

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:	I
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0185	I	FROM 1/1/2010	I	--AUDITED --DESK REVIEW	I	/ /	I
	I		I	TO 12/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:	I
	I		I		I	--FINAL 1-MCR CODE	I		I
	I		I		I	00 - # OF REOPENINGS	I		I

ELECTRONICALLY FILED COST REPORT DATE: 5/17/2011 TIME 16:53

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 HOSPITAL 14-0185

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

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	759,081	-65,217	0	
5	HOSPITAL-BASED SNF	0	10,546	-55	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	769,627	-65,272	0	

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-0185 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 5/17/2011 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 4500 MEMORIAL DRIVE P.O. BOX:
 1.01 CITY: BELLEVILLE STATE: IL ZIP CODE: 62226- COUNTY: SAINT CLAIR

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00	HOSPITAL	MEMORIAL HOSPITAL	14-0185	7/1/1966	4	5	6
06.00	HOSPITAL-BASED SNF	MEMORIAL CONVALESCENT CENTER	14-5102	1/1/1967	0	P	0
09.00	HOSPITAL-BASED HHA	MEMORIAL HOME CARE SERVICES	14-7443	3/10/1986	N	P	N

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

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 41180
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 or MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0185
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/17/2011
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	296	108,040			27,347		8,511
2 HMO					2,768		
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	296	108,040			27,347		8,511
6 INTENSIVE CARE UNIT	20	7,300			2,313		395
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							2,092
12 TOTAL	316	115,340			29,660		10,998
13 RPCH VISITS							
14 SUBPROVIDER							
14 01 SUBPROVIDER II							
15 SKILLED NURSING FACILITY	108	39,420			12,811		
16 NURSING FACILITY							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY					8,204		
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL	424						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							276

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	O/P VISITS / OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			57,465				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			57,465				
6 INTENSIVE CARE UNIT			4,417				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			3,728				
12 TOTAL			65,610				
13 RPCH VISITS							
14 SUBPROVIDER							
14 01 SUBPROVIDER II							
15 SKILLED NURSING FACILITY			21,416				
16 NURSING FACILITY							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY			15,238				
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL							
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			450				

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					6,224	2,262	15,647
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		1,757.28			6,224	2,262	15,647
13 RPCH VISITS							
14 SUBPROVIDER							

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET S-3
 PART I

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
14 01 SUBPROVIDER II	9	10	11	12	13	14	15
15 SKILLED NURSING FACILITY		118.29					
16 NURSING FACILITY							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY		25.02					
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL		1,900.59					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	96,494,738	-1,617,173	94,877,565	3,934,296.00	24.12	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	3,242,591	-209,160	3,033,431	146,046.00	20.77	
8.01 EXCLUDED AREA SALARIES	1,973,716	60,240	2,033,956	83,389.00	24.39	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,202,890		1,202,890	18,012.00	66.78	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	1,526,009		1,526,009	13,398.00	113.90	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	33,384,765	54,971	33,439,736			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,637,713	-54,971	1,582,742			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	918,040	10,761	928,801	29,069.00	31.95	
22 ADMINISTRATIVE & GENERAL	9,834,555	-105,571	9,728,984	401,423.00	24.24	
22.01 A & G UNDER CONTRACT	922,589		922,589	4,089.00	225.63	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,235,891		2,235,891	119,667.00	18.68	
25 LAUNDRY & LINEN SERVICE	441,897		441,897	39,339.00	11.23	
26 HOUSEKEEPING	1,771,895	-5,487	1,766,408	160,695.00	10.99	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,467,570	-325,873	1,141,697	124,683.00	9.16	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	792,295	480,963	1,273,258	61,573.00	20.68	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	4,925,238	-1,675,552	3,249,686	88,451.00	36.74	
31 CENTRAL SERVICE AND SUPPLY	577,331		577,331	43,070.00	13.40	
32 PHARMACY	2,742,402	-50,282	2,692,120	72,604.00	37.08	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,127,586	-16,316	2,111,270	119,781.00	17.63	
34 SOCIAL SERVICE	631,543		631,543	26,818.00	23.55	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	97,417,327	-1,617,173	95,800,154	3,938,385.00	24.32	
2 EXCLUDED AREA SALARIES	5,216,307	-148,920	5,067,387	229,435.00	22.09	
3 SUBTOTAL SALARIES	92,201,020	-1,468,253	90,732,767	3,708,950.00	24.46	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,728,899		2,728,899	31,410.00	86.88	
5 SUBTOTAL WAGE-RELATED COSTS	33,384,765	54,971	33,439,736		36.86	
6 TOTAL	128,314,684	-1,413,282	126,901,402	3,740,360.00	33.93	
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	29,388,832	-1,687,357	27,701,475	1,291,262.00	21.45	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 14-0185
HHA NO: 14-7443
COUNTY: ST. CLAIR, ILLINOIS

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

PREPARED 5/17/2011
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	724	0	793
2 UNDUPLICATED CENSUS COUNT		649.00		711.00
TOTAL	5			

1 HOME HEALTH AIDE HOURS	1,517
2 UNDUPLICATED CENSUS COUNT	1,360.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.30		1.30
5 OTHER ADMINISTRATIVE PERSONEL	9.60		9.60
6 DIRECTING NURSING SERVICE	7.45		7.45
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	5.35		5.35
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.38		.38
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.10		.10
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.11		.11
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.73		.73
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	1	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	7040	41180	

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	3,414	0	264	133
22 SKILLED NURSING VISIT CHARGES	925,294	0	71,869	36,135
23 PHYSICAL THERAPY VISITS	3,449	0	42	81
24 PHYSICAL THERAPY VISIT CHARGES	1,018,657	0	12,474	23,897
25 OCCUPATIONAL THERAPY VISITS	225	0	0	4
26 OCCUPATIONAL THERAPY VISIT CHARGES	67,116	0	0	1,200
27 SPEECH PATHOLOGY VISITS	43	0	1	0
28 SPEECH PATHOLOGY VISIT CHARGES	13,574	0	323	0
29 MEDICAL SOCIAL SERVICE VISITS	37	0	1	3
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	16,169	0	437	1,311
31 HOME HEALTH AIDE VISITS	481	0	4	22
32 HOME HEALTH AIDE VISIT CHARGES	58,708	0	492	2,693
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	7,649	0	312	243
34 OTHER CHARGES	32,637	0	1,921	1,169
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	2,132,155	0	87,516	66,405
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	607	0	118	19
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	32,637	0	1,921	1,169

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 14-0185
HHA NO: 14-7443
COUNTY: ST. CLAIR, ILLINOIS

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

PREPARED 5/17/2011
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	3,811
22 SKILLED NURSING VISIT CHARGES	0	0	1,033,298
23 PHYSICAL THERAPY VISITS	0	0	3,572
24 PHYSICAL THERAPY VISIT CHARGES	0	0	1,055,028
25 OCCUPATIONAL THERAPY VISITS	0	0	229
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	68,316
27 SPEECH PATHOLOGY VISITS	0	0	44
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	13,897
29 MEDICAL SOCIAL SERVICE VISITS	0	0	41
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	17,917
31 HOME HEALTH AIDE VISITS	0	0	507
32 HOME HEALTH AIDE VISIT CHARGES	0	0	61,893
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	8,204
34 OTHER CHARGES	0	0	35,727
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	2,286,076
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	744
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	35,727

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0185
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/17/2011
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		119				
2	RUB		116				
3	RUA		70				
3.01	RUX						
3.02	RUL		51				
4	RVC		212				
5	RVB		1,052				
6	RVA		433				
6.01	RVX		173				
6.02	RVL		1,216				
7	RHC		885				
8	RHB		571				
9	RHA		407				
9.01	RHX		16				
9.02	RHL		35				
10	RMC		182				
11	RMB		238				
12	RMA		125				
12.01	RMX		2,378				
12.02	RML		3,136				
13	RLB						
14	RLA						
14.01	RLX		28				
15	SE3		81				
16	SE2		504				
17	SE1		49				
18	SSC						
19	SSB						
20	SSA		182				
21	CC2						
22	CC1		3				
23	CB2		12				
24	CB1		87				
25	CA2						
26	CA1		112				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1		12				
39	PC2						
40	PC1		18				
41	PB2		7				
42	PB1		19				
43	PA2						
44	PA1		9				
45	AAA		115				
45.01	ES3						
45.02	ES2						
45.03	ES1		21				
45.04	HE2						
45.05	HE1						
45.06	HD2						
45.07	HD1						
45.08	HC2						
45.09	HC1		22				
45.10	HB2		5				
45.11	HB1		40				
45.12	LE2						
45.13	LE1		4				
45.14	LD2						
45.15	LD1		5				
45.16	LC2						
45.17	LC1						
45.18	LB2						
45.19	LB1		57				
45.20	CE2						
45.21	CE1		2				
45.22	CD2						
45.23	CD1		2				
46	TOTAL		12,811				

(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: 14-0185 PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/17/2011
WORKSHEET S-7

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9102
 Wage Index Factor (after 10/01): 0.9090
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : 41180

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0185
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/17/2011
WORKSHEET S-7

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

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

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9102
 Wage Index Factor (after 10/01) : 0.9090
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : 41180

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/1/2010	5/17/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04	OTHER METHODS-DURING INPATIENT STAY	
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	37,527,164
17.01	GROSS MEDICAID REVENUES	95,984,175
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	133,511,339
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)	.271784
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	95,984,175

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
| PROVIDER NO: | PERIOD: | PREPARED 5/17/2011
| 14-0185 | FROM 1/ 1/2010 | WORKSHEET S-10
| | TO 12/31/2010 |
| | |

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	26,086,963
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	37,527,164
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	10,199,283
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	26,086,963

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT CC					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,430,175	3,430,175	792,569	4,222,744
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT CC		72,510	72,510	21,097	93,607
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		8,742,050	8,742,050	746,682	9,488,732
5	0500 EMPLOYEE BENEFITS	918,040	35,598,960	36,517,000	21,388	36,538,388
6.01	1160 COMMUNICATIONS	223,176	248,065	471,241		471,241
6.02	0620 DATA PROCESSING	1,187,353	2,059,654	3,247,007	3,616	3,250,623
6.03	0630 PURCHASING, RECEIVING AND STORES	558,087	175,065	733,152	-96,378	636,774
6.04	0640 ADMITTING	1,008,312	62,508	1,070,820		1,070,820
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	1,396,867	1,294,032	2,690,899	36,601	2,727,500
6.06	0660 OTHER ADMINISTRATIVE & GENERAL	5,460,760	30,081,306	35,542,066	-1,263,284	34,278,782
8	0800 OPERATION OF PLANT	2,165,662	3,507,395	5,673,057		5,673,057
8.01	0801 OPERATION OF PLANT CC	70,229	117,317	187,546		187,546
9	0900 LAUNDRY & LINEN SERVICE	441,897	410,319	852,216		852,216
10	1000 HOUSEKEEPING	1,664,262	287,184	1,951,446		1,951,446
10.01	1001 HOUSEKEEPING CC	107,633	17,365	124,998		124,998
11	1100 DIETARY	1,467,570	1,168,026	2,635,596	-388,553	2,247,043
12	1200 CAFETERIA	792,295	599,802	1,392,097	773,311	2,165,408
14	1400 NURSING ADMINISTRATION	4,925,238	455,640	5,380,878	-1,739,447	3,641,431
15	1500 CENTRAL SERVICES & SUPPLY	577,331	889,781	1,467,112	-771,623	695,489
16	1600 PHARMACY	2,742,402	9,556,850	12,299,252	-8,680,703	3,618,549
17	1700 MEDICAL RECORDS & LIBRARY	2,127,586	824,795	2,952,381	1,972	2,954,353
18	1800 SOCIAL SERVICE	631,543	71,151	702,694		702,694
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	21,813,531	1,425,597	23,239,128	-81,105	23,158,023
26	2600 INTENSIVE CARE UNIT	3,769,232	992,809	4,762,041	-6,045	4,755,996
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER					
31.01	3101 SUBPROVIDER II					
33	3300 NURSERY				1,658,653	1,658,653
34	3400 SKILLED NURSING FACILITY	3,242,591	478,187	3,720,778	111,388	3,832,166
35	3500 NURSING FACILITY					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	9,763,399	16,117,187	25,880,586	-8,264,284	17,616,302
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM	1,980,274	303,407	2,283,681		2,283,681
40	4000 ANESTHESIOLOGY		742,156	742,156		742,156
41	4100 RADIOLOGY-DIAGNOSTIC	3,915,802	8,330,572	12,246,374	-1,829,595	10,416,779
42	4200 RADIOLOGY-THERAPEUTIC					
42.01	4201 HYPERBARIC MEDICINE					
43	4300 RADIOISOTOPE					
43.01	4301 CT SCAN	809,158	1,342,181	2,151,339	1,619	2,152,958
43.02	5301 MISC NURSING OP					
44	4400 LABORATORY	4,830,305	6,652,172	11,482,477	22,283	11,504,760
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	2,132,932	413,667	2,546,599		2,546,599
50	5000 PHYSICAL THERAPY	3,930,261	253,414	4,183,675	-120,190	4,063,485
51	5100 OCCUPATIONAL THERAPY	551,339	20,028	571,367	93,936	665,303
52	5200 SPEECH PATHOLOGY	258,818	12,813	271,631		271,631
53	5300 ELECTROCARDIOLOGY	1,218,004	134,575	1,352,579		1,352,579
54	5400 ELECTROENCEPHALOGRAPHY	865,211	97,216	962,427		962,427
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,051,475	1,051,475
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				10,101,041	10,101,041
56	5600 DRUGS CHARGED TO PATIENTS				7,273,202	7,273,202
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)					
59	5601 OTHER ANCILLARY	218,097	28,643	246,740		246,740
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC		39,093	39,093	-39,093	
60.01	6001 DIABETIC EDUCATION OP	136,382	3,513	139,895		139,895
61	6100 EMERGENCY	6,414,242	7,555,449	13,969,691		13,969,691
61.01	6101 PARAMEDICS	168,036	44,409	212,445	-212,445	
61.02	6102 OP TELEMETRY					
61.03	4950 OP PSYCH	37,165	445,289	482,454		482,454
61.04	6103 ICU OTHER					
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
68	5950 OTHER REIMBURSABLE					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY	1,631,242	182,597	1,813,839		1,813,839
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0185
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/17/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	SPEC PURPOSE COST CENTERS					
84	8400 LIVER ACQUISITION					
85	8500 HEART ACQUISITION					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D. P.)					
93	9300 HOSPICE					
94	6950 OTHER SPECIAL PURPOSE					
95	SUBTOTALS	96,152,264	145,284,924	241,437,188	-781,912	240,655,276
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	342,474	507,157	849,631	-384,758	464,873
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 PHYSIATRY					
99	9900 NONPAID WORKERS					
100	7950 SPORTS & HEALTH CENTER					
100.01	7951 FOUNDATION					
100.02	7952 EMT PROGRAM				212,445	212,445
100.03	7953 EMPLOYEE PHARMACY				954,225	954,225
101	TOTAL	96,494,738	145,792,081	242,286,819	-0-	242,286,819

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/17/2011
I 14-0185 I FROM 1/ 1/2010 I WORKSHEET A
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
1.01 0101	OLD CAP REL COSTS-BLDG & FIXT CC		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	8,188	4,230,932
3.01 0301	NEW CAP REL COSTS-BLDG & FIXT CC		93,607
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		9,488,732
5 0500	EMPLOYEE BENEFITS		36,538,388
6.01 1160	COMMUNICATIONS	-44,184	427,057
6.02 0620	DATA PROCESSING		3,250,623
6.03 0630	PURCHASING, RECEIVING AND STORES		636,774
6.04 0640	ADMITTING		1,070,820
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE		2,727,500
6.06 0660	OTHER ADMINISTRATIVE & GENERAL	-14,750,836	19,527,946
8 0800	OPERATION OF PLANT		5,673,057
8.01 0801	OPERATION OF PLANT CC		187,546
9 0900	LAUNDRY & LINEN SERVICE		852,216
10 1000	HOUSEKEEPING		1,951,446
10.01 1001	HOUSEKEEPING CC		124,998
11 1100	DIETARY	-94,295	2,152,748
12 1200	CAFETERIA	-1,269,407	896,001
14 1400	NURSING ADMINISTRATION	-12,897	3,628,534
15 1500	CENTRAL SERVICES & SUPPLY		695,489
16 1600	PHARMACY		3,618,549
17 1700	MEDICAL RECORDS & LIBRARY	-18,334	2,936,019
18 1800	SOCIAL SERVICE		702,694
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		23,158,023
26 2600	INTENSIVE CARE UNIT		4,755,996
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
31 3100	SUBPROVIDER		
31.01 3101	SUBPROVIDER II		
33 3300	NURSERY		1,658,653
34 3400	SKILLED NURSING FACILITY	-17,166	3,815,000
35 3500	NURSING FACILITY		
36 3600	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-573,000	17,043,302
38 3800	RECOVERY ROOM		
39 3900	DELIVERY ROOM & LABOR ROOM	-4,778	2,278,903
40 4000	ANESTHESIOLOGY		742,156
41 4100	RADIOLOGY-DIAGNOSTIC	-2,328,471	8,088,308
42 4200	RADIOLOGY-THERAPEUTIC		
42.01 4201	HYPERBARIC MEDICINE		
43 4300	RADIOISOTOPE		
43.01 4301	CT SCAN	-1,910	2,151,048
43.02 5301	MISC NURSING OP		
44 4400	LABORATORY	-857,602	10,647,158
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47 4700	BLOOD STORING, PROCESSING & TRANS.		
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY	-2,763	2,543,836
50 5000	PHYSICAL THERAPY		4,063,485
51 5100	OCCUPATIONAL THERAPY		665,303
52 5200	SPEECH PATHOLOGY		271,631
53 5300	ELECTROCARDIOLOGY		1,352,579
54 5400	ELECTROENCEPHALOGRAPHY	-7,572	954,855
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,051,475
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		10,101,041
56 5600	DRUGS CHARGED TO PATIENTS		7,273,202
57 5700	RENAL DIALYSIS		
58 5800	ASC (NON-DISTINCT PART)		
59 5601	OTHER ANCILLARY		246,740
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		
60.01 6001	DIABETIC EDUCATION OP		139,895
61 6100	EMERGENCY	-6,658,186	7,311,505
61.01 6101	PARAMEDICS		
61.02 6102	OP TELEMETRY		
61.03 4950	OP PSYCH		482,454
61.04 6103	ICU OTHER		
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64 6400	HOME PROGRAM DIALYSIS		
65 6500	AMBULANCE SERVICES		
66 6600	DURABLE MEDICAL EQUIP-RENTED		
67 6700	DURABLE MEDICAL EQUIP-SOLD		
68 5950	OTHER REIMBURSABLE		
69 6900	CORF		
70 7000	I&R SERVICES-NOT APPRVD PRGM		
71 7100	HOME HEALTH AGENCY		1,813,839
	SPEC PURPOSE COST CENTERS		
82 8200	LUNG ACQUISITION		
83 8300	KIDNEY ACQUISITION		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0185
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/17/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	SPEC PURPOSE COST CENTERS		
84	8400 LIVER ACQUISITION		
85	8500 HEART ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D. P.)		
93	9300 HOSPICE		
94	6950 OTHER SPECIAL PURPOSE		
95	SUBTOTALS	-26,633,213	214,022,063
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-464,873	
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 PHYSIATRY		
99	9900 NONPAID WORKERS		
100	7950 SPORTS & HEALTH CENTER		
100.01	7951 FOUNDATION		
100.02	7952 EMT PROGRAM		212,445
100.03	7953 EMPLOYEE PHARMACY		954,225
101	TOTAL	-27,098,086	215,188,733

I PROVIDER NO: I PERIOD: I PREPARED 5/17/2011
 I 14-0185 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-BLDG & FIXT CC	0101	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG & FIXT CC	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	1160	COMMUNICATIONS
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE & GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT CC	0801	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
10.01	HOUSEKEEPING CC	1001	HOUSEKEEPING
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER II	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
42.01	HYPERBARIC MEDICINE	4201	RADIOLOGY-THERAPEUTIC
43	RADIOISOTOPE	4300	
43.01	CT SCAN	4301	RADIOISOTOPE
43.02	MISC NURSING OP	5301	ELECTROCARDIOLOGY
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	OTHER ANCILLARY	5601	DRUGS CHARGED TO PATIENTS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	DIABETIC EDUCATION OP	6001	CLINIC
61	EMERGENCY	6100	
61.01	PARAMEDICS	6101	EMERGENCY
61.02	OP TELEMETRY	6102	EMERGENCY
61.03	OP PSYCH	4950	OTHER OUTPATIENT SERVICE COST CENTER
61.04	ICU OTHER	6103	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
68	OTHER REIMBURSABLE	5950	OTHER REIMBURSABLE COST CENTERS
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
85	HEART ACQUISITION	8500	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
94	OTHER SPECIAL PURPOSE	6950	OTHER SPECIAL PURPOSE (SPECIFY)
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PHYSIATRY	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100	SPORTS & HEALTH CENTER	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	FOUNDATION	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	EMT PROGRAM	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	EMPLOYEE PHARMACY	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140185

