

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0176		FROM 7/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/29/2010 TIME 11:26

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:
 MEMORIAL MEDICAL CENTER 14-0176
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX	
	1	A 2	B 3		4	
1	HOSPITAL	0	105,850	79,068	0	
2	SUBPROVIDER	0	98,313	544	0	
5	HOSPITAL-BASED SNF	0	0	37	0	
100	TOTAL	0	204,163	79,649	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.

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
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62.00 0.00

SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 11/ 5/2010

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	75	27,375			9,624		2,528
2 HMO							512
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	75	27,375			9,624		2,528
6 INTENSIVE CARE UNIT	12	4,380			1,677		152
11 NURSERY							1,288
12 TOTAL	87	31,755			11,301		3,968
13 RPCH VISITS							
14 SUBPROVIDER I	24	8,760			2,449		1,157
15 SKILLED NURSING FACILITY	25	9,125			5,775		
25 TOTAL	136						
26 OBSERVATION BED DAYS							413
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			19,903				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			19,903				
6 INTENSIVE CARE UNIT			3,050				
11 NURSERY			2,290				
12 TOTAL			25,243				
13 RPCH VISITS							
14 SUBPROVIDER I			7,456				
15 SKILLED NURSING FACILITY			7,566				
25 TOTAL							
26 OBSERVATION BED DAYS	61	352	2,906	597	2,309		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,725	1,067	6,826
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		745.07			2,725	1,067	6,826
13 RPCH VISITS							
14 SUBPROVIDER I		39.29			257	182	1,057
15 SKILLED NURSING FACILITY		38.45					
25 TOTAL		822.81					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0176
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 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	57,484,283	-7,631,485	49,852,798	1,679,455.00	29.68	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	27,244		27,244	1,013.00	26.89	
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	2,279,645	192,366	2,472,011	85,896.00	28.78	
8.01 EXCLUDED AREA SALARIES	3,557,346	301,016	3,858,362	123,943.00	31.13	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	246,417		246,417	3,962.00	62.20	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	56,000		56,000	451.00	124.17	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	9,092,492		9,092,492	206,448.00	44.04	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	11,733,251		11,733,251			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,640,307		1,640,307			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	7,854		7,854			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	657,490	-657,490				
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	10,594,814	-8,477,922	2,116,892	106,753.00	19.83	
23 MAINTENANCE & REPAIRS	849,683	12,596	862,279	30,026.00	28.72	
24 OPERATION OF PLANT	1,149,000	9,957	1,158,957	49,653.00	23.34	
25 LAUNDRY & LINEN SERVICE	31,784	37,819	69,603	1,775.00	39.21	
26 HOUSEKEEPING	1,289,877	-20,259	1,269,618	84,913.00	14.95	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,565,450	-475,432	1,090,018	67,849.00	16.07	
27.01 DIETARY UNDER CONTRACT	115,522		115,522	1,572.00	73.49	
28 CAFETERIA	27,119	496,089	523,208	30,675.00	17.06	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,263,377	11,697	1,275,074	22,638.00	56.32	
31 CENTRAL SERVICE AND SUPPLY	253,994	3,625	257,619	13,960.00	18.45	
32 PHARMACY	2,131,227	22,290	2,153,517	47,207.00	45.62	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,098,333	15,492	1,113,825	51,871.00	21.47	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	57,572,561	-7,631,485	49,941,076	1,680,014.00	29.73	
2 EXCLUDED AREA SALARIES	5,836,991	493,382	6,330,373	209,839.00	30.17	
3 SUBTOTAL SALARIES	51,735,570	-8,124,867	43,610,703	1,470,175.00	29.66	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	9,394,909		9,394,909	210,861.00	44.55	
5 SUBTOTAL WAGE-RELATED COSTS	11,733,251		11,733,251		26.90	
6 TOTAL	72,863,730	-8,124,867	64,738,863	1,681,036.00	38.51	
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	21,027,670	-9,021,538	12,006,132	508,892.00	23.59	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0176
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/29/2010
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		4				
2	RUB						
3	RUA						
3.01	RUX						
3.02	RUL		22				
4	RVC		37				
5	RVB		91				
6	RVA		27				
6.01	RVX		40				
6.02	RVL		888				
7	RHC		100				
8	RHB						
9	RHA		63				
9.01	RHX		237				
9.02	RHL						
10	RMC		39				
11	RMB		197				
12	RMA		99				
12.01	RMX		740				
12.02	RML		3,093				
13	RLB						
14	RLA		9				
14.01	RLX		80				
15	SE3						
16	SE2		4				
17	SE1						
18	SSC						
19	SSB						
20	SSA		1				
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		4				
45.01	ES3						
45.02	ES2						
45.03	ES1						
45.04	HE2						
45.05	HE1						
45.06	HD2						
45.07	HD1						
45.08	HC2						
45.09	HC1						
45.10	HB2						
45.11	HB1						
45.12	LE2						
45.13	LE1						
45.14	LD2						
45.15	LD1						
45.16	LC2						
45.17	LC1						
45.18	LB2						
45.19	LB1						
45.20	CE2						
45.21	CE1						
45.22	CD1						
45.23	CD1						
46	TOTAL		5,775				

(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: 14-0176
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/29/2010
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF	TOTAL
		RUGs	DAYS	DAYS	
1	2	4.05	4.06	4.06	5
45 .18 LB2					
45 .19 LB1					
45 .20 CE2					
45 .21 CE1					
45 .22 CD1					
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): 1.0399
 Wage Index Factor (after 10/01): 1.0471
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1600
 SNF CBSA Code : 16974

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0176	FROM 7/1/2009	11/29/2010
	TO 6/30/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	13,124,790
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	13,124,790
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)	.335747
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	41,485,953

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 11/29/2010
14-0176	FROM 7/ 1/2009	WORKSHEET S-10
	TO 6/30/2010	

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	13,928,784
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	21,284,419
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	7,146,180
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	13,928,784

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0176
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/29/2010
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		16,504,150	16,504,150	-10,646,751	5,857,399
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				4,023,413	4,023,413
5	0500 EMPLOYEE BENEFITS	657,490	12,218,624	12,876,114	244,454	13,120,568
6	0600 ADMINISTRATIVE & GENERAL	10,594,814	14,454,438	25,049,252	4,826,361	29,875,613
7	0700 MAINTENANCE & REPAIRS	849,683	865,941	1,715,624	12,596	1,728,220
8	0800 OPERATION OF PLANT	1,149,000	1,770,520	2,919,520	9,956	2,929,476
9	0900 LAUNDRY & LINEN SERVICE	31,784	353,377	385,161	82,122	467,283
10	1000 HOUSEKEEPING	1,289,877	530,575	1,820,452	-64,562	1,755,890
11	1100 DIETARY	1,565,450	1,217,954	2,783,404	-800,614	1,982,790
12	1200 CAFETERIA	27,119	18,833	45,952	821,271	867,223
14	1400 NURSING ADMINISTRATION	1,263,377	81,377	1,344,754	11,697	1,356,451
15	1500 CENTRAL SERVICES & SUPPLY	253,994	487,138	741,132	-31,857	709,275
16	1600 PHARMACY	2,131,227	5,082,348	7,213,575	-4,647,166	2,566,409
17	1700 MEDICAL RECORDS & LIBRARY	1,098,333	91,908	1,190,241	15,492	1,205,733
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	9,906,791	1,603,683	11,510,474	-2,274,664	9,235,810
26	2600 INTENSIVE CARE UNIT	2,368,993	382,482	2,751,475	-29,490	2,721,985
31	3100 SUBPROVIDER I	2,582,647	238,570	2,821,217	297,383	3,118,600
33	3300 NURSERY				879,208	879,208
34	3400 SKILLED NURSING FACILITY	2,279,645	133,116	2,412,761	186,537	2,599,298
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,831,840	9,287,478	14,119,318	-7,611,601	6,507,717
39	3900 DELIVERY ROOM & LABOR ROOM				1,695,713	1,695,713
40	4000 ANESTHESIOLOGY	27,244	298,054	325,298	-65,630	259,668
41	4100 RADIOLOGY-DIAGNOSTIC	4,023,907	3,472,311	7,496,218	-4,598	7,491,620
44	4400 LABORATORY	2,010,414	3,361,083	5,371,497	-43,200	5,328,297
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900 RESPIRATORY THERAPY	732,336	256,080	988,416	-40,377	948,039
50	5000 PHYSICAL THERAPY	1,831,262	388,759	2,220,021	-4,299	2,215,722
51	5100 OCCUPATIONAL THERAPY	88,104	5,073	93,177	-856	92,321
52	5200 SPEECH PATHOLOGY	47,227	1,152	48,379	1,324	49,703
54	5400 ELECTROENCEPHALOGRAPHY					
54.01	5401 SLEEP LAB/NEUROLOGY	438,286	42,452	480,738	-4,260	476,478
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				4,407,874	4,407,874
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				4,323,630	4,323,630
56	5600 DRUGS CHARGED TO PATIENTS				4,609,306	4,609,306
59	3140 CARDIOLOGY	386,549	36,880	423,429	-3,644	419,785
59.01	3160 CARDIOPULMONARY REHAB	289,601	39,810	329,411	4,817	334,228
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.01	6001 WOMENS CENTER					
60.02	6002 PSYCH SERVICES	565,007	75,864	640,871	-94,062	546,809
60.03	6003 OP BEHAVIORAL HEALTH	298,566	38,615	337,181		337,181
61	6100 EMERGENCY	2,889,017	941,904	3,830,921	-96,032	3,734,889
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	56,509,584	74,280,549	130,790,133	-10,509	130,779,624
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.03	9603 WONDER LAKE				3,865	3,865
96.06	9607 CRISIS PROGRAM	974,699	109,140	1,083,839	6,644	1,090,483
96.08	9608 FOUNDATION					
97	9700 RESEARCH					
97.01	9701 IDLE SPACE					
97.02	9702 MOB					
101	TOTAL	57,484,283	74,389,689	131,873,972	-0-	131,873,972

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0176
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/29/2010
WORKSHEET A

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	-5,532,140	325,259
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-184,210	3,839,203
5 0500	EMPLOYEE BENEFITS	-5,546	13,115,022
6 0600	ADMINISTRATIVE & GENERAL	-5,264,462	24,611,151
7 0700	MAINTENANCE & REPAIRS		1,728,220
8 0800	OPERATION OF PLANT		2,929,476
9 0900	LAUNDRY & LINEN SERVICE		467,283
10 1000	HOUSEKEEPING		1,755,890
11 1100	DIETARY		1,982,790
12 1200	CAFETERIA	-544,011	323,212
14 1400	NURSING ADMINISTRATION	-3,638	1,352,813
15 1500	CENTRAL SERVICES & SUPPLY		709,275
16 1600	PHARMACY	-1,080	2,565,329
17 1700	MEDICAL RECORDS & LIBRARY	-2,213	1,203,520
18 1800	SOCIAL SERVICE		
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-385,264	8,850,546
26 2600	INTENSIVE CARE UNIT		2,721,985
31 3100	SUBPROVIDER I	-256,068	2,862,532
33 3300	NURSERY		879,208
34 3400	SKILLED NURSING FACILITY		2,599,298
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-98,223	6,409,494
39 3900	DELIVERY ROOM & LABOR ROOM		1,695,713
40 4000	ANESTHESIOLOGY	-84,162	175,506
41 4100	RADIOLOGY-DIAGNOSTIC	-342,620	7,149,000
44 4400	LABORATORY	-1,374,603	3,953,694
46.30 4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
49 4900	RESPIRATORY THERAPY	-43,613	904,426
50 5000	PHYSICAL THERAPY	-19,747	2,195,975
51 5100	OCCUPATIONAL THERAPY		92,321
52 5200	SPEECH PATHOLOGY		49,703
54 5400	ELECTROENCEPHALOGRAPHY		
54.01 5401	SLEEP LAB/NEUROLOGY	-1,833	474,645
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		4,407,874
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		4,323,630
56 5600	DRUGS CHARGED TO PATIENTS		4,609,306
59 3140	CARDIOLOGY		419,785
59.01 3160	CARDIOPULMONARY REHAB	-19,833	314,395
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		
60.01 6001	WOMENS CENTER		
60.02 6002	PSYCH SERVICES	-28,519	518,290
60.03 6003	OP BEHAVIORAL HEALTH		337,181
61 6100	EMERGENCY	-500,496	3,234,393
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-14,692,281	116,087,343
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.03 9603	WONDER LAKE		3,865
96.06 9607	CRISIS PROGRAM		1,090,483
96.08 9608	FOUNDATION		
97 9700	RESEARCH		
97.01 9701	IDLE SPACE		
97.02 9702	MOB		
101	TOTAL	-14,692,281	117,181,691

