162102
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	3,205.54
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,121,624

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-S125		PART II

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	519.62
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,538,595
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,538,595

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

296,532
1,835,127

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	158,621
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	16,088
52	TOTAL PROGRAM EXCLUDABLE COST	174,709
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	1,660,418

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-S125		PART III

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	519.62
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	2,121,624			
87	NEW CAPITAL-RELATED COST	218,720	.103091		
88	NON PHYSICIAN ANESTHETIST	2,121,624			
89	MEDICAL EDUCATION	2,121,624			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-T125		PART I

TITLE XVIII PART A SUBPROVIDER II PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,154
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,154
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,154
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	915
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,256,068
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,256,068

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,081,594
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,081,594
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.603416
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,803.81
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,256,068

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-0125
 COMPONENT NO: 14-T125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET D-1
 PART II

TITLE XVIII PART A SUBPROVIDER II PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,088.45
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 995,932
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 995,932

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
43.01 NICU					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					426,562
49 TOTAL PROGRAM INPATIENT COSTS					1,422,494

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 95,563
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 44,792
 52 TOTAL PROGRAM EXCLUDABLE COST 140,355
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,282,139

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-T125		PART III

TITLE XVIII PART A SUBPROVIDER II PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,088.45
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	1,256,068			
87	NEW CAPITAL-RELATED COST	120,528	.095957		
88	NON PHYSICIAN ANESTHETIST	1,256,068			
89	MEDICAL EDUCATION	1,256,068			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-5562		PART I

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,441
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,441
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,441
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,178
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,627,332
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,627,332

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,089,266
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,089,266
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.493971
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	316.56
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,627,332

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-5562		PART III

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1,627,332
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	472.92
68	PROGRAM ROUTINE SERVICE COST	1,030,020
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,030,020
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	181,554
72	PER DIEM CAPITAL-RELATED COSTS	52.76
73	PROGRAM CAPITAL-RELATED COSTS	114,911
74	INPATIENT ROUTINE SERVICE COST	915,109
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	915,109
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,030,020
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	1,030,020

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0125
 COMPONENT NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		35,046,970	
26	INTENSIVE CARE UNIT		4,339,640	
26	01 NICU			
31	SUBPROVIDER			
31	01 SUBPROVIDER II ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.099376	10,012,629	995,015
38	RECOVERY ROOM	.075203	1,134,746	85,336
39	DELIVERY ROOM & LABOR ROOM	.357568	9,747	3,485
40	ANESTHESIOLOGY	.005756	2,059,915	11,857
41	RADIOLOGY-DIAGNOSTIC	.084659	7,647,574	647,436
41	01 ULTRA-SOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE LABORATORY	.056081	17,409,728	976,355
49	RESPIRATORY THERAPY	.076384	9,036,765	690,264
49	01 SLEEP LAB			
50	PHYSICAL THERAPY	.142363	1,599,698	227,738
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.058441	12,238,047	715,204
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.066818	3,946,224	263,679
55	30 IMPL. DEV. CHARGED TO PATIENT	.272104	5,789,650	1,575,387
56	DRUGS CHARGED TO PATIENTS	.151870	9,266,249	1,407,265
57	RENAL DIALYSIS	.086500	1,216,972	105,268
59	ACUPUNCTURE			
59	01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES OUTPAT SERVICE COST CNTRS	.210220	103,806	21,822
60	CLINIC	2.886491		
61	EMERGENCY	.057996	7,714,830	447,429
62	OBSERVATION BEDS (NON-DISTINCT PART)	.000845	804,933	680
63	RHC			
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED			
101	TOTAL		89,991,513	8,174,220
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		89,991,513	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0125
 COMPONENT NO: 14-S125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET D-4