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

PREPARED 5/17/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	INCREASE			
		COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS COST OF MED SUP SOLD & OF	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		836,328
2					
3 TO RECLASSIFY COST OF DRUGS SOLD	B	DRUGS CHARGED TO PATIENTS	56		7,273,202
4 TO RECLASSIFY ADMISSION CENTER	C	ADULTS & PEDIATRICS	25	1,141,847	49,719
5 TO RECLASSIFY DIETARY COST	D	CAFETERIA	12	325,873	62,680
6 TO RECLASS PARAMEDIC TRAINING	E	EMT PROGRAM	100.02	168,036	44,409
7 TO RECLASS EQUIPMENT RENTAL	F	OTHER CAPITAL RELATED COSTS	90		600,797
8					
9					
10					
11 TO RECLASS EMPLOYEE MEALS	G	CAFETERIA	12	155,090	229,668
12 TO RECLASS CONV. CENTER ACTIVITY THE	H	SKILLED NURSING FACILITY	34	44,880	7,216
13 TO RECLASS FLOAT PERSONNEL & TRANSP	I	ADULTS & PEDIATRICS	25	488,825	6,960
14 TO RECLASS CC EXPENSES	J	DATA PROCESSING	6.02	3,616	
15		MEDICAL RECORDS & LIBRARY	17	1,972	
16		CASHIERING/ACCOUNTS RECEIVABLE	6.05	36,601	
17		EMPLOYEE BENEFITS	5	10,761	
18 TO RECLASS BUILDING RENTAL	K	OTHER CAPITAL RELATED COSTS	90		35,433
19 TO RECLASS BUILDING RENTAL	L	OTHER CAPITAL RELATED COSTS	90		754,567
20 TO RECLASS IPA ASSESSMENT-CONV CENTE	M	SKILLED NURSING FACILITY	34		59,292
21 TO RECLASS O'FALLON EXPENSE	N	CT SCAN	43.01		469
22		RADIOLOGY-DIAGNOSTIC	41		7,162
23		LABORATORY	44		22,283
24		PHYSICAL THERAPY	50		9,179
25 TO RECLASS PROPERTY INSURANCE	O	OTHER CAPITAL RELATED COSTS	90		163,844
26		OTHER CAPITAL RELATED COSTS	90		5,707
27 TO RECLASS OUTSIDE AGENCY SALARIES	P	ADULTS & PEDIATRICS	25		334,237
28		INTENSIVE CARE UNIT	26		379,811
29		EMERGENCY	61		453,909
30		CASHIERING/ACCOUNTS RECEIVABLE	6.05		10,721
31		DATA PROCESSING	6.02		82,117
32		SKILLED NURSING FACILITY	34		254,040
33		HOUSEKEEPING	10		5,487
34		MEDICAL RECORDS & LIBRARY	17		18,288
35		HOME HEALTH AGENCY	71		2,988
1 TO RECLASS OUTSIDE AGENCY SALARIES	P	RADIOLOGY-DIAGNOSTIC	41		7,150
2		CT SCAN	43.01		27,783
3		LABORATORY	44		40,439
4		PHYSICAL THERAPY	50		203
5 TO RECLASS NURSERY EXPENSE	Q	NURSERY	33	1,369,067	289,586
6 TO RECLASS COST OF MEDICAL SUPPLIES	R	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		215,147
7 TO RECLASS OT EXPENSE	S	OCCUPATIONAL THERAPY	51	82,128	11,808
8 TO RECLASS EMPLOYEE PHARMACY	T	EMPLOYEE PHARMACY	100.03	50,282	903,943
9 TO RECLASS IMPLANTS & PACERS	U	IMPL. DEV. CHARGED TO PATIENT	55.30		10,101,041
10					
11 TO RECLASS UNASGN PHY FEE	V	CT SCAN	43.01		1,150
12 TO RECLASS PENSION PLAN AUDIT FEES	W	EMPLOYEE BENEFITS	5		10,627
36 TOTAL RECLASSIFICATIONS				3,878,978	23,319,390

(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:
140185

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

PREPARED 5/17/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			OTHER 9	A-7 REF 10
			LINE NO 7	SALARY 8			
1 TO RECLASS COST OF MED SUP SOLD & OF	A	CENTRAL SERVICES & SUPPLY	15		739,950		
2		PURCHASING, RECEIVING AND STORES	6.03		96,378		
3 TO RECLASSIFY COST OF DRUGS SOLD	B	PHARMACY	16		7,273,202		
4 TO RECLASSIFY ADMISSION CENTER	C	NURSING ADMINISTRATION	14	1,141,847	49,719		
5 TO RECLASSIFY DIETARY COST	D	DIETARY	11	325,873	62,680		
6 TO RECLASS PARAMEDIC TRAINING	E	PARAMEDICS	61.01	168,036	44,409		
7 TO RECLASS EQUIPMENT RENTAL	F	PHARMACY	16		453,276		
8		CENTRAL SERVICES & SUPPLY	15		31,673		
9		ADULTS & PEDIATRICS	25		109,803		
10		INTENSIVE CARE UNIT	26		6,045		
11 TO RECLASS EMPLOYEE MEALS	G	GIFT, FLOWER, COFFEE SHOP & CANTEEN	96	155,090	229,668		
12 TO RECLASS CONV. CENTER ACTIVITY THE	H	NURSING ADMINISTRATION	14	44,880	7,216		
13 TO RECLASS FLOAT PERSONNEL & TRANSP	I	NURSING ADMINISTRATION	14	488,825	6,960		
14 TO RECLASS CC EXPENSES	J	OTHER ADMINISTRATIVE & GENERAL	6.06	52,950			
15							
16							
17							
18 TO RECLASS BUILDING RENTAL	K	PHYSICAL THERAPY	50		35,433		
19 TO RECLASS BUILDING RENTAL	L	OTHER ADMINISTRATIVE & GENERAL	6.06		754,567		
20 TO RECLASS IPA ASSESSMENT-CONV CENTE	M	OTHER ADMINISTRATIVE & GENERAL	6.06		59,292		
21 TO RECLASS O'FALLON EXPENSE	N	CLINIC	60		39,093		
22							
23							
24							
25 TO RECLASS PROPERTY INSURANCE	O	OTHER ADMINISTRATIVE & GENERAL	6.06		169,551		
26							
27 TO RECLASS OUTSIDE AGENCY SALARIES	P	ADULTS & PEDIATRICS	25	334,237			
28		INTENSIVE CARE UNIT	26	379,811			
29		EMERGENCY	61	453,909			
30		CASHIERING/ACCOUNTS RECEIVABLE	6.05	10,721			
31		DATA PROCESSING	6.02	82,117			
32		SKILLED NURSING FACILITY	34	254,040			
33		HOUSEKEEPING	10	5,487			
34		MEDICAL RECORDS & LIBRARY	17	18,288			
35		HOME HEALTH AGENCY	71	2,988			
1 TO RECLASS OUTSIDE AGENCY SALARIES	P	RADIOLOGY-DIAGNOSTIC	41	7,150			
2		CT SCAN	43.01	27,783			
3		LABORATORY	44	40,439			
4		PHYSICAL THERAPY	50	203			
5 TO RECLASS NURSERY EXPENSE	Q	ADULTS & PEDIATRICS	25	1,369,067	289,586		
6 TO RECLASS COST OF MEDICAL SUPPLIES	R	OTHER ADMINISTRATIVE & GENERAL	6.06		215,147		
7 TO RECLASS OT EXPENSE	S	PHYSICAL THERAPY	50	82,128	11,808		
8 TO RECLASS EMPLOYEE PHARMACY	T	PHARMACY	16	50,282	903,943		
9 TO RECLASS IMPLANTS & PACERS	U	OPERATING ROOM	37		8,264,284		
10		RADIOLOGY-DIAGNOSTIC	41		1,836,757		
11 TO RECLASS UNASGN PHY FEE	V	OTHER ADMINISTRATIVE & GENERAL	6.06		1,150		
12 TO RECLASS PENSION PLAN AUDIT FEES	W	OTHER ADMINISTRATIVE & GENERAL	6.06		10,627		
36 TOTAL RECLASSIFICATIONS				5,496,151	21,702,217		

(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: 140185	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/17/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A
EXPLANATION : TO RECLASS COST OF MED SUP SOLD & OF

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	836,328	CENTRAL SERVICES & SUPPLY	15	739,950	
3.00			0	PURCHASING, RECEIVING AND STOR	6.03	96,378	
TOTAL RECLASSIFICATIONS FOR CODE A			836,328				836,328

RECLASS CODE: B
EXPLANATION : TO RECLASSIFY COST OF DRUGS SOLD

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	7,273,202	PHARMACY	16	7,273,202	
TOTAL RECLASSIFICATIONS FOR CODE B			7,273,202				7,273,202

RECLASS CODE: C
EXPLANATION : TO RECLASSIFY ADMISSION CENTER

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	1,191,566	NURSING ADMINISTRATION	14	1,191,566	
TOTAL RECLASSIFICATIONS FOR CODE C			1,191,566				1,191,566

RECLASS CODE: D
EXPLANATION : TO RECLASSIFY DIETARY COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	388,553	DIETARY	11	388,553	
TOTAL RECLASSIFICATIONS FOR CODE D			388,553				388,553

RECLASS CODE: E
EXPLANATION : TO RECLASS PARAMEDIC TRAINING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMT PROGRAM	100.02	212,445	PARAMEDICS	61.01	212,445	
TOTAL RECLASSIFICATIONS FOR CODE E			212,445				212,445

RECLASS CODE: F
EXPLANATION : TO RECLASS EQUIPMENT RENTAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	600,797	PHARMACY	16	453,276	
2.00			0	CENTRAL SERVICES & SUPPLY	15	31,673	
3.00			0	ADULTS & PEDIATRICS	25	109,803	
4.00			0	INTENSIVE CARE UNIT	26	6,045	
TOTAL RECLASSIFICATIONS FOR CODE F			600,797				600,797

RECLASS CODE: G
EXPLANATION : TO RECLASS EMPLOYEE MEALS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	384,758	GIFT, FLOWER, COFFEE SHOP & CA	96	384,758	
TOTAL RECLASSIFICATIONS FOR CODE G			384,758				384,758

RECLASS CODE: H
EXPLANATION : TO RECLASS CONV. CENTER ACTIVITY THE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SKILLED NURSING FACILITY	34	52,096	NURSING ADMINISTRATION	14	52,096	
TOTAL RECLASSIFICATIONS FOR CODE H			52,096				52,096

RECLASS CODE: I
EXPLANATION : TO RECLASS FLOAT PERSONNEL & TRANSP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	495,785	NURSING ADMINISTRATION	14	495,785	
TOTAL RECLASSIFICATIONS FOR CODE I			495,785				495,785

RECLASSIFICATIONS

PROVIDER NO: 140185	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/17/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: J
EXPLANATION : TO RECLASS CC EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DATA PROCESSING	6.02	3,616	OTHER ADMINISTRATIVE & GENERAL	6.06	52,950	
2.00	MEDICAL RECORDS & LIBRARY	17	1,972			0	
3.00	CASHIERING/ACCOUNTS RECEIVABLE	6.05	36,601			0	
4.00	EMPLOYEE BENEFITS	5	10,761			0	
TOTAL RECLASSIFICATIONS FOR CODE J			52,950			52,950	

RECLASS CODE: K
EXPLANATION : TO RECLASS BUILDING RENTAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	35,433	PHYSICAL THERAPY	50	35,433	
TOTAL RECLASSIFICATIONS FOR CODE K			35,433			35,433	

RECLASS CODE: L
EXPLANATION : TO RECLASS BUILDING RENTAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	754,567	OTHER ADMINISTRATIVE & GENERAL	6.06	754,567	
TOTAL RECLASSIFICATIONS FOR CODE L			754,567			754,567	

RECLASS CODE: M
EXPLANATION : TO RECLASS IPA ASSESSMENT-CONV CENTE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SKILLED NURSING FACILITY	34	59,292	OTHER ADMINISTRATIVE & GENERAL	6.06	59,292	
TOTAL RECLASSIFICATIONS FOR CODE M			59,292			59,292	

RECLASS CODE: N
EXPLANATION : TO RECLASS O' FALLON EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CT SCAN	43.01	469	CLINIC	60	39,093	
3.00	RADIOLOGY-DIAGNOSTIC	41	7,162			0	
4.00	LABORATORY	44	22,283			0	
5.00	PHYSICAL THERAPY	50	9,179			0	
TOTAL RECLASSIFICATIONS FOR CODE N			39,093			39,093	

RECLASS CODE: O
EXPLANATION : TO RECLASS PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	163,844	OTHER ADMINISTRATIVE & GENERAL	6.06	169,551	
2.00	OTHER CAPITAL RELATED COSTS	90	5,707			0	
TOTAL RECLASSIFICATIONS FOR CODE O			169,551			169,551	

RECLASS CODE: P
EXPLANATION : TO RECLASS OUTSIDE AGENCY SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	334,237	ADULTS & PEDIATRICS	25	334,237	
2.00	INTENSIVE CARE UNIT	26	379,811	INTENSIVE CARE UNIT	26	379,811	
4.00	EMERGENCY	61	453,909	EMERGENCY	61	453,909	
5.00	CASHIERING/ACCOUNTS RECEIVABLE	6.05	10,721	CASHIERING/ACCOUNTS RECEIVABLE	6.05	10,721	
6.00	DATA PROCESSING	6.02	82,117	DATA PROCESSING	6.02	82,117	
7.00	SKILLED NURSING FACILITY	34	254,040	SKILLED NURSING FACILITY	34	254,040	
8.00	HOUSEKEEPING	10	5,487	HOUSEKEEPING	10	5,487	
9.00	MEDICAL RECORDS & LIBRARY	17	18,288	MEDICAL RECORDS & LIBRARY	17	18,288	
10.00	HOME HEALTH AGENCY	71	2,988	HOME HEALTH AGENCY	71	2,988	
11.00	RADIOLOGY-DIAGNOSTIC	41	7,150	RADIOLOGY-DIAGNOSTIC	41	7,150	
12.00	CT SCAN	43.01	27,783	CT SCAN	43.01	27,783	
13.00	LABORATORY	44	40,439	LABORATORY	44	40,439	
14.00	PHYSICAL THERAPY	50	203	PHYSICAL THERAPY	50	203	
TOTAL RECLASSIFICATIONS FOR CODE P			1,617,173			1,617,173	

RECLASSIFICATIONS

PROVIDER NO: 140185	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/17/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: Q
EXPLANATION : TO RECLASS NURSERY EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	1,658,653	ADULTS & PEDIATRICS	25	1,658,653	
TOTAL RECLASSIFICATIONS FOR CODE Q			1,658,653				

RECLASS CODE: R
EXPLANATION : TO RECLASS COST OF MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	215,147	OTHER ADMINISTRATIVE & GENERAL	6.06	215,147	
TOTAL RECLASSIFICATIONS FOR CODE R			215,147				

RECLASS CODE: S
EXPLANATION : TO RECLASS OT EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	93,936	PHYSICAL THERAPY	50	93,936	
TOTAL RECLASSIFICATIONS FOR CODE S			93,936				

RECLASS CODE: T
EXPLANATION : TO RECLASS EMPLOYEE PHARMACY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE PHARMACY	100.03	954,225	PHARMACY	16	954,225	
TOTAL RECLASSIFICATIONS FOR CODE T			954,225				

RECLASS CODE: U
EXPLANATION : TO RECLASS IMPLANTS & PACERS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	10,101,041	OPERATING ROOM	37	8,264,284	
2.00			0	RADIOLOGY-DIAGNOSTIC	41	1,836,757	
TOTAL RECLASSIFICATIONS FOR CODE U			10,101,041	10,101,041			

RECLASS CODE: V
EXPLANATION : TO RECLASS UNASGN PHY FEE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CT SCAN	43.01	1,150	OTHER ADMINISTRATIVE & GENERAL	6.06	1,150	
TOTAL RECLASSIFICATIONS FOR CODE V			1,150	1,150			

RECLASS CODE: W
EXPLANATION : TO RECLASS PENSION PLAN AUDIT FEES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	10,627	OTHER ADMINISTRATIVE & GENERAL	6.06	10,627	
TOTAL RECLASSIFICATIONS FOR CODE W			10,627	10,627			

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	1,446,451					1,446,451	
2 LAND IMPROVEMENTS	4,815,008	130,883		130,883		4,945,891	1,550,979
3 BUILDINGS & FIXTURE	32,140,472	27,387		27,387		31,860,458	11,703,347
4 BUILDING IMPROVEMENT	17,089,316					17,089,316	14,954,886
5 FIXED EQUIPMENT	39,877,295	4,322,945		4,322,945	39,649	44,160,591	3,911,749
6 MOVABLE EQUIPMENT	91,550,710	7,834,523		7,834,523	8,073,733	91,311,500	39,753,338
7 SUBTOTAL	186,919,252	12,315,738		12,315,738	8,420,783	190,814,207	71,874,299
8 RECONCILING ITEMS							
9 TOTAL	186,919,252	12,315,738		12,315,738	8,420,783	190,814,207	71,874,299

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	96,922,630		96,922,630	.507943	86,123	706,446	792,569
3 01	NEW CAP REL COSTS-BL	2,580,077		2,580,077	.013521	2,292	18,805	21,097
4	NEW CAP REL COSTS-MV	91,311,500		91,311,500	.478536	81,136	665,546	746,682
5	TOTAL	190,814,207		190,814,207	1.000000	169,551	1,390,797	1,560,348

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	3,438,363			86,123		706,446	4,230,932
3 01	NEW CAP REL COSTS-BL	72,510			2,292		18,805	93,607
4	NEW CAP REL COSTS-MV	8,742,050			81,136		665,546	9,488,732
5	TOTAL	12,252,923			169,551		1,390,797	13,813,271

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	3,430,175						3,430,175
3 01	NEW CAP REL COSTS-BL	72,510						72,510
4	NEW CAP REL COSTS-MV	8,742,050						8,742,050
5	TOTAL	12,244,735						12,244,735

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

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-625,958	OTHER ADMINISTRATIVE & GE		6.06	
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES	A	-44,184	COMMUNICATIONS		6.01	
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-9,949,593				
13 SALE OF SCRAP, WASTE, ETC.	B	-1,907	RADIOLOGY-DIAGNOSTIC		41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,269,407	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	-18,334	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		HOME HEALTH AGENCY		71	
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES	A		OLD CAP REL COSTS-BLDG &		1	9
29.01 DEPRECIATION-OLD BLDG MCC	A		OLD CAP REL COSTS-BLDG &		1.01	9
30 DEPRECIATION-OLD MOVABLE EQUIP	A		OLD CAP REL COSTS-MVBLE E		2	9
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	8,188	NEW CAP REL COSTS-BLDG &		3	9
31.01 DEPRECIATION-NEW BLDG MCC	A		NEW CAP REL COSTS-BLDG &		3.01	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A		NEW CAP REL COSTS-MVBLE E		4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 PRE NATAL CLASS REGISTRATION	B	-4,778	DELIVERY ROOM & LABOR ROO		39	
37.01 COFFEE SHOP SALES	A	-464,873	GIFT, FLOWER, COFFEE SHOP		96	
37.02 SALE OF X-RAY COPIES	B	-6,564	RADIOLOGY-DIAGNOSTIC		41	
37.03 MISC OTHER INCOME	B	-63,633	OTHER ADMINISTRATIVE & GE		6.06	
37.05 ADVERTISING EXPENSE	A	-1,088,833	OTHER ADMINISTRATIVE & GE		6.06	
37.07 CARDIAC SURGEON FEES	A	-573,000	OPERATING ROOM		37	
37.08 MALPRACTICE EXPENSE	A	-350,000	OTHER ADMINISTRATIVE & GE		6.06	
37.09 LOCK BOX FEES						
37.10 MISC FOOD SERVICE REVENUE	B	-93,480	DIETARY		11	
37.11 LOBBYING EXPENSES	A	-85,564	OTHER ADMINISTRATIVE & GE		6.06	
37.13 ELIMINATE BAD DEBT EXPENSE	A	-12,440,119	OTHER ADMINISTRATIVE & GE		6.06	
37.14 OTHER LIQUOR EXPENSE	A	-815	DIETARY		11	
37.15 MEDICAL STAFF'S DINNER LIQUOR EXPENS	A	-4,009	OTHER ADMINISTRATIVE & GE		6.06	
37.16						
37.17 EMPLOYEE RECOGNITION DINNER	A	-5,415	OTHER ADMINISTRATIVE & GE		6.06	
37.18 ELIMINATE RENTAL EXPENSE FOR VP OFC	A	-15,305	OTHER ADMINISTRATIVE & GE		6.06	
38						
39 PATHOLOGY SLIDE FEES	B	-503	LABORATORY		44	
40 OTHER ADJUSTMENTS (SPECIFY)						
41 OTHER ADJUSTMENTS (SPECIFY)						
42 OTHER ADJUSTMENTS (SPECIFY)						
43 OTHER ADJUSTMENTS (SPECIFY)						
44 OTHER ADJUSTMENTS (SPECIFY)						
45 OTHER ADJUSTMENTS (SPECIFY)						
46 OTHER ADJUSTMENTS (SPECIFY)						
47 OTHER ADJUSTMENTS (SPECIFY)						
48 OTHER ADJUSTMENTS (SPECIFY)						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-27,098,086				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	90	OTHER CAPITAL RELATED COS RENT	754,567	754,567		
2						
3						
4						
5		TOTALS	754,567	754,567		