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0176
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER I	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
54	ELECTROENCEPHALOGRAPHY	5400	
54.01	SLEEP LAB/NEUROLOGY	5401	ELECTROENCEPHALOGRAPHY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
59	CARDIOLOGY	3140	CARDIOLOGY
59.01	CARDIOPULMONARY REHAB	3160	CARDIOPULMONARY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	WOMENS CENTER	6001	CLINIC
60.02	PSYCH SERVICES	6002	CLINIC
60.03	OP BEHAVIORAL HEALTH	6003	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.03	WONDER LAKE	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	CRISIS PROGRAM	9607	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.08	FOUNDATION	9608	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
97.01	IDLE SPACE	9701	RESEARCH
97.02	MOB	9702	RESEARCH
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140176

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/29/2010
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 SPLIT OF BLDG AND MME CAPITAL	A	NEW CAP REL COSTS-MVBLE EQUIP	4		4,023,413
2 NON CAPITAL INSURANCE	B	ADMINISTRATIVE & GENERAL	6		1,480,230
3 COST OF DRUGS SOLD	C	DRUGS CHARGED TO PATIENTS	56		4,609,306
4 DIRECTLY ASSIGNED DEPRECIATION	D	WONDER LAKE	96.03		3,865
5 CAFETERIA RECLASS	F	CAFETERIA	12	495,609	325,182
6 WORKMAN'S COMPENSATION	G	EMPLOYEE BENEFITS	5		901,944
7 SNF ASSESSEMENT TAX	H	SKILLED NURSING FACILITY	34		21,910
8 HOSPITAL PROVIDER TAX	I	ADMINISTRATIVE & GENERAL	6		4,215,389
9 VACATION AND SICK TIME SALARY	K	ADMINISTRATIVE & GENERAL	6	36,428	
10		MAINTENANCE & REPAIRS	7	12,596	
11		OPERATION OF PLANT	8	9,957	
12		LAUNDRY & LINEN SERVICE	9	24	
13		HOUSEKEEPING	10	17,536	
14		DIETARY	11	20,177	
15		NURSING ADMINISTRATION	14	11,697	
16		CENTRAL SERVICES & SUPPLY	15	3,625	
17		PHARMACY	16	22,290	
18		MEDICAL RECORDS & LIBRARY	17	15,492	
19		ADULTS & PEDIATRICS	25	145,741	
20		INTENSIVE CARE UNIT	26	35,643	
21		SUBPROVIDER I	31	30,742	
22		SKILLED NURSING FACILITY	34	26,471	
23		OPERATING ROOM	37	74,063	
24		RADIOLOGY-DIAGNOSTIC	41	55,903	
25		LABORATORY	44	26,472	
26		RESPIRATORY THERAPY	49	8,796	
27		PHYSICAL THERAPY	50	24,850	
28		OCCUPATIONAL THERAPY	51	2,139	
29		SPEECH PATHOLOGY	52	1,324	
30		SLEEP LAB/NEUROLOGY	54.01	6,952	
31		CARDIOLOGY	59	5,932	
32		CARDIOPULMONARY REHAB	59.01	4,960	
33		PSYCH SERVICES	60.02	8,051	
34		EMERGENCY	61	42,505	
35		CRISIS PROGRAM	96.06	6,644	
1 VACATION AND SICK TIME SALARY	K	CAFETERIA	12	480	
2 MEDICAL SUPPLY EXPENSE	L	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		4,407,874
3		IMPL. DEV. CHARGED TO PATIENT	55.30		4,323,630
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22 RECLASS HOME OFFICE COST	M	ADMINISTRATIVE & GENERAL	6		7,631,485
23 CREATE NURSERY COST CENTER	O	NURSERY	33	643,715	184,568
24		DELIVERY ROOM & LABOR ROOM	39	1,317,853	377,860
25 RECLASS LAUNDRY AND LINEN	Q	LAUNDRY & LINEN SERVICE	9	37,795	44,303
26 RECLASS SOCIAL SVC & CASE MGMT	R	ADULTS & PEDIATRICS	25	436,400	6,203
27		INTENSIVE CARE UNIT	26	66,875	951
28		NURSERY	33	50,211	714
29		SKILLED NURSING FACILITY	34	165,895	2,358
30		SUBPROVIDER I	31	163,484	2,323
31 RECLASS CENTRAL INTAKE	U	SUBPROVIDER I	31	100,146	1,927
36 TOTAL RECLASSIFICATIONS				4,135,473	32,565,435

(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:
140176

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/29/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
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(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: 140176

PERIOD: FROM 7/1/2009 TO 6/30/2010

PREPARED 11/29/2010 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: SPLIT OF BLDG AND MME CAPITAL

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Row 1: 1.00 NEW CAP REL COSTS-MVBLE EQUIP 4 4,023,413. Total: 4,023,413.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Row 1: NEW CAP REL COSTS-BLDG & FIXT 3 4,023,413. Total: 4,023,413.

RECLASS CODE: B
EXPLANATION: NON CAPITAL INSURANCE

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Row 1: 1.00 ADMINISTRATIVE & GENERAL 6 1,480,230. Total: 1,480,230.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Row 1: NEW CAP REL COSTS-BLDG & FIXT 3 1,480,230. Total: 1,480,230.

RECLASS CODE: C
EXPLANATION: COST OF DRUGS SOLD

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Row 1: 1.00 DRUGS CHARGED TO PATIENTS 56 4,609,306. Total: 4,609,306.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Row 1: PHARMACY 16 4,609,306. Total: 4,609,306.

RECLASS CODE: D
EXPLANATION: DIRECTLY ASSIGNED DEPRECIATION

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Row 1: 2.00 WONDER LAKE 96.03 3,865. Total: 3,865.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Row 1: NEW CAP REL COSTS-BLDG & FIXT 3 3,865. Total: 3,865.

RECLASS CODE: F
EXPLANATION: CAFETERIA RECLASS

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Row 1: 1.00 CAFETERIA 12 820,791. Total: 820,791.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Row 1: DIETARY 11 820,791. Total: 820,791.

RECLASS CODE: G
EXPLANATION: WORKMAN'S COMPENSATION

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Row 1: 1.00 EMPLOYEE BENEFITS 5 901,944. Total: 901,944.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Row 1: NEW CAP REL COSTS-BLDG & FIXT 3 901,944. Total: 901,944.

RECLASS CODE: H
EXPLANATION: SNF ASSESSEMENT TAX

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Row 1: 1.00 SKILLED NURSING FACILITY 34 21,910. Total: 21,910.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Row 1: NEW CAP REL COSTS-BLDG & FIXT 3 21,910. Total: 21,910.

RECLASS CODE: I
EXPLANATION: HOSPITAL PROVIDER TAX

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Row 1: 1.00 ADMINISTRATIVE & GENERAL 6 4,215,389. Total: 4,215,389.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Row 1: NEW CAP REL COSTS-BLDG & FIXT 3 4,215,389. Total: 4,215,389.

RECLASS CODE: K
EXPLANATION: VACATION AND SICK TIME SALARY

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Rows: 1.00 ADMINISTRATIVE & GENERAL 6 36,428; 2.00 MAINTENANCE & REPAIRS 7 12,596; 3.00 OPERATION OF PLANT 8 9,957. Total: 58,971.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Row 1: EMPLOYEE BENEFITS 5 657,490. Total: 657,490.

RECLASSIFICATIONS

PROVIDER NO:
140176

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/29/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: K
EXPLANATION : VACATION AND SICK TIME SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
4.00	LAUNDRY & LINEN SERVICE	9	24			0	
5.00	HOUSEKEEPING	10	17,536			0	
6.00	DIETARY	11	20,177			0	
7.00	NURSING ADMINISTRATION	14	11,697			0	
8.00	CENTRAL SERVICES & SUPPLY	15	3,625			0	
9.00	PHARMACY	16	22,290			0	
10.00	MEDICAL RECORDS & LIBRARY	17	15,492			0	
11.00	ADULTS & PEDIATRICS	25	145,741			0	
12.00	INTENSIVE CARE UNIT	26	35,643			0	
13.00	SUBPROVIDER I	31	30,742			0	
14.00	SKILLED NURSING FACILITY	34	26,471			0	
15.00	OPERATING ROOM	37	74,063			0	
16.00	RADIOLOGY-DIAGNOSTIC	41	55,903			0	
17.00	LABORATORY	44	26,472			0	
18.00	RESPIRATORY THERAPY	49	8,796			0	
19.00	PHYSICAL THERAPY	50	24,850			0	
20.00	OCCUPATIONAL THERAPY	51	2,139			0	
21.00	SPEECH PATHOLOGY	52	1,324			0	
22.00	SLEEP LAB/NEUROLOGY	54.01	6,952			0	
23.00	CARDIOLOGY	59	5,932			0	
24.00	CARDIOPULMONARY REHAB	59.01	4,960			0	
25.00	PSYCH SERVICES	60.02	8,051			0	
26.00	EMERGENCY	61	42,505			0	
27.00	CRISIS PROGRAM	96.06	6,644			0	
28.00	CAFETERIA	12	480			0	
TOTAL RECLASSIFICATIONS FOR CODE K			657,490				657,490

RECLASS CODE: L
EXPLANATION : MEDICAL SUPPLY EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	4,407,874	ADMINISTRATIVE & GENERAL	6	10,272	
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	4,323,630	OPERATION OF PLANT	8	1	
3.00			0	CENTRAL SERVICES & SUPPLY	15	35,482	
4.00			0	PHARMACY	16	60,150	
5.00			0	ADULTS & PEDIATRICS	25	339,012	
6.00			0	INTENSIVE CARE UNIT	26	132,959	
7.00			0	SUBPROVIDER I	31	1,239	
8.00			0	SKILLED NURSING FACILITY	34	30,097	
9.00			0	OPERATING ROOM	37	7,685,664	
10.00			0	ANESTHESIOLOGY	40	65,630	
11.00			0	RADIOLOGY-DIAGNOSTIC	41	60,501	
12.00			0	LABORATORY	44	69,672	
13.00			0	RESPIRATORY THERAPY	49	49,173	
14.00			0	PHYSICAL THERAPY	50	29,149	
15.00			0	OCCUPATIONAL THERAPY	51	2,995	
16.00			0	SLEEP LAB/NEUROLOGY	54.01	11,212	
17.00			0	CARDIOLOGY	59	9,576	
18.00			0	CARDIOPULMONARY REHAB	59.01	143	
19.00			0	PSYCH SERVICES	60.02	40	
20.00			0	EMERGENCY	61	138,537	
TOTAL RECLASSIFICATIONS FOR CODE L			8,731,504				8,731,504

RECLASS CODE: M
EXPLANATION : RECLASS HOME OFFICE COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	7,631,485	ADMINISTRATIVE & GENERAL	6	7,631,485	
TOTAL RECLASSIFICATIONS FOR CODE M			7,631,485				7,631,485

RECLASS CODE: O
EXPLANATION : CREATE NURSERY COST CENTER

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	828,283	ADULTS & PEDIATRICS	25	2,523,996	
2.00	DELIVERY ROOM & LABOR ROOM	39	1,695,713			0	
TOTAL RECLASSIFICATIONS FOR CODE O			2,523,996				2,523,996

RECLASS CODE: Q
EXPLANATION : RECLASS LAUNDRY AND LINEN

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	82,098	HOUSEKEEPING	10	82,098	
TOTAL RECLASSIFICATIONS FOR CODE Q			82,098				82,098

RECLASSIFICATIONS

PROVIDER NO:
140176

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/29/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: R
EXPLANATION : RECLASS SOCIAL SVC & CASE MGMT

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	442,603	ADMINISTRATIVE & GENERAL	6	895,414
2.00	INTENSIVE CARE UNIT	67,826			0
3.00	NURSERY	50,925			0
4.00	SKILLED NURSING FACILITY	168,253			0
5.00	SUBPROVIDER I	165,807			0
TOTAL RECLASSIFICATIONS FOR CODE R		895,414			895,414

RECLASS CODE: U
EXPLANATION : RECLASS CENTRAL INTAKE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	SUBPROVIDER I	102,073	PSYCH SERVICES	60.02	102,073
TOTAL RECLASSIFICATIONS FOR CODE U		102,073			102,073

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	482,785					482,785	
2 LAND IMPROVEMENTS	3,198,905	10,750		10,750		3,209,655	
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMENT	73,389,125				3,472,370	69,916,755	
5 FIXED EQUIPMENT	864,704					864,704	
6 MOVABLE EQUIPMENT	52,224,070				9,806,429	42,417,641	
7 SUBTOTAL	130,159,589	10,750		10,750	13,278,799	116,891,540	
8 RECONCILING ITEMS							
9 TOTAL	130,159,589	10,750		10,750	13,278,799	116,891,540	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
DESCRIPTION		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7
* 1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	77,935,519		77,935,519	.598769			
4	NEW CAP REL COSTS-MV	52,224,070		52,224,070	.401231			
5	TOTAL	130,159,589		130,159,589	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	8,261,483		-1,316,751	-2,382,174	-4,237,299		325,259
4	NEW CAP REL COSTS-MV	4,013,017					-173,814	3,839,203
5	TOTAL	12,274,500		-1,316,751	-2,382,174	-4,237,299	-173,814	4,164,462

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	16,504,150						16,504,150
4	NEW CAP REL COSTS-MV							
5	TOTAL	16,504,150						16,504,150

