

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0186		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 7/ 6/2011 TIME 16: 54

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:
 RIVERSIDE MEDICAL CENTER 14-0186

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	713,545	-424,871		0
2 .01	SUBPROVIDER II	0	38,688	0		0
7	HOSPITAL-BASED HHA	0	0	0		0
9	RHC	0	0	54		0
100	TOTAL	0	752,233	-424,817		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.

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COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0186	I	FROM 1/ 1/2010	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
	I		I		I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: / / TIME :

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ECR ENCRYPTION INFORMATION
DATE: / / TIME :

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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i45Ye0:3TjiaLdxZoPualz.cU5GDE9
xUNQ1ThAoW0sgnYN

TITLE

PI ENCRYPTION INFORMATION
DATE: / / TIME :

DATE

dGonI l kqH7ec0Fqi n0no7CvupB9G40
qcQQt0e:1fbm6apal J3dEUUOu1mTNg
.HGD91yHj .05Z51c

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

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

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

MISCELLANEOUS DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0186
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 7/6/2011
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		174				19,417	7,333
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		174				19,417	7,333
6 INTENSIVE CARE UNIT		12				2,326	105
7 CORONARY CARE UNIT		15				2,162	663
11 NURSERY							1,383
12 TOTAL		201				23,905	9,484
13 RPCH VISITS							
14 SUBPROVIDER		50				2,102	6,355
14 01 SUB II - REHAB		19				3,413	244
18 HOME HEALTH AGENCY						16,232	1,174
24 RHC						218	
25 TOTAL		270					
26 OBSERVATION BED DAYS							
26 02 OBSERVATION BED DAYS-SUB II						2,478	
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			39,551				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			39,551				
6 INTENSIVE CARE UNIT			3,164				
7 CORONARY CARE UNIT			3,183				
11 NURSERY			2,524				
12 TOTAL			48,422				
13 RPCH VISITS							
14 SUBPROVIDER			11,483				
14 01 SUB II - REHAB			4,447				
18 HOME HEALTH AGENCY			21,208				
24 RHC			1,849				
25 TOTAL			519				
26 OBSERVATION BED DAYS							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES TITLE V 12	DISCHARGES TITLE XVIII 13	DISCHARGES TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					5,090	2,186	11,474
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS					5,090	2,186	11,474
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
11 NURSERY							
12 TOTAL		1,435.47					
13 RPCH VISITS							
14 SUBPROVIDER					225	640	1,007
14 01 SUB II - REHAB					299	20	405
18 HOME HEALTH AGENCY							
24 RHC							
25 TOTAL		1,435.47					
26 OBSERVATION BED DAYS							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0186
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/6/2011
 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	83,711,351	1,469,432	85,180,783	2,928,980.00	29.08	
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	1,069,298		1,069,298	10,101.00	105.86	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)		98,950	98,950	2,075.00	47.69	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	19,874,623	151,353	20,025,976	424,011.00	47.23	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,407,115		1,407,115	18,187.00	77.37	SEE VAR SUPPORTING DOCUM
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	506,588		506,588	3,373.00	150.19	SEE SUPPORTING DOCUMENTS
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)	18,378,714		18,378,714			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	3,472,774		3,472,774			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	152,683		152,683			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	583,589		583,589	18,557.00	31.45	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	11,638,280	1,581,057	13,219,337	436,227.00	30.30	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	1,334,493	19,639	1,354,132	50,434.00	26.85	
24 OPERATION OF PLANT	398,325	17,168	415,493	23,856.00	17.42	
25 LAUNDRY & LINEN SERVICE	361,160	4,468	365,628	28,998.00	12.61	
26 HOUSEKEEPING	1,242,340	10,822	1,253,162	98,848.00	12.68	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,246,446	-798,701	447,745	36,364.00	12.31	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		812,054	812,054	67,980.00	11.95	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,576,536	-849,722	726,814	24,589.00	29.56	
31 CENTRAL SERVICE AND SUPPLY	245,527	8,032	253,559	16,962.00	14.95	
32 PHARMACY	1,994,427	-1,994,427				
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,120,401	20,958	1,141,359	58,213.00	19.61	
34 SOCIAL SERVICE	1,000,345	-795,720	204,625	6,551.00	31.24	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	82,642,053	1,370,482	84,012,535	2,916,804.00	28.80	
2 EXCLUDED AREA SALARIES	19,874,623	151,353	20,025,976	424,011.00	47.23	
3 SUBTOTAL SALARIES	62,767,430	1,219,129	63,986,559	2,492,793.00	25.67	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,913,703		1,913,703	21,560.00	88.76	
5 SUBTOTAL WAGE-RELATED COSTS	18,378,714		18,378,714		28.72	
6 TOTAL	83,059,847	1,219,129	84,278,976	2,514,353.00	33.52	
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	22,741,869	-1,964,372	20,777,497	867,579.00	23.95	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,121	2	155
2 UNDUPLICATED CENSUS COUNT		1,116.00	64.00	120.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	1,278
2 UNDUPLICATED CENSUS COUNT	

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)			
5 OTHER ADMINISTRATIVE PERSONEL			
6 DIRECTING NURSING SERVICE			
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE			
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE			
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?	0	0	
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).	3760		

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

	FULL EPI SODES		LUPA EPI SODES 3	PEP ONLY EPI SODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	7,060	0	0	0
22 SKILLED NURSING VISIT CHARGES	0	0	0	0
23 PHYSICAL THERAPY VISITS	6,575	0	0	0
24 PHYSICAL THERAPY VISIT CHARGES	0	0	0	0
25 OCCUPATIONAL THERAPY VISITS	1,075	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0	0
27 SPEECH PATHOLOGY VISITS	336	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	65	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	1,121	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	0	0	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	16,232	0	0	0
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	0	0
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	1,278	0	0	0
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0	0

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	7,060
22 SKILLED NURSING VISIT CHARGES	0	0	0
23 PHYSICAL THERAPY VISITS	0	0	6,575
24 PHYSICAL THERAPY VISIT CHARGES	0	0	0
25 OCCUPATIONAL THERAPY VISITS	0	0	1,075
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0
27 SPEECH PATHOLOGY VISITS	0	0	336
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	65
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	1,121
32 HOME HEALTH AIDE VISIT CHARGES	0	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	16,232
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	0
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	1,278
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 3400 SOUTH MAIN
 1.01 CITY: HOPKINS PARK STATE: IL ZIP CODE: 60944 COUNTY: KANKAKEE
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)	1	2
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 LOOK-ALIKES		/ /
8 OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:

	PHYSICIAN NAME	BILLING NUMBER
9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT		
	PHYSICIAN NAME	HOURS OF SUPERVISION
10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD		
11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)		N

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
12 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			900	1630	900	1630			900	1630	900	1630		

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES. N

15 PROVIDER NAME: PROVIDER NUMBER: TITLE V TITLE XVIII TITLE XIX

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS. N

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0186	FROM 1/1/2010	7/6/2011
	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 OF WRITE-OFFS (SPEC.)
- 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
- 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
- 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
- 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
- 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
- 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
 - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
- 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
 - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
 - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
 - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
 - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
- 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
- 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
 - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
 - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
 - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
 - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
- 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
- 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
- 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
 - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
 - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
- 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
- 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?

- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 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

- 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) .276361
- 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

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0186	FROM 1/ 1/2010	7/ 6/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