* 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) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	E	SW ILL HEALTH VENTURES		0.00	
2	E	MEMORIAL FOUNDATION		0.00	
3	E	MEMORIAL CAPTIVE INS CO		0.00	
4				0.00	
5				0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/17/2011
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
3 43 1	CAT SCAN	1,150	1,150					
4								
5								
6 43 1	CAT SCAN	760	760					
7 6 6	EHR	784,711		784,711	171,400	8,649	712,711	35,636
8 61	ER-THOMAS BYRNE MD	436,042	141,714	294,328	171,400	1,845	152,035	7,602
9 49	DOUGLAS DOTHAGER MD	5,894		5,894	171,400	38	3,131	157
10 61	EMERGENCY ROOM	5,912,006	5,912,006					
11 54	DOUGLAS DOTHAGER MD	15,895		15,895	171,400	101	8,323	416
12 34	MCC PHYSICIAN FEES	17,166	17,166					
13								
14 41	BULLENT DINCER MD	120,000	120,000					
15								
16 41	RADIOLOGY	2,200,000	2,200,000					
17 44	SLU	1,024,046	683,756	340,290	219,500	1,582	166,947	8,347
18 14	OMER BADAHMAN MD	30,531		30,531	171,400	214	17,634	882
19								
20								
21 61	EDWARD MORGAN MD	228,701	223,941	4,760	171,400	28	2,307	115
22								
23 61	JEFF SHAFER MD	285,379	235,779	49,600	171,400	941	77,542	3,877
24								
25								
101	TOTAL	11,062,281	9,536,272	1,526,009		13,398	1,140,630	57,032

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
3 43 1	CAT SCAN							1,150
4								
5								
6 43 1	CAT SCAN							760
7 6 6	EHR					712,711	72,000	72,000
8 61	ER-THOMAS BYRNE MD					152,035	142,293	284,007
9 49	DOUGLAS DOTHAGER MD					3,131	2,763	2,763
10 61	EMERGENCY ROOM							5,912,006
11 54	DOUGLAS DOTHAGER MD					8,323	7,572	7,572
12 34	MCC PHYSICIAN FEES							17,166
13								
14 41	BULLENT DINCER MD							120,000
15								
16 41	RADIOLOGY							2,200,000
17 44	SLU					166,947	173,343	857,099
18 14	OMER BADAHMAN MD					17,634	12,897	12,897
19								
20								
21 61	EDWARD MORGAN MD					2,307	2,453	226,394
22								
23 61	JEFF SHAFER MD					77,542		235,779
24								
25								
101	TOTAL					1,140,630	413,321	9,949,593

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
1.01	OLD CAP REL COSTS-BLDG & FIXT CC	20	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT CC	20	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.01	COMMUNICATIONS	22	PHONES	ENTERED
6.02	DATA PROCESSING	23	% RESOURCES	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	24	STORE REQUISITIONS	ENTERED
6.04	ADMITTING	25	PATIENT DAYS	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	26	GROSS REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE & GENERAL	#	ACCUM. COST	ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
8.01	OPERATION OF PLANT CC	20	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	7	HOURS OF SERVICE	ENTERED
10.01	HOUSEKEEPING CC	20	SQUARE FEET	ENTERED
11	DIETARY	8	PATIENT MEALS	ENTERED
12	CAFETERIA	9	EMPLOYEE MEALS	ENTERED
14	NURSING ADMINISTRATION	11	TIME SPENT	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED REQUISITIONS	ENTERED
16	PHARMACY	13	COSTED REQUISITIONS	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	TIME SPENT	ENTERED
18	SOCIAL SERVICE	15	TIME SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E
	0	1	1.01	2	3	3.01	4
GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	4,230,932				4,230,932		
003 01 NEW CAP REL COSTS-BLDG &	93,607					93,607	
004 NEW CAP REL COSTS-MVBLE E	9,488,732						9,488,732
005 EMPLOYEE BENEFITS	36,538,388				6,522		6,526
006 01 COMMUNICATIONS	427,057				6,237		102,226
006 02 DATA PROCESSING	3,250,623				65,888		1,518,805
006 03 PURCHASING, RECEIVING AND	636,774				69,781		75,489
006 04 ADMINISTRATION	1,070,820				14,899		885
006 05 CASHIERING/ACCOUNTS RECEI	2,727,500				61,415		14,178
006 06 OTHER ADMINISTRATIVE & GE	19,527,946				326,869	21,432	50,557
008 OPERATION OF PLANT	5,673,057				594,543		101,351
008 01 OPERATION OF PLANT CC	187,546					2,902	
009 LAUNDRY & LINEN SERVICE	852,216				80,867	1,051	24,193
010 HOUSEKEEPING	1,951,446				63,396		32,865
010 01 HOUSEKEEPING CC	124,998					1,757	516
011 DIETARY	2,152,748				55,895	1,656	21,916
012 CAFETERIA	896,001				109,844		26,726
014 NURSING ADMINISTRATION	3,628,534				52,868		164,237
015 CENTRAL SERVICES & SUPPLY	695,489				75,847		133,069
016 PHARMACY	3,618,549				30,594	961	460,398
017 MEDICAL RECORDS & LIBRARY	2,936,019				49,544		55,212
018 SOCIAL SERVICE	702,694				14,045	1,085	
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	23,158,023				922,685		348,570
026 INTENSIVE CARE UNIT	4,755,996				138,139		286,776
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	1,658,653				28,955		1,620
034 SKILLED NURSING FACILITY	3,815,000					60,511	65,682
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	17,043,302				374,604		1,721,589
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	2,278,903				69,474		149,765
040 ANESTHESIOLOGY	742,156				9,686		269,261
041 RADIOLOGY-DIAGNOSTIC	8,088,308				158,057		2,034,508
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARI C MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	2,151,048				65,456		809,668
043 02 MIC NURSING OP							
044 LABORATORY	10,647,158				192,999		376,805
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	2,543,836				26,360	131	67,954
050 PHYSICAL THERAPY	4,063,485				150,738	1,370	66,644
051 OCCUPATIONAL THERAPY	665,303				13,749	751	13,481
052 SPEECH PATHOLOGY	271,631				5,236		2,147
053 ELECTROCARDIOLOGY	1,352,579				64,295		173,473
054 ELECTROENCEPHALOGRAPHY	954,855				43,683		71,941
055 MEDICAL SUPPLIES CHARGED	1,051,475						
055 30 IMPL. DEV. CHARGED TO PAT	10,101,041						
056 DRUGS CHARGED TO PATIENTS	7,273,202						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY	246,740				2,060		10,858
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION OP	139,895						648
061 EMERGENCY	7,311,505				184,713		194,056
061 01 PARAMEDICS							
061 02 OP TELEMETRY							
061 03 OP PSYCH	482,454				32,517		316
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	1,813,839				20,032		15,613
082 LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-MVBLE E 4
SPEC PURPOSE COST CENTERS							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	214,022,063				4,182,492	93,607	9,470,524
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					33,769		2,414
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 PHYSIATRY							
099 NONPAID WORKERS							
100 SPORTS & HEALTH CENTER							
100 01 FOUNDATION					1,366		9,341
100 02 EMT PROGRAM	212,445				7,705		2,682
100 03 EMPLOYEE PHARMACY	954,225				5,600		3,771
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	215,188,733				4,230,932	93,607	9,488,732

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCTS RECEI	SUBTOTAL
	5	6.01	6.02	6.03	6.04	6.05	6a.05
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	36,551,436						
006 01 COMMUNICATIONS	86,828	622,348					
006 02 DATA PROCESSING	431,407	29,082	5,295,805				
006 03 PURCHASING, RECEIVING AND	217,128	8,309		1,007,481			
006 04 ADMINISTRATION	392,291	6,647	248,878	11,677	1,746,097		
006 05 CASHIERING/ACCOUNTS RECEI	553,530	24,927	634,374	2,025		4,017,949	
006 06 OTHER ADMINISTRATIVE & GE	2,103,946	46,115	828,711	3,338			22,908,914
008 OPERATION OF PLANT	842,566	19,526		518			7,231,561
008 01 OPERATION OF PLANT CC	27,323	415					218,186
009 LAUNDRY & LINEN SERVICE	171,923	1,246		272			1,131,768
010 HOUSEKEEPING	645,358	1,662		637			2,695,364
010 01 HOUSEKEEPING CC	41,875	415		8			169,569
011 DIETARY	444,185	3,324		7,515			2,687,239
012 CAFETERIA	495,370	6,232		12,768			1,546,941
014 NURSING ADMINISTRATION	1,264,313	27,004	468,102	2,080			5,607,138
015 CENTRAL SERVICES & SUPPLY	224,615	2,493		51,781			1,183,294
016 PHARMACY	1,047,388	13,710		164,181			5,335,781
017 MEDICAL RECORDS & LIBRARY	821,404	27,835	609,486	7,079			4,506,579
018 SOCIAL SERVICE	245,706	5,401		53			968,984
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	8,458,462	59,825		194,326	1,622,364	345,201	35,109,456
026 INTENSIVE CARE UNIT	1,318,678	11,217		67,401	123,733	70,899	6,772,839
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	532,645	3,324		6,253		20,615	2,252,065
034 SKILLED NURSING FACILITY	1,180,178	9,971	27,535	38,079		21,665	5,218,621
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	3,798,519	106,774		145,603		550,030	23,740,421
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	770,439	2,908		34,535		44,921	3,350,945
040 ANESTHESIOLOGY		2,077		44,633		88,760	1,156,573
041 RADIOLOGY-DIAGNOSTIC	1,520,688	52,762	114,907	53,269		390,191	12,412,690
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	303,999	11,633	181,098	2,340		456,655	3,981,897
043 02 MIC NURSING OP						12,733	12,733
044 LABORATORY	1,863,531	35,729	1,357,180	20,649		616,618	15,110,669
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	829,832	7,063		19,986		211,025	3,706,187
050 PHYSICAL THERAPY	1,497,064	15,787		4,389		147,135	5,946,612
051 OCCUPATIONAL THERAPY	246,455	2,493		223		25,177	967,632
052 SPEECH PATHOLOGY	100,695	2,077		74		5,156	387,016
053 ELECTROCARDIOLOGY	473,873	13,710		3,539		168,314	2,249,783
054 ELECTROENCEPHALOGRAPHY	336,616	7,063		1,581		46,953	1,462,692
055 MEDICAL SUPPLIES CHARGED			236,699			2,479	1,290,653
055 30 IMPL. DEV. CHARGED TO PAT						75,102	10,176,143
056 DRUGS CHARGED TO PATIENTS			261,587			346,852	7,881,641
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY	84,852	1,246		61		30	345,847
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION OP	53,060	415		60		514	194,592
061 EMERGENCY	2,318,909	36,560		89,520		336,062	10,471,325
061 01 PARAMEDICS							
061 02 OP TELEMETRY							
061 03 OP PSYCH	14,459	4,985		85		9,120	543,936
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DIS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	633,484	7,894	172,096	4,373		21,562	2,688,893
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCTS RECEI	SUBTOTAL
	5	6.01	6.02	6.03	6.04	6.05	6a.05
084 SPEC PURPOSE COST CENTERS							
085 LIVER ACQUISITION							
086 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	36,393,594	619,856	5,140,653	994,911	1,746,097	4,013,769	213,623,179
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	72,903	415		2,175			111,676
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE			155,152				155,152
098 01 PHYSIATRY							
099 NONPAID WORKERS							
100 SPORTS & HEALTH CENTER							
100 01 FOUNDATION							10,707
100 02 EMT PROGRAM	65,376	2,077		10,139			300,424
100 03 EMPLOYEE PHARMACY	19,563			256		4,180	987,595
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	36,551,436	622,348	5,295,805	1,007,481	1,746,097	4,017,949	215,188,733

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE & OPERATIONAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY
	6.06	8	8.01	9	10	10.01	11
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE & GE	22,908,914						
008 OPERATION OF PLANT	861,597	8,093,158					
008 01 OPERATION OF PLANT CC	25,996		244,182				
009 LAUNDRY & LINEN SERVICE	134,843	212,160	3,705	1,482,476			
010 HOUSEKEEPING	321,136	166,324		20,842	3,203,666		
010 01 HOUSEKEEPING CC	20,203		6,193		2,017	197,982	
011 DIETARY	320,168	146,646	5,836	3,810	8,094	4,931	3,176,724
012 CAFETERIA	184,309	288,185		3,923	34,830		
014 NURSING ADMINISTRATION	668,057	138,703			34,121		
015 CENTRAL SERVICES & SUPPLY	140,982	198,991		55,532	41,507		
016 PHARMACY	635,726	80,265	3,388	167	55,951	2,863	
017 MEDICAL RECORDS & LIBRARY	536,932	129,983			24,555		
018 SOCIAL SERVICE	115,449	36,848	3,824		5,260	3,232	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	4,183,007	2,420,741		498,644	1,232,185		2,196,829
026 INTENSIVE CARE UNIT	806,943	362,419		71,439	98,766		167,545
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	268,320	75,965		18,978	59,385		
034 SKILLED NURSING FACILITY	621,767		213,296	133,077		180,247	812,350
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,828,529	982,803		217,724	556,460		
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	399,245	182,269		48,908	125,338		
040 ANESTHESIOLOGY	137,799	25,411			7,876		
041 RADIOLOGY-DIAGNOSTIC	1,478,898	414,675		83,068	155,453		
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	474,419	171,729		29,211	36,356		
043 02 MISC NURSING OP	1,517						
044 LABORATORY	1,800,346	506,347		2,692	106,670		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	441,570	69,157	463		15,425	391	
050 PHYSICAL THERAPY	708,503	395,474	4,830	75,064	67,670	4,082	
051 OCCUPATIONAL THERAPY	115,288	36,072	2,647	996	6,323	2,236	
052 SPEECH PATHOLOGY	46,111	13,736			5,205		
053 ELECTROCARDIOLOGY	268,048	168,683		13,276	40,253		
054 ELECTROENCEPHALOGRAPHY	174,271	114,605		22,390	70,941		
055 MEDICAL SUPPLIES CHARGED	153,774						
055 30 IMPL. DEV. CHARGED TO PAT	1,212,426						
056 DRUGS CHARGED TO PATIENTS	939,050						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY	41,206	5,405					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION OP	23,184						
061 EMERGENCY	1,247,596	484,608		182,626	277,167		
061 01 PARAMEDICS							
061 02 OP TELEMETRY							
061 03 OP PSYCH	64,807	85,312		5	92,253		
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DIS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	320,365	52,555			8,285		
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY
	6.06	8	8.01	9	10	10.01	11
084 SPEC PURPOSE COST CENTERS							
085 LIVER ACQUISITION							
086 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	22,722,387	7,966,071	244,182	1,482,372	3,168,346	197,982	3,176,724
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	13,306	88,597		104	30,687		
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE	18,485						
098 01 PHYSIATRY							
099 NONPAID WORKERS							
100 SPORTS & HEALTH CENTER					463		
100 01 FOUNDATION	1,276	3,583					
100 02 EMT PROGRAM	35,794	20,216			4,170		
100 03 EMPLOYEE PHARMACY	117,666	14,691					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	22,908,914	8,093,158	244,182	1,482,476	3,203,666	197,982	3,176,724

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE & GE							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT CC							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING CC							
011 DIETARY							
012 CAFETERIA	2,058,188						
014 NURSING ADMINISTRATION	61,344	6,509,363					
015 CENTRAL SERVICES & SUPPLY	29,569		1,649,875				
016 PHARMACY	53,554			6,167,695			
017 MEDICAL RECORDS & LIBRARY	82,452				5,280,501		
018 SOCIAL SERVICE	17,965					1,151,562	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	608,302	3,482,214	1,018	257,603	3,195,231	907,674	54,092,904
026 INTENSIVE CARE UNIT	71,285	408,094	158	40,316	243,431	48,187	9,091,422
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	32,861	188,107	903	1,241	52,805		2,950,630
034 SKILLED NURSING FACILITY	103,603			16,056	89,769	170,701	7,559,487
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	225,288	1,289,673	7,584	164,226			30,012,708
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	43,964	251,674	9,796	29,471			4,441,610
040 ANESTHESIOLOGY				44,651			1,372,310
041 RADIOLOGY-DIAGNOSTIC	102,239		640	13,744			14,661,407
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARI C MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	21,023			1,516			4,716,151
043 02 MISC NURSING OP							14,250
044 LABORATORY	143,582			19			17,670,325
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	62,963			155			4,296,311
050 PHYSICAL THERAPY	104,349			6			7,306,590
051 OCCUPATIONAL THERAPY	15,749						1,146,943
052 SPEECH PATHOLOGY	4,880						456,948
053 ELECTROCARDIOLOGY	31,615		18	22			2,771,698
054 ELECTROENCEPHALOGRAPHY	26,404						1,871,303
055 MEDICAL SUPPLIES CHARGED			1,617,584				3,062,011
055 30 IMPL. DEV. CHARGED TO PAT							11,388,569
056 DRUGS CHARGED TO PATIENTS				5,437,772			14,258,463
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY	4,443			48			396,949
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION OP	2,834						220,610
061 EMERGENCY	154,376	883,744	11,243	128,316	1,680,255	25,000	15,546,256
061 01 PARAMEDICS							
061 02 OP TELEMETRY							
061 03 OP PSYCH	1,023	5,857					793,193
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	35,248		931		19,010		3,125,287
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	12	14	15	16	17	18	25
084 SPEC PURPOSE COST CENTERS							
085 LIVER ACQUISITION							
086 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	2,040,915	6,509,363	1,649,875	6,135,162	5,280,501	1,151,562	213,224,335
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	11,348						255,718
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							173,637
098 01 PHYSIATRY							
099 NONPAID WORKERS							463
100 SPORTS & HEALTH CENTER							15,566
100 01 FOUNDATION							
100 02 EMT PROGRAM	4,742			32,533			397,879
100 03 EMPLOYEE PHARMACY	1,183						1,121,135
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,058,188	6,509,363	1,649,875	6,167,695	5,280,501	1,151,562	215,188,733

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
001 GENERAL SERVICE COST CNTR		
001 01 OLD CAP REL COSTS-BLDG &		
002 OLD CAP REL COSTS-MVBLE E		
003 NEW CAP REL COSTS-BLDG &		
003 01 NEW CAP REL COSTS-BLDG &		
004 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
006 01 COMMUNICATIONS		
006 02 DATA PROCESSING		
006 03 PURCHASING, RECEIVING AND		
006 04 ADMINISTRATION		
006 05 CASHIERING/ACCOUNTS RECEI		
006 06 OTHER ADMINISTRATIVE & GE		
008 OPERATION OF PLANT		
008 01 OPERATION OF PLANT CC		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
010 01 HOUSEKEEPING CC		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
025 INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS	-2,007,986	52,084,918
026 INTENSIVE CARE UNIT	-22,329	9,069,093
027 CORONARY CARE UNIT		
028 BURN INTENSIVE CARE UNIT		
029 SURGICAL INTENSIVE CARE U		
031 SUBPROVIDER		
031 01 SUBPROVIDER II		
033 NURSERY		2,950,630
034 SKILLED NURSING FACILITY		7,559,487
035 NURSING FACILITY		
036 OTHER LONG TERM CARE		
037 ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM		30,012,708
038 RECOVERY ROOM		
039 DELIVERY ROOM & LABOR ROO		4,441,610
040 ANESTHESIOLOGY		1,372,310
041 RADIOLOGY-DIAGNOSTIC		14,661,407
042 RADIOLOGY-THERAPEUTIC		
042 01 HYPERBARIC MEDICINE		
043 RADIOISOTOPE		
043 01 CT SCAN		4,716,151
043 02 MISC NURSING OP	1,924,312	1,938,562
044 LABORATORY		17,670,325
045 PBP CLINICAL LAB SERVICES		
046 WHOLE BLOOD & PACKED RED		
047 BLOOD STORING, PROCESSING		
048 INTRAVENOUS THERAPY		
049 RESPIRATORY THERAPY		4,296,311
050 PHYSICAL THERAPY		7,306,590
051 OCCUPATIONAL THERAPY		1,146,943
052 SPEECH PATHOLOGY		456,948
053 ELECTROCARDIOLOGY		2,771,698
054 ELECTROENCEPHALOGRAPHY		1,871,303
055 MEDICAL SUPPLIES CHARGED		3,062,011
055 30 IMPL. DEV. CHARGED TO PAT		11,388,569
056 DRUGS CHARGED TO PATIENTS		14,258,463
057 RENAL DIALYSIS		
058 ASC (NON-DISTINCT PART)		
059 OTHER ANCILLARY		396,949
060 OUTPAT SERVICE COST CNTRS		
060 CLINIC		
060 01 DIABETIC EDUCATION OP		220,610
061 EMERGENCY		15,546,256
061 01 PARAMEDICS		
061 02 OP TELEMETRY	83,674	83,674
061 03 OP PSYCH		793,193
061 04 ICU OTHER	22,329	22,329
062 OBSERVATION BEDS (NON-DIS		
064 OTHER REIMBURS COST CNTRS		
064 HOME PROGRAM DIALYSIS		
065 AMBULANCE SERVICES		
066 DURABLE MEDICAL EQUIP-REN		
067 DURABLE MEDICAL EQUIP-SOL		
068 OTHER REIMBURSABLE		
069 CORF		
070 I&R SERVICES-NOT APPRVD P		
071 HOME HEALTH AGENCY		3,125,287
082 LUNG ACQUISITION		
083 SPEC PURPOSE COST CENTERS		
083 KIDNEY ACQUISITION		