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-858,245	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,606,409			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-4,967,261			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-507,720	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-2,213	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37					
38 EDUCATION INCOME	B	-3,638	NURSING ADMINISTRATION	14	
39 OTHER	B	-1,080	PHARMACY	16	
40					
41					
42 MISCELLANEOUS INCOME	B	-239,412	ADMINISTRATIVE & GENERAL	6	
42.10 ER OTHER REVENUE	B	-62,346	EMERGENCY	61	
43 CRNA SALARY EXPENSE	A	-27,244	ANESTHESIOLOGY	40	
44 CRNA EMPLOYEE BENEFITS	A	-5,546	EMPLOYEE BENEFITS	5	
45					
46 CABLE TV OFFSET	A	-173,814	NEW CAP REL COSTS-MVBLE E	4	14
47 UNNECESSARY BORROWING	A	-414,221	NEW CAP REL COSTS-BLDG &	3	11
48 1998 INTEREST INCOME	A	-44,285	NEW CAP REL COSTS-BLDG &	3	11
49					
49.01					
49.02					
49.03					
49.04 PATIENT TELEPHONE CRC OFFSET	A	-10,396	NEW CAP REL COSTS-MVBLE E	4	9
49.05 IHA/AHA DUES LOBBYING PORTION	A	-31,354	ADMINISTRATIVE & GENERAL	6	
49.06 MEALS ON WHEELS	B	-14,792	CAFETERIA	12	
49.07 EXPRESSO CART	A	-21,499	CAFETERIA	12	
49.08 LAB REFERRAL INCOME	B	-956,562	LABORATORY	44	
49.09 OTHER INCOME	B	-100,360	SUBPROVIDER I	31	
49.10 BARIATRIC REVENUE	B	-15,600	OPERATING ROOM	37	
49.11 PHYSICAL THERAPY RENTAL	A	-19,747	PHYSICAL THERAPY	50	
49.12 IMAGING RENTAL	A	-342,620	RADIOLOGY-DIAGNOSTIC	41	
49.13 BARIATRIC RENTAL	A	-50,528	OPERATING ROOM	37	
49.14					
49.15					
49.16 IDPA PROVIDER TAX	A	-4,215,389	NEW CAP REL COSTS-BLDG &	3	9
50 TOTAL (SUM OF LINES 1 THRU 49)		-14,692,281			

(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 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	6	ADMINISTRATIVE & GENERAL	CENTEGRA ALLOCATION	16,886,915	21,854,176	-4,967,261	
2							
3							
4							
5		TOTALS		16,886,915	21,854,176	-4,967,261	

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0176
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 WORKSHEET A-8-2
 GROUP 1

LINE NO.	WKSHT A	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	
25		ADULTS & PEDIATRICS	385,264	385,264					
31		SUBPROVIDER I	166,969	106,969	60,000	154,100	152	11,261	563
44		LABORATORY	418,041	418,041					
49		RESPIRATORY THERAPY	43,613	43,613					
60	2	PSYCH SERVICES	33,335	13,335	20,000	154,100	65	4,816	241
61		EMERGENCY	438,150	438,150					
40		ANESTHESIOLOGY	60,000		60,000	200,300	32	3,082	154
6		ADMINISTRATIVE & GENERAL	26,435	26,435					
37		BARIATRIC	58,495	10,495	48,000	208,000	264	26,400	1,320
54	1	SLEEP LAB	1,833	1,833					
59	1	CARDIAC REHAB	27,500	5,000	22,500	177,200	90	7,667	383
		TOTAL	1,659,635	1,449,135	210,500		603	53,226	2,661

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0176

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/29/2010
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS & PEDIATRICS							385,264
2								
3 31	SUBPROVIDER I					11,261	48,739	155,708
4								
5 44	LABORATORY							418,041
6 49	RESPIRATORY THERAPY							43,613
7								
8 60 2	PSYCH SERVICES					4,816	15,184	28,519
9 61	EMERGENCY							438,150
10								
11								
12 40	ANESTHESIOLOGY					3,082	56,918	56,918
13 6	ADMINISTRATIVE & GENERAL							26,435
14 37	BARIATRIC					26,400	21,600	32,095
15 54 1	SLEEP LAB							1,833
16 59 1	CARDIAC REHAB					7,667	14,833	19,833
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					53,226	157,274	1,606,409

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0176
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 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	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-6	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTE		ENTERED
14	NURSING ADMINISTRATION	13	NURSING HOURS/FTEs		ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS	ENTERED
16	PHARMACY	15	COSTED	REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED	TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0176
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 WORKSHEET B
 PART I

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 &	325,259			325,259			
005 NEW CAP REL COSTS-MVBLE E	3,839,203				3,839,203		
006 EMPLOYEE BENEFITS	13,115,022			190	2,246	13,117,458	
007 ADMINISTRATIVE & GENERAL	24,611,151					557,005	25,168,156
008 MAINTENANCE & REPAIRS	1,728,220			59,122	697,877	226,886	2,712,105
009 OPERATION OF PLANT	2,929,476			889	10,488	304,949	3,245,802
010 LAUNDRY & LINEN SERVICE	467,283			1,019	12,022	18,314	498,638
011 HOUSEKEEPING	1,755,890			4,687	55,318	334,067	2,149,962
012 DIETARY	1,982,790			16,412	193,717	286,810	2,479,729
014 CAFETERIA	323,212					137,669	460,881
015 NURSING ADMINISTRATION	1,352,813			1,016	11,991	335,503	1,701,323
016 CENTRAL SERVICES & SUPPLY	709,275			9,417	111,159	67,786	897,637
017 PHARMACY	2,565,329			3,096	36,541	566,642	3,171,608
018 MEDICAL RECORDS & LIBRARY	1,203,520			5,491	64,810	293,074	1,566,895
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
025 NURSING SCHOOL							
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,850,546			52,673	621,726	2,243,742	11,768,687
026 INTENSIVE CARE UNIT	2,721,985			10,334	121,979	650,314	3,504,612
031 SUBPROVIDER I	2,862,532			13,427	158,488	757,013	3,791,460
033 NURSERY	879,208			1,670	19,710	182,589	1,083,177
034 SKILLED NURSING FACILITY	2,599,298			18,683	220,530	650,445	3,488,956
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	6,409,494			33,151	391,293	1,290,861	8,124,799
039 DELIVERY ROOM & LABOR ROO	1,695,713					346,759	2,042,472
040 ANESTHESIOLOGY	175,506					7,169	182,675
041 RADIOLOGY-DIAGNOSTIC	7,149,000			21,860	258,020	1,073,496	8,502,376
044 LABORATORY	3,953,694			8,395	99,089	535,954	4,597,132
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	904,426			83	981	195,010	1,100,500
050 PHYSICAL THERAPY	2,195,975			4,153	49,022	488,388	2,737,538
051 OCCUPATIONAL THERAPY	92,321					23,745	116,066
052 SPEECH PATHOLOGY	49,703					12,775	62,478
054 ELECTROENCEPHALOGRAPHY							
054 01 SLEEP LAB/NEUROLOGY	474,645			4,137	48,833	117,153	644,768
055 MEDICAL SUPPLIES CHARGED	4,407,874						4,407,874
055 30 IMPL. DEV. CHARGED TO PAT	4,323,630						4,323,630
056 DRUGS CHARGED TO PATIENTS	4,609,306						4,609,306
059 CARDIOLOGY	419,785			9,088	107,267	103,271	639,411
059 01 CARDIOPULMONARY REHAB	314,395			6,263	73,921	77,506	472,085
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 WOMENS CENTER							
060 02 PSYCH SERVICES	518,290			21,605	255,015	124,434	919,344
060 03 OP BEHAVIORAL HEALTH	337,181					78,560	415,741
061 EMERGENCY	3,234,393			14,182	167,394	771,354	4,187,323
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	116,087,343			321,043	3,789,437	12,859,243	115,775,146
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				1,670	19,710		21,380
096 03 WONDER LAKE	3,865						3,865
096 06 CRISIS PROGRAM	1,090,483			2,546	30,056	258,215	1,381,300
096 08 FOUNDATION							
097 RESEARCH							
097 01 IDLE SPACE							
097 02 MOB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	117,181,691			325,259	3,839,203	13,117,458	117,181,691

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0176
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
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							
007 ADMINISTRATIVE & GENERAL	25,168,156						
008 MAINTENANCE & REPAIRS	741,834	3,453,939					
009 OPERATION OF PLANT	887,814	11,540	4,145,156				
010 LAUNDRY & LINEN SERVICE	136,391	13,228	15,929	664,186			
011 HOUSEKEEPING	588,073	60,867	73,293		2,872,195		
012 DIETARY	678,273	213,147	256,661		181,753	3,809,563	
014 CAFETERIA	126,063						586,944
015 NURSING ADMINISTRATION	465,358	13,193	15,887		11,250		6,962
016 CENTRAL SERVICES & SUPPLY	245,528	122,308	147,277		104,294		4,294
017 PHARMACY	867,520	40,207	48,415		34,285		14,526
018 MEDICAL RECORDS & LIBRARY	428,588	71,310	85,868		60,807		15,959
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	3,219,024	684,089	823,738	235,805	583,329	2,099,733	81,646
031 INTENSIVE CARE UNIT	958,606	134,213	161,613	28,675	114,446	288,565	20,592
033 SUBPROVIDER I	1,037,067	174,385	209,986	60,387	148,701	705,422	25,142
034 NURSERY	296,278	21,687	26,115		18,493		5,836
037 SKILLED NURSING FACILITY	954,324	242,649	292,186	61,400	206,910	715,843	24,605
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	2,222,352	430,541	518,435	112,540	367,128		44,467
041 DELIVERY ROOM & LABOR ROO	558,671						11,947
044 ANESTHESIOLOGY	49,967						314
046 RADIOLOGY-DIAGNOSTIC	2,325,629	283,900	341,858	50,395	242,085		36,628
049 LABORATORY	1,257,440	109,028	131,286		92,969		213,225
050 BLOOD CLOTTING FACTORS AD							
051 RESPIRATORY THERAPY	301,016	1,079	1,299		920		7,263
052 PHYSICAL THERAPY	748,791	53,940	64,951		45,995		15,153
054 OCCUPATIONAL THERAPY	31,747						787
055 SPEECH PATHOLOGY	17,089						371
059 ELECTROENCEPHALOGRAPHY							
060 01 SLEEP LAB/NEUROLOGY	176,361	53,731	64,700		45,817		4,217
060 02 MEDICAL SUPPLIES CHARGED	1,205,673						
060 03 30 IMPL. DEV. CHARGED TO PAT	1,182,630						
061 DRUGS CHARGED TO PATIENTS	1,260,770						
062 CARDIOLOGY	174,896	118,026	142,121	18,820	100,643		3,097
066 01 CARDIOPULMONARY REHAB	129,128	81,336	97,940	718	69,356		2,489
060 02 OUTPAT SERVICE COST CNTRS							
060 03 CLINIC							
060 01 WOMENS CENTER							
060 02 PSYCH SERVICES	251,465	280,593	337,876		239,265		7,724
060 03 OP BEHAVIORAL HEALTH	113,716						3,596
061 EMERGENCY	1,145,346	184,185	221,785	71,904	157,056		26,531
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	24,783,428	3,399,182	4,079,219	640,644	2,825,502	3,809,563	577,371
096 NONREIMBURS COST CENTERS							
096 03 GIFT, FLOWER, COFFEE SHOP	5,848	21,687	26,115		18,493		
096 06 WONDER LAKE	1,057						
096 08 CRISIS PROGRAM	377,823	33,070	39,822		28,200		9,573
097 08 FOUNDATION							
097 01 RESEARCH							
097 02 IDLE SPACE							
101 02 MOB				23,542			
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	25,168,156	3,453,939	4,145,156	664,186	2,872,195	3,809,563	586,944

COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
	14	15	16	17	18	19	20	21
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								
007 ADMINISTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
014 CAFETERIA								
015 NURSING ADMINISTRATION	2,213,973							
016 CENTRAL SERVICES & SUPPLY		1,521,338						
017 PHARMACY			4,176,561					
018 MEDICAL RECORDS & LIBRARY				31				
020 SOCIAL SERVICE					2,229,458			
021 NONPHYSICIAN ANESTHETISTS								
025 NURSING SCHOOL								
026 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	701,938				197,678			
026 INTENSIVE CARE UNIT	177,039				48,414			
031 SUBPROVIDER I	216,154				61,283			
033 NURSERY	50,174				15,085			
034 SKILLED NURSING FACILITY	211,533				34,749			
037 ANCILLARY SRVC COST CNTRS								
039 OPERATING ROOM	382,300				319,244			
040 DELIVERY ROOM & LABOR ROO					30,884			
041 ANESTHESIOLOGY	2,696				26,773			
044 RADIOLOGY-DIAGNOSTIC					517,704			
046 LABORATORY					334,618			
049 30 BLOOD CLOTTING FACTORS AD								
050 RESPIRATORY THERAPY	62,442				34,846			
051 PHYSICAL THERAPY					46,895			
052 OCCUPATIONAL THERAPY					2,907			
054 SPEECH PATHOLOGY					985			
054 ELECTROENCEPHALOGRAPHY								
055 01 SLEEP LAB/NEUROLOGY	36,255				22,836			
055 MEDICAL SUPPLIES CHARGED		767,992			81,670			
056 30 IMPL. DEV. CHARGED TO PAT		753,315			73,318			
059 DRUGS CHARGED TO PATIENTS			4,176,561		249,421			
059 01 CARDIOPULMONARY REHAB	26,627				11,949			
059 OUTPAT SERVICE COST CNTRS	21,401				4,027			
060 CLINIC								
060 01 WOMENS CENTER								
060 02 PSYCH SERVICES	66,403				11,885			
060 03 OP BEHAVIORAL HEALTH	30,918				9,916			
061 EMERGENCY	228,093				92,371			
062 OBSERVATION BEDS (NON-DIS								
095 SPEC PURPOSE COST CENTERS	2,213,973	1,521,338	4,176,561	2,229,458				
096 SUBTOTALS								
096 NONREIMBURS COST CENTERS								
096 03 GIFT, FLOWER, COFFEE SHOP								
096 06 WONDER LAKE								
096 08 CRISIS PROGRAM								
097 08 FOUNDATION								
097 RESEARCH								
097 01 IDLE SPACE								
097 02 MOB								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	2,213,973	1,521,338	4,176,561	2,229,458				