- 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0186
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/6/2011
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		21,067,500	21,067,500	-18,788,267	2,279,233
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				2,675,082	2,675,082
3	0300 NEW CAP REL COSTS-BLDG & FIXT				5,583,221	5,583,221
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				11,548,543	11,548,543
5	0500 EMPLOYEE BENEFITS	583,589	22,291,202	22,874,791	231,932	23,106,723
6.01	1160 COMMUNICATIONS				1,032,422	1,032,422
6.02	0620 DATA PROCESSING	1,784,647	5,752,301	7,536,948	-791,885	6,745,063
6.03	0630 PURCHASING	477,889	1,423,564	1,901,453	-1,143,852	757,601
6.05	0650 BUSINESS OFFICE	3,205,234	708,197	3,913,431	5,799	3,919,230
6.06	0660 ADMIN & GENERAL	6,170,510	20,803,794	26,974,304	-4,247	26,970,057
7	0700 MAINTENANCE & REPAIRS	1,334,493	5,600,056	6,934,549	406,970	7,341,519
8	0800 OPERATION OF PLANT	398,325	80,060	478,385	14,199	492,584
9	0900 LAUNDRY & LINEN SERVICE	361,160	50,500	411,660	4,468	416,128
10	1000 HOUSEKEEPING	1,242,340	680,647	1,922,987	8,980	1,931,967
11	1100 DIETARY	1,246,446	1,792,383	3,038,829	-1,967,000	1,071,829
12	1200 CAFETERIA				1,979,783	1,979,783
14	1400 NURSING ADMINISTRATION	1,576,536	22,915	1,599,451	-850,412	749,039
15	1500 CENTRAL SERVICES & SUPPLY	245,527	204,622	450,149	8,032	458,181
16	1600 PHARMACY	1,994,427	4,036,151	6,030,578	-5,639,959	390,619
17	1700 MEDICAL RECORDS & LIBRARY	1,120,401	509,318	1,629,719	20,443	1,650,162
18	1800 SOCIAL SERVICE	1,000,345	119,754	1,120,099	-776,377	343,722
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				98,950	98,950
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	45,008	334,150	379,158	-99,199	279,959
24	2400 PARAMED ED PRGM-(SPECIFY)	63,311	22,531	85,842	1,368	87,210
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	10,534,704	665,793	11,200,497	-318,265	10,882,232
26	2600 INTENSIVE CARE UNIT	1,938,578	77,512	2,016,090	35,556	2,051,646
27	2700 CORONARY CARE UNIT	2,236,681	87,803	2,324,484	38,920	2,363,404
31	3100 SUBPROVIDER	3,531,857	433,975	3,965,832	101,642	4,067,474
31.01	3101 SUB II - REHAB	1,319,752	30,847	1,350,599	28,691	1,379,290
33	3300 NURSERY	888,483	447,777	1,336,260	27,498	1,363,758
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,463,929	14,398,547	17,862,476	362,525	18,225,001
38	3800 RECOVERY ROOM	1,498,777	126,477	1,625,254	135,017	1,760,271
39	3900 DELIVERY ROOM & LABOR ROOM	1,291,270	141,539	1,432,809	40,983	1,473,792
40	4000 ANESTHESIOLOGY	64,110	455,324	519,434	237,163	756,597
41	4100 RADIOLOGY-DIAGNOSTIC	2,669,643	1,820,063	4,489,706	-44,390	4,445,316
41.01	3450 NUCLEAR MEDICINE-DIAGNOSTIC	172,886	275,183	448,069	816	448,885
41.02	3120 CARDIAC CATHETERIZATION LABORATORY	890,794	6,783,544	7,674,338	68,112	7,742,450
41.22	3230 CT SCAN	571,136	230,277	801,413	4,634	806,047
41.23	3630 ULTRASOUND	520,263	40,915	561,178	5,474	566,652
41.26	3430 MRI	203,637	75,818	279,455	3,028	282,483
42	4200 RADIOLOGY-THERAPEUTIC	614,124	4,753,594	5,367,718	90,139	5,457,857
44	4400 LABORATORY	2,312,382	4,788,908	7,101,290	110,591	7,211,881
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
48	4800 INTRAVENOUS THERAPY	172,979	712,441	885,420	772,310	1,657,730
49	4900 RESPIRATORY THERAPY	1,194,837	207,597	1,402,434	72,032	1,474,466
50	5000 PHYSICAL THERAPY	2,246,630	512,727	2,759,357	166,898	2,926,255
53	5300 ELECTROCARDIOLOGY	509,773	52,506	562,279	41,877	604,156
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				871,739	871,739
55.30	5530 IMPL. DEV. CHARGED TO PATIENT					
56	5600 DRUGS CHARGED TO PATIENTS				5,580,315	5,580,315
58.01	3950 RENAL DIALYSIS (IP)		390,278	390,278		390,278
59	3140 CARDIAC REHAB	238,998	11,159	250,157	19,459	269,616
59.01	3550 OP PSY/CDU	797,872	52,941	850,813	77,025	927,838
59.02	3951 RIMMS	310,118	354,756	664,874	-29,727	635,147
59.03	3952 GENETIC/OAK PLAZA CLINICS					
59.04	3953 PAIN CLINIC					
59.05	3954 DIABETES	149,139	4,656	153,795	771	154,566
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	2,843,296	347,263	3,190,559	214,635	3,405,194
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 INFUSION	462,287	1,856,124	2,318,411	5,350	2,323,761
63.01	4040 COMMUNITY HEALTH CENTERS	1,543,008	384,788	1,927,796	-348,062	1,579,734
63.02	4951 RASC	575,966	1,222,929	1,798,895	-101,186	1,697,709
63.50	6310 RHC	133,551	82,485	216,036	-18,775	197,261
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	2,131,826	271,948	2,403,774	61,356	2,465,130
71	7100 HOME HEALTH AGENCY	2,578,056	199,203	2,777,259	33,264	2,810,523
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		3,710,169	3,710,169	-1,175,266	2,534,903
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	73,461,530	131,507,511	204,969,041	731,143	205,700,184
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
97.01	9701 SENIOR ADVAN					
97.02	9702 CARE-A-VAN					
98	9800 PHYSICIANS' PRIVATE OFFICES	9,992,064	5,407,890	15,399,954	-723,464	14,676,490
98.01	9801 REFERENCE LAB					
98.02	9802 MEALS ON WHEELS					
99	9900 NONPAID WORKERS	257,757	-335,617	-77,860	-7,679	-85,539
101	TOTAL	83,711,351	136,579,784	220,291,135	-0-	220,291,135

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0186
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 7/6/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	-109,506	2,169,727
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		2,675,082
3	0300 NEW CAP REL COSTS-BLDG & FIXT		5,583,221
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		11,548,543
5	0500 EMPLOYEE BENEFITS	-385,372	22,721,351
6.01	1160 COMMUNICATIONS		1,032,422
6.02	0620 DATA PROCESSING	-1,911	6,743,152
6.03	0630 PURCHASING	-28,452	729,149
6.05	0650 BUSINESS OFFICE		3,919,230
6.06	0660 ADMIN & GENERAL	-480,515	26,489,542
7	0700 MAINTENANCE & REPAIRS		7,341,519
8	0800 OPERATION OF PLANT		492,584
9	0900 LAUNDRY & LINEN SERVICE		416,128
10	1000 HOUSEKEEPING		1,931,967
11	1100 DIETARY	-12,481	1,059,348
12	1200 CAFETERIA	-1,339,488	640,295
14	1400 NURSING ADMINISTRATION		749,039
15	1500 CENTRAL SERVICES & SUPPLY		458,181
16	1600 PHARMACY		390,619
17	1700 MEDICAL RECORDS & LIBRARY	-5,664	1,644,498
18	1800 SOCIAL SERVICE	-10,172	333,550
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		98,950
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		279,959
24	2400 PARAMED ED PRGM-(SPECIFY)	-3,760	83,450
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-76,661	10,805,571
26	2600 INTENSIVE CARE UNIT		2,051,646
27	2700 CORONARY CARE UNIT		2,363,404
31	3100 SUBPROVIDER	-169,365	3,898,109
31.01	3101 SUB II - REHAB	-39,416	1,339,874
33	3300 NURSERY		1,363,758
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-187,475	18,037,526
38	3800 RECOVERY ROOM		1,760,271
39	3900 DELIVERY ROOM & LABOR ROOM		1,473,792
40	4000 ANESTHESIOLOGY	-235,000	521,597
41	4100 RADIOLOGY-DIAGNOSTIC	-2,801	4,442,515
41.01	3450 NUCLEAR MEDICINE-DIAGNOSTIC		448,885
41.02	3120 CARDIAC CATHETERIZATION LABORATORY		7,742,450
41.22	3230 CT SCAN		806,047
41.23	3630 ULTRASOUND		566,652
41.26	3430 MRI		282,483
42	4200 RADIOLOGY-THERAPEUTIC	-37,957	5,419,900
44	4400 LABORATORY	-19,350	7,192,531
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
48	4800 INTRAVENOUS THERAPY		1,657,730
49	4900 RESPIRATORY THERAPY	-18,696	1,455,770
50	5000 PHYSICAL THERAPY		2,926,255
53	5300 ELECTROCARDIOLOGY		604,156
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-19,915	851,824
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		
56	5600 DRUGS CHARGED TO PATIENTS	-18,557	5,561,758
58.01	3950 RENAL DIALYSIS (IP)		390,278
59	3140 CARDIAC REHAB		269,616
59.01	3550 OP PSY/CDU	-110,114	817,724
59.02	3951 RIMMS	-181,607	453,540
59.03	3952 GENETIC/OAK PLAZA CLINICS		
59.04	3953 PAIN CLINIC		
59.05	3954 DIABETES		154,566
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-113,000	3,292,194
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 INFUSION		2,323,761
63.01	4040 COMMUNITY HEALTH CENTERS	-97,041	1,482,693
63.02	4951 RASC		1,697,709
63.50	6310 RHC	-44,027	153,234
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-170,124	2,295,006
71	7100 HOME HEALTH AGENCY		2,810,523
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-2,534,903	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-6,453,330	199,246,854
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
97.01	9701 SENIOR ADVAN		
97.02	9702 CARE-A-VAN		
98	9800 PHYSICIANS' PRIVATE OFFICES	-8,524,137	6,152,353
98.01	9801 REFERENCE LAB		
98.02	9802 MEALS ON WHEELS		
99	9900 NONPAID WORKERS	-4,350	-89,889
101	TOTAL	-14,981,817	205,309,318