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I & R COST POST STEP-DOWN ADJ	TOTAL
	26	27
SPEC PURPOSE COST CENTERS		
084 LIVER ACQUISITION		
085 HEART ACQUISITION		
086 OTHER ORGAN ACQUISITION		
092 AMBULATORY SURGICAL CENTER		
093 HOSPICE		
094 OTHER SPECIAL PURPOSE		
095 SUBTOTALS		213,224,335
NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		255,718
097 RESEARCH		
098 PHYSICIANS' PRIVATE OFFICE		173,637
098 01 PHYSIATRY		
099 NONPAID WORKERS		
100 SPORTS & HEALTH CENTER		463
100 01 FOUNDATION		15,566
100 02 EMT PROGRAM		397,879
100 03 EMPLOYEE PHARMACY		1,121,135
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		215,188,733

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E
	0	1	1.01	2	3	3.01	4
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS					6,522		6,526
006 01 COMMUNICATIONS					6,237		102,226
006 02 DATA PROCESSING					65,888		1,518,805
006 03 PURCHASING, RECEIVING AND					69,781		75,489
006 04 ADMINITTING					14,899		885
006 05 CASHIERING/ACCOUNTS RECEI					61,415		14,178
006 06 OTHER ADMINISTRATIVE & GE					326,869	21,432	50,557
008 OPERATION OF PLANT					594,543		101,351
008 01 OPERATION OF PLANT CC						2,902	
009 LAUNDRY & LINEN SERVICE					80,867	1,051	24,193
010 HOUSEKEEPING					63,396		32,865
010 01 HOUSEKEEPING CC						1,757	516
011 DIETARY					55,895	1,656	21,916
012 CAFETERIA					109,844		26,726
014 NURSING ADMINISTRATION					52,868		164,237
015 CENTRAL SERVICES & SUPPLY					75,847		133,069
016 PHARMACY					30,594	961	460,398
017 MEDICAL RECORDS & LIBRARY					49,544		55,212
018 SOCIAL SERVICE					14,045	1,085	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS					922,685		348,570
027 INTENSIVE CARE UNIT					138,139		286,776
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY					28,955		1,620
034 SKILLED NURSING FACILITY						60,511	65,682
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM					374,604		1,721,589
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO					69,474		149,765
040 ANESTHESIOLOGY					9,686		269,261
041 RADIOLOGY-DIAGNOSTIC					158,057		2,034,508
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN					65,456		809,668
043 02 MISC NURSING OP							
044 LABORATORY					192,999		376,805
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY					26,360	131	67,954
050 PHYSICAL THERAPY					150,738	1,370	66,644
051 OCCUPATIONAL THERAPY					13,749	751	13,481
052 SPEECH PATHOLOGY					5,236		2,147
053 ELECTROCARDIOLOGY					64,295		173,473
054 ELECTROENCEPHALOGRAPHY					43,683		71,941
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY					2,060		10,858
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION OP							648
061 EMERGENCY					184,713		194,056
061 01 PARAMEDICS							
061 02 OP TELEMETRY							
061 03 OP PSYCH					32,517		316
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DIS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY					20,032		15,613
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E
	0	1	1.01	2	3	3.01	4
084 SPEC PURPOSE COST CENTERS							
085 LIVER ACQUISITION							
086 HEART ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTE							
094 HOSPICE							
095 OTHER SPECIAL PURPOSE							
095 SUBTOTALS					4,182,492	93,607	9,470,524
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP					33,769		2,414
098 RESEARCH							
098 01 PHYSICIANS' PRIVATE OFFIC							
099 01 PHYSIATRY							
100 01 NONPAID WORKERS							
100 01 SPORTS & HEALTH CENTER							
100 01 FOUNDATION					1,366		9,341
100 02 EMT PROGRAM					7,705		2,682
100 03 EMPLOYEE PHARMACY					5,600		3,771
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL					4,230,932	93,607	9,488,732

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE
	4a	5	6.01	6.02	6.03	6.04	6.05
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	13,048	13,048					
006 01 COMMUNICATIONS	108,463	31	108,494				
006 02 DATA PROCESSING	1,584,693	154	5,070	1,589,917			
006 03 PURCHASING, RECEIVING AND	145,270	78	1,449		146,797		
006 04 ADMINISTRATION	15,784	140	1,159	74,719	1,702	93,504	
006 05 CASHIERING/ACCOUNTS RECEIVABLE	75,593	198	4,346	190,453	295		270,885
006 06 OTHER ADMINISTRATIVE & GENERAL	398,858	752	8,039	248,797	486		
008 OPERATION OF PLANT	695,894	301	3,404		75		
008 01 OPERATION OF PLANT CC	2,902	10	72				
009 LAUNDRY & LINEN SERVICE	106,111	61	217		40		
010 HOUSEKEEPING	96,261	231	290		93		
010 01 HOUSEKEEPING CC	2,273	15	72		1		
011 DIETARY	79,467	159	579		1,095		
012 CAFETERIA	136,570	177	1,086		1,860		
014 NURSING ADMINISTRATION	217,105	452	4,708	140,535	303		
015 CENTRAL SERVICES & SUPPLY	208,916	80	435		7,545		
016 PHARMACY	491,953	374	2,390		23,923		
017 MEDICAL RECORDS & LIBRARY	104,756	293	4,853	182,981	1,031		
018 SOCIAL SERVICE	15,130	88	942		8		
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,271,255	3,013	10,429		28,313	86,878	23,293
026 INTENSIVE CARE UNIT	424,915	471	1,955		9,821	6,626	4,784
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	30,575	190	579		911		1,391
034 SKILLED NURSING FACILITY	126,193	422	1,738	8,267	5,549		1,462
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,096,193	1,357	18,616		21,216		37,114
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROOM	219,239	275	507		5,032		3,031
040 ANESTHESIOLOGY	278,947		362		6,503		5,989
041 RADIOLOGY-DIAGNOSTIC	2,192,565	543	9,198	34,498	7,762		26,329
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	875,124	109	2,028	54,370	341		30,813
043 02 MISCELLANEOUS NURSING OPERATIONS							859
044 LABORATORY	569,804	666	6,229	407,454	3,009		41,377
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED BLOOD							
047 BLOOD STORAGE, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	94,445	296	1,231		2,912		14,239
050 PHYSICAL THERAPY	218,752	535	2,752		639		9,928
051 OCCUPATIONAL THERAPY	27,981	88	435		33		1,699
052 SPEECH PATHOLOGY	7,383	36	362		11		348
053 ELECTROCARDIOLOGY	237,768	169	2,390		516		11,357
054 ELECTROENCEPHALOGRAPHY	115,624	120	1,231		230		3,168
055 MEDICAL SUPPLIES CHARGED TO PATIENTS					71,062		167
055 30 IMPL. DEV. CHARGED TO PATIENTS							5,068
056 DRUGS CHARGED TO PATIENTS					78,534		23,404
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY OUTPATIENT SERVICE COST CNTRS	12,918	30	217		9		2
060 CLINIC							
060 01 DIABETIC EDUCATION OPERATIONS	648	19	72		9		35
061 EMERGENCY	378,769	828	6,373		13,044		22,676
061 01 PARAMEDICAL							
061 02 OP TELEMETRY							
061 03 OP PSYCH	32,833	5	869		12		615
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DISTINCT)							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIPMENT-RENTAL							
067 DURABLE MEDICAL EQUIPMENT-SOLUTION							
068 OTHER REIMBURSABLE							
069 CORF							
070 I&R SERVICES-NOT APPROVED							
071 HOME HEALTH AGENCY	35,645	226	1,376	51,667	637		1,455
082 LUNG ACQUISITION							
083 SPECIFIC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	CASHIERING/AC COUNTS RECEI
	4a	5	6.01	6.02	6.03	6.04	6.05
084 SPEC PURPOSE COST CENTERS							
085 LIVER ACQUISITION							
086 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	13,746,623	12,992	108,060	1,543,337	144,966	93,504	270,603
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	36,183	26	72		317		
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE				46,580			
098 01 PHYSIATRY							
099 NONPAID WORKERS							
100 SPORTS & HEALTH CENTER							
100 01 FOUNDATION	10,707						
100 02 EMT PROGRAM	10,387	23	362		1,477		
100 03 EMPLOYEE PHARMACY	9,371	7			37		282
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	13,813,271	13,048	108,494	1,589,917	146,797	93,504	270,885

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY
	6.06	8	8.01	9	10	10.01	11
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE & GE	656,932						
008 OPERATION OF PLANT	24,710	724,384					
008 01 OPERATION OF PLANT CC	746		3,730				
009 LAUNDRY & LINEN SERVICE	3,867	18,990	57	129,343			
010 HOUSEKEEPING	9,210	14,887		1,818	122,790		
010 01 HOUSEKEEPING CC	579		95		77	3,112	
011 DIETARY	9,182	13,126	89	332	310	78	104,417
012 CAFETERIA	5,286	25,794		342	1,335		
014 NURSING ADMINISTRATION	19,160	12,415			1,308		
015 CENTRAL SERVICES & SUPPLY	4,043	17,811		4,845	1,591		
016 PHARMACY	18,232	7,184	52	15	2,144	45	
017 MEDICAL RECORDS & LIBRARY	15,399	11,634			941		
018 SOCIAL SERVICE	3,311	3,298	58		202	51	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	119,879	216,669		43,506	47,227		72,209
026 INTENSIVE CARE UNIT	23,143	32,439		6,233	3,786		5,507
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	7,695	6,799		1,656	2,276		
034 SKILLED NURSING FACILITY	17,832		3,258	11,611		2,833	26,701
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	81,121	87,967		18,996	21,328		
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	11,450	16,314		4,267	4,804		
040 ANESTHESIOLOGY	3,952	2,274			302		
041 RADIOLOGY-DIAGNOSTIC	42,414	37,116		7,248	5,958		
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	13,606	15,371		2,549	1,393		
043 02 MISC NURSING OP	44						
044 LABORATORY	51,633	45,321		235	4,088		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	12,664	6,190	7		591	6	
050 PHYSICAL THERAPY	20,320	35,397	74	6,549	2,594	64	
051 OCCUPATIONAL THERAPY	3,306	3,229	40	87	242	35	
052 SPEECH PATHOLOGY	1,322	1,229			200		
053 ELECTROCARDIOLOGY	7,688	15,098		1,158	1,543		
054 ELECTROENCEPHALOGRAPHY	4,998	10,258		1,953	2,719		
055 MEDICAL SUPPLIES CHARGED	4,410						
055 30 IMPL. DEV. CHARGED TO PAT	34,772						
056 DRUGS CHARGED TO PATIENTS	26,932						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY	1,182	484					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION OP	665						
061 EMERGENCY	35,781	43,375		15,934	10,623		
061 01 PARAMEDICS							
061 02 OP TELEMETRY							
061 03 OP PSYCH	1,859	7,636			3,536		
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	9,188	4,704			318		
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY
	6.06	8	8.01	9	10	10.01	11
084 SPEC PURPOSE COST CENTERS							
085 LIVER ACQUISITION							
086 HEART ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTER							
094 HOSPICE							
095 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	651,581	713,009	3,730	129,334	121,436	3,112	104,417
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP	382	7,930		9	1,176		
098 RESEARCH							
098 01 PHYSICIANS' PRIVATE OFFICE	530						
099 01 PHYSIATRY							
100 01 NONPAID WORKERS							
100 01 SPORTS & HEALTH CENTER					18		
100 01 FOUNDATION	37	321					
100 02 EMT PROGRAM	1,027	1,809			160		
100 03 EMPLOYEE PHARMACY	3,375	1,315					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	656,932	724,384	3,730	129,343	122,790	3,112	104,417

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	12	14	15	16	17	18	25
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE & GE							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT CC							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING CC							
011 DIETARY							
012 CAFETERIA	172,450						
014 NURSING ADMINISTRATION	5,140	401,126					
015 CENTRAL SERVICES & SUPPLY	2,477		247,743				
016 PHARMACY	4,487			550,799			
017 MEDICAL RECORDS & LIBRARY	6,908				328,796		
018 SOCIAL SERVICE	1,505					24,593	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	50,970	214,584	153	23,005	198,954	19,385	2,429,722
026 INTENSIVE CARE UNIT	5,973	25,148	24	3,600	15,157	1,029	570,611
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	2,753	11,592	136	111	3,288		69,952
034 SKILLED NURSING FACILITY	8,681			1,434	5,590	3,645	225,216
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	18,876	79,473	1,139	14,666			2,498,062
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	3,684	15,509	1,471	2,632			288,215
040 ANESTHESIOLOGY				3,988			302,317
041 RADIOLOGY-DIAGNOSTIC	8,566		96	1,227			2,373,520
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	1,761			135			997,600
043 02 MISC NURSING OP							903
044 LABORATORY	12,030			2			1,141,848
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	5,276			14			137,871
050 PHYSICAL THERAPY	8,743			1			306,348
051 OCCUPATIONAL THERAPY	1,320						38,495
052 SPEECH PATHOLOGY	409						11,300
053 ELECTROCARDIOLOGY	2,649		3	2			280,341
054 ELECTROENCEPHALOGRAPHY	2,212						142,513
055 MEDICAL SUPPLIES CHARGED			242,893				318,532
055 30 IMPL. DEV. CHARGED TO PAT							39,840
056 DRUGS CHARGED TO PATIENTS				485,614			614,484
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY	372			4			15,218
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION OP	237						1,685
061 EMERGENCY	12,935	54,459	1,688	11,459	104,623	534	713,101
061 01 PARAMEDICS							
061 02 OP TELEMETRY							
061 03 OP PSYCH	86	361					47,812
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	2,953		140		1,184		109,493
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	12	14	15	16	17	18	25
084 SPEC PURPOSE COST CENTERS							
085 LIVER ACQUISITION							
086 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	171,003	401,126	247,743	547,894	328,796	24,593	13,674,999
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	951						47,046
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							47,110
098 01 PHYSIATRY							
099 NONPAID WORKERS							
100 SPORTS & HEALTH CENTER							18
100 01 FOUNDATION							11,065
100 02 EMT PROGRAM	397			2,905			18,547
100 03 EMPLOYEE PHARMACY	99						14,486
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	172,450	401,126	247,743	550,799	328,796	24,593	13,813,271

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET B
 PART III

		POST STEPDOWN ADJUSTMENT	TOTAL
		26	27
001	GENERAL SERVICE COST CNTR		
001 01	OLD CAP REL COSTS-BLDG &		
002	OLD CAP REL COSTS-MVBLE E		
003	NEW CAP REL COSTS-BLDG &		
003 01	NEW CAP REL COSTS-BLDG &		
004	NEW CAP REL COSTS-MVBLE E		
005	EMPLOYEE BENEFITS		
006 01	COMMUNICATIONS		
006 02	DATA PROCESSING		
006 03	PURCHASING, RECEIVING AND		
006 04	ADMINISTRATIVE		
006 05	CASHIERING/ACCOUNTS RECEI		
006 06	OTHER ADMINISTRATIVE & GE		
008	OPERATION OF PLANT		
008 01	OPERATION OF PLANT CC		
009	LAUNDRY & LINEN SERVICE		
010	HOUSEKEEPING		
010 01	HOUSEKEEPING CC		
011	DIETARY		
012	CAFETERIA		
014	NURSING ADMINISTRATION		
015	CENTRAL SERVICES & SUPPLY		
016	PHARMACY		
017	MEDICAL RECORDS & LIBRARY		
018	SOCIAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
025	ADULTS & PEDIATRICS	-90,193	2,339,529
026	INTENSIVE CARE UNIT	-1,401	569,210
027	CORONARY CARE UNIT		
028	BURN INTENSIVE CARE UNIT		
029	SURGICAL INTENSIVE CARE U		
031	SUBPROVIDER		
031 01	SUBPROVIDER II		
033	NURSERY		69,952
034	SKILLED NURSING FACILITY		225,216
035	NURSING FACILITY		
036	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
037	OPERATING ROOM		2,498,062
038	RECOVERY ROOM		
039	DELIVERY ROOM & LABOR ROO		288,215
040	ANESTHESIOLOGY		302,317
041	RADIOLOGY-DIAGNOSTIC		2,373,520
042	RADIOLOGY-THERAPEUTIC		
042 01	HYPERBARIC MEDICINE		
043	RADIOISOTOPE		
043 01	CT SCAN		997,600
043 02	MISC NURSING OP	86,435	87,338
044	LABORATORY		1,141,848
045	PBP CLINICAL LAB SERVICES		
046	WHOLE BLOOD & PACKED RED		
047	BLOOD STORING, PROCESSING		
048	INTRAVENOUS THERAPY		
049	RESPIRATORY THERAPY		137,871
050	PHYSICAL THERAPY		306,348
051	OCCUPATIONAL THERAPY		38,495
052	SPEECH PATHOLOGY		11,300
053	ELECTROCARDIOLOGY		280,341
054	ELECTROENCEPHALOGRAPHY		142,513
055	MEDICAL SUPPLIES CHARGED		318,532
055 30	IMPL. DEV. CHARGED TO PAT		39,840
056	DRUGS CHARGED TO PATIENTS		614,484
057	RENAL DIALYSIS		
058	ASC (NON-DISTINCT PART)		
059	OTHER ANCILLARY		15,218
	OUTPAT SERVICE COST CNTRS		
060	CLINIC		
060 01	DIABETIC EDUCATION OP		1,685
061	EMERGENCY		713,101
061 01	PARAMEDICS		
061 02	OP TELEMETRY	3,758	3,758
061 03	OP PSYCH		47,812
061 04	ICU OTHER	1,401	1,401
062	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
064	HOME PROGRAM DIALYSIS		
065	AMBULANCE SERVICES		
066	DURABLE MEDICAL EQUIP-REN		
067	DURABLE MEDICAL EQUIP-SOL		
068	OTHER REIMBURSABLE		
069	CORF		
070	I&R SERVICES-NOT APPRVD P		
071	HOME HEALTH AGENCY		109,493
082	LUNG ACQUISITION		
	SPEC PURPOSE COST CENTERS		
083	KIDNEY ACQUISITION		

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
084 SPEC PURPOSE COST CENTERS		
085 LIVER ACQUISITION		
086 HEART ACQUISITION		
092 OTHER ORGAN ACQUISITION		
093 AMBULATORY SURGICAL CENTE		
094 HOSPICE		
095 OTHER SPECIAL PURPOSE		
		13,674,999
096 SUBTOTALS		
097 NONREIMBURS COST CENTERS		
098 GIFT, FLOWER, COFFEE SHOP		47,046
099 RESEARCH		
100 PHYSICIANS' PRIVATE OFFIC		47,110
101 01 PHYSIATRY		
102 NONPAID WORKERS		
103 SPORTS & HEALTH CENTER		18
104 01 FOUNDATION		11,065
105 02 EMT PROGRAM		18,547
106 03 EMPLOYEE PHARMACY		14,486
107 CROSS FOOT ADJUSTMENTS		
108 NEGATIVE COST CENTER		
109 TOTAL		13,813,271