COST CENTER DESCRIPTION	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	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			
007 ADMINISTRATIVE & GENERAL			
008 MAINTENANCE & REPAIRS			
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			
020 SOCIAL SERVICE			
021 NONPHYSICIAN ANESTHETISTS			
025 NURSING SCHOOL			
025 INPAT ROUTINE SRVC CNTRS			
026 ADULTS & PEDIATRICS	20,395,667		20,395,667
031 INTENSIVE CARE UNIT	5,436,775		5,436,775
033 SUBPROVIDER I	6,429,987		6,429,987
034 NURSERY	1,516,845		1,516,845
037 SKILLED NURSING FACILITY	6,233,155		6,233,155
039 ANCILLARY SRVC COST CNTRS			
040 OPERATING ROOM	12,521,806		12,521,806
041 DELIVERY ROOM & LABOR ROO	2,643,974		2,643,974
044 ANESTHESIOLOGY	262,425		262,425
046 RADIOLOGY-DIAGNOSTIC	12,300,575		12,300,575
049 LABORATORY	6,735,698		6,735,698
050 BLOOD CLOTTING FACTORS AD			
051 RESPIRATORY THERAPY	1,509,365		1,509,365
052 PHYSICAL THERAPY	3,713,263		3,713,263
054 OCCUPATIONAL THERAPY	151,507		151,507
055 SPEECH PATHOLOGY	80,923		80,923
056 ELECTROENCEPHALOGRAPHY			
059 SLEEP LAB/NEUROLOGY	1,048,685		1,048,685
060 MEDICAL SUPPLIES CHARGED	6,463,209		6,463,209
062 30 IMPL. DEV. CHARGED TO PAT	6,332,893		6,332,893
066 DRUGS CHARGED TO PATIENTS	10,296,058		10,296,058
069 CARDIOLOGY	1,235,590		1,235,590
072 01 CARDIOPULMONARY REHAB	878,480		878,480
075 OUTPAT SERVICE COST CNTRS			
076 CLINIC			
078 01 WOMENS CENTER			
080 02 PSYCH SERVICES	2,114,555		2,114,555
082 03 OP BEHAVIORAL HEALTH	573,887		573,887
084 EMERGENCY	6,314,594		6,314,594
086 OBSERVATION BEDS (NON-DIS			
088 SPEC PURPOSE COST CENTERS			
091 SUBTOTALS	115,189,916		115,189,916
093 NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	93,523		93,523
098 03 WONDER LAKE	4,922		4,922
100 06 CRISIS PROGRAM	1,869,788		1,869,788
102 08 FOUNDATION			
104 RESEARCH			
106 01 IDLE SPACE			
108 02 MOB	23,542		23,542
110 CROSS FOOT ADJUSTMENT			
112 NEGATIVE COST CENTER			
114 TOTAL	117,181,691		117,181,691

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 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				190	2,246	2,436	2,436
007 ADMINISTRATIVE & GENERAL	638,018					638,018	104
008 MAINTENANCE & REPAIRS	19,200			59,122	697,877	776,199	42
009 OPERATION OF PLANT				889	10,488	11,377	57
010 LAUNDRY & LINEN SERVICE				1,019	12,022	13,041	3
011 HOUSEKEEPING				4,687	55,318	60,005	62
012 DIETARY				16,412	193,717	210,129	53
014 CAFETERIA							26
015 NURSING ADMINISTRATION				1,016	11,991	13,007	62
016 CENTRAL SERVICES & SUPPLY	762			9,417	111,159	121,338	13
017 PHARMACY	377,372			3,096	36,541	417,009	106
018 MEDICAL RECORDS & LIBRARY				5,491	64,810	70,301	55
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
025 NURSING SCHOOL							
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	47,102			52,673	621,726	721,501	412
026 INTENSIVE CARE UNIT	7,794			10,334	121,979	140,107	121
031 SUBPROVIDER I				13,427	158,488	171,915	141
033 NURSERY				1,670	19,710	21,380	34
034 SKILLED NURSING FACILITY	16,485			18,683	220,530	255,698	121
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	8,693			33,151	391,293	433,137	240
040 DELIVERY ROOM & LABOR ROO							65
041 ANESTHESIOLOGY							1
044 RADIOLOGY-DIAGNOSTIC	800,294			21,860	258,020	1,080,174	200
046 LABORATORY				8,395	99,089	107,484	100
049 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	14,436			83	981	15,500	36
050 PHYSICAL THERAPY				4,153	49,022	53,175	91
051 OCCUPATIONAL THERAPY							4
052 SPEECH PATHOLOGY							2
054 ELECTROENCEPHALOGRAPHY							
054 01 SLEEP LAB/NEUROLOGY	2,840			4,137	48,833	55,810	22
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
059 CARDIOLOGY				9,088	107,267	116,355	19
059 01 CARDIOPULMONARY REHAB				6,263	73,921	80,184	14
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 WOMENS CENTER							
060 02 PSYCH SERVICES				21,605	255,015	276,620	23
060 03 OP BEHAVIORAL HEALTH							15
061 EMERGENCY	8,445			14,182	167,394	190,021	144
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,941,441			321,043	3,789,437	6,051,921	2,388
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				1,670	19,710	21,380	
096 03 WONDER LAKE							
096 06 CRISIS PROGRAM				2,546	30,056	32,602	48
096 08 FOUNDATION							
097 RESEARCH							
097 01 IDLE SPACE							
097 02 MOB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,941,441			325,259	3,839,203	6,105,903	2,436

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
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							
007 ADMINISTRATIVE & GENERAL	638,122						
008 MAINTENANCE & REPAIRS	18,808	795,049					
009 OPERATION OF PLANT	22,510	2,656	36,600				
010 LAUNDRY & LINEN SERVICE	3,458	3,045	141	19,688			
011 HOUSEKEEPING	14,910	14,011	647		89,635		
012 DIETARY	17,197	49,064	2,266		5,672	284,381	
014 CAFETERIA	3,196						3,222
015 NURSING ADMINISTRATION	11,799	3,037	140		351		38
016 CENTRAL SERVICES & SUPPLY	6,225	28,154	1,300		3,255		24
017 PHARMACY	21,995	9,255	427		1,070		80
018 MEDICAL RECORDS & LIBRARY	10,866	16,415	758		1,898		88
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	81,625	157,466	7,275	6,990	18,205	156,744	448
031 INTENSIVE CARE UNIT	24,304	30,894	1,427	850	3,572	21,541	113
033 SUBPROVIDER I	26,294	40,141	1,854	1,790	4,641	52,659	138
034 NURSERY	7,512	4,992	231		577		32
037 SKILLED NURSING FACILITY	24,196	55,855	2,580	1,820	6,457	53,437	135
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	56,345	99,105	4,578	3,336	11,457		244
041 DELIVERY ROOM & LABOR ROO	14,165						66
044 ANESTHESIOLOGY	1,267						2
046 RADIOLOGY-DIAGNOSTIC	58,964	65,350	3,018	1,494	7,555		201
049 LABORATORY	31,881	25,097	1,159		2,901		1,169
050 BLOOD CLOTTING FACTORS AD							
051 RESPIRATORY THERAPY	7,632	248	11		29		40
052 PHYSICAL THERAPY	18,985	12,416	573		1,435		83
054 OCCUPATIONAL THERAPY	805						4
055 SPEECH PATHOLOGY	433						2
056 ELECTROENCEPHALOGRAPHY							
059 01 SLEEP LAB/NEUROLOGY	4,471	12,368	571		1,430		23
060 MEDICAL SUPPLIES CHARGED	30,569						
062 30 IMPL. DEV. CHARGED TO PAT	29,984						
066 DRUGS CHARGED TO PATIENTS	31,966						
069 CARDIOLOGY	4,434	27,168	1,255	558	3,141		17
071 01 CARDIOPULMONARY REHAB	3,274	18,722	865	21	2,164		14
074 OUTPAT SERVICE COST CNTRS							
076 CLINIC							
080 01 WOMENS CENTER							
082 02 PSYCH SERVICES	6,376	64,589	2,983		7,467		42
084 03 OP BEHAVIORAL HEALTH	2,883						20
086 EMERGENCY	29,039	42,397	1,958	2,131	4,901		146
088 OBSERVATION BEDS (NON-DIS							
090 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	628,368	782,445	36,017	18,990	88,178	284,381	3,169
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	148	4,992	231		577		
100 03 WONDER LAKE	27						
102 06 CRISIS PROGRAM	9,579	7,612	352		880		53
104 08 FOUNDATION							
106 RESEARCH							
108 01 IDLE SPACE							
110 02 MOB				698			
112 CROSS FOOT ADJUSTMENTS							
114 NEGATIVE COST CENTER							
116 TOTAL	638,122	795,049	36,600	19,688	89,635	284,381	3,222

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
	14	15	16	17	18	20	21
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							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION	28,434						
016 CENTRAL SERVICES & SUPPLY		160,309					
017 PHARMACY			449,942				
018 MEDICAL RECORDS & LIBRARY				100,384			
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
025 NURSING SCHOOL							
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,014			8,913			
026 INTENSIVE CARE UNIT	2,274			2,183			
031 SUBPROVIDER I	2,776			2,763			
033 NURSERY	644			680			
034 SKILLED NURSING FACILITY	2,717			1,567			
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	4,910			14,395			
040 DELIVERY ROOM & LABOR ROO				1,393			
041 ANESTHESIOLOGY	35			1,207			
044 RADIOLOGY-DIAGNOSTIC				23,199			
046 LABORATORY				15,088			
049 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	802			1,571			
050 PHYSICAL THERAPY				2,115			
051 OCCUPATIONAL THERAPY				131			
052 SPEECH PATHOLOGY				44			
054 ELECTROENCEPHALOGRAPHY							
054 01 SLEEP LAB/NEUROLOGY	466			1,030			
055 MEDICAL SUPPLIES CHARGED		80,928		3,683			
055 30 IMPL. DEV. CHARGED TO PAT		79,378		3,306			
056 DRUGS CHARGED TO PATIENTS			449,942	11,247			
059 RADIOLOGY	342			539			
059 01 CARDIOPULMONARY REHAB	275			182			
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 02 WOMENS CENTER							
060 02 PSYCH SERVICES	853			536			
060 03 OP BEHAVIORAL HEALTH	397			447			
061 EMERGENCY	2,929			4,165			
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS	28,434	160,309	449,942	100,384			
096 SUBTOTALS							
096 NONREIMBURS COST CENTERS							
096 03 GIFT, FLOWER, COFFEE SHOP							
096 06 WONDER LAKE							
096 06 CRISIS PROGRAM							
096 08 FOUNDATION							
097 RESEARCH							
097 01 IDLE SPACE							
097 02 MOB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	28,434	160,309	449,942	100,384			