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 7/ 6/2011
 I 14-0186 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	1160	COMMUNICATIONS
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING	0630	PURCHASING, RECEIVING AND STORES
6.05	BUSINESS OFFICE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	ADMIN & GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
31.01	SUB II - REHAB	3101	SUBPROVIDER #####
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	NUCLEAR MEDICINE-DIAGNOSTIC	3450	NUCLEAR MEDICINE-DIAGNOSTIC
41.02	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
41.22	CT SCAN	3230	CAT SCAN
41.23	ULTRASOUND	3630	ULTRASOUND
41.26	MRI	3430	MAGNETIC RESONANCE IMAGING (MRI)
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
58.01	RENAL DIALYSIS (IP)	3950	OTHER ANCILLARY SERVICE COST CENTERS
59	CARDIAC REHAB	3140	CARDIOLOGY
59.01	OP PSY/CDU	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.02	RI MMS	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.03	GENETIC/OAK PLAZA CLINICS	3952	OTHER ANCILLARY SERVICE COST CENTERS
59.04	PAIN CLINIC	3953	OTHER ANCILLARY SERVICE COST CENTERS
59.05	DIABETES	3954	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	INFUSION	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.01	COMMUNITY HEALTH CENTERS	4040	FAMILY PRACTICE
63.02	RASC	4951	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RHC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
97.01	SENIOR ADVAN	9701	RESEARCH
97.02	CARE-A-VAN	9702	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	REFERENCE LAB	9801	PHYSICIANS' PRIVATE OFFICES
98.02	MEALS ON WHEELS	9802	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140186

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

PREPARED 7/ 6/2011
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 PRO FEES RECLASS	A	SOCIAL SERVICE	18		20,100
2		ADULTS & PEDIATRICS	25		29,167
3		SUB II - REHAB	31.01		14,680
4		OPERATING ROOM	37		234,575
5		ANESTHESIOLOGY	40		235,000
6		RADIOLOGY-THERAPEUTIC	42		75,000
7		LABORATORY	44		77,400
8		RESPIRATORY THERAPY	49		50,850
9		OP PSY/CDU	59.01		51,750
10		EMERGENCY	61		113,000
11		PHYSICIANS' PRIVATE OFFICES	98		58,000
12 BONUSES AND VACATION ACCRUAL	B	DATA PROCESSING	6.02	29,019	
13		PURCHASING	6.03	15,271	
14		BUSINESS OFFICE	6.05	46,120	
15		ADMIN & GENERAL	6.06	675,599	
16		MAINTENANCE & REPAIRS	7	19,639	
17		OPERATION OF PLANT	8	17,168	
18		LAUNDRY & LINEN SERVICE	9	4,468	
19		HOUSEKEEPING	10	10,822	
20		DIETARY	11	13,353	
21		NURSING ADMINISTRATION	14	128,000	
22		CENTRAL SERVICES & SUPPLY	15	1,630	
23		PHARMACY	16	47,792	
24		MEDICAL RECORDS & LIBRARY	17	20,958	
25		SOCIAL SERVICE	18	19,328	
26		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	198	
27		PARAMED PRGM-(SPECIFY)	24	604	
28		ADULTS & PEDIATRICS	25	88,750	
29		INTENSIVE CARE UNIT	26	16,807	
30		CORONARY CARE UNIT	27	17,288	
31		SUB II - REHAB	31.01	14,011	
32		NURSERY	33	7,365	
33		OPERATING ROOM	37	38,323	
34		RECOVERY ROOM	38	16,145	
35		DELIVERY ROOM & LABOR ROOM	39	11,723	
1 BONUSES AND VACATION ACCRUAL	B	ANESTHESIOLOGY	40	491	
2		RADIOLOGY-DIAGNOSTIC	41	35,625	
3		NUCLEAR MEDICINE-DIAGNOSTIC	41.01	816	
4		CARDIAC CATHETERIZATION LABORATORY	41.02	6,262	
5		CT SCAN	41.22	4,634	
6		ULTRASOUND	41.23	5,474	
7		MRI	41.26	3,028	
8		RADIOLOGY-THERAPEUTIC	42	15,412	
9		LABORATORY	44	33,284	
10		INTRAVENOUS THERAPY	48	1,921	
11		RESPIRATORY THERAPY	49	11,817	
12		PHYSICAL THERAPY	50	44,747	
13		ELECTROCARDIOLOGY	53	5,936	
14		CARDIAC REHAB	59	2,609	
15		OP PSY/CDU	59.01	5,599	
16		RI MMS	59.02	2,415	
17		DIABETES	59.05	771	
18		EMERGENCY	61	34,331	
19		INFUSION	63	5,350	
20		COMMUNITY HEALTH CENTERS	63.01	10,804	
21		RHC	63.50	966	
22		AMBULANCE SERVICES	65	17,134	
23		HOME HEALTH AGENCY	71	37,149	
24		PHYSICIANS' PRIVATE OFFICES	98	44,823	
25		NONPAID WORKERS	99	3,239	
26		SUBPROVIDER	31	33,221	
27 UTILITY RECLASS	C	MAINTENANCE & REPAIRS	7		809
28		MAINTENANCE & REPAIRS	7		820,904
29		MAINTENANCE & REPAIRS	7		1,233
30		MAINTENANCE & REPAIRS	7		40,321
31		MAINTENANCE & REPAIRS	7		42,731
32		MAINTENANCE & REPAIRS	7		2,969
33		MAINTENANCE & REPAIRS	7		1,842
34		MAINTENANCE & REPAIRS	7		570
35		MAINTENANCE & REPAIRS	7		690

RECLASSIFICATIONS

PROVIDER NO:
140186

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

PREPARED 7/ 6/2011
WORKSHEET A-6
CONTD

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 UTILITY RECLASS	C	MAINTENANCE & REPAIRS	7		515
2		MAINTENANCE & REPAIRS	7		757
3		MAINTENANCE & REPAIRS	7		447
4		MAINTENANCE & REPAIRS	7		745
5		MAINTENANCE & REPAIRS	7		42,195
6		MAINTENANCE & REPAIRS	7		696
7		MAINTENANCE & REPAIRS	7		183,663
8		MAINTENANCE & REPAIRS	7		954
9		MAINTENANCE & REPAIRS	7		273
10		MAINTENANCE & REPAIRS	7		93
11		MAINTENANCE & REPAIRS	7		16,570
12		MAINTENANCE & REPAIRS	7		477
13		MAINTENANCE & REPAIRS	7		13,007
14		MAINTENANCE & REPAIRS	7		1,525
15		MAINTENANCE & REPAIRS	7		24,487
16		MAINTENANCE & REPAIRS	7		6,599
17		MAINTENANCE & REPAIRS	7		3,885
18		MAINTENANCE & REPAIRS	7		199,878
19		MAINTENANCE & REPAIRS	7		10,918
20 CAFETERIA RECLASS	D	CAFETERIA	12	812,054	1,167,729
21 NURSING ADMIN RECLASS	E	CENTRAL SERVICES & SUPPLY	15	6,402	
22		PARAMED ED PRGM-(SPECIFY)	24	1,509	
23		ADULTS & PEDIATRICS	25	158,077	
24		INTENSIVE CARE UNIT	26	18,749	
25		CORONARY CARE UNIT	27	21,632	
26		SUBPROVIDER	31	68,421	
27		NURSERY	33	20,133	
28		OPERATING ROOM	37	90,323	
29		RECOVERY ROOM	38	39,081	
30		DELIVERY ROOM & LABOR ROOM	39	29,260	
31		ANESTHESIOLOGY	40	1,672	
32		CARDIAC CATHETERIZATION LABORATORY	41.02	62,804	
33		INTRAVENOUS THERAPY	48	3,920	
34		RESPIRATORY THERAPY	49	9,365	
35		PHYSICAL THERAPY	50	122,151	
1 NURSING ADMIN RECLASS	E	ELECTROCARDIOLOGY	53	35,941	
2		CARDIAC REHAB	59	16,850	
3		OP PSY/CDU	59.01	19,676	
4		EMERGENCY	61	67,781	
5		AMBULANCE SERVICES	65	50,821	
6 COST OF GOODS SOLD RECLASS	F	INTRAVENOUS THERAPY	48		161,042
7		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		871,739
8		DRUGS CHARGED TO PATIENTS	56		3,538,096
9 POSTAGE RECLASS	G	ADMIN & GENERAL	6.06		232,545
10 UTILIZATION REVIEW RECLASS	H	ADMIN & GENERAL	6.06	815,048	
11 RECOVERY ROOM RECLASS	I	RECOVERY ROOM	38	79,791	
12 IV THERAPY RECLASS	J	INTRAVENOUS THERAPY	48	605,427	
13 DEPRECIATION RECLASS	K	OLD CAP REL COSTS-MVBLE EQUIP	2		2,625,994
14		NEW CAP REL COSTS-BLDG & FIXT	3		5,093,701
15		NEW CAP REL COSTS-MVBLE EQUIP	4		11,167,190
16 INSURANCE RECLASS	L	EMPLOYEE BENEFITS	5		1,849,855
17		EMPLOYEE BENEFITS	5		11,125
18 INTEREST RECLASS	M	ADMIN & GENERAL	6.06		1,175,266
19 I&R SALARIES	N	I&R SERVICES-SALARY & FRINGES APPRVD	22	98,950	
20 RADIOLOGY	O	RADIOLOGY-DIAGNOSTIC	41	103,648	
21 COMMUNICATIONS	P	COMMUNICATIONS	6.01		1,032,422
22 LIABILITY INSURANCE	Q	ADMIN & GENERAL	6.06		15,572
23		ADMIN & GENERAL	6.06		41,861
24		ADMIN & GENERAL	6.06		46,675
25		ADMIN & GENERAL	6.06		863,874
26 ESTABLISH LINE 90 OTHER CRC	R	OTHER CAPITAL RELATED COSTS	90		570,298
27		OTHER CAPITAL RELATED COSTS	90		448,281
28 RECLASS NEW LIFE GRANT	S	NONPAID WORKERS	99		257,757
29 RECLASS RX SALARIES	T	DRUGS CHARGED TO PATIENTS	56	1,994,427	
30		DRUGS CHARGED TO PATIENTS	56	47,792	
31 RCLASS NURSING ADMIN SALARIES	U	ADULTS & PEDIATRICS	25	123,413	
32		ADULTS & PEDIATRICS	25	9,741	
33 RECLASS CHC DIRECTORS	V	RHC	63.50	3,232	
34		PHYSICIANS' PRIVATE OFFICES	98	241,826	
35		RHC	63.50		1,514