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)
	1	1.01	2	3	3.01	4
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	371,733					
001 01 OLD CAP REL COSTS-BLD		24,935				
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD				371,733		
003 01 NEW CAP REL COSTS-BLD					24,935	
004 NEW CAP REL COSTS-MVB						9,554,045
005 EMPLOYEE BENEFITS	573			573		6,571
006 01 COMMUNICATIONS	548			548		102,930
006 02 DATA PROCESSING	5,789			5,789		1,529,259
006 03 PURCHASING, RECEIVING	6,131			6,131		76,009
006 04 ADMINITTING	1,309			1,309		891
006 05 CASHIERING/ACCOUNTS R	5,396			5,396		14,276
006 06 OTHER ADMINISTRATION	28,719	5,709		28,719	5,709	50,905
008 OPERATION OF PLANT	52,237			52,237		102,049
008 01 OPERATION OF PLANT CC		773			773	
009 LAUNDRY & LINEN SERVICE	7,105	280		7,105	280	24,360
010 HOUSEKEEPING	5,570			5,570		33,091
010 01 HOUSEKEEPING CC		468			468	520
011 DIETARY	4,911	441		4,911	441	22,067
012 CAFETERIA	9,651			9,651		26,910
014 NURSING ADMINISTRATION	4,645			4,645		165,367
015 CENTRAL SERVICES & SUP	6,664			6,664		133,985
016 PHARMACY	2,688	256		2,688	256	463,567
017 MEDICAL RECORDS & LIB	4,353			4,353		55,592
018 SOCIAL SERVICE	1,234	289		1,234	289	
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	81,068			81,068		350,969
026 INTENSIVE CARE UNIT	12,137			12,137		288,750
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER						
031 01 SUBPROVIDER II						
033 NURSERY	2,544			2,544		1,631
034 SKILLED NURSING FACIL		16,119			16,119	66,134
035 NURSING FACILITY						
036 OTHER LONG TERM CARE						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	32,913			32,913		1,733,439
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR	6,104			6,104		150,796
040 ANESTHESIOLOGY	851			851		271,114
041 RADIOLOGY-DIAGNOSTIC	13,887			13,887		2,048,511
042 RADIOLOGY-THERAPEUTIC						
042 01 HYPERBARIC MEDICINE						
043 RADIOISOTOPE						
043 01 CT SCAN	5,751			5,751		815,241
043 02 MIC NURSING OP						
044 LABORATORY	16,957			16,957		379,399
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	2,316	35		2,316	35	68,422
050 PHYSICAL THERAPY	13,244	365		13,244	365	67,103
051 OCCUPATIONAL THERAPY	1,208	200		1,208	200	13,574
052 SPEECH PATHOLOGY	460			460		2,162
053 ELECTROCARDIOLOGY	5,649			5,649		174,667
054 ELECTROENCEPHALOGRAPH	3,838			3,838		72,436
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR						
059 OTHER ANCILLARY	181			181		10,933
OUTPAT SERVICE COST C						
060 CLINIC						
060 01 DIABETIC EDUCATION OP						652
061 EMERGENCY	16,229			16,229		195,392
061 01 PARAMEDICS						
061 02 OP TELEMETRY						
061 03 OP PSYCH	2,857			2,857		318
061 04 ICU OTHER						
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
068 OTHER REIMBURSABLE						
069 CORF						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)
	1	1.01	2	3	3.01	4
070 OTHER REIMBURS COST C						
071 I&R SERVICES-NOT APPR						
082 HOME HEALTH AGENCY	1,760			1,760		15,720
083 LUNG ACQUISITION						
084 SPEC PURPOSE COST CEN						
085 KIDNEY ACQUISITION						
086 LIVER ACQUISITION						
092 HEART ACQUISITION						
093 OTHER ORGAN ACQUISITI						
094 AMBULATORY SURGICAL C						
095 HOSPICE						
096 OTHER SPECIAL PURPOSE						
097 SUBTOTALS	367,477	24,935		367,477	24,935	9,535,712
098 NONREIMBURS COST CENT						
099 GIFT, FLOWER, COFFEE	2,967			2,967		2,431
100 RESEARCH						
100 01 PHYSICIANS' PRIVATE O						
100 01 PHYSIATRY						
100 02 NONPAID WORKERS						
100 02 SPORTS & HEALTH CENTE						
100 02 FOUNDATION	120			120		9,405
100 03 EMT PROGRAM	677			677		2,700
100 03 EMPLOYEE PHARMACY	492			492		3,797
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED				4,230,932	93,607	9,488,732
104 (WRKSHT B, PART I)						
105 UNIT COST MULTIPLIER					3.754041	
106 (WRKSHT B, PT I)				11.381642		.993164
107 COST TO BE ALLOCATED						
108 (WRKSHT B, PART II)						
109 UNIT COST MULTIPLIER						
110 (WRKSHT B, PT II)						
111 COST TO BE ALLOCATED						
112 (WRKSHT B, PART III)						
113 UNIT COST MULTIPLIER						
114 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	RECONCILIATION	
	(GROSS SALARIES	SA(PHONES)	(%S)	RESOURCE	(STORE)UI SITIONS	REQ(PATIENT) DAYS	(GROSS) REVENUE	R RECONCILIATION
GENERAL SERVICE COST	5	6.01	6.02	6.03	6.04	6.05	6a.06	
001 OLD CAP REL COSTS-BLD								
001 01 OLD CAP REL COSTS-BLD								
002 OLD CAP REL COSTS-MVB								
003 NEW CAP REL COSTS-BLD								
003 01 NEW CAP REL COSTS-BLD								
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS	93,948,764							
006 01 COMMUNICATIONS	223,176	1,498						
006 02 DATA PROCESSING	1,108,852	70	10,001					
006 03 PURCHASING, RECEIVING	558,087	20		5,042,568				
006 04 ADMINISTRATION	1,008,312	16	470	58,447	62,332			
006 05 CASHIERING/ACCOUNTS R	1,422,747	60	1,198	10,134		799,798,125		
006 06 OTHER ADMINISTRATIVE	5,407,810	111	1,565	16,705			-22,908,914	
008 OPERATION OF PLANT	2,165,662	47		2,592				
008 01 OPERATION OF PLANT CC	70,229	1						
009 LAUNDRY & LINEN SERVI	441,897	3		1,362				
010 HOUSEKEEPING	1,658,775	4		3,186				
010 01 HOUSEKEEPING CC	107,633	1		42				
011 DIETARY	1,141,697	8		37,614				
012 CAFETERIA	1,273,258	15		63,905				
014 NURSING ADMINISTRATION	3,249,686	65	884	10,412				
015 CENTRAL SERVICES & SU	577,331	6		259,172				
016 PHARMACY	2,692,120	33		821,749				
017 MEDICAL RECORDS & LIB	2,111,270	67	1,151	35,429				
018 SOCIAL SERVICE	631,543	13		267				
025 INPAT ROUTINE SRVC CN								
025 ADULTS & PEDIATRICS	21,740,899	144		972,621	57,915	68,710,384		
026 INTENSIVE CARE UNIT	3,389,421	27		337,352	4,417	14,112,015		
027 CORONARY CARE UNIT								
028 BURN INTENSIVE CARE U								
029 SURGICAL INTENSIVE CA								
031 SUBPROVIDER								
031 01 SUBPROVIDER II								
033 NURSERY	1,369,067	8		31,297		4,103,237		
034 SKILLED NURSING FACIL	3,033,431	24	52	190,592		4,312,310		
035 NURSING FACILITY								
036 OTHER LONG TERM CARE								
037 ANCILLARY SRVC COST C								
037 OPERATING ROOM	9,763,399	257		728,763		109,480,435		
038 RECOVERY ROOM								
039 DELIVERY ROOM & LABOR	1,980,274	7		172,852		8,941,317		
040 ANESTHESIOLOGY		5		223,392		17,667,121		
041 RADIOLOGY-DIAGNOSTIC	3,908,652	127	217	266,617		77,665,342		
042 RADIOLOGY-THERAPEUTIC								
042 01 HYPERBARIC MEDICINE								
043 RADIOISOTOPE								
043 01 CT SCAN	781,375	28	342	11,714		90,894,683		
043 02 MIC NURSING OP						2,534,479		
044 LABORATORY	4,789,866	86	2,563	103,352		122,781,654		
045 PBP CLINICAL LAB SERV								
046 WHOLE BLOOD & PACKED								
047 BLOOD STORING, PROCES								
048 INTRAVENOUS THERAPY								
049 RESPIRATORY THERAPY	2,132,932	17		100,031		42,003,418		
050 PHYSICAL THERAPY	3,847,930	38		21,966		29,286,482		
051 OCCUPATIONAL THERAPY	633,467	6		1,117		5,011,428		
052 SPEECH PATHOLOGY	258,818	5		372		1,026,303		
053 ELECTROCARDIOLOGY	1,218,004	33		17,714		33,502,049		
054 ELECTROENCEPHALOGRAPH	865,211	17		7,913		9,345,835		
055 MEDICAL SUPPLIES CHAR			447			493,476		
055 30 IMPL. DEV. CHARGED TO						14,948,646		
056 DRUGS CHARGED TO PATI			494			69,038,948		
057 RENAL DIALYSIS								
058 ASC (NON-DISTINCT PAR								
059 OTHER ANCILLARY	218,097	3		304		5,887		
060 OUTPAT SERVICE COST C								
060 01 CLINIC								
060 01 DIABETIC EDUCATION OP	136,382	1		299		102,240		
061 EMERGENCY	5,960,333	88		448,059		66,891,405		
061 01 PARAMEDICS								
061 02 OP TELEMETRY								
061 03 OP PSYCH	37,165	12		423		1,815,326		
061 04 ICU OTHER								
062 OBSERVATION BEDS (NON								
062 OTHER REIMBURS COST C								
064 HOME PROGRAM DIALYSIS								
065 AMBULANCE SERVICES								
066 DURABLE MEDICAL EQUIP								
067 DURABLE MEDICAL EQUIP								
068 OTHER REIMBURSABLE								
069 CORF								

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	RE ADMITTING	CASHIERING/AC COUNTS RECEI	R RECONCILIATION
	(GROSS SALARIES	SA(PHONES)	(%S)	RESOURCE	(STORE)UISITIONS	REQ(PATIENT) DAYS	(GROSS)VENUE) IATION
OTHER REIMBURS COST C	5		6.01	6.02	6.03	6.04	6.05	6a.06
070 I&R SERVICES-NOT APPR								
071 HOME HEALTH AGENCY	1,628,254		19	325	21,885		4,291,768	
082 LUNG ACQUISITION SPEC PURPOSE COST CEN								
083 KIDNEY ACQUISITION								
084 LIVER ACQUISITION								
085 HEART ACQUISITION								
086 OTHER ORGAN ACQUISITI								
092 AMBULATORY SURGICAL C								
093 HOSPICE								
094 OTHER SPECIAL PURPOSE								
095 SUBTOTALS	93,543,062		1,492	9,708	4,979,651	62,332	798,966,188	-22,908,914
NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE	187,384		1		10,888			
097 RESEARCH								
098 PHYSICIANS' PRIVATE O				293				
098 01 PHYSIATRY								
099 NONPAID WORKERS								
100 SPORTS & HEALTH CENTE								
100 01 FOUNDATION								
100 02 EMT PROGRAM	168,036		5		50,746			
100 03 EMPLOYEE PHARMACY	50,282				1,283		831,937	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	36,551,436		622,348	5,295,805	1,007,481	1,746,097	4,017,949	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.389057		415.452603	529.527547	.199795	28.012851	.005024	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	13,048		108,494	1,589,917	146,797	93,504	270,885	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000139		72.425901	158.975802	.029112	1.500096	.000339	

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING CC	DIETARY	
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(SQUARE FEET)	(PATIENT MEALS)
	OTHER REIMBURS COST C	6.06	8	8.01	9	10	10.01	11
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY	2,688,893	1,760			304		
082	LUNG ACQUISITION SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
086	OTHER ORGAN ACQUISITI							
092	AMBULATORY SURGICAL C							
093	HOSPICE							
094	OTHER SPECIAL PURPOSE							
095	SUBTOTALS	190,714,265	266,775	18,453	2,201,483	116,255	17,705	251,244
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	111,676	2,967		155	1,126		
097	RESEARCH							
098	PHYSICIANS' PRIVATE O	155,152						
098 01	PHYSIATRY							
099	NONPAID WORKERS							
100	SPORTS & HEALTH CENTE					17		
100 01	FOUNDATION	10,707	120					
100 02	EMT PROGRAM	300,424	677			153		
100 03	EMPLOYEE PHARMACY	987,595	492					
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	22,908,914	8,093,158	244,182	1,482,476	3,203,666	197,982	3,176,724
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.119144	29.860636	13.232645	.673351	27.253413	11.182265	12.643980
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	656,932	724,384	3,730	129,343	122,790	3,112	104,417
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.003417	2.672698	.202135	.058749	1.044568	.175770	.415600

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED) (POSITIONS)	PHARMACY (COSTED) (POSITIONS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICES (TIME SPENT)
	12	14	15	16	17	18
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
001 01 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD						
003 01 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 01 COMMUNICATIONS						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING						
006 04 ADMINITTING						
006 05 CASHIERING/ACCOUNTS R						
006 06 OTHER ADMINISTRATIVE						
008 OPERATION OF PLANT						
008 01 OPERATION OF PLANT CC						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
010 01 HOUSEKEEPING CC						
011 DIETARY						
012 CAFETERIA	193,158					
014 NURSING ADMINISTRATION	5,757	3,249,687				
015 CENTRAL SERVICES & SUPPLY			1,072,466			
016 PHARMACY	5,026			8,249,498		
017 MEDICAL RECORDS & LIBRARY	7,738				10,000	
018 SOCIAL SERVICE	1,686					1,758,500
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	57,088	1,738,435	662	344,552	6,051	1,386,069
026 INTENSIVE CARE UNIT	6,690	203,734	103	53,924	461	73,584
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER						
031 01 SUBPROVIDER II						
033 NURSERY	3,084	93,909	587	1,660	100	
034 SKILLED NURSING FACILITY	9,723			21,475	170	260,670
035 NURSING FACILITY						
036 OTHER LONG TERM CARE						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	21,143	643,847	4,930	219,658		
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR	4,126	125,644	6,368	39,418		
040 ANESTHESIOLOGY				59,722		
041 RADIOLOGY-DIAGNOSTIC	9,595		416	18,383		
042 RADIOLOGY-THERAPEUTIC						
042 01 HYPERBARIC MEDICINE						
043 RADIOISOTOPE						
043 01 CT SCAN	1,973			2,028		
043 02 MISC NURSING OP						
044 LABORATORY	13,475			26		
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	5,909			207		
050 PHYSICAL THERAPY	9,793			8		
051 OCCUPATIONAL THERAPY	1,478					
052 SPEECH PATHOLOGY	458					
053 ELECTROCARDIOLOGY	2,967		12	30		
054 ELECTROENCEPHALOGRAPH	2,478					
055 MEDICAL SUPPLIES CHAR			1,051,475			
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI				7,273,202		
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR						
059 OTHER ANCILLARY	417			64		
OUTPAT SERVICE COST C						
060 CLINIC						
060 01 DIABETIC EDUCATION OP	266					
061 EMERGENCY	14,488	441,194	7,308	171,627	3,182	38,177
061 01 PARAMEDICS						
061 02 OP TELEMETRY						
061 03 OP PSYCH	96	2,924				
061 04 ICU OTHER						
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
068 OTHER REIMBURSABLE						
069 CORF						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED POSITIONS)	PHARMACY (COSTED POSITIONS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICES (TIME SPENT)
OTHER REIMBURS COST CENTER	12	14	15	16	17	18
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY	3,308		605		36	
082 LUNG ACQUISITION SPEC PURPOSE COST CENTER						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
086 OTHER ORGAN ACQUISITION						
092 AMBULATORY SURGICAL CENTER						
093 HOSPICE						
094 OTHER SPECIAL PURPOSE						
095 SUBTOTALS	191,537	3,249,687	1,072,466	8,205,984	10,000	1,758,500
NONREIMBURS COST CENTER						
096 GIFT, FLOWER, COFFEE	1,065					
097 RESEARCH						
098 PHYSICIANS' PRIVATE OFFICE						
098 01 PHYSIATRY						
099 NONPAID WORKERS						
100 SPORTS & HEALTH CENTER						
100 01 FOUNDATION						
100 02 EMT PROGRAM	445			43,514		
100 03 EMPLOYEE PHARMACY	111					
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	2,058,188	6,509,363	1,649,875	6,167,695	5,280,501	1,151,562
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)	10.655463	2.003074	1.538394	.747645	528.050100	.654855
105 COST TO BE ALLOCATED (PER WORKSHEET B, PART II)						
106 UNIT COST MULTIPLIER (WORKSHEET B, PART II)						
107 COST TO BE ALLOCATED (PER WORKSHEET B, PART III)	172,450	401,126	247,743	550,799	328,796	24,593
108 UNIT COST MULTIPLIER (WORKSHEET B, PART III)	.892792	.123435	.231003	.066768	32.879600	.013985

POST STEP DOWN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/17/2011
 I 14-0185 I FROM 1/ 1/2010 I
 I I TO 12/31/2010 I WORKSHEET B-2

DESCRIPTION	WORKSHEET		AMOUNT
	PART	LINE NO.	
1	2	3	4
1 ADJ FOR EPO COSTS IN RENAL DIA	1	57	
2 ADJ FOR EPO COSTS IN HOME PROG	1	64	
3 ADJ FOR ARANESP IN RENAL DIALY	1	57	
4 ADJ FOR ARANESP IN HOME PROGRA	1	64	
5 ADJ FOR EPO COSTS IN HOME PROG	1	64 2	
6 ADJ FOR ARANESP IN RENAL DIALY	1	57 2	
7 MI SC NURSING OP	1	43 2	1,924,312
8 ADULTS & PEDI ATRICS	1	25	-2,007,986
9 OP TELEMETRY	1	61 2	83,674
14 ICU	1	26	-22,329
15 ICU OTHER	1	61 4	22,329
18 ICU	3	26	-1,401
19 ICU OTHER	3	61 4	1,401
20 MI SC NURSING OP	3	43 2	86,435
21 ADULTS & PEDI ATRICS	3	25	-90,193
22 OP TELEMETRY	3	61 2	3,758

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	52,084,918		52,084,918		52,084,918
26	INTENSIVE CARE UNIT	9,069,093		9,069,093		9,069,093
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
31	01 SUBPROVIDER II					
33	NURSERY	2,950,630		2,950,630		2,950,630
34	SKILLED NURSING FACILITY	7,559,487		7,559,487		7,559,487
35	NURSING FACILITY					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	30,012,708		30,012,708		30,012,708
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	4,441,610		4,441,610		4,441,610
40	ANESTHESIOLOGY	1,372,310		1,372,310		1,372,310
41	RADIOLOGY-DIAGNOSTIC	14,661,407		14,661,407		14,661,407
42	RADIOLOGY-THERAPEUTIC					
42	01 HYPERBARIC MEDICINE					
43	RADIOISOTOPE					
43	01 CT SCAN	4,716,151		4,716,151		4,716,151
43	02 MIC NURSING OP	1,938,562		1,938,562		1,938,562
44	LABORATORY	17,670,325		17,670,325	173,343	17,843,668
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	4,296,311		4,296,311	2,763	4,299,074
50	PHYSICAL THERAPY	7,306,590		7,306,590		7,306,590
51	OCCUPATIONAL THERAPY	1,146,943		1,146,943		1,146,943
52	SPEECH PATHOLOGY	456,948		456,948		456,948
53	ELECTROCARDIOLOGY	2,771,698		2,771,698		2,771,698
54	ELECTROENCEPHALOGRAPHY	1,871,303		1,871,303	7,572	1,878,875
55	MEDICAL SUPPLIES CHARGED	3,062,011		3,062,011		3,062,011
55	30 IMPL. DEV. CHARGED TO PAT	11,388,569		11,388,569		11,388,569
56	DRUGS CHARGED TO PATIENTS	14,258,463		14,258,463		14,258,463
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	OTHER ANCILLARY	396,949		396,949		396,949
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 DIABETIC EDUCATION OP	220,610		220,610		220,610
61	EMERGENCY	15,546,256		15,546,256	144,746	15,691,002
61	01 PARAMEDICS					
61	02 OP TELEMETRY	83,674		83,674		83,674
61	03 OP PSYCH	793,193		793,193		793,193
61	04 ICU OTHER	22,329		22,329		22,329
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
68	OTHER REIMBURSABLE					
101	SUBTOTAL	210,099,048		210,099,048	328,424	210,427,472
102	LESS OBSERVATION BEDS					
103	TOTAL	210,099,048		210,099,048	328,424	210,427,472