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0176
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	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			
007 ADMINISTRATIVE & GENERAL			
008 MAINTENANCE & REPAIRS			
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			
020 SOCIAL SERVICE			
021 NONPHYSICIAN ANESTHETISTS			
025 NURSING SCHOOL			
025 INPAT ROUTINE SRVC CNTRS			
026 ADULTS & PEDIATRICS	1,168,593		1,168,593
031 INTENSIVE CARE UNIT	227,386		227,386
033 SUBPROVIDER I	305,112		305,112
034 NURSERY	36,082		36,082
034 SKILLED NURSING FACILITY	404,583		404,583
037 ANCILLARY SRVC COST CNTRS			
039 OPERATING ROOM	627,747		627,747
040 DELIVERY ROOM & LABOR ROO	15,689		15,689
041 ANESTHESIOLOGY	2,512		2,512
044 RADIOLOGY-DIAGNOSTIC	1,240,155		1,240,155
046 LABORATORY	184,879		184,879
049 30 BLOOD CLOTTING FACTORS AD			
050 RESPIRATORY THERAPY	25,869		25,869
051 PHYSICAL THERAPY	88,873		88,873
052 OCCUPATIONAL THERAPY	944		944
054 SPEECH PATHOLOGY	481		481
054 ELECTROENCEPHALOGRAPHY			
055 01 SLEEP LAB/NEUROLOGY	76,191		76,191
056 MEDICAL SUPPLIES CHARGED	115,180		115,180
059 30 IMPL. DEV. CHARGED TO PAT	112,668		112,668
059 DRUGS CHARGED TO PATIENTS	493,155		493,155
059 CARDIOLOGY	153,828		153,828
059 01 CARDIOPULMONARY REHAB	105,715		105,715
060 OUTPAT SERVICE COST CNTRS			
060 01 CLINIC			
060 02 WOMENS CENTER			
060 03 PSYCH SERVICES	359,489		359,489
061 03 OP BEHAVIORAL HEALTH	3,762		3,762
062 EMERGENCY	277,831		277,831
062 OBSERVATION BEDS (NON-DIS			
095 SPEC PURPOSE COST CENTERS			
095 SUBTOTALS	6,026,724		6,026,724
096 NONREIMBURS COST CENTERS			
096 03 GIFT, FLOWER, COFFEE SHOP	27,328		27,328
096 06 WONDER LAKE	27		27
096 08 CRISIS PROGRAM	51,126		51,126
097 08 FOUNDATION			
097 RESEARCH			
097 01 IDLE SPACE			
097 02 MOB	698		698
101 CROSS FOOT ADJUSTMENTS			
102 NEGATIVE COST CENTER			
103 TOTAL	6,105,903		6,105,903

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	F(SQUARE FEET	F(SQUARE FEET	F(SQUARE FEET	F(GROSS SALARIES)	
	1	2	3	4	5	6a. 00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD			242,699			
005 NEW CAP REL COSTS-MVB				242,699		
006 EMPLOYEE BENEFITS			142	142	49,852,798	
007 ADMINISTRATIVE & GENE					2,116,892	-25,168,156
008 MAINTENANCE & REPAIRS			44,117	44,117	862,279	
009 OPERATION OF PLANT			663	663	1,158,957	
010 LAUNDRY & LINEN SERVI			760	760	69,603	
011 HOUSEKEEPING			3,497	3,497	1,269,618	
012 DIETARY			12,246	12,246	1,090,018	
013 CAFETERIA					523,208	
014 NURSING ADMINISTRATIO			758	758	1,275,074	
015 CENTRAL SERVICES & SU			7,027	7,027	257,619	
016 PHARMACY			2,310	2,310	2,153,517	
017 MEDICAL RECORDS & LIB			4,097	4,097	1,113,825	
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS			39,303	39,303	8,527,364	
031 INTENSIVE CARE UNIT			7,711	7,711	2,471,511	
033 SUBPROVIDER I			10,019	10,019	2,877,019	
034 NURSERY			1,246	1,246	693,926	
037 SKILLED NURSING FACIL			13,941	13,941	2,472,011	
039 ANCILLARY SRVC COST C						
040 OPERATING ROOM			24,736	24,736	4,905,903	
041 DELIVERY ROOM & LABOR					1,317,853	
044 ANESTHESIOLOGY					27,244	
046 RADIOLOGY-DIAGNOSTIC			16,311	16,311	4,079,810	
049 LABORATORY			6,264	6,264	2,036,886	
050 BLOOD CLOTTING FACTOR						
051 RESPIRATORY THERAPY			62	62	741,132	
052 PHYSICAL THERAPY			3,099	3,099	1,856,112	
054 OCCUPATIONAL THERAPY					90,243	
055 SPEECH PATHOLOGY					48,551	
056 ELECTROENCEPHALOGRAPH						
059 01 SLEEP LAB/NEUROLOGY			3,087	3,087	445,238	
060 MEDICAL SUPPLIES CHAR						
061 30 IMPL. DEV. CHARGED TO						
062 DRUGS CHARGED TO PATI						
066 CARDIOLOGY			6,781	6,781	392,481	
069 01 CARDIOPULMONARY REHA			4,673	4,673	294,561	
070 OUTPAT SERVICE COST C						
071 CLINIC						
072 01 WOMENS CENTER						
073 02 PSYCH SERVICES			16,121	16,121	472,912	
074 03 OP BEHAVIORAL HEALTH					298,566	
075 EMERGENCY			10,582	10,582	2,931,522	
076 OBSERVATION BEDS (NON						
077 SPEC PURPOSE COST CEN						
078 SUBTOTALS			239,553	239,553	48,871,455	-25,168,156
079 NONREIMBURS COST CENT						
080 GIFT, FLOWER, COFFEE			1,246	1,246		
081 03 WONDER LAKE						
082 06 CRISIS PROGRAM			1,900	1,900	981,343	
083 08 FOUNDATION						
084 RESEARCH						
085 01 IDLE SPACE						
086 02 MOB						
087 CROSS FOOT ADJUSTMENT						
088 NEGATIVE COST CENTER						
089 COST TO BE ALLOCATED			325,259	3,839,203	13,117,458	
090 (WRKSHT B, PART I)						
091 UNIT COST MULTIPLIER			1.340174		.263124	
092 (WRKSHT B, PT I)				15.818784		
093 COST TO BE ALLOCATED						
094 (WRKSHT B, PART II)						
095 UNIT COST MULTIPLIER						
096 (WRKSHT B, PT II)						
097 COST TO BE ALLOCATED					2,436	
098 (WRKSHT B, PART III)						
099 UNIT COST MULTIPLIER						.000049
100 (WRKSHT B, PT III)						

	COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF			LAUNDRY & LINEN HOUSEKEEPING	DIETARY	CAFETERIA	
		E & GENERAL	REPAIRS	PLANT	EN SERVICE			
		(ACCUM. COST)	(SQUARE FEET)	F(SQUARE FEET)	F(POUNDS OF LAUNDRY)	(SQUARE FEET)	F(MEALS SERVED)	S(FTE)
		6	7	8	9	10	11	12
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							
007	ADMINISTRATIVE & GENERAL	92,013,535						
008	MAINTENANCE & REPAIRS	2,712,105	198,440					
009	OPERATION OF PLANT	3,245,802	663	197,777				
010	LAUNDRY & LINEN SERVICE	498,638	760	760	511,449			
011	HOUSEKEEPING	2,149,962	3,497	3,497		193,520		
012	DIETARY	2,479,729	12,246	12,246			250,028	
013	CAFETERIA	460,881						91,723
014	NURSING ADMINISTRATIVE	1,701,323	758	758		758		1,088
015	CENTRAL SERVICES & SUPPLIES	897,637	7,027	7,027		7,027		671
016	PHARMACY	3,171,608	2,310	2,310		2,310		2,270
017	MEDICAL RECORDS & LIBRARY	1,566,895	4,097	4,097		4,097		2,494
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETIST							
021	NURSING SCHOOL							
025	INPAT ROUTINE SRVC CNTR							
026	ADULTS & PEDIATRICS	11,768,687	39,303	39,303	181,580	39,303	137,809	12,759
031	INTENSIVE CARE UNIT	3,504,612	7,711	7,711	22,081	7,711	18,939	3,218
033	SUBPROVIDER I	3,791,460	10,019	10,019	46,500	10,019	46,298	3,929
034	NURSERY	1,083,177	1,246	1,246		1,246		912
037	SKILLED NURSING FACILITY	3,488,956	13,941	13,941	47,280	13,941	46,982	3,845
039	ANCILLARY SRVC COST CENTER							
040	OPERATING ROOM	8,124,799	24,736	24,736	86,660	24,736		6,949
041	DELIVERY ROOM & LABOR	2,042,472						1,867
044	ANESTHESIOLOGY	182,675						49
046	RADIOLOGY-DIAGNOSTIC	8,502,376	16,311	16,311	38,806	16,311		5,724
049	LABORATORY	4,597,132	6,264	6,264		6,264		33,321
050	BLOOD CLOTTING FACTOR							
051	RESPIRATORY THERAPY	1,100,500	62	62		62		1,135
052	PHYSICAL THERAPY	2,737,538	3,099	3,099		3,099		2,368
054	OCCUPATIONAL THERAPY	116,066						123
055	SPEECH PATHOLOGY	62,478						58
056	ELECTROENCEPHALOGRAPH							
059	SLEEP LAB/NEUROLOGY	644,768	3,087	3,087		3,087		659
060	MEDICAL SUPPLIES CHAR	4,407,874						
061	IMPL. DEV. CHARGED TO	4,323,630						
062	DRUGS CHARGED TO PATIENT	4,609,306						
066	CARDIOLOGY	639,411	6,781	6,781	14,492	6,781		484
069	CARDIOPULMONARY REHAB	472,085	4,673	4,673	553	4,673		389
070	OUTPAT SERVICE COST CENTER							
071	CLINIC							
072	WOMENS CENTER							
073	PSYCH SERVICES	919,344	16,121	16,121		16,121		1,207
074	OP BEHAVIORAL HEALTH	415,741						562
075	EMERGENCY	4,187,323	10,582	10,582	55,369	10,582		4,146
076	OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER)							
077	SUBTOTALS	90,606,990	195,294	194,631	493,321	190,374	250,028	90,227
078	NONREIMBURS COST CENTER							
079	GI FT, FLOWER, COFFEE	21,380	1,246	1,246		1,246		
080	WONDER LAKE	3,865						
081	CRISIS PROGRAM	1,381,300	1,900	1,900		1,900		1,496
082	FOUNDATION							
083	RESEARCH							
084	IDLE SPACE							
085	MOB				18,128			
086	CROSS FOOT ADJUSTMENT							
087	NEGATIVE COST CENTER							
088	COST TO BE ALLOCATED (WRKSHT B, PART I)	25,168,156	3,453,939	4,145,156	664,186	2,872,195	3,809,563	586,944
089	UNIT COST MULTIPLIER (WRKSHT B, PT I)		17.405458		1.298636		15.236546	
090	COST TO BE ALLOCATED (WRKSHT B, PART II)	273527		20.958736		14.841851		6.399093
091	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
092	COST TO BE ALLOCATED (WRKSHT B, PART III)	638,122	795,049	36,600	19,688	89,635	284,381	3,222
093	UNIT COST MULTIPLIER (WRKSHT B, PT III)		4.006496		.038495		1.137397	
094	COST TO BE ALLOCATED (WRKSHT B, PART III)							
095	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.006935		.185057		.463182		.035128

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION (NURSING HOURS/FTEs)	CENTRAL SERVICES & SUPPLY (COSTED) EQUI S	PHARMACY (COSTED) EQUI S	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED) TIME	NURSING SCHOOLS (ASSIGNED) TIME
	14	15	16	17	18	20	21
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION	40,243						
015 CENTRAL SERVICES & SUPPLY		8,731,681					
016 PHARMACY			4,609,306				
017 MEDICAL RECORDS & LIBRARY		177		343,085,918			
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETIST							
021 NURSING SCHOOL							
025 INPAT ROUTINE SRVC CN ADULTS & PEDIATRICS	12,759			30,421,313			
026 INTENSIVE CARE UNIT	3,218			7,450,574			
031 SUBPROVIDER I	3,929			9,431,111			
033 NURSERY	912			2,321,542			
034 SKILLED NURSING FACILITY	3,845			5,347,668			
037 OPERATING ROOM	6,949			49,129,653			
039 DELIVERY ROOM & LABOR				4,752,808			
040 ANESTHESIOLOGY	49			4,120,114			
041 RADIOLOGY-DIAGNOSTIC				79,658,397			
044 LABORATORY				51,495,527			
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	1,135			5,362,541			
050 PHYSICAL THERAPY				7,216,761			
051 OCCUPATIONAL THERAPY				447,361			
052 SPEECH PATHOLOGY				151,516			
054 ELECTROENCEPHALOGRAPH							
054 01 SLEEP LAB/NEUROLOGY	659			3,514,260			
055 MEDICAL SUPPLIES CHAR		4,407,874		12,568,454			
055 30 IMPL. DEV. CHARGED TO		4,323,630		11,283,090			
056 DRUGS CHARGED TO PATIENT			4,609,306	38,384,276			
059 CARDIOLOGY	484			1,838,901			
059 01 CARDIOPULMONARY REHAB	389			619,655			
060 OUTPAT SERVICE COST CENTER							
060 01 WOMENS CENTER							
060 02 PSYCH SERVICES	1,207			1,829,081			
060 03 OP BEHAVIORAL HEALTH	562			1,526,052			
061 EMERGENCY	4,146			14,215,263			
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER)							
095 SUBTOTALS	40,243	8,731,681	4,609,306	343,085,918			
096 NONREIMBURS COST CENTER							
096 03 GIFT, FLOWER, COFFEE							
096 06 WONDER LAKE							
096 08 CRISIS PROGRAM							
096 01 FOUNDATION							
097 RESEARCH							
097 01 IDLE SPACE							
097 02 MOB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,213,973	1,521,338	4,176,561	2,229,458			
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.174232		.006498			
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	55,015,108		.906115				
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	28,434	160,309	449,942	100,384			
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.018359		.000293			
	.706558		.097616				