RECLASSIFICATIONS

PROVIDER NO:
140186

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

PREPARED 7/ 6/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RECLASS CHC DIRECTORS	V	PHYSICIANS' PRIVATE OFFICES	98		99,287
36 TOTAL RECLASSIFICATIONS				7,408,156	33,651,098

(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:
140186

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

PREPARED 7/ 6/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 PRO FEES RECLASS	A	ADMIN & GENERAL	6.06			20,100	
2		ADMIN & GENERAL	6.06			29,167	
3		ADMIN & GENERAL	6.06			14,680	
4		ADMIN & GENERAL	6.06			234,575	
5		ADMIN & GENERAL	6.06			235,000	
6		ADMIN & GENERAL	6.06			75,000	
7		ADMIN & GENERAL	6.06			77,400	
8		ADMIN & GENERAL	6.06			50,850	
9		ADMIN & GENERAL	6.06			51,750	
10		ADMIN & GENERAL	6.06			113,000	
11		ADMIN & GENERAL	6.06			58,000	
12 BONUSES AND VACATION ACCRUAL	B	EMPLOYEE BENEFITS	5			29,019	
13		EMPLOYEE BENEFITS	5			15,271	
14		EMPLOYEE BENEFITS	5			46,120	
15		EMPLOYEE BENEFITS	5			675,599	
16		EMPLOYEE BENEFITS	5			19,639	
17		EMPLOYEE BENEFITS	5			17,168	
18		EMPLOYEE BENEFITS	5			4,468	
19		EMPLOYEE BENEFITS	5			10,822	
20		EMPLOYEE BENEFITS	5			13,353	
21		EMPLOYEE BENEFITS	5			128,000	
22		EMPLOYEE BENEFITS	5			1,630	
23		EMPLOYEE BENEFITS	5			47,792	
24		EMPLOYEE BENEFITS	5			20,958	
25		EMPLOYEE BENEFITS	5			19,328	
26		EMPLOYEE BENEFITS	5			198	
27		EMPLOYEE BENEFITS	5			604	
28		EMPLOYEE BENEFITS	5			88,750	
29		EMPLOYEE BENEFITS	5			16,807	
30		EMPLOYEE BENEFITS	5			17,288	
31		EMPLOYEE BENEFITS	5			14,011	
32		EMPLOYEE BENEFITS	5			7,365	
33		EMPLOYEE BENEFITS	5			38,323	
34		EMPLOYEE BENEFITS	5			16,145	
35		EMPLOYEE BENEFITS	5			11,723	
1 BONUSES AND VACATION ACCRUAL	B	EMPLOYEE BENEFITS	5			491	
2		EMPLOYEE BENEFITS	5			35,625	
3		EMPLOYEE BENEFITS	5			816	
4		EMPLOYEE BENEFITS	5			6,262	
5		EMPLOYEE BENEFITS	5			4,634	
6		EMPLOYEE BENEFITS	5			5,474	
7		EMPLOYEE BENEFITS	5			3,028	
8		EMPLOYEE BENEFITS	5			15,412	
9		EMPLOYEE BENEFITS	5			33,284	
10		EMPLOYEE BENEFITS	5			1,921	
11		EMPLOYEE BENEFITS	5			11,817	
12		EMPLOYEE BENEFITS	5			44,747	
13		EMPLOYEE BENEFITS	5			5,936	
14		EMPLOYEE BENEFITS	5			2,609	
15		EMPLOYEE BENEFITS	5			5,599	
16		EMPLOYEE BENEFITS	5			2,415	
17		EMPLOYEE BENEFITS	5			771	
18		EMPLOYEE BENEFITS	5			34,331	
19		EMPLOYEE BENEFITS	5			5,350	
20		EMPLOYEE BENEFITS	5			10,804	
21		EMPLOYEE BENEFITS	5			966	
22		EMPLOYEE BENEFITS	5			17,134	
23		EMPLOYEE BENEFITS	5			37,149	
24		EMPLOYEE BENEFITS	5			44,823	
25		EMPLOYEE BENEFITS	5			3,239	
26		EMPLOYEE BENEFITS	5			33,221	
27 UTILITY RECLASS	C	EMPLOYEE BENEFITS	5			809	
28		DATA PROCESSING	6.02			820,904	
29		PURCHASING	6.03			1,233	
30		BUSINESS OFFICE	6.05			40,321	
31		ADMIN & GENERAL	6.06			42,731	
32		OPERATION OF PLANT	8			2,969	
33		HOUSEKEEPING	10			1,842	
34		DIETARY	11			570	
35		NURSING ADMINISTRATION	14			690	

RECLASSIFICATIONS

PROVIDER NO:
140186

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

PREPARED 7/ 6/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 UTILITY RECLASS	C	MEDICAL RECORDS & LIBRARY	17			515	
2		SOCIAL SERVICE	18			757	
3		I & R SERVICES-OTHER PRGM COSTS APPRVD	23			447	
4		PARAMED ED PRGM-(SPECIFY)	24			745	
5		ADULTS & PEDIATRICS	25			42,195	
6		OPERATING ROOM	37			696	
7		RADIOLOGY-DIAGNOSTIC	41			183,663	
8		CARDIAC CATHETERIZATION LABORATORY	41.02			954	
9		RADIOLOGY-THERAPEUTIC	42			273	
10		LABORATORY	44			93	
11		RIMMS	59.02			16,570	
12		EMERGENCY	61			477	
13		COMMUNITY HEALTH CENTERS	63.01			13,007	
14		RASC	63.02			1,525	
15		RHC	63.50			24,487	
16		AMBULANCE SERVICES	65			6,599	
17		HOME HEALTH AGENCY	71			3,885	
18		PHYSICIANS' PRIVATE OFFICES	98			199,878	
19		NONPAID WORKERS	99			10,918	
20 CAFETERIA RECLASS	D	DIETARY	11		812,054	1,167,729	
21 NURSING ADMIN RECLASS	E	NURSING ADMINISTRATION	14		6,402		
22		NURSING ADMINISTRATION	14		1,509		
23		NURSING ADMINISTRATION	14		158,077		
24		NURSING ADMINISTRATION	14		18,749		
25		NURSING ADMINISTRATION	14		21,632		
26		NURSING ADMINISTRATION	14		68,421		
27		NURSING ADMINISTRATION	14		20,133		
28		NURSING ADMINISTRATION	14		90,323		
29		NURSING ADMINISTRATION	14		39,081		
30		NURSING ADMINISTRATION	14		29,260		
31		NURSING ADMINISTRATION	14		1,672		
32		NURSING ADMINISTRATION	14		62,804		
33		NURSING ADMINISTRATION	14		3,920		
34		NURSING ADMINISTRATION	14		9,365		
35		NURSING ADMINISTRATION	14		122,151		
1 NURSING ADMIN RECLASS	E	NURSING ADMINISTRATION	14		35,941		
2		NURSING ADMINISTRATION	14		16,850		
3		NURSING ADMINISTRATION	14		19,676		
4		NURSING ADMINISTRATION	14		67,781		
5		NURSING ADMINISTRATION	14		50,821		
6 COST OF GOODS SOLD RECLASS	F	PHARMACY	16			3,645,532	
7		PURCHASING	6.03			925,345	
8							
9 POSTAGE RECLASS	G	PURCHASING	6.03			232,545	
10 UTILIZATION REVIEW RECLASS	H	SOCIAL SERVICE	18		815,048		
11 RECOVERY ROOM RECLASS	I	ADULTS & PEDIATRICS	25		79,791		
12 IV THERAPY RECLASS	J	ADULTS & PEDIATRICS	25		605,427		
13 DEPRECIATION RECLASS	K	OLD CAP REL COSTS-BLDG & FIXT	1			2,625,994	9
14		OLD CAP REL COSTS-BLDG & FIXT	1			5,093,701	9
15		OLD CAP REL COSTS-BLDG & FIXT	1			11,167,190	9
16 INSURANCE RECLASS	L	ADMIN & GENERAL	6.06			1,849,855	12
17		RASC	63.02			11,125	
18 INTEREST RECLASS	M	INTEREST EXPENSE	88			1,175,266	11
19 I & R SALARIES	N	I & R SERVICES-OTHER PRGM COSTS APPRVD	23			98,950	
20 RADIOLOGY	O	PHYSICIANS' PRIVATE OFFICES	98		103,648		
21 COMMUNICATIONS	P	MAINTENANCE & REPAIRS	7			1,032,422	
22 LIABILITY INSURANCE	Q	RIMMS	59.02			15,572	
23		RASC	63.02			41,861	
24		RASC	63.02			46,675	
25		PHYSICIANS' PRIVATE OFFICES	98			863,874	
26 ESTABLISH LINE 90 OTHER CRC	R	ADMIN & GENERAL	6.06			570,298	
27		ADMIN & GENERAL	6.06			448,281	
28 RECLASS NEW LIFE GRANT	S	NONPAID WORKERS	99		257,757		
29 RECLASS RX SALARIES	T	PHARMACY	16		1,994,427		
30		PHARMACY	16		47,792		
31 RCLASS NURSING ADMIN SALARIES	U	NURSING ADMINISTRATION	14		123,413		
32		NURSING ADMINISTRATION	14		9,741		
33 RECLASS CHC DIRECTORS	V	COMMUNITY HEALTH CENTERS	63.01		3,232		
34		COMMUNITY HEALTH CENTERS	63.01		241,826		
35		COMMUNITY HEALTH CENTERS	63.01			1,514	