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	68,600,178		68,600,178			
26	INTENSIVE CARE UNIT	14,077,355		14,077,355			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
01	SUBPROVIDER II						
33	NURSERY	4,103,237		4,103,237			
34	SKILLED NURSING FACILITY	4,312,310		4,312,310			
35	NURSING FACILITY						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	33,688,344	75,792,091	109,480,435	.274138	.274138	.274138
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	7,797,150	1,144,167	8,941,317	.496751	.496751	.496751
40	ANESTHESIOLOGY	9,512,864	8,154,257	17,667,121	.077676	.077676	.077676
41	RADIOLOGY-DIAGNOSTIC	29,374,010	48,291,332	77,665,342	.188777	.188777	.188777
42	RADIOLOGY-THERAPEUTIC						
01	HYPERBARIC MEDICINE						
43	RADIOISOTOPE						
01	CT SCAN	25,172,771	65,721,912	90,894,683	.051886	.051886	.051886
02	MISC NURSING OP		2,534,479	2,534,479	.764876	.764876	.764876
44	LABORATORY	56,859,986	60,625,769	117,485,755	.150404	.150404	.151879
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	37,522,663	4,480,755	42,003,418	.102285	.102285	.102351
50	PHYSICAL THERAPY	9,327,190	19,959,292	29,286,482	.249487	.249487	.249487
51	OCCUPATIONAL THERAPY	2,989,349	2,022,079	5,011,428	.228866	.228866	.228866
52	SPEECH PATHOLOGY	428,659	597,644	1,026,303	.445237	.445237	.445237
53	ELECTROCARDIOLOGY	21,121,896	12,380,153	33,502,049	.082732	.082732	.082732
54	ELECTROENCEPHALOGRAPHY	847,946	8,497,889	9,345,835	.200229	.200229	.201039
55	MEDICAL SUPPLIES CHARGED	460,047	33,429	493,476	6.204985	6.204985	6.204985
55	01 IMPL. DEV. CHARGED TO PAT	10,450,139	4,498,507	14,948,646	.761846	.761846	.761846
56	DRUGS CHARGED TO PATIENTS	54,300,948	14,738,000	69,038,948	.206528	.206528	.206528
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY	4,259	1,628	5,887	67.428062	67.428062	67.428062
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 DIABETIC EDUCATION OP		102,240	102,240	2.157766	2.157766	2.157766
61	EMERGENCY	14,887,541	35,663,369	50,550,910	.307537	.307537	.310400
61	01 PARAMEDICS						
61	02 OP TELEMETRY		110,206	110,206	.759251	.759251	.759251
61	03 OP PSYCH	470	1,814,856	1,815,326	.436942	.436942	.436942
61	04 ICU OTHER		34,660	34,660	.644230	.644230	.644230
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE						
101	SUBTOTAL	405,839,312	367,198,714	773,038,026			
102	LESS OBSERVATION BEDS						
103	TOTAL	405,839,312	367,198,714	773,038,026			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	52,084,918		52,084,918		52,084,918
26	INTENSIVE CARE UNIT	9,069,093		9,069,093		9,069,093
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
31	01 SUBPROVIDER II					
33	NURSERY	2,950,630		2,950,630		2,950,630
34	SKILLED NURSING FACILITY	7,559,487		7,559,487		7,559,487
35	NURSING FACILITY					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	30,012,708		30,012,708		30,012,708
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	4,441,610		4,441,610		4,441,610
40	ANESTHESIOLOGY	1,372,310		1,372,310		1,372,310
41	RADIOLOGY-DIAGNOSTIC	14,661,407		14,661,407		14,661,407
42	RADIOLOGY-THERAPEUTIC					
42	01 HYPERBARIC MEDICINE					
43	RADIOISOTOPE					
43	01 CT SCAN	4,716,151		4,716,151		4,716,151
43	02 MISC NURSING OP	1,938,562		1,938,562		1,938,562
44	LABORATORY	17,670,325		17,670,325	173,343	17,843,668
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	4,296,311		4,296,311	2,763	4,299,074
50	PHYSICAL THERAPY	7,306,590		7,306,590		7,306,590
51	OCCUPATIONAL THERAPY	1,146,943		1,146,943		1,146,943
52	SPEECH PATHOLOGY	456,948		456,948		456,948
53	ELECTROCARDIOLOGY	2,771,698		2,771,698		2,771,698
54	ELECTROENCEPHALOGRAPHY	1,871,303		1,871,303	7,572	1,878,875
55	MEDICAL SUPPLIES CHARGED	3,062,011		3,062,011		3,062,011
55	30 IMPL. DEV. CHARGED TO PAT	11,388,569		11,388,569		11,388,569
56	DRUGS CHARGED TO PATIENTS	14,258,463		14,258,463		14,258,463
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	OTHER ANCILLARY	396,949		396,949		396,949
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 DIABETIC EDUCATION OP	220,610		220,610		220,610
61	EMERGENCY	15,546,256		15,546,256	144,746	15,691,002
61	01 PARAMEDICS					
61	02 OP TELEMETRY	83,674		83,674		83,674
61	03 OP PSYCH	793,193		793,193		793,193
61	04 ICU OTHER	22,329		22,329		22,329
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
68	OTHER REIMBURSABLE					
101	SUBTOTAL	210,099,048		210,099,048	328,424	210,427,472
102	LESS OBSERVATION BEDS					
103	TOTAL	210,099,048		210,099,048	328,424	210,427,472

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	68,600,178		68,600,178			
26	INTENSIVE CARE UNIT	14,077,355		14,077,355			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
01	SUBPROVIDER II						
33	NURSERY	4,103,237		4,103,237			
34	SKILLED NURSING FACILITY	4,312,310		4,312,310			
35	NURSING FACILITY						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	33,688,344	75,792,091	109,480,435	.274138	.274138	.274138
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	7,797,150	1,144,167	8,941,317	.496751	.496751	.496751
40	ANESTHESIOLOGY	9,512,864	8,154,257	17,667,121	.077676	.077676	.077676
41	RADIOLOGY-DIAGNOSTIC	29,374,010	48,291,332	77,665,342	.188777	.188777	.188777
42	RADIOLOGY-THERAPEUTIC						
01	HYPERBARIC MEDICINE						
43	RADIOISOTOPE						
01	CT SCAN	25,172,771	65,721,912	90,894,683	.051886	.051886	.051886
02	MISC NURSING OP		2,534,479	2,534,479	.764876	.764876	.764876
44	LABORATORY	56,859,986	60,625,769	117,485,755	.150404	.150404	.151879
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	37,522,663	4,480,755	42,003,418	.102285	.102285	.102351
50	PHYSICAL THERAPY	9,327,190	19,959,292	29,286,482	.249487	.249487	.249487
51	OCCUPATIONAL THERAPY	2,989,349	2,022,079	5,011,428	.228866	.228866	.228866
52	SPEECH PATHOLOGY	428,659	597,644	1,026,303	.445237	.445237	.445237
53	ELECTROCARDIOLOGY	21,121,896	12,380,153	33,502,049	.082732	.082732	.082732
54	ELECTROENCEPHALOGRAPHY	847,946	8,497,889	9,345,835	.200229	.200229	.201039
55	MEDICAL SUPPLIES CHARGED	460,047	33,429	493,476	6.204985	6.204985	6.204985
55	01 IMPL. DEV. CHARGED TO PAT	10,450,139	4,498,507	14,948,646	.761846	.761846	.761846
56	DRUGS CHARGED TO PATIENTS	54,300,948	14,738,000	69,038,948	.206528	.206528	.206528
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY	4,259	1,628	5,887	67.428062	67.428062	67.428062
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 DIABETIC EDUCATION OP		102,240	102,240	2.157766	2.157766	2.157766
61	EMERGENCY	14,887,541	35,663,369	50,550,910	.307537	.307537	.310400
61	01 PARAMEDICS						
61	02 OP TELEMETRY		110,206	110,206	.759251	.759251	.759251
61	03 OP PSYCH	470	1,814,856	1,815,326	.436942	.436942	.436942
61	04 ICU OTHER		34,660	34,660	.644230	.644230	.644230
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE						
101	SUBTOTAL	405,839,312	367,198,714	773,038,026			
102	LESS OBSERVATION BEDS						
103	TOTAL	405,839,312	367,198,714	773,038,026			

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						
38	OPERATING ROOM	30,012,708	2,498,062	27,514,646			30,012,708
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	4,441,610	288,215	4,153,395			4,441,610
41	ANESTHESIOLOGY	1,372,310	302,317	1,069,993			1,372,310
42	RADIOLOGY-DIAGNOSTIC	14,661,407	2,373,520	12,287,887			14,661,407
42	RADIOLOGY-THERAPEUTIC						
43	01 HYPERBARIC MEDICINE						
43	RADIOISOTOPE						
43	01 CT SCAN	4,716,151	997,600	3,718,551			4,716,151
43	02 MIC NURSING OP	1,938,562	87,338	1,851,224			1,938,562
44	LABORATORY	17,670,325	1,141,848	16,528,477			17,670,325
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	4,296,311	137,871	4,158,440			4,296,311
50	PHYSICAL THERAPY	7,306,590	306,348	7,000,242			7,306,590
51	OCCUPATIONAL THERAPY	1,146,943	38,495	1,108,448			1,146,943
52	SPEECH PATHOLOGY	456,948	11,300	445,648			456,948
53	ELECTROCARDIOLOGY	2,771,698	280,341	2,491,357			2,771,698
54	ELECTROENCEPHALOGRAPHY	1,871,303	142,513	1,728,790			1,871,303
55	MEDICAL SUPPLIES CHARGED	3,062,011	318,532	2,743,479			3,062,011
55	30 IMPL. DEV. CHARGED TO PAT	11,388,569	39,840	11,348,729			11,388,569
56	DRUGS CHARGED TO PATIENTS	14,258,463	614,484	13,643,979			14,258,463
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY OUTPAT SERVICE COST CNTRS	396,949	15,218	381,731			396,949
60	CLINIC						
60	01 DIABETIC EDUCATION OP	220,610	1,685	218,925			220,610
61	EMERGENCY	15,546,256	713,101	14,833,155			15,546,256
61	01 PARAMEDICS						
61	02 OP TELEMETRY	83,674	3,758	79,916			83,674
61	03 OP PSYCH	793,193	47,812	745,381			793,193
61	04 ICU OTHER	22,329	1,401	20,928			22,329
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE						
101	SUBTOTAL	138,434,920	10,361,599	128,073,321			138,434,920
102	LESS OBSERVATION BEDS						
103	TOTAL	138,434,920	10,361,599	128,073,321			138,434,920

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			
38	OPERATING ROOM	109,480,435	.274138	.274138
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO	8,941,317	.496751	.496751
41	ANESTHESIOLOGY	17,667,121	.077676	.077676
42	RADIOLOGY-DIAGNOSTIC	77,665,342	.188777	.188777
43	RADIOLOGY-THERAPEUTIC			
43	01 HYPERBARIC MEDICINE			
44	RADIOISOTOPE			
45	01 CT SCAN	90,894,683	.051886	.051886
46	02 MISC NURSING OP	2,534,479	.764876	.764876
47	LABORATORY	117,485,755	.150404	.150404
48	PBP CLINICAL LAB SERVICES			
49	WHOLE BLOOD & PACKED RED			
50	BLOOD STORING, PROCESSING			
51	INTRAVENOUS THERAPY			
52	RESPIRATORY THERAPY	42,003,418	.102285	.102285
53	PHYSICAL THERAPY	29,286,482	.249487	.249487
54	OCCUPATIONAL THERAPY	5,011,428	.228866	.228866
55	SPEECH PATHOLOGY	1,026,303	.445237	.445237
56	ELECTROCARDIOLOGY	33,502,049	.082732	.082732
57	ELECTROENCEPHALOGRAPHY	9,345,835	.200229	.200229
58	MEDICAL SUPPLIES CHARGED	493,476	6.204985	6.204985
59	30 IMPL. DEV. CHARGED TO PAT	14,948,646	.761846	.761846
60	DRUGS CHARGED TO PATIENTS	69,038,948	.206528	.206528
61	RENAL DIALYSIS			
62	ASC (NON-DISTINCT PART)			
63	OTHER ANCILLARY	5,887	67.428062	67.428062
64	OUTPAT SERVICE COST CNTRS			
65	CLINIC			
66	01 DIABETIC EDUCATION OP	102,240	2.157766	2.157766
67	EMERGENCY	50,550,910	.307537	.307537
68	01 PARAMEDICS			
69	02 OP TELEMETRY	110,206	.759251	.759251
70	03 OP PSYCH	1,815,326	.436942	.436942
71	04 ICU OTHER	34,660	.644230	.644230
72	OBSERVATION BEDS (NON-DIS			
73	OTHER REIMBURS COST CNTRS			
74	HOME PROGRAM DIALYSIS			
75	AMBULANCE SERVICES			
76	DURABLE MEDICAL EQUIP-REN			
77	DURABLE MEDICAL EQUIP-SOL			
78	OTHER REIMBURSABLE			
101	SUBTOTAL	681,944,946		
102	LESS OBSERVATION BEDS			
103	TOTAL	681,944,946		

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						
38	OPERATING ROOM	30,012,708	2,498,062	27,514,646	249,806	1,595,849	28,167,053
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	4,441,610	288,215	4,153,395	28,822	240,897	4,171,891
41	ANESTHESIOLOGY	1,372,310	302,317	1,069,993	30,232	62,060	1,280,018
42	RADIOLOGY-DIAGNOSTIC	14,661,407	2,373,520	12,287,887	237,352	712,697	13,711,358
42	RADIOLOGY-THERAPEUTIC						
43	01 HYPERBARIC MEDICINE						
43	RADIOISOTOPE						
43	01 CT SCAN	4,716,151	997,600	3,718,551	99,760	215,676	4,400,715
43	02 MIC NURSING OP	1,938,562	87,338	1,851,224	8,734	107,371	1,822,457
44	LABORATORY	17,670,325	1,141,848	16,528,477	114,185	958,652	16,597,488
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	4,296,311	137,871	4,158,440	13,787	241,190	4,041,334
50	PHYSICAL THERAPY	7,306,590	306,348	7,000,242	30,635	406,014	6,869,941
51	OCCUPATIONAL THERAPY	1,146,943	38,495	1,108,448	3,850	64,290	1,078,803
52	SPEECH PATHOLOGY	456,948	11,300	445,648	1,130	25,848	429,970
53	ELECTROCARDIOLOGY	2,771,698	280,341	2,491,357	28,034	144,499	2,599,165
54	ELECTROENCEPHALOGRAPHY	1,871,303	142,513	1,728,790	14,251	100,270	1,756,782
55	MEDICAL SUPPLIES CHARGED	3,062,011	318,532	2,743,479	31,853	159,122	2,871,036
55	30 IMPL. DEV. CHARGED TO PAT	11,388,569	39,840	11,348,729	3,984	658,226	10,726,359
56	DRUGS CHARGED TO PATIENTS	14,258,463	614,484	13,643,979	61,448	791,351	13,405,664
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY OUTPAT SERVICE COST CNTRS	396,949	15,218	381,731	1,522	22,140	373,287
60	CLINIC						
60	01 DIABETIC EDUCATION OP	220,610	1,685	218,925	169	12,698	207,743
61	EMERGENCY	15,546,256	713,101	14,833,155	71,310	860,323	14,614,623
61	01 PARAMEDICS						
61	02 OP TELEMETRY	83,674	3,758	79,916	376	4,635	78,663
61	03 OP PSYCH	793,193	47,812	745,381	4,781	43,232	745,180
61	04 ICU OTHER	22,329	1,401	20,928	140	1,214	20,975
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE						
101	SUBTOTAL	138,434,920	10,361,599	128,073,321	1,036,161	7,428,254	129,970,505
102	LESS OBSERVATION BEDS						
103	TOTAL	138,434,920	10,361,599	128,073,321	1,036,161	7,428,254	129,970,505

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	109,480,435	.257279	.271856
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	8,941,317	.466586	.493528
40	ANESTHESIOLOGY	17,667,121	.072452	.075965
41	RADIOLOGY-DIAGNOSTIC	77,665,342	.176544	.185721
42	RADIOLOGY-THERAPEUTIC			
43	01 HYPERBARIC MEDICINE			
43	RADIOISOTOPE			
43	01 CT SCAN	90,894,683	.048416	.050788
43	02 MISC NURSING OP	2,534,479	.719066	.761430
44	LABORATORY	117,485,755	.141272	.149432
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	42,003,418	.096214	.101957
50	PHYSICAL THERAPY	29,286,482	.234577	.248441
51	OCCUPATIONAL THERAPY	5,011,428	.215269	.228097
52	SPEECH PATHOLOGY	1,026,303	.418950	.444136
53	ELECTROCARDIOLOGY	33,502,049	.077582	.081895
54	ELECTROENCEPHALOGRAPHY	9,345,835	.187975	.198704
55	MEDICAL SUPPLIES CHARGED	493,476	5.817985	6.140436
55	30 IMPL. DEV. CHARGED TO PAT	14,948,646	.717547	.761580
56	DRUGS CHARGED TO PATIENTS	69,038,948	.194175	.205638
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	OTHER ANCILLARY OUTPAT SERVICE COST CNTRS	5,887	63.408697	67.169526
60	CLINIC			
60	01 DIABETIC EDUCATION OP	102,240	2.031915	2.156113
61	EMERGENCY	50,550,910	.289107	.306126
61	01 PARAMEDICALS			
61	02 OP TELEMETRY	110,206	.713781	.755839
61	03 OP PSYCH	1,815,326	.410494	.434309
61	04 ICU OTHER	34,660	.605164	.640190
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
68	OTHER REIMBURSABLE			
101	SUBTOTAL	681,944,946		
102	LESS OBSERVATION BEDS			
103	TOTAL	681,944,946		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,339,529		2,339,529
26	INTENSIVE CARE UNIT				569,210		569,210
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
31	01 SUBPROVIDER II						
33	NURSERY				69,952		69,952
101	TOTAL				2,978,691		2,978,691

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0185 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 5/17/2011 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	57,465	27,347			40.71	1,113,296
26	INTENSIVE CARE UNIT	4,417	2,313			128.87	298,076
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
31	01 SUBPROVIDER II						
33	NURSERY	3,728				18.76	
101	TOTAL	65,610	29,660				1,411,372

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		2,498,062	109,480,435	13,639,275		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO		288,215	8,941,317	47,834		
41	ANESTHESIOLOGY		302,317	17,667,121	2,388,833		
42	RADIOLOGY-DIAGNOSTIC		2,373,520	77,665,342	11,787,848		
43	RADIOLOGY-THERAPEUTIC						
43	01 HYPERBARIC MEDICINE						
43	01 CT SCAN		997,600	90,894,683	10,897,593		
44	02 MISC NURSING OP		87,338	2,534,479			
45	LABORATORY		1,141,848	117,485,755	27,161,865		
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY		137,871	42,003,418	20,392,965		
51	PHYSICAL THERAPY		306,348	29,286,482	3,125,253		
52	OCCUPATIONAL THERAPY		38,495	5,011,428	145,823		
53	SPEECH PATHOLOGY		11,300	1,026,303	138,596		
54	ELECTROCARDIOLOGY		280,341	33,502,049	10,305,671		
55	ELECTROENCEPHALOGRAPHY		142,513	9,345,835	363,404		
56	MEDICAL SUPPLIES CHARGED		318,532	493,476	133,976		
57	30 IMPL. DEV. CHARGED TO PAT		39,840	14,948,646	5,926,773		
58	DRUGS CHARGED TO PATIENTS		614,484	69,038,948	23,860,498		
59	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
61	OTHER ANCILLARY		15,218	5,887			
62	OUTPAT SERVICE COST CNTRS						
63	CLINIC						
64	01 DIABETIC EDUCATION OP		1,685	102,240			
65	EMERGENCY		713,101	50,550,910	7,313,992		
66	01 PARAMEDICS						
67	02 OP TELEMETRY		3,758	110,206			
68	03 OP PSYCH		47,812	1,815,326	470		
69	04 ICU OTHER		1,401	34,660			
70	OBSERVATION BEDS (NON-DIS						
71	OTHER REIMBURS COST CNTRS						
72	HOME PROGRAM DIALYSIS						
73	AMBULANCE SERVICES						
74	DURABLE MEDICAL EQUIP-REN						
75	DURABLE MEDICAL EQUIP-SOL						
76	OTHER REIMBURSABLE						
101	TOTAL		10,361,599	681,944,946	137,630,669		

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 14-0185
 PREPARED 5/17/2011
 WORKSHEET D
 PART II
 PPS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.022817	311,207
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO	.032234	1,542
41	ANESTHESIOLOGY	.017112	40,878
42	RADIOLOGY-DIAGNOSTIC	.030561	360,248
43	RADIOLOGY-THERAPEUTIC		
43	01 HYPERBARIC MEDICINE		
43	02 CT SCAN	.010975	119,601
44	01 MIC NURSING OP	.034460	
44	LABORATORY	.009719	263,986
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.003282	66,930
50	PHYSICAL THERAPY	.010460	32,690
51	OCCUPATIONAL THERAPY	.007681	1,120
52	SPEECH PATHOLOGY	.011010	1,526
53	ELECTROCARDIOLOGY	.008368	86,238
54	ELECTROENCEPHALOGRAPHY	.015249	5,542
55	MEDICAL SUPPLIES CHARGED	.645486	86,480
55	30 IMPL. DEV. CHARGED TO PAT	.002665	15,795
56	DRUGS CHARGED TO PATIENTS	.008901	212,382
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
59	OTHER ANCILLARY	2.585018	
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 DIABETIC EDUCATION OP	.016481	
61	EMERGENCY	.014107	103,178
61	01 PARAMEDICS		
61	02 OP TELEMETRY	.034100	
61	03 OP PSYCH	.026338	12
61	04 ICU OTHER	.040421	
62	OBSERVATION BEDS (NON-DIS		
64	OTHER REIMBURS COST CNTRS		
65	HOME PROGRAM DIALYSIS		
66	AMBULANCE SERVICES		
67	DURABLE MEDICAL EQUIP-REN		
68	DURABLE MEDICAL EQUIP-SOL		
68	OTHER REIMBURSABLE		
101	TOTAL		1,709,355

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

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					57,465	
26	INTENSIVE CARE UNIT					4,417	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
31	01 SUBPROVIDER II						
33	NURSERY					3,728	
34	SKILLED NURSING FACILITY					21,416	
35	NURSING FACILITY						
101	TOTAL					87,026	

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

I PROVIDER NO: I PERIOD: I PREPARED 5/17/2011
I 14-0185 I FROM 1/ 1/2010 I WORKSHEET D
I TO 12/31/2010 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		27,347
26	INTENSIVE CARE UNIT		2,313
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
31 01	SUBPROVIDER II		
33	NURSERY		
34	SKILLED NURSING FACILITY	12,811	
35	NURSING FACILITY		
101	TOTAL		42,471