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 NICU			
31	SUBPROVIDER		9,476,311	
31	01 SUBPROVIDER II ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.099376	16,536	1,643
38	RECOVERY ROOM	.075203		
39	DELIVERY ROOM & LABOR ROOM	.357568		
40	ANESTHESIOLOGY	.005756		
41	RADIOLOGY-DIAGNOSTIC	.084659	116,773	9,886
41	01 ULTRA-SOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	.056081	861,084	48,290
49	RESPIRATORY THERAPY	.076384	130,609	9,976
49	01 SLEEP LAB			
50	PHYSICAL THERAPY	.142363	26,344	3,750
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.058441	59,390	3,471
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.066818	88,562	5,918
55	30 IMPL. DEV. CHARGED TO PATIENT	.272104		
56	DRUGS CHARGED TO PATIENTS	.151870	1,009,243	153,274
57	RENAL DIALYSIS	.086500		
59	ACUPUNCTURE			
59	01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES OUTPAT SERVICE COST CNTRS	.210220	80,580	16,940
60	CLINIC	2.886491		
61	EMERGENCY	.057996	748,046	43,384
62	OBSERVATION BEDS (NON-DISTINCT PART)	.000845		
63	RHC			
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED			
101	TOTAL		3,137,167	296,532
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,137,167	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0125
 COMPONENT NO: 14-T125
 PERIOD: FROM 1/1/2010 TO 12/31/2010

PPS

TITLE XVIII, PART A

SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 NICU			
31	SUBPROVIDER			
31	01 SUBPROVIDER II		2,018,055	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.099376	83,714	8,319
38	RECOVERY ROOM	.075203	11,065	832
39	DELIVERY ROOM & LABOR ROOM	.357568		
40	ANESTHESIOLOGY	.005756	7,467	43
41	RADIOLOGY-DIAGNOSTIC	.084659	94,645	8,013
41	01 ULTRA-SOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	.056081	429,158	24,068
49	RESPIRATORY THERAPY	.076384	461,129	35,223
49	01 SLEEP LAB			
50	PHYSICAL THERAPY	.142363	1,909,938	271,905
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.058441	23,499	1,373
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.066818	66,414	4,438
55	30 IMPL. DEV. CHARGED TO PATIENT	.272104	1,120	305
56	DRUGS CHARGED TO PATIENTS	.151870	447,176	67,913
57	RENAL DIALYSIS	.086500	47,741	4,130
59	ACUPUNCTURE			
59	01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.210220		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2.886491		
61	EMERGENCY	.057996		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.000845		
63	RHC			
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED			
101	TOTAL		3,583,066	426,562
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,583,066	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0125
 COMPONENT NO: -
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 OTHER

PREPARED 5/24/2011
 WORKSHEET D-4

TITLE XVIII, PART A SWING BED SNF

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 NICU			
31	SUBPROVIDER			
31	01 SUBPROVIDER II			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.099376		
38	RECOVERY ROOM	.075203		
39	DELIVERY ROOM & LABOR ROOM	.357568		
40	ANESTHESIOLOGY	.005756		
41	RADIOLOGY-DIAGNOSTIC	.084659	106,769	9,039
41	01 ULTRA-SOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	.056060	935,940	52,469
49	RESPIRATORY THERAPY	.076384	1,048,423	80,083
49	01 SLEEP LAB			
50	PHYSICAL THERAPY	.142363	2,087,716	297,214
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.058441	69,467	4,060
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.066818	505,072	33,748
55	30 IMPL. DEV. CHARGED TO PATIENT	.272104		
56	DRUGS CHARGED TO PATIENTS	.151870	1,148,165	174,372
57	RENAL DIALYSIS	.086500		
59	ACUPUNCTURE			
59	01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.210220		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2.886491		
61	EMERGENCY	.057996		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.000845		
63	RHC			
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED			
101	TOTAL		5,901,552	650,985
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,901,552	

PROVIDER NO: 14-0125
 COMPONENT NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET E
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	9,565,503	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3,245,894	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	129,484	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	286.98	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	12.62	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	38.27	
4.02 SUM OF LINES 4 AND 4.01	50.89	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	31.19	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	3,995,875	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0125
 COMPONENT NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	16,936,756	
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)	16,936,756	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		1,171,445
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	18,108,201	
17 PRIMARY PAYER PAYMENTS		37,174
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	18,071,027	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		1,668,252
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		110,275
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		1,161,048
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		812,734
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		953,597
22 SUBTOTAL	17,105,234	
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	17,105,234	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	16,749,187	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		356,047
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		465,825
----- 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

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
14-0125		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	2,733,393
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	2,856,848
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	2,856,848

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	3,684
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	719,740
19	SUBTOTAL (SEE INSTRUCTIONS)	2,133,424
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,133,424
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	2,133,424