RECLASSIFICATIONS

PROVIDER NO: 140186	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 7/ 6/2011 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	
1 RECLASS CHC DIRECTORS	V	COMMUNITY HEALTH CENTERS	63.01		99,287
36 TOTAL RECLASSIFICATIONS				5,938,724	35,120,530

(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:
140186

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

PREPARED 7/6/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: PRO FEES RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SOCIAL SERVICE	18	20,100	ADMIN & GENERAL	6.06	20,100	
2.00	ADULTS & PEDIATRICS	25	29,167	ADMIN & GENERAL	6.06	29,167	
3.00	SUB II - REHAB	31.01	14,680	ADMIN & GENERAL	6.06	14,680	
4.00	OPERATING ROOM	37	234,575	ADMIN & GENERAL	6.06	234,575	
5.00	ANESTHESIOLOGY	40	235,000	ADMIN & GENERAL	6.06	235,000	
6.00	RADIOLOGY-THERAPEUTIC	42	75,000	ADMIN & GENERAL	6.06	75,000	
7.00	LABORATORY	44	77,400	ADMIN & GENERAL	6.06	77,400	
8.00	RESPIRATORY THERAPY	49	50,850	ADMIN & GENERAL	6.06	50,850	
9.00	OP PSY/CDU	59.01	51,750	ADMIN & GENERAL	6.06	51,750	
10.00	EMERGENCY	61	113,000	ADMIN & GENERAL	6.06	113,000	
11.00	PHYSICIANS' PRIVATE OFFICES	98	58,000	ADMIN & GENERAL	6.06	58,000	
TOTAL RECLASSIFICATIONS FOR CODE A			959,522				959,522

RECLASS CODE: B
EXPLANATION: BONUSES AND VACATION ACCRUAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	DATA PROCESSING	6.02	29,019	EMPLOYEE BENEFITS	5	29,019	
3.00	PURCHASING	6.03	15,271	EMPLOYEE BENEFITS	5	15,271	
4.00	BUSINESS OFFICE	6.05	46,120	EMPLOYEE BENEFITS	5	46,120	
5.00	ADMIN & GENERAL	6.06	675,599	EMPLOYEE BENEFITS	5	675,599	
6.00	MAINTENANCE & REPAIRS	7	19,639	EMPLOYEE BENEFITS	5	19,639	
7.00	OPERATION OF PLANT	8	17,168	EMPLOYEE BENEFITS	5	17,168	
8.00	LAUNDRY & LINEN SERVICE	9	4,468	EMPLOYEE BENEFITS	5	4,468	
9.00	HOUSEKEEPING	10	10,822	EMPLOYEE BENEFITS	5	10,822	
10.00	DIETARY	11	13,353	EMPLOYEE BENEFITS	5	13,353	
11.00	NURSING ADMINISTRATION	14	128,000	EMPLOYEE BENEFITS	5	128,000	
12.00	CENTRAL SERVICES & SUPPLY	15	1,630	EMPLOYEE BENEFITS	5	1,630	
13.00	PHARMACY	16	47,792	EMPLOYEE BENEFITS	5	47,792	
14.00	MEDICAL RECORDS & LIBRARY	17	20,958	EMPLOYEE BENEFITS	5	20,958	
15.00	SOCIAL SERVICE	18	19,328	EMPLOYEE BENEFITS	5	19,328	
16.00	I&R SERVICES-OTHER PRGM COSTS	23	198	EMPLOYEE BENEFITS	5	198	
17.00	PARAMED PRGM-(SPECIFY)	24	604	EMPLOYEE BENEFITS	5	604	
18.00	ADULTS & PEDIATRICS	25	88,750	EMPLOYEE BENEFITS	5	88,750	
19.00	INTENSIVE CARE UNIT	26	16,807	EMPLOYEE BENEFITS	5	16,807	
20.00	CORONARY CARE UNIT	27	17,288	EMPLOYEE BENEFITS	5	17,288	
21.00	SUB II - REHAB	31.01	14,011	EMPLOYEE BENEFITS	5	14,011	
22.00	NURSERY	33	7,365	EMPLOYEE BENEFITS	5	7,365	
23.00	OPERATING ROOM	37	38,323	EMPLOYEE BENEFITS	5	38,323	
24.00	RECOVERY ROOM	38	16,145	EMPLOYEE BENEFITS	5	16,145	
25.00	DELIVERY ROOM & LABOR ROOM	39	11,723	EMPLOYEE BENEFITS	5	11,723	
26.00	ANESTHESIOLOGY	40	491	EMPLOYEE BENEFITS	5	491	
27.00	RADIOLOGY-DIAGNOSTIC	41	35,625	EMPLOYEE BENEFITS	5	35,625	
28.00	NUCLEAR MEDICINE-DIAGNOSTIC	41.01	816	EMPLOYEE BENEFITS	5	816	
29.00	CARDIAC CATHETERIZATION LABORATORY	41.02	6,262	EMPLOYEE BENEFITS	5	6,262	
30.00	CT SCAN	41.22	4,634	EMPLOYEE BENEFITS	5	4,634	
31.00	ULTRASOUND	41.23	5,474	EMPLOYEE BENEFITS	5	5,474	
32.00	MRI	41.26	3,028	EMPLOYEE BENEFITS	5	3,028	
33.00	RADIOLOGY-THERAPEUTIC	42	15,412	EMPLOYEE BENEFITS	5	15,412	
34.00	LABORATORY	44	33,284	EMPLOYEE BENEFITS	5	33,284	
35.00	INTRAVENOUS THERAPY	48	1,921	EMPLOYEE BENEFITS	5	1,921	
36.00	RESPIRATORY THERAPY	49	11,817	EMPLOYEE BENEFITS	5	11,817	
37.00	PHYSICAL THERAPY	50	44,747	EMPLOYEE BENEFITS	5	44,747	
38.00	ELECTROCARDIOLOGY	53	5,936	EMPLOYEE BENEFITS	5	5,936	
39.00	CARDIAC REHAB	59	2,609	EMPLOYEE BENEFITS	5	2,609	
40.00	OP PSY/CDU	59.01	5,599	EMPLOYEE BENEFITS	5	5,599	
41.00	RI MMS	59.02	2,415	EMPLOYEE BENEFITS	5	2,415	
42.00	DIABETES	59.05	771	EMPLOYEE BENEFITS	5	771	
43.00	EMERGENCY	61	34,331	EMPLOYEE BENEFITS	5	34,331	
44.00	INFUSION	63	5,350	EMPLOYEE BENEFITS	5	5,350	
45.00	COMMUNITY HEALTH CENTERS	63.01	10,804	EMPLOYEE BENEFITS	5	10,804	
46.00	RHC	63.50	966	EMPLOYEE BENEFITS	5	966	
47.00	AMBULANCE SERVICES	65	17,134	EMPLOYEE BENEFITS	5	17,134	
48.00	HOME HEALTH AGENCY	71	37,149	EMPLOYEE BENEFITS	5	37,149	
49.00	PHYSICIANS' PRIVATE OFFICES	98	44,823	EMPLOYEE BENEFITS	5	44,823	
50.00	NONPAID WORKERS	99	3,239	EMPLOYEE BENEFITS	5	3,239	
51.00	SUBPROVIDER	31	33,221	EMPLOYEE BENEFITS	5	33,221	
TOTAL RECLASSIFICATIONS FOR CODE B			1,628,239				1,628,239