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
14-0176

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/29/2010
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	20,395,667		20,395,667		20,395,667
26	INTENSIVE CARE UNIT	5,436,775		5,436,775		5,436,775
31	SUBPROVIDER I	6,429,987		6,429,987	48,739	6,478,726
33	NURSERY	1,516,845		1,516,845		1,516,845
34	SKILLED NURSING FACILITY	6,233,155		6,233,155		6,233,155
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	12,521,806		12,521,806	21,600	12,543,406
39	DELIVERY ROOM & LABOR ROO	2,643,974		2,643,974		2,643,974
40	ANESTHESIOLOGY	262,425		262,425	56,918	319,343
41	RADIOLOGY-DIAGNOSTIC	12,300,575		12,300,575		12,300,575
44	LABORATORY	6,735,698		6,735,698		6,735,698
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	1,509,365		1,509,365		1,509,365
50	PHYSICAL THERAPY	3,713,263		3,713,263		3,713,263
51	OCCUPATIONAL THERAPY	151,507		151,507		151,507
52	SPEECH PATHOLOGY	80,923		80,923		80,923
54	ELECTROENCEPHALOGRAPHY					
54	01 SLEEP LAB/NEUROLOGY	1,048,685		1,048,685		1,048,685
55	MEDICAL SUPPLIES CHARGED	6,463,209		6,463,209		6,463,209
55	30 IMPL. DEV. CHARGED TO PAT	6,332,893		6,332,893		6,332,893
56	DRUGS CHARGED TO PATIENTS	10,296,058		10,296,058		10,296,058
59	CARDIOLOGY	1,235,590		1,235,590		1,235,590
59	01 CARDIOPULMONARY REHAB	878,480		878,480	14,833	893,313
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 WOMENS CENTER					
60	02 PSYCH SERVICES	2,114,555		2,114,555	15,184	2,129,739
60	03 OP BEHAVIORAL HEALTH	573,887		573,887		573,887
61	EMERGENCY	6,314,594		6,314,594		6,314,594
62	OBSERVATION BEDS (NON-DIS	2,598,516		2,598,516		2,598,516
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	117,788,432		117,788,432	157,274	117,945,706
102	LESS OBSERVATION BEDS	2,598,516		2,598,516		2,598,516
103	TOTAL	115,189,916		115,189,916	157,274	115,347,190

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	26,023,150		26,023,150			
26	INTENSIVE CARE UNIT	7,450,574		7,450,574			
31	SUBPROVIDER I	9,431,111		9,431,111			
33	NURSERY	2,321,542		2,321,542			
34	SKILLED NURSING FACILITY	5,347,668		5,347,668			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	15,175,437	33,954,216	49,129,653	.254873	.254873	.255312
39	DELIVERY ROOM & LABOR ROO	3,891,669	861,139	4,752,808	.556297	.556297	.556297
40	ANESTHESIOLOGY	1,711,791	2,408,323	4,120,114	.063694	.063694	.077508
41	RADIOLOGY-DIAGNOSTIC	18,190,825	61,467,572	79,658,397	.154417	.154417	.154417
44	LABORATORY	20,853,572	30,641,955	51,495,527	.130802	.130802	.130802
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	4,561,650	800,891	5,362,541	.281465	.281465	.281465
50	PHYSICAL THERAPY	3,473,101	3,743,660	7,216,761	.514533	.514533	.514533
51	OCCUPATIONAL THERAPY	438,494	8,867	447,361	.338668	.338668	.338668
52	SPEECH PATHOLOGY	149,445	2,071	151,516	.534089	.534089	.534089
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB/NEUROLOGY	236,423	3,277,837	3,514,260	.298408	.298408	.298408
55	MEDICAL SUPPLIES CHARGED	8,464,475	4,103,979	12,568,454	.514241	.514241	.514241
55	30 IMPL. DEV. CHARGED TO PAT	8,900,757	2,382,333	11,283,090	.561273	.561273	.561273
56	DRUGS CHARGED TO PATIENTS	23,790,847	14,593,429	38,384,276	.268236	.268236	.268236
59	CARDIOLOGY	373,940	1,464,961	1,838,901	.671918	.671918	.671918
59	01 CARDIOPULMONARY REHAB	77	619,578	619,655	1.417692	1.417692	1.441630
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 WOMENS CENTER						
60	02 PSYCH SERVICES	68,067	1,761,014	1,829,081	1.156075	1.156075	1.164377
60	03 OP BEHAVIORAL HEALTH	8,629	1,517,423	1,526,052	.376060	.376060	.376060
61	EMERGENCY	3,883,328	10,331,935	14,215,263	.444212	.444212	.444212
62	OBSERVATION BEDS (NON-DIS		4,398,163	4,398,163	.590818	.590818	.590818
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	164,746,572	178,339,346	343,085,918			
102	LESS OBSERVATION BEDS						
103	TOTAL	164,746,572	178,339,346	343,085,918			

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	12,521,806	627,747	11,894,059			12,521,806
39	DELIVERY ROOM & LABOR ROO	2,643,974	15,689	2,628,285			2,643,974
40	ANESTHESIOLOGY	262,425	2,512	259,913			262,425
41	RADIOLOGY-DIAGNOSTIC	12,300,575	1,240,155	11,060,420			12,300,575
44	LABORATORY	6,735,698	184,879	6,550,819			6,735,698
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	1,509,365	25,869	1,483,496			1,509,365
50	PHYSICAL THERAPY	3,713,263	88,873	3,624,390			3,713,263
51	OCCUPATIONAL THERAPY	151,507	944	150,563			151,507
52	SPEECH PATHOLOGY	80,923	481	80,442			80,923
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB/NEUROLOGY	1,048,685	76,191	972,494			1,048,685
55	MEDICAL SUPPLIES CHARGED	6,463,209	115,180	6,348,029			6,463,209
55	30 IMPL. DEV. CHARGED TO PAT	6,332,893	112,668	6,220,225			6,332,893
56	DRUGS CHARGED TO PATIENTS	10,296,058	493,155	9,802,903			10,296,058
59	CARDIOLOGY	1,235,590	153,828	1,081,762			1,235,590
59	01 CARDIOPULMONARY REHAB	878,480	105,715	772,765			878,480
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOMENS CENTER						
60	02 PSYCH SERVICES	2,114,555	359,489	1,755,066			2,114,555
60	03 OP BEHAVIORAL HEALTH	573,887	3,762	570,125			573,887
61	EMERGENCY	6,314,594	277,831	6,036,763			6,314,594
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,598,516	148,885	2,449,631			2,598,516
101	SUBTOTAL	77,776,003	4,033,853	73,742,150			77,776,003
102	LESS OBSERVATION BEDS	2,598,516	148,885	2,449,631			2,598,516
103	TOTAL	75,177,487	3,884,968	71,292,519			75,177,487

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	49,129,653	.254873	.254873
39	DELIVERY ROOM & LABOR ROO	4,752,808	.556297	.556297
40	ANESTHESIOLOGY	4,120,114	.063694	.063694
41	RADIOLOGY-DIAGNOSTIC	79,658,397	.154417	.154417
44	LABORATORY	51,495,527	.130802	.130802
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	5,362,541	.281465	.281465
50	PHYSICAL THERAPY	7,216,761	.514533	.514533
51	OCCUPATIONAL THERAPY	447,361	.338668	.338668
52	SPEECH PATHOLOGY	151,516	.534089	.534089
54	ELECTROENCEPHALOGRAPHY			
54	01 SLEEP LAB/NEUROLOGY	3,514,260	.298408	.298408
55	MEDICAL SUPPLIES CHARGED	12,568,454	.514241	.514241
55	30 IMPL. DEV. CHARGED TO PAT	11,283,090	.561273	.561273
56	DRUGS CHARGED TO PATIENTS	38,384,276	.268236	.268236
59	CARDIOLOGY	1,838,901	.671918	.671918
59	01 CARDIOPULMONARY REHAB	619,655	1.417692	1.417692
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 WOMENS CENTER			
60	02 PSYCH SERVICES	1,829,081	1.156075	1.156075
60	03 OP BEHAVIORAL HEALTH	1,526,052	.376060	.376060
61	EMERGENCY	14,215,263	.444212	.444212
62	OBSERVATION BEDS (NON-DIS	4,398,163	.590818	.590818
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	292,511,873		
102	LESS OBSERVATION BEDS	4,398,163		
103	TOTAL	288,113,710		

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	12,521,806	627,747	11,894,059	62,775	689,855	11,769,176
39	DELIVERY ROOM & LABOR ROO	2,643,974	15,689	2,628,285	1,569	152,441	2,489,964
40	ANESTHESIOLOGY	262,425	2,512	259,913	251	15,075	247,099
41	RADIOLOGY-DIAGNOSTIC	12,300,575	1,240,155	11,060,420	124,016	641,504	11,535,055
44	LABORATORY	6,735,698	184,879	6,550,819	18,488	379,948	6,337,262
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	1,509,365	25,869	1,483,496	2,587	86,043	1,420,735
50	PHYSICAL THERAPY	3,713,263	88,873	3,624,390	8,887	210,215	3,494,161
51	OCCUPATIONAL THERAPY	151,507	944	150,563	94	8,733	142,680
52	SPEECH PATHOLOGY	80,923	481	80,442	48	4,666	76,209
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB/NEUROLOGY	1,048,685	76,191	972,494	7,619	56,405	984,661
55	MEDICAL SUPPLIES CHARGED	6,463,209	115,180	6,348,029	11,518	368,186	6,083,505
55	30 IMPL. DEV. CHARGED TO PAT	6,332,893	112,668	6,220,225	11,267	360,773	5,960,853
56	DRUGS CHARGED TO PATIENTS	10,296,058	493,155	9,802,903	49,316	568,568	9,678,174
59	CARDIOLOGY	1,235,590	153,828	1,081,762	15,383	62,742	1,157,465
59	01 CARDIOPULMONARY REHAB	878,480	105,715	772,765	10,572	44,820	823,088
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOMENS CENTER						
60	02 PSYCH SERVICES	2,114,555	359,489	1,755,066	35,949	101,794	1,976,812
60	03 OP BEHAVIORAL HEALTH	573,887	3,762	570,125	376	33,067	540,444
61	EMERGENCY	6,314,594	277,831	6,036,763	27,783	350,132	5,936,679
62	OBSERVATION BEDS (NON-DIS	2,598,516	148,885	2,449,631	14,889	142,079	2,441,548
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	77,776,003	4,033,853	73,742,150	403,387	4,277,046	73,095,570
102	LESS OBSERVATION BEDS	2,598,516	148,885	2,449,631	14,889	142,079	2,441,548
103	TOTAL	75,177,487	3,884,968	71,292,519	388,498	4,134,967	70,654,022

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	49,129,653	.239553	.253595
39	DELIVERY ROOM & LABOR ROO	4,752,808	.523893	.555967
40	ANESTHESIOLOGY	4,120,114	.059974	.063633
41	RADIOLOGY-DIAGNOSTIC	79,658,397	.144807	.152860
44	LABORATORY	51,495,527	.123064	.130443
46	30 BLOOD CLOTTING FACTORS AD			
	RESPIRATORY THERAPY	5,362,541	.264937	.280982
50	PHYSICAL THERAPY	7,216,761	.484173	.513302
51	OCCUPATIONAL THERAPY	447,361	.318937	.338458
52	SPEECH PATHOLOGY	151,516	.502977	.533772
54	ELECTROENCEPHALOGRAPHY			
54	01 SLEEP LAB/NEUROLOGY	3,514,260	.280190	.296240
55	MEDICAL SUPPLIES CHARGED	12,568,454	.484030	.513324
55	30 IMPL. DEV. CHARGED TO PAT	11,283,090	.528300	.560274
56	DRUGS CHARGED TO PATIENTS	38,384,276	.252139	.266952
59	CARDIOLOGY	1,838,901	.629433	.663552
59	01 CARDIOPULMONARY REHAB	619,655	1.328300	1.400631
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 WOMENS CENTER			
60	02 PSYCH SERVICES	1,829,081	1.080768	1.136421
60	03 OP BEHAVIORAL HEALTH	1,526,052	.354145	.375814
61	EMERGENCY	14,215,263	.417627	.442258
62	OBSERVATION BEDS (NON-DIS	4,398,163	.555129	.587433
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	292,511,873		
102	LESS OBSERVATION BEDS	4,398,163		
103	TOTAL	288,113,710		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,168,593		1,168,593
26	INTENSIVE CARE UNIT				227,386		227,386
31	SUBPROVIDER I				305,112		305,112
33	NURSERY				36,082		36,082
101	TOTAL				1,737,173		1,737,173

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	22,809	9,624			51.23	493,038
26	INTENSIVE CARE UNIT	3,050	1,677			74.55	125,020
31	SUBPROVIDER I	7,456	2,449			40.92	100,213
33	NURSERY	2,290				15.76	
101	TOTAL	35,605	13,750				718,271