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 HYPERBARIC MEDICINE						
43	RADIOISOTOPE						
43	01 CT SCAN						
43	02 MISC NURSING OP						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETIC EDUCATION OP						
61	EMERGENCY						
61	01 PARAMEDICS						
61	02 OP TELEMETRY						
61	03 OP PSYCH						
61	04 ICU OTHER						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE						
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							
38	OPERATING ROOM			109,480,435			13,639,275	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO			8,941,317			47,834	
41	ANESTHESIOLOGY			17,667,121			2,388,833	
42	RADIOLOGY-DIAGNOSTIC			77,665,342			11,787,848	
43	RADIOLOGY-THERAPEUTIC							
43	01 HYPERBARIC MEDICINE							
44	RADIOISOTOPE							
45	01 CT SCAN			90,894,683			10,897,593	
46	02 MISC NURSING OP			2,534,479				
47	LABORATORY			117,485,755			27,161,865	
48	PBP CLINICAL LAB SERVICES							
49	WHOLE BLOOD & PACKED RED							
50	BLOOD STORING, PROCESSING							
51	INTRAVENOUS THERAPY							
52	RESPIRATORY THERAPY			42,003,418			20,392,965	
53	PHYSICAL THERAPY			29,286,482			3,125,253	
54	OCCUPATIONAL THERAPY			5,011,428			145,823	
55	SPEECH PATHOLOGY			1,026,303			138,596	
56	ELECTROCARDIOLOGY			33,502,049			10,305,671	
57	ELECTROENCEPHALOGRAPHY			9,345,835			363,404	
58	MEDICAL SUPPLIES CHARGED			493,476			133,976	
59	30 IMPL. DEV. CHARGED TO PAT			14,948,646			5,926,773	
60	DRUGS CHARGED TO PATIENTS			69,038,948			23,860,498	
61	RENAL DIALYSIS							
62	ASC (NON-DISTINCT PART)							
63	OTHER ANCILLARY			5,887				
64	OUTPAT SERVICE COST CNTRS							
65	CLINIC							
66	01 DIABETIC EDUCATION OP			102,240				
67	EMERGENCY			50,550,910			7,313,992	
68	01 PARAMEDICS							
69	02 OP TELEMETRY			110,206				
70	03 OP PSYCH			1,815,326			470	
71	04 ICU OTHER			34,660				
72	OBSERVATION BEDS (NON-DIS							
73	OTHER REIMBURS COST CNTRS							
74	HOME PROGRAM DIALYSIS							
75	AMBULANCE SERVICES							
76	DURABLE MEDICAL EQUIP-REN							
77	DURABLE MEDICAL EQUIP-SOL							
78	OTHER REIMBURSABLE							
101	TOTAL			681,944,946			137,630,669	

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						
38	OPERATING ROOM	18,500,432					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	10,192					
41	ANESTHESIOLOGY	1,460,122					
42	RADIOLOGY-DIAGNOSTIC	10,369,666					
43	RADIOLOGY-THERAPEUTIC						
43	01 HYPERBARIC MEDICINE						
44	RADIOISOTOPE						
45	01 CT SCAN	15,899,880					
46	02 MIC NURSING OP	495,372					
47	LABORATORY	1,994,577					
48	PBP CLINICAL LAB SERVICES						
49	WHOLE BLOOD & PACKED RED						
50	BLOOD STORING, PROCESSING						
51	INTRAVENOUS THERAPY						
52	RESPIRATORY THERAPY	1,206,579					
53	PHYSICAL THERAPY	871,126					
54	OCCUPATIONAL THERAPY						
55	SPEECH PATHOLOGY						
56	53 ELECTROCARDIOLOGY	5,046,210					
57	54 ELECTROENCEPHALOGRAPHY	1,417,608					
58	55 MEDICAL SUPPLIES CHARGED						
59	30 IMPL. DEV. CHARGED TO PAT	1,915,289					
60	56 DRUGS CHARGED TO PATIENTS	3,968,219					
61	57 RENAL DIALYSIS						
62	58 ASC (NON-DISTINCT PART)						
63	59 OTHER ANCILLARY						
64	OUTPAT SERVICE COST CNTRS						
65	CLINIC						
66	01 DIABETIC EDUCATION OP						
67	EMERGENCY	5,430,698					
68	01 PARAMEDICS						
69	02 OP TELEMETRY	15,397					
70	03 OP PSYCH	1,789,342					
71	04 ICU OTHER						
72	OBSERVATION BEDS (NON-DIS						
73	OTHER REIMBURS COST CNTRS						
74	HOME PROGRAM DIALYSIS						
75	AMBULANCE SERVICES						
76	66 DURABLE MEDICAL EQUIP-REN						
77	67 DURABLE MEDICAL EQUIP-SOL						
78	68 OTHER REIMBURSABLE						
101	TOTAL	70,390,709					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/17/2011
 | 14-0185 | FROM 1/ 1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2010 | PART V
 | 14-0185 | |

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.274138	.274138			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM	.496751	.496751			
40 ANESTHESIOLOGY	.077676	.077676			
41 RADIOLOGY-DIAGNOSTIC	.188777	.188777			
42 RADIOLOGY-THERAPEUTIC					
01 HYPERBARIC MEDICINE					
43 RADIOISOTOPE					
43 01 CT SCAN	.051886	.051886			
43 02 MIC NURSING OP	.764876	.764876			
44 LABORATORY	.150404	.150404			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.102285	.102285			
50 PHYSICAL THERAPY	.249487	.249487			
51 OCCUPATIONAL THERAPY	.228866	.228866			
52 SPEECH PATHOLOGY	.445237	.445237			
53 ELECTROCARDIOLOGY	.082732	.082732			
54 ELECTROENCEPHALOGRAPHY	.200229	.200229			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	6.204985	6.204985			
55 30 IMPL. DEV. CHARGED TO PATIENT	.761846	.761846			
56 DRUGS CHARGED TO PATIENTS	.206528	.206528			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 OTHER ANCILLARY	67.428062	67.428062			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 DIABETIC EDUCATION OP	2.157766	2.157766			
61 EMERGENCY	.307537	.307537			
61 01 PARAMEDICS					
61 02 OP TELEMETRY	.759251	.759251			
61 03 OP PSYCH	.436942	.436942			
61 04 ICU OTHER	.644230	.644230			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
64 OTHER REIMBURS COST CNTRS					
65 HOME PROGRAM DIALYSIS					
66 AMBULANCE SERVICES					
67 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 OTHER REIMBURSABLE					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		18,500,432			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM		10,192			
40 ANESTHESIOLOGY		1,460,122			
41 RADIOLOGY-DIAGNOSTIC		10,369,666	583		
42 RADIOLOGY-THERAPEUTIC					
01 HYPERBARIC MEDICINE					
43 RADIOISOTOPE					
43 01 CT SCAN		15,899,880			
43 02 MI SC NURSING OP		495,372			
44 LABORATORY		1,994,577			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		1,206,579			
50 PHYSICAL THERAPY		871,126			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		5,046,210			
54 ELECTROENCEPHALOGRAPHY		1,417,608			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT		1,915,289			
56 DRUGS CHARGED TO PATIENTS		3,968,219			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 OTHER ANCILLARY					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 DIABETIC EDUCATION OP					
61 EMERGENCY		5,430,698			
61 01 PARAMEDICS					
61 02 OP TELEMETRY		15,397			
61 03 OP PSYCH		1,789,342			
61 04 ICU OTHER					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 OTHER REIMBURSABLE					
101 SUBTOTAL		70,390,709	583		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES		70,390,709	583		

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 14-0185
 COMPONENT NO: 14-0185

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

PREPARED 5/17/2011
 WORKSHEET D
 PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				5,071,671	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM				5,063	
40 ANESTHESIOLOGY				113,416	
41 RADIOLOGY-DIAGNOSTIC				1,957,554	110
42 RADIOLOGY-THERAPEUTIC					
01 HYPERBARIC MEDICINE					
43 RADIOISOTOPE					
01 CT SCAN				824,981	
02 MISC NURSING OP				378,898	
44 LABORATORY				299,992	
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				123,415	
50 PHYSICAL THERAPY				217,335	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				417,483	
54 ELECTROENCEPHALOGRAPHY				283,846	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
30 IMPL. DEV. CHARGED TO PATIENT				1,459,155	
56 DRUGS CHARGED TO PATIENTS				819,548	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 OTHER ANCILLARY					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
01 DIABETIC EDUCATION OP					
61 EMERGENCY				1,670,141	
01 PARAMEDICS					
02 OP TELEMETRY				11,690	
03 OP PSYCH				781,839	
04 ICU OTHER					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 OTHER REIMBURSABLE					
101 SUBTOTAL				14,436,027	110
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				14,436,027	110

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/1/2010	5/17/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
14-0185		PART V

TITLE XVIII, PART B

HOSPITAL

PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
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Cost Center Description	9.03	10	11
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- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 42 RADIOLOGY-THERAPEUTIC
- 01 42 HYPERBARIC MEDICINE
- 43 RADIOISOTOPE
- 01 43 CT SCAN
- 02 43 MISC NURSING OP
- 44 LABORATORY
- 45 PBP CLINICAL LAB SERVICES-PRGM ONLY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 47 BLOOD STORING, PROCESSING & TRANS.
- 48 INTRAVENOUS THERAPY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 30 55 IMPL. DEV. CHARGED TO PATIENT
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 58 ASC (NON-DISTINCT PART)
- 59 OTHER ANCILLARY
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 01 60 DIABETIC EDUCATION OP
- 61 EMERGENCY
- 01 61 PARAMEDICS
- 02 61 OP TELEMETRY
- 03 61 OP PSYCH
- 04 61 ICU OTHER
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- OTHER REIMBURS COST CNTRS
- 64 HOME PROGRAM DIALYSIS
- 65 AMBULANCE SERVICES
- 66 DURABLE MEDICAL EQUIP-RENTED
- 67 DURABLE MEDICAL EQUIP-SOLD
- 68 OTHER REIMBURSABLE
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/ 1/2010	5/17/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
14-0185		PART VI

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.206528
3	PROGRAM COSTS	50,685
		10,468

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0185
 COMPONENT NO: 14-5102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 HYPERBARIC MEDICINE						
43	RADIOISOTOPE						
43	01 CT SCAN						
43	02 MISC NURSING OP						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETIC EDUCATION OP						
61	EMERGENCY						
61	01 PARAMEDICS						
61	02 OP TELEMETRY						
61	03 OP PSYCH						
61	04 ICU OTHER						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 14-5102
 PREPARED 5/17/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM		
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO		
41	ANESTHESIOLOGY		
42	RADIOLOGY-DIAGNOSTIC		
43	RADIOLOGY-THERAPEUTIC		
01	HYPERBARIC MEDICINE		
01	RADIOISOTOPE		
02	CT SCAN		
02	MISC NURSING OP		
	LABORATORY		
	PBP CLINICAL LAB SERVICES		
	WHOLE BLOOD & PACKED RED		
	BLOOD STORING, PROCESSING		
	INTRAVENOUS THERAPY		
	RESPIRATORY THERAPY		
	PHYSICAL THERAPY		
	OCCUPATIONAL THERAPY		
	SPEECH PATHOLOGY		
	ELECTROCARDIOLOGY		
	ELECTROENCEPHALOGRAPHY		
	MEDICAL SUPPLIES CHARGED		
30	IMPL. DEV. CHARGED TO PAT		
	DRUGS CHARGED TO PATIENTS		
	RENAL DIALYSIS		
	ASC (NON-DISTINCT PART)		
	OTHER ANCILLARY		
	OUTPAT SERVICE COST CNTRS		
	CLINIC		
01	DIABETIC EDUCATION OP		
	EMERGENCY		
01	PARAMEDICS		
02	OP TELEMETRY		
03	OP PSYCH		
04	ICU OTHER		
	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
	HOME PROGRAM DIALYSIS		
	AMBULANCE SERVICES		
	DURABLE MEDICAL EQUIP-REN		
	DURABLE MEDICAL EQUIP-SOL		
	OTHER REIMBURSABLE		
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							
38	OPERATING ROOM			109,480,435				
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO			8,941,317				
41	ANESTHESIOLOGY			17,667,121				
42	RADIOLOGY-DIAGNOSTIC			77,665,342			108,387	
43	RADIOLOGY-THERAPEUTIC							
43	01 HYPERBARIC MEDICINE							
44	RADIOISOTOPE							
45	01 CT SCAN			90,894,683			15,997	
46	02 MISC NURSING OP			2,534,479				
47	LABORATORY			117,485,755			767,290	
48	PBP CLINICAL LAB SERVICES							
49	WHOLE BLOOD & PACKED RED							
50	BLOOD STORING, PROCESSING							
51	INTRAVENOUS THERAPY							
52	RESPIRATORY THERAPY			42,003,418			918,459	
53	PHYSICAL THERAPY			29,286,482			2,826,116	
54	OCCUPATIONAL THERAPY			5,011,428			1,876,870	
55	SPEECH PATHOLOGY			1,026,303			157,136	
56	ELECTROCARDIOLOGY			33,502,049			87,702	
57	ELECTROENCEPHALOGRAPHY			9,345,835			3,983	
58	MEDICAL SUPPLIES CHARGED			493,476				
59	30 IMPL. DEV. CHARGED TO PAT			14,948,646				
60	DRUGS CHARGED TO PATIENTS			69,038,948			2,064,729	
61	RENAL DIALYSIS							
62	ASC (NON-DISTINCT PART)							
63	OTHER ANCILLARY			5,887			2,464	
64	OUTPAT SERVICE COST CNTRS							
65	CLINIC							
66	01 DIABETIC EDUCATION OP			102,240				
67	EMERGENCY			50,550,910				
68	01 PARAMEDICS							
69	02 OP TELEMETRY			110,206				
70	03 OP PSYCH			1,815,326				
71	04 ICU OTHER			34,660				
72	OBSERVATION BEDS (NON-DIS							
73	OTHER REIMBURS COST CNTRS							
74	HOME PROGRAM DIALYSIS							
75	AMBULANCE SERVICES							
76	DURABLE MEDICAL EQUIP-REN							
77	DURABLE MEDICAL EQUIP-SOL							
78	OTHER REIMBURSABLE							
101	TOTAL			681,944,946			8,829,133	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 HYPERBARIC MEDICINE						
43	RADIOISOTOPE						
43	01 CT SCAN						
43	02 MISC NURSING OP						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETIC EDUCATION OP						
61	EMERGENCY						
61	01 PARAMEDICS						
61	02 OP TELEMETRY						
61	03 OP PSYCH						
61	04 ICU OTHER						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/17/2011
 | 14-0185 | FROM 1/ 1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2010 | PART V
 | 14-5102 | |

TITLE XVIII, PART B

SKILLED NURSING FACILITY

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.274138	.274138			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM	.496751	.496751			
40 ANESTHESIOLOGY	.077676	.077676			
41 RADIOLOGY-DIAGNOSTIC	.188777	.188777			
42 RADIOLOGY-THERAPEUTIC					
01 HYPERBARIC MEDICINE					
43 RADIOISOTOPE					
43 01 CT SCAN	.051886	.051886			
43 02 MIC NURSING OP	.764876	.764876			
44 LABORATORY	.150404	.150404			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.102285	.102285			
50 PHYSICAL THERAPY	.249487	.249487			
51 OCCUPATIONAL THERAPY	.228866	.228866			
52 SPEECH PATHOLOGY	.445237	.445237			
53 ELECTROCARDIOLOGY	.082732	.082732			
54 ELECTROENCEPHALOGRAPHY	.200229	.200229			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	6.204985	6.204985			
55 30 IMPL. DEV. CHARGED TO PATIENT	.761846	.761846			
56 DRUGS CHARGED TO PATIENTS	.206528	.206528			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 OTHER ANCILLARY	67.428062	67.428062			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 DIABETIC EDUCATION OP	2.157766	2.157766			
61 EMERGENCY	.307537	.307537			
61 01 PARAMEDICS					
61 02 OP TELEMETRY	.759251	.759251			
61 03 OP PSYCH	.436942	.436942			
61 04 ICU OTHER	.644230	.644230			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
64 OTHER REIMBURS COST CNTRS					
65 HOME PROGRAM DIALYSIS					
66 AMBULANCE SERVICES					
67 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 OTHER REIMBURSABLE					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/17/2011
 | 14-0185 | FROM 1/ 1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2010 | PART V
 | 14-5102 | |

TITLE XVIII, PART B

SKILLED NURSING FACILITY

Hospital I/P Hospital I/P
 Part B Charges Part B Costs

Cost Center	Description	10	11
(A)	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROOM		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
42	RADIOLOGY-THERAPEUTIC		
01	HYPERBARIC MEDICINE		
43	RADIOISOTOPE		
01	CT SCAN		
02	MISC NURSING OP		
44	LABORATORY		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	BLOOD STORING, PROCESSING & TRANS.		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		
30	IMPL. DEV. CHARGED TO PATIENT		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
59	OTHER ANCILLARY		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
01	DIABETIC EDUCATION OP		
61	EMERGENCY		
01	PARAMEDICS		
02	OP TELEMETRY		
03	OP PSYCH		
04	ICU OTHER		
62	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-RENTED		
67	DURABLE MEDICAL EQUIP-SOLD		
68	OTHER REIMBURSABLE		
101	SUBTOTAL		
102	CRNA CHARGES		
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES		
104	NET CHARGES		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST		PROVIDER NO:		PERIOD:		PREPARED 5/17/2011
		14-0185		FROM 1/ 1/2010		WORKSHEET D
		COMPONENT NO:		TO 12/31/2010		PART VI
		14-5102				

TITLE XVIII, PART B SKILLED NURSING FACILITY

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	. 206528
3	PROGRAM COSTS	104
		21

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	57,465
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	57,465
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,200
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	55,265
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	27,347
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	563
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	52,084,918
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	52,084,918

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	68,600,178
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,926,613
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	65,673,565
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.759253
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,330.28
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,188.34
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	141.94
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	107.77
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	237,094
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	51,847,824

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/1/2010	5/17/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-0185		PART II

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	906.38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	24,786,774
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	24,786,774

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	9,069,093	4,417	2,053.22	2,313	4,749,098
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1,411,372
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1,709,355
52	TOTAL PROGRAM EXCLUDABLE COST	3,120,727
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	53,712,166

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/ 1/2010	5/17/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-0185		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	906.38
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	52,084,918			
87	NEW CAPITAL-RELATED COST	2,339,529	.044918		
88	NON PHYSICIAN ANESTHETIST	52,084,918			
89	MEDICAL EDUCATION	52,084,918			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	21,416
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	21,416
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,613
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	18,803
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	12,811
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	7,559,487
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	7,559,487

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,312,310
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	576,091
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,736,219
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.753002
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	220.47
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	198.70
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	21.77
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	38.16
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	99,712
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	7,459,775

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	7,459,775
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	348.33
68	PROGRAM ROUTINE SERVICE COST	4,462,456
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	4,462,456
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	225,216
72	PER DIEM CAPITAL-RELATED COSTS	10.52
73	PROGRAM CAPITAL-RELATED COSTS	134,772
74	INPATIENT ROUTINE SERVICE COST	4,327,684
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	4,327,684
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	4,462,456
80	PROGRAM INPATIENT ANCILLARY SERVICES	2,035,854
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	6,498,310

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0185
 COMPONENT NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		32,919,150	
26	INTENSIVE CARE UNIT		7,727,679	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER II ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.274138	13,639,275	3,739,044
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.496751	47,834	23,762
40	ANESTHESIOLOGY	.077676	2,388,833	185,555
41	RADIOLOGY-DIAGNOSTIC	.188777	11,787,848	2,225,275
42	RADIOLOGY-THERAPEUTIC			
42	01 HYPERBARIC MEDICINE			
43	RADIOISOTOPE			
43	01 CT SCAN	.051886	10,897,593	565,433
43	02 MISC NURSING OP	.764876		
44	LABORATORY	.151879	27,161,865	4,125,317
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.102351	20,392,965	2,087,240
50	PHYSICAL THERAPY	.249487	3,125,253	779,710
51	OCCUPATIONAL THERAPY	.228866	145,823	33,374
52	SPEECH PATHOLOGY	.445237	138,596	61,708
53	ELECTROCARDIOLOGY	.082732	10,305,671	852,609
54	ELECTROENCEPHALOGRAPHY	.201039	363,404	73,058
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	6.204985	133,976	831,319
55	30 IMPL. DEV. CHARGED TO PATIENT	.761846	5,926,773	4,515,288
56	DRUGS CHARGED TO PATIENTS	.206528	23,860,498	4,927,861
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	OTHER ANCILLARY OUTPAT SERVICE COST CNTRS	67.428062		
60	CLINIC			
60	01 DIABETIC EDUCATION OP	2.157766		
61	EMERGENCY	.310400	7,313,992	2,270,263
61	01 PARAMEDICS			
61	02 OP TELEMETRY	.759251		
61	03 OP PSYCH	.436942	470	205
61	04 ICU OTHER	.644230		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	OTHER REIMBURSABLE			
101	TOTAL		137,630,669	27,297,021
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		137,630,669	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0185
 COMPONENT NO: 14-5102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET D-4