RECLASS CODE: C
EXPLANATION: UTILITY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MAINTENANCE & REPAIRS	7	809	EMPLOYEE BENEFITS	5	809	

RECLASSIFICATIONS

PROVIDER NO:
140186

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

PREPARED 7/ 6/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: C
EXPLANATION : UTILITY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
3.00	MAINTENANCE & REPAIRS	7	820,904	DATA PROCESSING	6.02	820,904	
4.00	MAINTENANCE & REPAIRS	7	1,233	PURCHASING	6.03	1,233	
5.00	MAINTENANCE & REPAIRS	7	40,321	BUSINESS OFFICE	6.05	40,321	
6.00	MAINTENANCE & REPAIRS	7	42,731	ADMIN & GENERAL	6.06	42,731	
7.00	MAINTENANCE & REPAIRS	7	2,969	OPERATION OF PLANT	8	2,969	
8.00	MAINTENANCE & REPAIRS	7	1,842	HOUSEKEEPING	10	1,842	
9.00	MAINTENANCE & REPAIRS	7	570	DIETARY	11	570	
10.00	MAINTENANCE & REPAIRS	7	690	NURSING ADMINISTRATION	14	690	
11.00	MAINTENANCE & REPAIRS	7	515	MEDICAL RECORDS & LIBRARY	17	515	
12.00	MAINTENANCE & REPAIRS	7	757	SOCIAL SERVICE	18	757	
13.00	MAINTENANCE & REPAIRS	7	447	I&R SERVICES-OTHER PRGM COSTS	23	447	
14.00	MAINTENANCE & REPAIRS	7	745	PARAMED ED PRGM-(SPECIFY)	24	745	
15.00	MAINTENANCE & REPAIRS	7	42,195	ADULTS & PEDIATRICS	25	42,195	
16.00	MAINTENANCE & REPAIRS	7	696	OPERATING ROOM	37	696	
19.00	MAINTENANCE & REPAIRS	7	183,663	RADIOLOGY-DIAGNOSTIC	41	183,663	
20.00	MAINTENANCE & REPAIRS	7	954	CARDIAC CATHETERIZATION LABORA	41.02	954	
21.00	MAINTENANCE & REPAIRS	7	273	RADIOLOGY-THERAPEUTIC	42	273	
22.00	MAINTENANCE & REPAIRS	7	93	LABORATORY	44	93	
26.00	MAINTENANCE & REPAIRS	7	16,570	RI MMS	59.02	16,570	
28.00	MAINTENANCE & REPAIRS	7	477	EMERGENCY	61	477	
30.00	MAINTENANCE & REPAIRS	7	13,007	COMMUNITY HEALTH CENTERS	63.01	13,007	
31.00	MAINTENANCE & REPAIRS	7	1,525	RASC	63.02	1,525	
32.00	MAINTENANCE & REPAIRS	7	24,487	RHC	63.50	24,487	
33.00	MAINTENANCE & REPAIRS	7	6,599	AMBULANCE SERVICES	65	6,599	
34.00	MAINTENANCE & REPAIRS	7	3,885	HOME HEALTH AGENCY	71	3,885	
35.00	MAINTENANCE & REPAIRS	7	199,878	PHYSICIANS' PRIVATE OFFICES	98	199,878	
36.00	MAINTENANCE & REPAIRS	7	10,918	NONPAID WORKERS	99	10,918	
TOTAL RECLASSIFICATIONS FOR CODE C			1,419,753	1,419,753			

RECLASS CODE: D
EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,979,783	DIETARY	11	1,979,783	
TOTAL RECLASSIFICATIONS FOR CODE D			1,979,783	1,979,783			

RECLASS CODE: E
EXPLANATION : NURSING ADMIN RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	CENTRAL SERVICES & SUPPLY	15	6,402	NURSING ADMINISTRATION	14	6,402	
3.00	PARAMED ED PRGM-(SPECIFY)	24	1,509	NURSING ADMINISTRATION	14	1,509	
4.00	ADULTS & PEDIATRICS	25	158,077	NURSING ADMINISTRATION	14	158,077	
5.00	INTENSIVE CARE UNIT	26	18,749	NURSING ADMINISTRATION	14	18,749	
6.00	CORONARY CARE UNIT	27	21,632	NURSING ADMINISTRATION	14	21,632	
7.00	SUBPROVIDER	31	68,421	NURSING ADMINISTRATION	14	68,421	
8.00	NURSERY	33	20,133	NURSING ADMINISTRATION	14	20,133	
9.00	OPERATING ROOM	37	90,323	NURSING ADMINISTRATION	14	90,323	
10.00	RECOVERY ROOM	38	39,081	NURSING ADMINISTRATION	14	39,081	
11.00	DELIVERY ROOM & LABOR ROOM	39	29,260	NURSING ADMINISTRATION	14	29,260	
12.00	ANESTHESIOLOGY	40	1,672	NURSING ADMINISTRATION	14	1,672	
13.00	CARDIAC CATHETERIZATION LABORA	41.02	62,804	NURSING ADMINISTRATION	14	62,804	
14.00	INTRAVENOUS THERAPY	48	3,920	NURSING ADMINISTRATION	14	3,920	
15.00	RESPIRATORY THERAPY	49	9,365	NURSING ADMINISTRATION	14	9,365	
16.00	PHYSICAL THERAPY	50	122,151	NURSING ADMINISTRATION	14	122,151	
17.00	ELECTROCARDIOLOGY	53	35,941	NURSING ADMINISTRATION	14	35,941	
18.00	CARDIAC REHAB	59	16,850	NURSING ADMINISTRATION	14	16,850	
19.00	OP PSY/CDU	59.01	19,676	NURSING ADMINISTRATION	14	19,676	
20.00	EMERGENCY	61	67,781	NURSING ADMINISTRATION	14	67,781	
21.00	AMBULANCE SERVICES	65	50,821	NURSING ADMINISTRATION	14	50,821	
TOTAL RECLASSIFICATIONS FOR CODE E			844,568	844,568			

RECLASS CODE: F
EXPLANATION : COST OF GOODS SOLD RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INTRAVENOUS THERAPY	48	161,042	PHARMACY	16	3,645,532	
2.00	MEDICAL SUPPLIES CHARGED TO PA	55	871,739	PURCHASING	6.03	925,345	
3.00	DRUGS CHARGED TO PATIENTS	56	3,538,096			0	
TOTAL RECLASSIFICATIONS FOR CODE F			4,570,877	4,570,877			

RECLASSIFICATIONS

PROVIDER NO:
140186

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

PREPARED 7/ 6/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: G
EXPLANATION : POSTAGE RECLASS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	ADMIN & GENERAL	232,545
TOTAL RECLASSIFICATIONS FOR CODE G		232,545

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
PURCHASING	6.03	232,545
TOTAL RECLASSIFICATIONS FOR CODE G		232,545

RECLASS CODE: H
EXPLANATION : UTILIZATION REVIEW RECLASS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	ADMIN & GENERAL	815,048
TOTAL RECLASSIFICATIONS FOR CODE H		815,048

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
SOCIAL SERVICE	18	815,048
TOTAL RECLASSIFICATIONS FOR CODE H		815,048

RECLASS CODE: I
EXPLANATION : RECOVERY ROOM RECLASS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	RECOVERY ROOM	79,791
TOTAL RECLASSIFICATIONS FOR CODE I		79,791

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ADULTS & PEDIATRICS	25	79,791
TOTAL RECLASSIFICATIONS FOR CODE I		79,791

RECLASS CODE: J
EXPLANATION : IV THERAPY RECLASS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	INTRAVENOUS THERAPY	605,427
TOTAL RECLASSIFICATIONS FOR CODE J		605,427

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ADULTS & PEDIATRICS	25	605,427
TOTAL RECLASSIFICATIONS FOR CODE J		605,427

RECLASS CODE: K
EXPLANATION : DEPRECIATION RECLASS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2,625,994
2.00	NEW CAP REL COSTS-BLDG & FIXT	5,093,701
3.00	NEW CAP REL COSTS-MVBLE EQUIP	11,167,190
TOTAL RECLASSIFICATIONS FOR CODE K		18,886,885

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
OLD CAP REL COSTS-BLDG & FIXT	1	2,625,994
OLD CAP REL COSTS-BLDG & FIXT	1	5,093,701
OLD CAP REL COSTS-BLDG & FIXT	1	11,167,190
TOTAL RECLASSIFICATIONS FOR CODE K		18,886,885