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0176
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 COMPONENT NO: 14-0176
 PREPARED 11/29/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.012777	77,745
39	DELIVERY ROOM & LABOR ROO	.003301	
40	ANESTHESIOLOGY	.000610	359
41	RADIOLOGY-DIAGNOSTIC	.015568	166,277
44	LABORATORY	.003590	35,872
46	30 BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY	.004824	12,541
50	PHYSICAL THERAPY	.012315	8,486
51	OCCUPATIONAL THERAPY	.002110	557
52	SPEECH PATHOLOGY	.003175	312
54	ELECTROENCEPHALOGRAPHY		
54	01 SLEEP LAB/NEUROLOGY	.021681	2,976
55	MEDICAL SUPPLIES CHARGED	.009164	31,155
55	30 IMPL. DEV. CHARGED TO PAT	.009986	41,052
56	DRUGS CHARGED TO PATIENTS	.012848	134,766
59	CARDIOLOGY	.083652	20,857
59	01 CARDIOPULMONARY REHAB	.170603	
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 WOMENS CENTER		
60	02 PSYCH SERVICES	.196541	1,286
60	03 OP BEHAVIORAL HEALTH	.002465	
61	EMERGENCY	.019545	38,183
62	OBSERVATION BEDS (NON-DIS	.033852	
62	OTHER REIMBURS COST CNTRS		
101	TOTAL		572,424

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

PROVIDER NO: 14-0176
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 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					22,809	
26	INTENSIVE CARE UNIT					3,050	
31	SUBPROVIDER I					7,456	
33	NURSERY					2,290	
34	SKILLED NURSING FACILITY					7,566	
101	TOTAL					43,171	

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

PROVIDER NO: 14-0176
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 WORKSHEET D
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		9,624
26	INTENSIVE CARE UNIT		1,677
31	SUBPROVIDER I		2,449
33	NURSERY		
34	SKILLED NURSING FACILITY		5,775
101	TOTAL		19,525

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						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
54	54 ELECTROENCEPHALOGRAPHY						
55	01 SLEEP LAB/NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIOLOGY						
59	01 CARDIOPULMONARY REHAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOMENS CENTER						
60	02 PSYCH SERVICES						
60	03 OP BEHAVIORAL HEALTH						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			49,129,653			6,084,753	
39	DELIVERY ROOM & LABOR ROO			4,752,808				
40	ANESTHESIOLOGY			4,120,114			589,198	
41	RADIOLOGY-DIAGNOSTIC			79,658,397			10,680,708	
44	LABORATORY			51,495,527			9,992,288	
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			5,362,541			2,599,747	
50	PHYSICAL THERAPY			7,216,761			689,071	
51	OCCUPATIONAL THERAPY			447,361			264,017	
52	SPEECH PATHOLOGY			151,516			98,136	
54	ELECTROENCEPHALOGRAPHY							
54	01 SLEEP LAB/NEUROLOGY			3,514,260			137,242	
55	MEDICAL SUPPLIES CHARGED			12,568,454			3,399,685	
55	30 IMPL. DEV. CHARGED TO PAT			11,283,090			4,110,939	
56	DRUGS CHARGED TO PATIENTS			38,384,276			10,489,233	
59	CARDIOLOGY			1,838,901			249,334	
59	01 CARDIOPULMONARY REHAB			619,655				
60	OUTPAT SERVICE COST CNTRS CLINIC							
60	01 WOMENS CENTER							
60	02 PSYCH SERVICES			1,829,081			6,541	
60	03 OP BEHAVIORAL HEALTH			1,526,052				
61	EMERGENCY			14,215,263			1,953,618	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			4,398,163				
101	TOTAL			292,511,873			51,344,510	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	8,674,286					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	417,070					
41	RADIOLOGY-DIAGNOSTIC	14,028,019					
44	LABORATORY	952,085					
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	231,302					
50	PHYSICAL THERAPY	11,607					
51	OCCUPATIONAL THERAPY	4,122					
52	SPEECH PATHOLOGY	1,237					
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB/NEUROLOGY	873,488					
55	MEDICAL SUPPLIES CHARGED	771,506					
55	30 IMPL. DEV. CHARGED TO PAT	525,513					
56	DRUGS CHARGED TO PATIENTS	5,641,947					
59	CARDIOLOGY	470,194					
59	01 CARDIOPULMONARY REHAB	310,770					
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOMENS CENTER						
60	02 PSYCH SERVICES	79,845					
60	03 OP BEHAVIORAL HEALTH	137,593					
61	EMERGENCY	1,498,102					
62	OBSERVATION BEDS (NON-DIS	969,719					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	35,598,405					

Health Financial Systems	MCRI F32	FOR MEMORIAL MEDICAL CENTER	IN LIEU OF FORM CMS-2552-96(08/2000) CONTD
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST			PROVIDER NO: 14-0176
			PERIOD: FROM 7/1/2009 TO 6/30/2010
			COMPONENT NO: 14-0176
TITLE XVIII, PART B		HOSPITAL	
PART VI - VACCINE COST APPORTIONMENT			

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.268236
2	PROGRAM VACCINE CHARGES		15,934
3	PROGRAM COSTS		4,274

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		627,747	49,129,653			
39	DELIVERY ROOM & LABOR ROO		15,689	4,752,808			
40	ANESTHESIOLOGY		2,512	4,120,114			
41	RADIOLOGY-DIAGNOSTIC		1,240,155	79,658,397	65,768		
44	LABORATORY		184,879	51,495,527	251,973		
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY		25,869	5,362,541	1,675		
50	PHYSICAL THERAPY		88,873	7,216,761	6,511		
51	OCCUPATIONAL THERAPY		944	447,361			
52	SPEECH PATHOLOGY		481	151,516			
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB/NEUROLOGY		76,191	3,514,260	1,190		
55	MEDICAL SUPPLIES CHARGED		115,180	12,568,454	2,441		
55	30 IMPL. DEV. CHARGED TO PAT		112,668	11,283,090			
56	DRUGS CHARGED TO PATIENTS		493,155	38,384,276	557,039		
59	CARDIOLOGY		153,828	1,838,901	3,465		
59	01 CARDIOPULMONARY REHAB		105,715	619,655			
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOMENS CENTER						
60	02 PSYCH SERVICES		359,489	1,829,081	4,888		
60	03 OP BEHAVIORAL HEALTH		3,762	1,526,052	7,836		
61	EMERGENCY		277,831	14,215,263	58,336		
62	OBSERVATION BEDS (NON-DIS		148,885	4,398,163			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		4,033,853	292,511,873	961,122		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0176
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 COMPONENT NO: 14-S176
 PREPARED 11/29/2010
 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	.012777	
39	DELIVERY ROOM & LABOR ROO	.003301	
40	ANESTHESIOLOGY	.000610	
41	RADIOLOGY-DIAGNOSTIC	.015568	1,024
44	LABORATORY	.003590	905
46	30 BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY	.004824	8
50	PHYSICAL THERAPY	.012315	80
51	OCCUPATIONAL THERAPY	.002110	
52	SPEECH PATHOLOGY	.003175	
54	ELECTROENCEPHALOGRAPHY		
54	01 SLEEP LAB/NEUROLOGY	.021681	26
55	MEDICAL SUPPLIES CHARGED	.009164	22
55	30 IMPL. DEV. CHARGED TO PAT	.009986	
56	DRUGS CHARGED TO PATIENTS	.012848	7,157
59	CARDIOLOGY	.083652	290
59	01 CARDIOPULMONARY REHAB	.170603	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 WOMENS CENTER		
60	02 PSYCH SERVICES	.196541	961
60	03 OP BEHAVIORAL HEALTH	.002465	19
61	EMERGENCY	.019545	1,140
62	OBSERVATION BEDS (NON-DIS	.033852	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		11,632

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM											
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
44	LABORATORY											
46	30 BLOOD CLOTTING FACTORS AD											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
54	54 01 ELECTROENCEPHALOGRAPHY											
55	55 01 SLEEP LAB/NEUROLOGY											
55	55 30 MEDICAL SUPPLIES CHARGED											
56	56 30 IMPL. DEV. CHARGED TO PAT											
56	56 01 DRUGS CHARGED TO PATIENTS											
59	59 01 CARDIOLOGY											
59	59 01 CARDIOPULMONARY REHAB											
60	60 01 OUTPAT SERVICE COST CNTRS											
60	60 01 CLINIC											
60	60 01 WOMENS CENTER											
60	60 02 PSYCH SERVICES											
60	60 03 OP BEHAVIORAL HEALTH											
61	61 01 EMERGENCY											
62	62 01 OBSERVATION BEDS (NON-DIS											
62	62 01 OTHER REIMBURS COST CNTRS											
101	101 01 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			49,129,653				
39	DELIVERY ROOM & LABOR ROO			4,752,808				
40	ANESTHESIOLOGY			4,120,114				
41	RADIOLOGY-DIAGNOSTIC			79,658,397			65,768	
44	LABORATORY			51,495,527			251,973	
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			5,362,541			1,675	
50	PHYSICAL THERAPY			7,216,761			6,511	
51	OCCUPATIONAL THERAPY			447,361				
52	SPEECH PATHOLOGY			151,516				
54	ELECTROENCEPHALOGRAPHY							
54	01 SLEEP LAB/NEUROLOGY			3,514,260			1,190	
55	MEDICAL SUPPLIES CHARGED			12,568,454			2,441	
55	30 IMPL. DEV. CHARGED TO PAT			11,283,090				
56	DRUGS CHARGED TO PATIENTS			38,384,276			557,039	
59	CARDIOLOGY			1,838,901			3,465	
59	01 CARDIOPULMONARY REHAB			619,655				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 WOMENS CENTER							
60	02 PSYCH SERVICES			1,829,081			4,888	
60	03 OP BEHAVIORAL HEALTH			1,526,052			7,836	
61	EMERGENCY			14,215,263			58,336	
62	OBSERVATION BEDS (NON-DIS			4,398,163				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			292,511,873			961,122	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
54	54 ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB/NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED		12				
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS		307				
59	CARDIOLOGY						
59	01 CARDIOPULMONARY REHAB						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOMENS CENTER						
60	02 PSYCH SERVICES						
60	03 OP BEHAVIORAL HEALTH		2,537				
61	EMERGENCY		844				
62	OBSERVATION BEDS (NON-DIS		1,529				
	OTHER REIMBURS COST CNTRS						
101	TOTAL		5,229				

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						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB/NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIOLOGY						
59	01 CARDIOPULMONARY REHAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOMENS CENTER						
60	02 PSYCH SERVICES						
60	03 OP BEHAVIORAL HEALTH						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0176
 COMPONENT NO: 14-5788
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
46	30 BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
54	01 ELECTROENCEPHALOGRAPHY		
55	01 SLEEP LAB/NEUROLOGY		
55	MEDICAL SUPPLIES CHARGED		
56	30 IMPL. DEV. CHARGED TO PAT		
56	DRUGS CHARGED TO PATIENTS		
59	01 CARDIOLOGY		
59	01 CARDIOPULMONARY REHAB		
60	OUTPAT SERVICE COST CNTRS		
60	01 CLINIC		
60	01 WOMENS CENTER		
60	02 PSYCH SERVICES		
60	03 OP BEHAVIORAL HEALTH		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM											
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
44	LABORATORY											
46	30 BLOOD CLOTTING FACTORS AD											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
54	ELECTROENCEPHALOGRAPHY											
54	01 SLEEP LAB/NEUROLOGY											
55	MEDICAL SUPPLIES CHARGED											
55	30 IMPL. DEV. CHARGED TO PAT											
56	DRUGS CHARGED TO PATIENTS											
59	CARDIOLOGY											
59	01 CARDIOPULMONARY REHAB											
60	OUTPAT SERVICE COST CNTRS											
60	CLINIC											
60	01 WOMENS CENTER											
60	02 PSYCH SERVICES											
60	03 OP BEHAVIORAL HEALTH											
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
	OTHER REIMBURS COST CNTRS											
101	TOTAL											

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			49,129,653			11,030	
39	DELIVERY ROOM & LABOR ROO			4,752,808				
40	ANESTHESIOLOGY			4,120,114				
41	RADIOLOGY-DIAGNOSTIC			79,658,397			28,909	
44	LABORATORY			51,495,527			745,117	
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			5,362,541			1,315	
50	PHYSICAL THERAPY			7,216,761			1,859,466	
51	OCCUPATIONAL THERAPY			447,361			316	
52	SPEECH PATHOLOGY			151,516				
54	ELECTROENCEPHALOGRAPHY							
54	01 SLEEP LAB/NEUROLOGY			3,514,260				
55	MEDICAL SUPPLIES CHARGED			12,568,454			213,297	
55	30 IMPL. DEV. CHARGED TO PAT			11,283,090			227	
56	DRUGS CHARGED TO PATIENTS			38,384,276			1,400,621	
59	CARDIOLOGY			1,838,901				
59	01 CARDIOPULMONARY REHAB			619,655				
60	OUTPAT SERVICE COST CNTRS CLINIC							
60	01 WOMENS CENTER							
60	02 PSYCH SERVICES			1,829,081			123	
60	03 OP BEHAVIORAL HEALTH			1,526,052				
61	EMERGENCY			14,215,263			548	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			4,398,163				
101	TOTAL			292,511,873			4,260,969	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB/NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIOLOGY						
59	01 CARDIOPULMONARY REHAB						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOMENS CENTER						
60	02 PSYCH SERVICES						
60	03 OP BEHAVIORAL HEALTH						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST		PROVIDER NO:		PERIOD:		PREPARED 11/29/2010
		14-0176		FROM 7/ 1/2009		WORKSHEET D
		COMPONENT NO:		TO 6/30/2010		PART VI
		14-5788				