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	309,532
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	216,672
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	241,922
28	SUBTOTAL	2,350,096
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,350,096
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,253,424
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	96,672
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0125
 COMPONENT NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION

INPATIENT-PART A P A R T B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
	ADJUSTMENTS TO PROVIDER	.01		
	ADJUSTMENTS TO PROVIDER	.02		
	ADJUSTMENTS TO PROVIDER	.03		
	ADJUSTMENTS TO PROVIDER	.04		
	ADJUSTMENTS TO PROVIDER	.05		
	ADJUSTMENTS TO PROGRAM	.50		
	ADJUSTMENTS TO PROGRAM	.51		
	ADJUSTMENTS TO PROGRAM	.52		
	ADJUSTMENTS TO PROGRAM	.53		
	ADJUSTMENTS TO PROGRAM	.54		
	ADJUSTMENTS TO PROGRAM	.99		
	SUBTOTAL		NONE	NONE
4	TOTAL INTERIM PAYMENTS		16,749,187	2,253,424
	TO BE COMPLETED BY INTERMEDIARY			
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
	TENTATIVE TO PROVIDER	.01		
	TENTATIVE TO PROVIDER	.02		
	TENTATIVE TO PROVIDER	.03		
	TENTATIVE TO PROGRAM	.50		
	TENTATIVE TO PROGRAM	.51		
	TENTATIVE TO PROGRAM	.52		
	TENTATIVE TO PROGRAM	.99		
	SUBTOTAL		NONE	NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		356,047	96,672
	SETTLEMENT TO PROVIDER	.01		
	SETTLEMENT TO PROGRAM	.02		
7	TOTAL MEDICARE PROGRAM LIABILITY		17,105,234	2,350,096

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0125
 COMPONENT NO: 14-S125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,940,663		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		52,230		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			1,992,893	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01	41,273	
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			2,034,166	

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0125
 COMPONENT NO: 14-T125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,055,484		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER		.49		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		1,055,484		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL			NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			16,961	
7 TOTAL MEDICARE PROGRAM LIABILITY			1,072,445	

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0125
 COMPONENT NO: 14-5562
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET E-1

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		814,999		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
TO BE COMPLETED BY INTERMEDIARY			814,999	
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER .01			4,706	
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY			819,705	

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
14-S125		PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	2,132,703
1.09	NET IPF PPS OUTLIER PAYMENTS	915
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	11.186301
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15 / 1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	2,133,618
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	2,133,618
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	2,133,618
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	2,133,618
7	DEDUCTIBLES	174,804
8	SUBTOTAL	1,958,814
9	COINSURANCE	18,150
10	SUBTOTAL	1,940,664
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	133,574
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	93,502
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	82,500
12	SUBTOTAL	2,034,166
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
14-S125		PART I

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

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,034,166
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,992,893
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	41,273
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
14-T125		PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	928,867
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0790
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	67,716
1.05	OUTLIER PAYMENTS	80,015
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	1,076,598
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	3.161644
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,076,598
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,076,598
7	DEDUCTIBLES	5,468
8	SUBTOTAL	1,071,130
9	COINSURANCE	12,375
10	SUBTOTAL	1,058,755
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	19,557
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	13,690
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	16,938
12	SUBTOTAL	1,072,445
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/24/2011
14-0125	FROM 1/ 1/2010	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2010	PART I
14-T125		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,072,445
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,055,484
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	16,961
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 14-5562
 PREPARED 5/24/2011
 WORKSHEET E-3
 PART III

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
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			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
27	PROSPECTIVE PAYMENT AMOUNT			
28	OTHER THAN OUTLIER PAYMENTS			
29	OUTLIER PAYMENTS			
30	PROGRAM CAPITAL PAYMENTS			
31	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
34	SUBTOTAL			
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
36	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
37	XVIII ENTER AMOUNT FROM LINE 30			
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
39	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
40	EXCESS OF REASONABLE COST			
41	SUBTOTAL			
42	COINSURANCE			
43	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
44	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
45	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
46	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
47	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
48	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
49	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
50	UTILIZATION REVIEW			
51	SUBTOTAL (SEE INSTRUCTIONS)			
52	INPATIENT ROUTINE SERVICE COST			
53	MEDICARE INPATIENT ROUTINE CHARGES			
54	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
55	PAYMENT FOR SERVICES ON A CHARGE BASIS			
56	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
57	FOR PAYMENT OF PART A SERVICES			
58	RATIO OF LINE 43 TO 44			
59	TOTAL CUSTOMARY CHARGES			
60	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
61	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
62	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
63	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
64	OTHER ADJUSTMENTS (SPECIFY)			
65	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
66	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
67	SUBTOTAL			
68	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
69	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
70	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
71	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
72	INTERIM PAYMENTS			
73	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
74	BALANCE DUE PROVIDER/PROGRAM			
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XVIII