RECLASS CODE: L
EXPLANATION : INSURANCE RECLASS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	1,849,855
2.00	EMPLOYEE BENEFITS	11,125
TOTAL RECLASSIFICATIONS FOR CODE L		1,860,980

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ADMIN & GENERAL	6.06	1,849,855
RASC	63.02	11,125
TOTAL RECLASSIFICATIONS FOR CODE L		1,860,980

RECLASS CODE: M
EXPLANATION : INTEREST RECLASS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
2.00	ADMIN & GENERAL	1,175,266
TOTAL RECLASSIFICATIONS FOR CODE M		1,175,266

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
INTEREST EXPENSE	88	1,175,266
TOTAL RECLASSIFICATIONS FOR CODE M		1,175,266

RECLASS CODE: N
EXPLANATION : I&R SALARIES

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	98,950
TOTAL RECLASSIFICATIONS FOR CODE N		98,950

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
I&R SERVICES-OTHER PRGM COSTS	23	98,950
TOTAL RECLASSIFICATIONS FOR CODE N		98,950

RECLASS CODE: O
EXPLANATION : RADIOLOGY

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC	103,648
TOTAL RECLASSIFICATIONS FOR CODE O		103,648

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
PHYSICIANS' PRIVATE OFFICES	98	103,648
TOTAL RECLASSIFICATIONS FOR CODE O		103,648

RECLASSIFICATIONS

PROVIDER NO:
140186

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

PREPARED 7/ 6/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: P
EXPLANATION : COMMUNICATIONS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	COMMUNICATIONS	6.01	1,032,422
TOTAL RECLASSIFICATIONS FOR CODE P			1,032,422

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MAINTENANCE & REPAIRS	7	1,032,422	
			1,032,422

RECLASS CODE: Q
EXPLANATION : LIABILITY INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
2.00	ADMIN & GENERAL	6.06	15,572
3.00	ADMIN & GENERAL	6.06	41,861
4.00	ADMIN & GENERAL	6.06	46,675
5.00	ADMIN & GENERAL	6.06	863,874
TOTAL RECLASSIFICATIONS FOR CODE Q			967,982

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RIMMS	59.02	15,572	
RASC	63.02	41,861	
RASC	63.02	46,675	
PHYSICIANS' PRIVATE OFFICES	98	863,874	
			967,982

RECLASS CODE: R
EXPLANATION : ESTABLISH LINE 90 OTHER CRC

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER CAPITAL RELATED COSTS	90	570,298
2.00	OTHER CAPITAL RELATED COSTS	90	448,281
TOTAL RECLASSIFICATIONS FOR CODE R			1,018,579

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMIN & GENERAL	6.06	570,298	
ADMIN & GENERAL	6.06	448,281	
			1,018,579

RECLASS CODE: S
EXPLANATION : RECLASS NEW LIFE GRANT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NONPAID WORKERS	99	257,757
TOTAL RECLASSIFICATIONS FOR CODE S			257,757

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NONPAID WORKERS	99	257,757	
			257,757

RECLASS CODE: T
EXPLANATION : RECLASS RX SALARIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	1,994,427
2.00	DRUGS CHARGED TO PATIENTS	56	47,792
TOTAL RECLASSIFICATIONS FOR CODE T			2,042,219

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	1,994,427	
PHARMACY	16	47,792	
			2,042,219

RECLASS CODE: U
EXPLANATION : RECLASS NURSING ADMIN SALARIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	123,413
2.00	ADULTS & PEDIATRICS	25	9,741
TOTAL RECLASSIFICATIONS FOR CODE U			133,154

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NURSING ADMINISTRATION	14	123,413	
NURSING ADMINISTRATION	14	9,741	
			133,154

RECLASS CODE: V
EXPLANATION : RECLASS CHC DIRECTORS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RHC	63.50	3,232
2.00	PHYSICIANS' PRIVATE OFFICES	98	241,826
3.00	RHC	63.50	1,514
4.00	PHYSICIANS' PRIVATE OFFICES	98	99,287
TOTAL RECLASSIFICATIONS FOR CODE V			345,859

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
COMMUNITY HEALTH CENTERS	63.01	3,232	
COMMUNITY HEALTH CENTERS	63.01	241,826	
COMMUNITY HEALTH CENTERS	63.01	1,514	
COMMUNITY HEALTH CENTERS	63.01	99,287	
			345,859

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BALANCES 1	PURCHASES 2	DONATION 3				
1	LAND	145,610					145,610	
2	LAND IMPROVEMENTS	1,080,146					1,080,146	1,080,146
3	BUILDINGS & FIXTURE	20,943,737					20,943,737	11,339,559
4	BUILDING IMPROVEMENT	11,383,708					11,383,708	11,240,369
5	FIXED EQUIPMENT	1,359,169					1,359,169	1,359,169
6	MOVABLE EQUIPMENT	17,378,081					17,378,081	17,378,081
7	SUBTOTAL	52,290,451					52,290,451	42,397,324
8	RECONCILING ITEMS							
9	TOTAL	52,290,451					52,290,451	42,397,324

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BALANCES 1	PURCHASES 2	DONATION 3				
1	LAND	7,828,521					7,828,521	
2	LAND IMPROVEMENTS	1,498,261	92,804		92,804		1,591,065	494,203
3	BUILDINGS & FIXTURE	139,183,245	5,703,582		5,703,582		144,886,827	3,890,282
4	BUILDING IMPROVEMENT	14,906,999	2,066,001		2,066,001		16,973,000	1,049,519
5	FIXED EQUIPMENT	1,956,365	66,631		66,631		2,022,996	523,481
6	MOVABLE EQUIPMENT	118,603,159	16,402,806		16,402,806		135,005,965	72,251,411
7	SUBTOTAL	283,976,550	24,331,824		24,331,824		308,308,374	78,208,896
8	RECONCILING ITEMS							
9	TOTAL	283,976,550	24,331,824		24,331,824		308,308,374	78,208,896

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES		OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	34,912,370		34,912,370	.096819	43,402	55,216		98,618
2	OLD CAP REL COSTS-MV	17,378,081		17,378,081	.048193	21,604	27,484		49,088
3	NEW CAP REL COSTS-BL	173,299,409		173,299,409	.480591	215,440	274,080		489,520
4	NEW CAP REL COSTS-MV	135,005,965		135,005,965	.374397	167,835	213,518		381,353
5	TOTAL	360,595,825		360,595,825	1.000000	448,281	570,298		1,018,579

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	2,180,615		-109,506	43,402	55,216		2,169,727
2	OLD CAP REL COSTS-MV	2,625,994			21,604	27,484		2,675,082
3	NEW CAP REL COSTS-BL	5,093,701			215,440	274,080		5,583,221
4	NEW CAP REL COSTS-MV	11,167,190			167,835	213,518		11,548,543
5	TOTAL	21,067,500		-109,506	448,281	570,298		21,976,573

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	21,067,500						21,067,500
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	21,067,500						21,067,500