TITLE XVIII, PART B SKILLED NURSING FACILITY

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.268236
2	PROGRAM VACCINE CHARGES		769
3	PROGRAM COSTS		206

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	868.93
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	6,478,726			
87	NEW CAPITAL-RELATED COST	305,112	.047094		
88	NON PHYSICIAN ANESTHETIST	6,478,726			
89	MEDICAL EDUCATION	6,478,726			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SNF PPS

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	6,233,155
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	823.84
68	PROGRAM ROUTINE SERVICE COST	4,757,676
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	4,757,676
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	404,583
72	PER DIEM CAPITAL-RELATED COSTS	53.47
73	PROGRAM CAPITAL-RELATED COSTS	308,789
74	INPATIENT ROUTINE SERVICE COST	4,448,887
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	4,448,887
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	4,757,676
80	PROGRAM INPATIENT ANCILLARY SERVICES	1,547,867
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	6,305,543

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		14,300,518	
26	INTENSIVE CARE UNIT		4,144,973	
31	SUBPROVIDER I ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.255312	6,084,753	1,553,510
39	DELIVERY ROOM & LABOR ROOM	.556297		
40	ANESTHESIOLOGY	.077508	589,198	45,668
41	RADIOLOGY-DIAGNOSTIC	.154417	10,680,708	1,649,283
44	LABORATORY	.130802	9,992,288	1,307,011
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.281465	2,599,747	731,738
50	PHYSICAL THERAPY	.514533	689,071	354,550
51	OCCUPATIONAL THERAPY	.338668	264,017	89,414
52	SPEECH PATHOLOGY	.534089	98,136	52,413
54	ELECTROENCEPHALOGRAPHY			
54	01 SLEEP LAB/NEUROLOGY	.298408	137,242	40,954
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.514241	3,399,685	1,748,257
55	30 IMPL. DEV. CHARGED TO PATIENT	.561273	4,110,939	2,307,359
56	DRUGS CHARGED TO PATIENTS	.268236	10,489,233	2,813,590
59	CARDIOLOGY	.671918	249,334	167,532
59	01 CARDIOPULMONARY REHAB	1.441630		
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	01 WOMENS CENTER			
60	02 PSYCH SERVICES	1.164377	6,541	7,616
60	03 OP BEHAVIORAL HEALTH	.376060		
61	EMERGENCY	.444212	1,953,618	867,821
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.590818		
101	TOTAL		51,344,510	13,736,716
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		51,344,510	

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			
31	SUBPROVIDER I ANCILLARY SRVC COST CNTRS		3,080,012	
37	OPERATING ROOM	.255312		
39	DELIVERY ROOM & LABOR ROOM	.556297		
40	ANESTHESIOLOGY	.077508		
41	RADIOLOGY-DIAGNOSTIC	.154417	65,768	10,156
44	LABORATORY	.130802	251,973	32,959
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.281465	1,675	471
50	PHYSICAL THERAPY	.514533	6,511	3,350
51	OCCUPATIONAL THERAPY	.338668		
52	SPEECH PATHOLOGY	.534089		
54	ELECTROENCEPHALOGRAPHY			
54	01 SLEEP LAB/NEUROLOGY	.298408	1,190	355
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.514241	2,441	1,255
55	30 IMPL. DEV. CHARGED TO PATIENT	.561273		
56	DRUGS CHARGED TO PATIENTS	.268236	557,039	149,418
59	CARDIOLOGY	.671918	3,465	2,328
59	01 CARDIOPULMONARY REHAB	1.441630		
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	01 WOMENS CENTER			
60	02 PSYCH SERVICES	1.164377	4,888	5,691
60	03 OP BEHAVIORAL HEALTH	.376060	7,836	2,947
61	EMERGENCY	.444212	58,336	25,914
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.590818		
101	TOTAL		961,122	234,844
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		961,122	

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			
31	SUBPROVIDER I ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.254873	11,030	2,811
39	DELIVERY ROOM & LABOR ROOM	.556297		
40	ANESTHESIOLOGY	.063694		
41	RADIOLOGY-DIAGNOSTIC	.154417	28,909	4,464
44	LABORATORY	.130802	745,117	97,463
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.281465	1,315	370
50	PHYSICAL THERAPY	.514533	1,859,466	956,757
51	OCCUPATIONAL THERAPY	.338668	316	107
52	SPEECH PATHOLOGY	.534089		
54	ELECTROENCEPHALOGRAPHY			
54	01 SLEEP LAB/NEUROLOGY	.298408		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.514241	213,297	109,686
55	30 IMPL. DEV. CHARGED TO PATIENT	.561273	227	127
56	DRUGS CHARGED TO PATIENTS	.268236	1,400,621	375,697
59	CARDIOLOGY	.671918		
59	01 CARDIOPULMONARY REHAB	1.417692		
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	01 WOMENS CENTER			
60	02 PSYCH SERVICES	1.156075	123	142
60	03 OP BEHAVIORAL HEALTH	.376060		
61	EMERGENCY	.444212	548	243
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.590818		
101	TOTAL		4,260,969	1,547,867
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,260,969	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0176
 COMPONENT NO: 14-0176
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	4,330,728	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	4,523,216	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	9,592,010	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	77,672	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	8,443	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	17,714	
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)	394,103	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	80.67	
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)		1.99
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		17.57
4.02 SUM OF LINES 4 AND 4.01		19.56
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		5.46
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		1,007,149
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0176	FROM 7/1/2009	11/29/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET E
14-0176		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)	19,847,206	
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)	19,847,206	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	1,559,294	
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	21,406,500	
17 PRIMARY PAYER PAYMENTS	18,653	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	21,387,847	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,062,912	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	28,929	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	335,145	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	234,602	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	235,358	
22 SUBTOTAL	19,530,608	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.97 HCERA PAYMENTS		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	19,530,608	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	19,424,758	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	105,850	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0176	FROM 7/ 1/2009	11/29/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET E
14-0176		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	24,990	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	9,205,923	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	7,803,822	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.798	.798
1.04	LINE 1.01 TIMES LINE 1.03.	7,346,327	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.		
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	24,990	
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES	129,926	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	129,926	
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)	129,926	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	104,936	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	24,990	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	7,803,822	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	478	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,982,902	
19	SUBTOTAL (SEE INSTRUCTIONS)	5,845,432	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	5,845,432	
24	PRIMARY PAYER PAYMENTS	1,245	
25	SUBTOTAL	5,844,187	
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	294,115	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	205,881	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	242,410	
28	SUBTOTAL	6,050,068	
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	6,050,068	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	5,971,000	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	79,068	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		
TO BE COMPLETED BY CONTRACTOR			
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
54	TOTAL (SUM OF LINES 51 AND 53)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0176	FROM 7/ 1/2009	11/29/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET E
14-S176		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1,119
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	2,320
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	1,992
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	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	1,119
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	7,471
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	7,471
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)	7,471
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	6,352
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	1,119
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	1,992
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	400
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,711
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	2,711
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	2,711
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	2,711
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	2,711
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,167
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	544
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0176	FROM 7/ 1/2009	11/29/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET E
14-5788		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	206
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
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	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	206
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	769
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	769
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)	769
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	563
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	206
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	206
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	206
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	206
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	206
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	206
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	169
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	37
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED
14-0176	FROM 7/ 1/2009	11/29/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET E-1
14-0176		

TITLE XVII HOSPITAL

DESCRIPTION

INPATIENT-PART A		PART B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			5,840,139
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.	19,264,469		130,861
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	5,971,000
	19,424,758		
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)	105,850	NONE	79,068
7 TOTAL MEDICARE PROGRAM LIABILITY	19,530,608		6,050,068

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: 14-0176
 COMPONENT NO: 14-S176
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 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		1,644,127		2,167
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		1,644,127		2,167
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		98,313		544
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		1,742,440		2,711

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:	PERIOD:	PREPARED
14-0176	FROM 7/ 1/2009	11/29/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET E-1
14-5788		

TITLE XVII 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		2,364,117		169
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		2,364,117		169
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		37
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		2,364,117		206

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.

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
INPATIENT PSYCHIATRIC FACILITY (IPF)			
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		1,786,463
1.09	NET IPF PPS OUTLIER PAYMENTS		62,189
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)		20.427397
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)		1,848,652
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		1,848,652
INPATIENT REHABILITATION FACILITY (IRF)			
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		1,848,652
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		1,848,652
7	DEDUCTIBLES		160,636
8	SUBTOTAL		1,688,016
9	COINSURANCE		43,889
10	SUBTOTAL		1,644,127
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		140,447
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		98,313
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		125,511
12	SUBTOTAL		1,742,440
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		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/29/2010
14-0176	FROM 7/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2010	PART I
14-S176		

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,742,440
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,644,127
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	98,313
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/29/2010
14-0176	FROM 7/1/2009	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2010	PART III
14-5788		

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			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/29/2010
14-0176	FROM 7/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2010	PART III
14-5788		

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	15,000			
2 TEMPORARY INVESTMENTS	2,700,000			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	13,468,000			
5 OTHER RECEIVABLES	315,000			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	2,125,000			
8 PREPAID EXPENSES	759,000			
9 OTHER CURRENT ASSETS	1,556,000			
10 DUE FROM OTHER FUNDS	11,530,000			
11 TOTAL CURRENT ASSETS	32,468,000			
FIXED ASSETS				
12 LAND	482,785			
12.01 LAND IMPROVEMENTS	3,209,655			
13.01 LESS ACCUMULATED DEPRECIATION	-1,577,811			
14 BUILDINGS	69,872,898			
14.01 LESS ACCUMULATED DEPRECIATION	-40,971,801			
15 LEASEHOLD IMPROVEMENTS	43,857			
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	864,704			
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	42,417,642			
18.01 LESS ACCUMULATED DEPRECIATION	-31,482,447			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION	-482			
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	42,859,000			
OTHER ASSETS				
22 INVESTMENTS	11,431,000			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	15,438,000			
26 TOTAL OTHER ASSETS	26,869,000			
27 TOTAL ASSETS	102,196,000			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,964,000			
29 SALARIES, WAGES & FEES PAYABLE	9,840,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,090,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	6,458,000			
36 TOTAL CURRENT LIABILITIES	21,352,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	45,346,000			
42 TOTAL LONG-TERM LIABILITIES	45,346,000			
43 TOTAL LIABILITIES	66,698,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	35,498,000			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	35,498,000			
52 TOTAL LIABILITIES AND FUND BALANCES	102,196,000			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		34,367,742		
2	NET INCOME (LOSS)		-386,972		
3	TOTAL		33,980,770		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
	CHANGE IN UNREALIZED VALU		1,323,000		
5	NET ASSETS RELEASED FROM		105,000		
6	OTHER		89,230		
7					
8					
9					
10	TOTAL ADDITIONS		1,517,230		
11	SUBTOTAL		35,498,000		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		35,498,000		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	26,023,150		26,023,150
2 00 SUBPROVIDER I	9,431,111		9,431,111
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	5,347,668		5,347,668
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	40,801,929		40,801,929
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	7,450,574		7,450,574
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	7,450,574		7,450,574
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	48,252,503		48,252,503
17 00 ANCILLARY SERVICES	116,401,556		116,401,556
18 00 OUTPATIENT SERVICES		180,024,352	180,024,352
24 00			
25 00 TOTAL PATIENT REVENUES	164,654,059	180,024,352	344,678,411

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		131,873,972	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 BAD DEBT EXPENSE	12,840,000		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		12,840,000	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		144,713,972	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0176
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	344,678,411
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	205,018,411
3	NET PATIENT REVENUES	139,660,000
4	LESS: TOTAL OPERATING EXPENSES	144,713,972
5	NET INCOME FROM SERVICE TO PATIENTS	-5,053,972
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	59,000
7	INCOME FROM INVESTMENTS	1,758,000
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 REVENUE	2,846,000
24.01	NET ASSETS RELEASED FROM RESTRICT	4,000
24.02		
24.03		
24.04		
24.05		
24.06		
24.07		
24.08		
24.09		
24.10		
24.11		
24.12		
24.13		
24.14		
24.15		
24.16		
24.17		
24.18		
24.19		
24.20		
25	TOTAL OTHER INCOME	4,667,000
26	TOTAL OTHER EXPENSES	-386,972
27	LOSS ON INVESTMENT	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-386,972

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 11/29/2010
14-0176	FROM 7/1/2009	WORKSHEET L
COMPONENT NO:	TO 6/30/2010	PARTS I-IV
14-0176		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,518,460
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	40,834
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	62.88
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,559,294
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)	