SNF

	IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)				
	PROVIDER NO:		PERIOD:		PREPARED 5/24/2011
	14-0125		FROM 1/ 1/2010		WORKSHEET E-3
	COMPONENT NO:		TO 12/31/2010		PART III
	14-5562				

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	-586,543			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	12,814,039			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-5,125,998			
7	INVENTORY	2,051,255			
8	PREPAID EXPENSES	444,572			
9	OTHER CURRENT ASSETS	82,917			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	9,680,242			
FIXED ASSETS					
12	LAND	2,712,052			
12.01	LAND IMPROVEMENTS	1,872,445			
13	LESS ACCUMULATED DEPRECIATION	-872,661			
13.01	BUILDINGS	20,693,873			
14	LESS ACCUMULATED DEPRECIATION	-5,560,456			
14.01	LEASEHOLD IMPROVEMENTS	22,068,634			
15	LESS ACCUMULATED DEPRECIATION	-4,191,982			
15.01	FIXED EQUIPMENT	4,303,297			
16	LESS ACCUMULATED DEPRECIATION	-918,235			
16.01	AUTOMOBILES AND TRUCKS	48,880			
17	LESS ACCUMULATED DEPRECIATION	-36,787			
17.01	MAJOR MOVABLE EQUIPMENT	14,647,903			
18	LESS ACCUMULATED DEPRECIATION	-8,000,715			
18.01	MINOR EQUIPMENT DEPRECIABLE	4,937,375			
19	LESS ACCUMULATED DEPRECIATION	-3,180,623			
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	48,523,000			
OTHER ASSETS					
21	INVESTMENTS				
22	DEPOSITS ON LEASES				
23	DUE FROM OWNERS/OFFICERS				
24	OTHER ASSETS	1,861,448			
25	TOTAL OTHER ASSETS	1,861,448			
26	TOTAL ASSETS	60,064,690			
27					

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	7,241,020			
29 SALARIES, WAGES & FEES PAYABLE	2,835,559			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	65,341			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	-22,462,394			
35 OTHER CURRENT LIABILITIES	966,502			
36 TOTAL CURRENT LIABILITIES	-11,353,972			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	17,197			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	17,197			
43 TOTAL LIABILITIES	-11,336,775			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	71,401,465			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	71,401,465			
52 TOTAL LIABILITIES AND FUND BALANCES	60,064,690			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		21,980,523		
2	NET INCOME (LOSS)		2,308,651		
3	TOTAL		24,289,174		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		24,289,174		
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		24,289,174		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 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	56,726,826		56,726,826
2 00 SUBPROVIDER			
2 01 SUBPROVIDER II			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	56,726,826		56,726,826
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	8,687,424		8,687,424
10 01 NICU			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	8,687,424		8,687,424
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	65,414,250		65,414,250
17 00 ANCILLARY SERVICES	301,429,917		301,429,917
18 00 OUTPATIENT SERVICES		195,883,423	195,883,423
19 00 HOME HEALTH AGENCY			
22 00 AMBULATORY SURGICAL CENTER (D. P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	366,844,167	195,883,423	562,727,590

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	98,419,711		
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	98,419,711		

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	562,727,590
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	462,815,912
3	NET PATIENT REVENUES	99,911,678
4	LESS: TOTAL OPERATING EXPENSES	98,419,711
5	NET INCOME FROM SERVICE TO PATIENTS	1,491,967
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
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	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	816,684
25	TOTAL OTHER INCOME	816,684
26	TOTAL	2,308,651
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	2,308,651

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
14-0125		PARTS I-IV
	FULLY PROSPECTIVE METHOD	

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,042,952
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	15,333
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	93.58
	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	12.62
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	38.27
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	50.89
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	10.85
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	113,160
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,171,445
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)	