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER II ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.274138		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.496751		
40	ANESTHESIOLOGY	.077676		
41	RADIOLOGY-DIAGNOSTIC	.188777	108,387	20,461
42	RADIOLOGY-THERAPEUTIC			
42	01 HYPERBARIC MEDICINE			
43	RADIOISOTOPE			
43	01 CT SCAN	.051886	15,997	830
43	02 MISC NURSING OP	.764876		
44	LABORATORY	.150404	767,290	115,403
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.102285	918,459	93,945
50	PHYSICAL THERAPY	.249487	2,826,116	705,079
51	OCCUPATIONAL THERAPY	.228866	1,876,870	429,552
52	SPEECH PATHOLOGY	.445237	157,136	69,963
53	ELECTROCARDIOLOGY	.082732	87,702	7,256
54	ELECTROENCEPHALOGRAPHY	.200229	3,983	798
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	6.204985		
55	30 IMPL. DEV. CHARGED TO PATIENT	.761846		
56	DRUGS CHARGED TO PATIENTS	.206528	2,064,729	426,424
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	OTHER ANCILLARY OUTPAT SERVICE COST CNTRS	67.428062	2,464	166,143
60	CLINIC			
60	01 DIABETIC EDUCATION OP	2.157766		
61	EMERGENCY	.307537		
61	01 PARAMEDICS			
61	02 OP TELEMETRY	.759251		
61	03 OP PSYCH	.436942		
61	04 ICU OTHER	.644230		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	OTHER REIMBURSABLE			
101	TOTAL		8,829,133	2,035,854
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		8,829,133	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0185
 COMPONENT NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET D-4

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			8,659,036	
26	INTENSIVE CARE UNIT			1,254,920	
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE UNIT				
31	SUBPROVIDER				
31	01 SUBPROVIDER II ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.274138	3,807,458	1,043,769	
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM	.496751	4,116,030	2,044,642	
40	ANESTHESIOLOGY	.077676	2,542,564	197,496	
41	RADIOLOGY-DIAGNOSTIC	.188777	2,419,989	456,838	
42	01 RADIOLOGY-THERAPEUTIC				
43	01 HYPERBARIC MEDICINE RADIOISOTOPE				
43	01 CT SCAN	.051886	2,874,920	149,168	
43	02 MISC NURSING OP	.764876			
44	LABORATORY	.150404	6,844,971	1,029,511	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY				
46	WHOLE BLOOD & PACKED RED BLOOD CELLS				
47	BLOOD STORING, PROCESSING & TRANS.				
48	INTRAVENOUS THERAPY				
49	RESPIRATORY THERAPY	.102285	3,576,237	365,795	
50	PHYSICAL THERAPY	.249487	294,724	73,530	
51	OCCUPATIONAL THERAPY	.228866	22,328	5,110	
52	SPEECH PATHOLOGY	.445237	16,617	7,399	
53	ELECTROCARDIOLOGY	.082732	1,682,463	139,194	
54	ELECTROENCEPHALOGRAPHY	.200229	131,280	26,286	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	6.204985	33,979	210,839	
55	30 IMPL. DEV. CHARGED TO PATIENT	.761846			
56	DRUGS CHARGED TO PATIENTS	.206528	6,696,502	1,383,015	
57	RENAL DIALYSIS				
58	ASC (NON-DISTINCT PART)				
59	OTHER ANCILLARY OUTPAT SERVICE COST CNTRS CLINIC	67.428062	105	7,080	
60	01 DIABETIC EDUCATION OP	2.157766			
61	EMERGENCY	.307537	1,208,254	371,583	
61	01 PARAMEDICS				
61	02 OP TELEMETRY	.759251			
61	03 OP PSYCH	.436942			
61	04 ICU OTHER	.644230			
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS				
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
68	OTHER REIMBURSABLE				
101	TOTAL		36,268,421	7,511,255	
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES		36,268,421		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0185
 COMPONENT NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 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	34,626,672	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	11,467,313	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	820,273	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	316.00	
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)		5.91
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		17.07
4.02 SUM OF LINES 4 AND 4.01		22.98
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		8.17
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		3,765,879
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0185
 COMPONENT NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	50,680,137	
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)	50,680,137	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,960,765	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	54,640,902	
17 PRIMARY PAYER PAYMENTS	22,455	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	54,618,447	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,686,088	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	143,825	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,167,830	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	817,481	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	889,128	
22 SUBTOTAL	50,606,015	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	50,606,015	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	49,846,934	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	759,081	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	650,000	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/ 1/2010	5/17/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
14-0185		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	10,578
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	14,436,027
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	15,054,168
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	892
1.04	LINE 1.01 TIMES LINE 1.03.	12,876,936
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	10,578

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	51,268
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	51,268

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)	51,268
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	40,690
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	10,578
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	15,054,168

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	48
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,601,477
19	SUBTOTAL (SEE INSTRUCTIONS)	11,463,221
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	11,463,221
24	PRIMARY PAYER PAYMENTS	6,299
25	SUBTOTAL	11,456,922

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	712,203
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	498,542
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	594,108
28	SUBTOTAL	11,955,464
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	11,955,464
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	12,020,681
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-65,217
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/ 1/2010	5/17/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
14-5102		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	145
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	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D, IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	145
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	930
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	930
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)	930
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	785
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	145
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)	153
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	-8
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	-8
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	-8
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	-8
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	-8
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	47
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-55
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0185
 COMPONENT NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		49,819,061		11,967,366
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	7/22/2010	27,873	7/22/2010	53,315
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		27,873		53,315
4 TOTAL INTERIM PAYMENTS		49,846,934		12,020,681
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		759,081		65,217
7 TOTAL MEDICARE PROGRAM LIABILITY		50,606,015		11,955,464

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: 14-0185
 COMPONENT NO: 14-5102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET E-1

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		4,316,371		47
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		4,316,371		47
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		10,546		
SETTLEMENT TO PROGRAM		.02		55
7 TOTAL MEDICARE PROGRAM LIABILITY		4,326,917		-8

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0185
 COMPONENT NO: 14-5102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET E-3
 PART III

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/ 1/2010	5/17/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
14-5102		PART III

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	7,346,210			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	36,503,090			
5	OTHER RECEIVABLES	379,448			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-10,746,624			
7	INVENTORY	1,568,687			
8	PREPAID EXPENSES	6,063,513			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	41,114,324			
FIXED ASSETS					
12	LAND	1,486,451			
12.01	LAND IMPROVEMENTS	4,983,353			
13	LESS ACCUMULATED DEPRECIATION	-3,221,039			
14	BUILDINGS	31,858,587			
14.01	LESS ACCUMULATED DEPRECIATION	-27,707,793			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	61,329,089			
16.01	LESS ACCUMULATED DEPRECIATION	-34,311,043			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	92,372,932			
18.01	LESS ACCUMULATED DEPRECIATION	-57,561,287			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	69,229,250			
OTHER ASSETS					
22	INVESTMENTS	44,553,798			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS	44,553,798			
27	TOTAL ASSETS	154,897,372			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	13,650,409			
29 SALARIES, WAGES & FEES PAYABLE	10,707,237			
30 PAYROLL TAXES PAYABLE	252,237			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	4,996,970			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	29,606,853			
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	5,622,672			
42 TOTAL LONG-TERM LIABILITIES	5,622,672			
43 TOTAL LIABILITIES	35,229,525			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	119,667,847			
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	119,667,847			
52 TOTAL LIABILITIES AND FUND BALANCES	154,897,372			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		123,903,391		
2	NET INCOME (LOSS)		16,625,259		
3	TOTAL		140,528,650		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	UNREALIZED GAINS/LOSSES-I				
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		140,528,650		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	TRANSFER TO AFFILIATE	20,860,803			
15	UNREALIZED GAINS/LOSSES-I				
16					
17					
18	TOTAL DEDUCTIONS		20,860,803		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		119,667,847		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	68,600,178		68,600,178
2 00 SUBPROVIDER			
2 01 SUBPROVIDER II			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	4,312,310		4,312,310
7 00 NURSING FACILITY			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	72,912,488		72,912,488
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	14,077,355		14,077,355
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	14,077,355		14,077,355
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	86,989,843		86,989,843
17 00 ANCILLARY SERVICES	305,452,836	335,340,336	640,793,172
18 00 OUTPATIENT SERVICES	19,612,391	47,279,014	66,891,405
19 00 HOME HEALTH AGENCY		4,291,768	4,291,768
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	412,055,070	386,911,118	798,966,188

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	242,286,819
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	242,286,819

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	798,966,188
2	LESS: ALLOWANCES AND DISCOUNTS ON	548,814,252
3	NET PATIENT REVENUES	250,151,936
4	LESS: TOTAL OPERATING EXPENSES	242,286,819
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	7,865,117
6	CONTRIBUTIONS, DONATIONS, BEQUES	618,221
7	INCOME FROM INVESTMENTS	4,857,423
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	625,958
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	859,027
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	831,937
18	REVENUE FROM SALE OF MEDICAL REC	18,334
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	906,208
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	
24.10	MISC REVENUE	43,034
25	TOTAL OTHER INCOME	8,760,142
26	TOTAL	16,625,259
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	16,625,259

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	470,643		740		27,052	498,435
HHA REIMBURSABLE SERVICES						
6	736,871		42,611	32,800		812,282
7	329,425		35,077	2,988		367,490
8	35,396		1,974			37,370
9	7,160		680			7,840
10	5,900		394			6,294
11	42,859		3,816			46,675
12					37,453	37,453
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	1,628,254		85,292	35,788	64,505	1,813,839

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		498,435		498,435
HHA REIMBURSABLE SERVICES				
6		812,282		812,282
7		367,490		367,490
8		37,370		37,370
9		7,840		7,840
10		6,294		6,294
11		46,675		46,675
12		37,453		37,453
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		1,813,839		1,813,839

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5	498,435					498,435	498,435
HHA REIMBURSABLE SERVICES							
6	812,282					812,282	307,791
7	367,490					367,490	139,250
8	37,370					37,370	14,160
9	7,840					7,840	2,971
10	6,294					6,294	2,385
11	46,675					46,675	17,686
12	37,453					37,453	14,192
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	1,813,839					1,813,839	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6	1,120,073						
7	506,740						
8	51,530						
9	10,811						
10	8,679						
11	64,361						
12	51,645						
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	1,813,839						

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUMULATED COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-498,435	1,315,404
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					812,282
7	PHYSICAL THERAPY					367,490
8	OCCUPATIONAL THERAPY					37,370
9	SPEECH PATHOLOGY					7,840
10	MEDICAL SOCIAL SERVICES					6,294
11	HOME HEALTH AIDE					46,675
12	SUPPLIES					37,453
13	DRUGS					
13. 20	COST ADMINISTERING DRUGS					
14	DME					
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23. 50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-498,435	1,315,404
25	COST TO BE ALLOCATED				-394,923	498,435
26	UNIT COST MULTIPLIER				-.394923	.378922

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-BLDG & 1.01	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-BLDG & 3.01
1 ADMIN & GENERAL					20,032	
2 SKILLED NURSING CARE	1,120,073					
3 PHYSICAL THERAPY	506,740					
4 OCCUPATIONAL THERAPY	51,530					
5 SPEECH PATHOLOGY	10,811					
6 MEDICAL SOCIAL SERVICES	8,679					
7 HOME HEALTH AIDE	64,361					
8 SUPPLIES	51,645					
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,813,839				20,032	
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5	COMMUNICATIONS 6.01	DATA PROCESSING 6.02	PURCHASING, RECEIVING AND 6.03	ADMITTING 6.04
1 ADMIN & GENERAL	15,613	183,107	7,894	172,096	4,373	
2 SKILLED NURSING CARE		286,685				
3 PHYSICAL THERAPY		128,165				
4 OCCUPATIONAL THERAPY		13,771				
5 SPEECH PATHOLOGY		2,786				
6 MEDICAL SOCIAL SERVICES		2,295				
7 HOME HEALTH AIDE		16,675				
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	15,613	633,484	7,894	172,096	4,373	
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	CASHIERING/A CCOUNTS RECE 6.05	SUBTOTAL 6A.05	OTHER ADMINI STRATIVE & G 6.06	OPERATION OF PLANT 8	OPERATION OF PLANT CC 8.01	LAUNDRY & LI NEN SERVICE 9
1 ADMIN & GENERAL	21,562	424,677	50,598	52,555		
2 SKILLED NURSING CARE		1,406,758	167,607			
3 PHYSICAL THERAPY		634,905	75,645			
4 OCCUPATIONAL THERAPY		65,301	7,780			
5 SPEECH PATHOLOGY		13,597	1,620			
6 MEDICAL SOCIAL SERVICES		10,974	1,307			
7 HOME HEALTH AIDE		81,036	9,655			
8 SUPPLIES		51,645	6,153			
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	21,562	2,688,893	320,365	52,555		
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	HOUSEKEEPING 10	HOUSEKEEPING CC 10.01	DIETARY 11	CAFETERIA 12	NURSING ADMINI STRATION 14	CENTRAL SERV ICES & SUPPL 15
1 ADMIN & GENERAL	8,285			35,248		931
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	8,285			35,248		931
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	PHARMACY 16	MEDICAL RECD RDS & LIBRAR 17	SOCI AL SERVI CE 18	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL		19,010		591,304		591,304
2 SKILLED NURSING CARE				1,574,365		1,574,365
3 PHYSICAL THERAPY				710,550		710,550
4 OCCUPATIONAL THERAPY				73,081		73,081
5 SPEECH PATHOLOGY				15,217		15,217
6 MEDICAL SOCIAL SERVICES				12,281		12,281
7 HOME HEALTH AIDE				90,691		90,691
8 SUPPLIES				57,798		57,798
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		19,010		3,125,287		3,125,287
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	367,377	1,941,742
3 PHYSICAL THERAPY	165,807	876,357
4 OCCUPATIONAL THERAPY	17,053	90,134
5 SPEECH PATHOLOGY	3,551	18,768
6 MEDICAL SOCIAL SERVICES	2,866	15,147
7 HOME HEALTH AIDE	21,163	111,854
8 SUPPLIES	13,487	71,285
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19) (2)	591,304	3,125,287
21 UNIT COST MULTIPLIER	0.233350	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)
	1	1.01	2	3	3.01	4
1 ADMIN & GENERAL	1,760			1,760		15,720
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,760			1,760		15,720
21 COST TO BE ALLOCATED				20,032		15,613
22 UNIT COST MULTIPLIER				11.381818		0.993193

HHA COST CENTER	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (%)	PROCESS RESOURCE	PURCHASING, RECEIVING AND STORE REQUISITIONS	ADMINITTING (PATIENT DAYS)	CASHIERING/A Ccounts RECE (GROSS REVENUE)
	5	6.01		6.02	6.03	6.04	6.05
1 ADMIN & GENERAL	470,643	19		325	21,885		4,291,768
2 SKILLED NURSING CARE	736,871						
3 PHYSICAL THERAPY	329,425						
4 OCCUPATIONAL THERAPY	35,396						
5 SPEECH PATHOLOGY	7,160						
6 MEDICAL SOCIAL SERVICES	5,900						
7 HOME HEALTH AIDE	42,859						
8 SUPPLIES							
9 DRUGS							
9.20 COST ADMINISTERING DRUGS							
10 DME							
11 HOME DIALYSIS AIDE SVCS							
12 RESPIRATORY THERAPY							
13 PRIVATE DUTY NURSING							
14 CLINIC							
15 HEALTH PROM ACTIVITIES							
16 DAY CARE PROGRAM							
17 HOME DEL MEALS PROGRAM							
18 HOMEMAKER SERVICE							
19 ALL OTHER							
19.50 TELEMEDICINE							
20 TOTAL (SUM OF 1-19)	1,628,254	19		325	21,885		4,291,768
21 COST TO BE ALLOCATED	633,484	7,894		172,096	4,373		21,562
22 UNIT COST MULTIPLIER	0.389057	415.473684		529.526154	0.199817		0.005024

HHA 1

HHA COST CENTER	RECONCILIATION 6A.06	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST) 6.06	OPERATION OF PLANT (SQUARE FEET) 8	OPERATION OF PLANT CC (SQUARE FEET) 8.01	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10
1 ADMIN & GENERAL		424,677	1,760			304
2 SKILLED NURSING CARE		1,406,758				
3 PHYSICAL THERAPY		634,905				
4 OCCUPATIONAL THERAPY		65,301				
5 SPEECH PATHOLOGY		13,597				
6 MEDICAL SOCIAL SERVICES		10,974				
7 HOME HEALTH AIDE		81,036				
8 SUPPLIES		51,645				
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		2,688,893	1,760			304
21 COST TO BE ALLOCATED		320,365	52,555			8,285
22 UNIT COST MULTIPLIER		0.119144	29.860795			27.253289

HHA COST CENTER	HOUSEKEEPING CC (SQUARE FEET) 10.01	DIETARY (PATIENT MEALS) 11	CAFETERIA (EMPLOYEE MEALS) 12	NURSING ADMINISTRATION (TIME SPENT) 14	CENTRAL SERVICES & SUPPLIES (COSTED REQUISITIONS) 15	PHARMACY (COSTED REQUISITIONS) 16
1 ADMIN & GENERAL			3,308		605	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			3,308		605	
21 COST TO BE ALLOCATED			35,248		931	
22 UNIT COST MULTIPLIER			10.655381		1.538843	

HHA 1

HHA COST CENTER	MEDICAL RECO	SOCIAL SERVI
	RDS & LIBRAR	CE
	(TIME	(TIME
	SPENT	SPENT
	17	18
1 ADMIN & GENERAL	36	
2 SKILLED NURSING CARE		
3 PHYSICAL THERAPY		
4 OCCUPATIONAL THERAPY		
5 SPEECH PATHOLOGY		
6 MEDICAL SOCIAL SERVICES		
7 HOME HEALTH AIDE		
8 SUPPLIES		
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19)	36	
21 COST TO BE ALLOCATED	19,010	
22 UNIT COST MULTIPLIER	528.055556	

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
			1	2	3	4	5	6
1	SKILLED NURSING	2	1,941,742		1,941,742	7,440	260.99	2,634
2	PHYSICAL THERAPY	3	876,357		876,357	6,573	133.33	2,759
3	OCCUPATIONAL THERAPY	4	90,134		90,134	398	226.47	147
4	SPEECH PATHOLOGY	5	18,768		18,768	110	170.62	38
5	MEDICAL SOCIAL SERVICES	6	15,147		15,147	55	275.40	24
6	HOME HEALTH AIDE SERVICE	7	111,854		111,854	662	168.96	291
7	TOTAL		3,054,002		3,054,002	15,238		5,893

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST	
		7	8	PART A 9	10	11	12
1	SKILLED NURSING	1,177		687,448	307,185		994,633
2	PHYSICAL THERAPY	813		367,857	108,397		476,254
3	OCCUPATIONAL THERAPY	82		33,291	18,571		51,862
4	SPEECH PATHOLOGY	6		6,484	1,024		7,508
5	MEDICAL SOCIAL SERVICES	17		6,610	4,682		11,292
6	HOME HEALTH AIDE SERVICES	216		49,167	36,495		85,662
7	TOTAL	2,311		1,150,857	476,354		1,627,211

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS 5	PROGRAM VISITS PART A 6
8	SKILLED NURSING	7040					
9	PHYSICAL THERAPY	7040					
10	OCCUPATIONAL THERAPY	7040					
11	SPEECH PATHOLOGY	7040					
12	MEDICAL SOCIAL SERVICES	7040					
13	HOME HEALTH AIDE SERVICE	7040					
14	TOTAL						

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST	
		7	8	PART A 9	10	11	12
8	SKILLED NURSING						
9	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICE						
14	TOTAL						

PROVIDER NO: 14-0185
 HHA NO: 14-7443
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/17/2011
 WORKSHEET H-6
 PARTS I II & III
 HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	71,285	322,014	393,299	35,727	11.008453	23,698
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES		12,029	260,878	132,421
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	7040	
17 PER BENE COST LIMITATION (FRM FI)	7040	
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.249487			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.228866			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.445237			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	6.204985	51,896	322,014	COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.761846			
5 DRUGS CHARGED TO PATIENTS	56	.206528			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	-----PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE-----		-----PROGRAM COSTS-----		PROG VISITS ON OR AFTER 5
			PROGRAM VISITS PRIOR 1/1/1998	PROGRAM VISITS 12/31/1998	PRIOR 1/1/1998	PROGRAM COSTS 12/31/1998	
1 PHYSICAL THERAPY	1	133.33	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	2	226.47					
3 SPEECH PATHOLOGY	3	170.62					
4 TOTAL (SUM OF LINES 1-3)	4						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVII HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES			
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT 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(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES			
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	1,204,511	455,317
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	26,449	14,660
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	16,355	6,380
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	1,247,315	476,357
13 EXCESS REASONABLE COST		
14 SUBTOTAL	1,247,315	476,357
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	1,247,315	476,357
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,247,315	476,357
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS		
22 SUBTOTAL	1,247,315	476,357
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	1,247,315	476,357
25 INTERIM PAYMENTS	1,247,315	476,357
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

PROVIDER NO:	14-0185	PERIOD:	FROM 1/ 1/2010	PREPARED 5/17/2011
HHA NO:	14-7443	TO	12/31/2010	WORKSHEET H-8

TITLE XVII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,247,315		476,357
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,247,315		476,357
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		1,247,315		476,357

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/ 1/2010	5/17/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
14-0185		PARTS I-IV

FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,753,474
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	28,626
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	169.54
	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	5.91
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	17.07
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	22.98
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.76
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	178,665
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,960,765
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)	