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

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/ CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	
1 INVST INCOME-OLD BLDGS AND FIXTURES	B	-109,506	OLD CAP REL COSTS-BLDG &	1	11
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	B	-1,911	DATA PROCESSING	6.02	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,024,129			
13 SALE OF SCRAP, WASTE, ETC.	B	-2,801	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,099,754	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES	B	-19,915	MEDICAL SUPPLIES CHARGED	55	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-18,557	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-5,664	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-12,481	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 OTHER ADJUSTMENTS (SPECIFY)					
38 OTHER ADJUSTMENTS (SPECIFY)					
38.50 NON OP OTHER GAIN/LOSS					
38.55 NON OP UNRESTRICTED DONOR	B	-6,459	ADMIN & GENERAL	6.06	
39 OTHER ADJUSTMENTS (SPECIFY)					
39.01 BAD DEBT	A	-11,037	RI MMS	59.02	
39.02 BAD DEBT	A	-97,041	COMMUNITY HEALTH CENTERS	63.01	
39.03 BAD DEBT	A	-15,770	RHC	63.50	
39.04 BAD DEBT	A	-1,067,369	PHYSICIANS' PRIVATE OFFIC	98	
40 OTHER ADJUSTMENTS (SPECIFY)					
40.35 BARIATRIC RENT INCOME					
40.44 MISCDIETARY INCOME					
40.50 EDUCATION REVENUE					
40.51 A/P REVENUE	B	-28,452	PURCHASING	6.03	
40.60 PRINT SHOP REVENUE	B	-714	ADMIN & GENERAL	6.06	
40.62 FIRST RESPONDER					
40.64 WOMEN'S CENTER					
40.66 FAMILY RESOURCE	B	-3,755	ADMIN & GENERAL	6.06	
40.72 ACLS REVENUE	B	-3,760	PARAMED ED PRGM-(SPECIFY)	24	
40.76 EMT REVENUE					
40.79 GOURMET COFFEE	B	-239,734	CAFETERIA	12	
40.80 AMBULANCE REVENUE	B	-170,124	AMBULANCE SERVICES	65	
40.82 MIS INCOME	B	-48,000	ADMIN & GENERAL	6.06	
40.97 HHA MIS INCOME					
40.98 PSYCH ASSOC DIRECTORSHIP REVENUE	B	-143,185	PHYSICIANS' PRIVATE OFFIC	98	
40.99 OTHER ADJUSTMENTS (SPECIFY)					
41 OTHER ADJUSTMENTS (SPECIFY)					
41.01 AHA DUES	A	-8,508	ADMIN & GENERAL	6.06	
41.02 IHA DUES	A	-26,223	ADMIN & GENERAL	6.06	
41.03 VOCATIONAL TRAINING	A	-61,441	ADULTS & PEDIATRICS	25	
41.04 VOCATIONAL TRAINING	A	-53,139	OP PSY/CDU	59.01	
41.05 MHCC BENEFITS	A	-385,372	EMPLOYEE BENEFITS	5	
41.06 NON ALLOWABLE MARKETING	A	-116,250	ADMIN & GENERAL	6.06	
41.07 NON ALLOWABLE ADMIN AND GENERAL	A	-97,404	ADMIN & GENERAL	6.06	
41.10 CHARITY CARE	A	-173,202	ADMIN & GENERAL	6.06	
41.11 NON ALLOWABLE INTEREST	A	-2,534,903	INTEREST EXPENSE	88	
41.12 REAL ESTATE TAX - LEGAL FEES FOR MHC					
41.13 VOCATIONAL TRAINING	A	-77,324	SUBPROVIDER	31	
41.14 MHCC GAINSHARE					
42 OTHER ADJUSTMENTS (SPECIFY)					
42.01 HBP - NEW LIFE PRO FEES	A	-4,350	NONPAID WORKERS	99	
42.02 HBP - PHYSICIAN SALARIES	A	-7,313,583	PHYSICIANS' PRIVATE OFFIC	98	
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)					

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
14-0186

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

PREPARED 7/ 6/2011
WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
			COST CENTER	LINE NO		
	1	2	3	4	5	
50 TOTAL (SUM OF LINES 1 THRU 49)		-14,981,817				

-
- (1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
 - (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	
25	ADULTS & PEDIATRICS	FACILITY RENT	60,000	60,000		
	TOTALS		60,000	60,000		

* 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
A	RESOLVE CENTER	0.00	OAKSIDE CORPORATION	0.00	CHEMICAL DEPENDENCY
A		0.00		0.00	
		0.00		0.00	
		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0186
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/6/2011
 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 18	AGGREGATE	20,100		20,100	154,100	134	9,928	496
5 25	AGGREGATE	36,853	7,686	29,167	154,100	292	21,633	1,082
6 26	AGGREGATE				204,100			
7 31 1	AGGREGATE	54,096	39,416	14,680	200,300	184	17,719	886
8 37	AGGREGATE	234,575	100,000	134,575	204,100	480	47,100	2,355
9 40	AGGREGATE	235,000	235,000		200,300			
11 42	AGGREGATE	75,000		75,000	154,100	500	37,043	1,852
12 44	AGGREGATE	77,400	19,350	58,050	219,500	635	67,011	3,351
13 49	AGGREGATE	50,850	7,500	43,350	154,100	434	32,154	1,608
15 59 1	AGGREGATE	56,975	56,975		154,100			
16 59 2	AGGREGATE	170,570	170,570		154,100			
17 61	AGGREGATE	113,000	113,000		154,100			
18 63 50	AGGREGATE	28,257	28,257		154,100			
19 31	AGGREGATE	92,041	92,041		154,100			
20	0							
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,244,717	869,795	374,922		2,659	232,588	11,630

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
3 18	AGGREGATE					9,928	10,172	10,172
5 25	AGGREGATE					21,633	7,534	15,220
6 26	AGGREGATE							
7 31 1	AGGREGATE					17,719		39,416
8 37	AGGREGATE					47,100	87,475	187,475
9 40	AGGREGATE							235,000
11 42	AGGREGATE					37,043	37,957	37,957
12 44	AGGREGATE					67,011		19,350
13 49	AGGREGATE					32,154	11,196	18,696
15 59 1	AGGREGATE							56,975
16 59 2	AGGREGATE							170,570
17 61	AGGREGATE							113,000
18 63 50	AGGREGATE							28,257
19 31	AGGREGATE							92,041
20	0							
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					232,588	154,334	1,024,129

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0186
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/6/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	ACTUAL BENEFITS	ENTERED
6.01	COMMUNICATIONS	7	PHONES	ENTERED
6.02	DATA PROCESSING	8	DEVICES	ENTERED
6.03	PURCHASING	9	REQS	ENTERED
6.05	BUSINESS OFFICE	10	CHARGES	ENTERED
6.06	ADMIN & GENERAL	-11	ACCUM. COST	ENTERED
7	MAINTENANCE & REPAIRS	12	WORK ORDER	ENTERED
8	OPERATION OF PLANT	13	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	14	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	15	SQUARE FEET	ENTERED
11	DIETARY	16	MEALS SERVED	ENTERED
12	CAFETERIA	17	FTES	ENTERED
14	NURSING ADMINISTRATION	19	DI RECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	20	COSTED REQUIS.	ENTERED
16	PHARMACY	21	ASSI GNED TIME	ENTERED
17	MEDICAL RECORDS & LIBRARY	22	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	23	TIME SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	27	ASSI GNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSI GNED TIME	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	29	ASSI GNED TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E	EMPLOYEE BENEFITS	COMMUNICATIONS
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG & OSTS-MVBLE E	2,169,727	2,169,727		2,675,082			
003 NEW CAP REL COSTS-BLDG & OSTS-MVBLE E	5,583,221			5,583,221			
004 NEW CAP REL COSTS-MVBLE E	11,548,543				11,548,543		
005 EMPLOYEE BENEFITS	22,721,351	12,165		25,897	3,333	22,762,746	
006 01 COMMUNICATIONS	1,032,422			1,544			1,033,966
006 02 DATA PROCESSING	6,743,152	39,382	2,675,082	83,838	4,061,040	543,577	72,053
006 03 PURCHASING	729,149	80,741		171,884	336,776	169,028	13,510
006 05 BUSINESS OFFICE	3,919,230	46,604		99,212	145,819	1,096,148	41,431
006 06 ADMIN & GENERAL	26,489,542	218,835		465,863	210,320	1,803,626	198,144
007 MAINTENANCE & REPAIRS	7,341,519	63,564		135,318	521,045	403,105	35,126
008 OPERATION OF PLANT	492,584	571,429		1,216,475	663,556	158,630	15,311
009 LAUNDRY & LINEN SERVICE	416,128	17,228		36,676	2,087	135,202	901
010 HOUSEKEEPING	1,931,967	10,481		22,313	56,526	461,593	7,205
011 DIETARY	1,059,348	44,100		93,882	87,884	154,004	12,609
012 CAFETERIA	640,295	40,353		85,905		306,451	
014 NURSING ADMINISTRATION	749,039				35,567	26,932	14,411
015 CENTRAL SERVICES & SUPPLY	458,181	27,506		58,557	44,197	89,150	3,603
016 PHARMACY	390,619	10,213		21,743	576,758		9,007
017 MEDICAL RECORDS & LIBRARY	1,644,498	24,498		52,152	156,011	353,414	45,934
018 SOCIAL SERVICE	333,550	2,292		4,880	901	45,041	8,106
022 I&R SERVICES-SALARY & FRI	98,950						
023 I&R SERVICES-OTHER PRGM C	279,959				529	10,988	
024 PARAMED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS	83,450	699		1,489	1,970	14,608	
025 ADULTS & PEDIATRICS	10,805,571	259,455		552,338	92,234	3,283,223	138,703
026 INTENSIVE CARE UNIT	2,051,646	16,801		35,766	19,328	502,232	9,007
027 CORONARY CARE UNIT	2,363,404	22,598		48,108	9,836	697,675	8,106
031 SUBPROVIDER	3,898,109	15,847		33,735	26,119	824,570	9,007
031 01 SUB I I - REHAB	1,339,874	34,530		73,508	12,887	362,711	12,609
033 NURSERY	1,363,758	7,468		15,898	12,898	284,908	3,603
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	18,037,526	67,743		144,214	901,315	1,008,551	24,318
038 RECOVERY ROOM	1,760,271	17,889		38,082	37,199	446,102	18,914
039 DELIVERY ROOM & LABOR ROO	1,473,792	22,719		48,365	127,659	369,470	5,404
040 ANESTHESIOLOGY	521,597	1,761		3,749	3,024	27,348	901
041 RADIOLOGY-DIAGNOSTIC	4,442,515	32,268		91,566	1,107,223	778,153	14,411
041 01 NUCLEAR MEDICINE-DIAGNOST	448,885	2,115		4,503	110,500	39,885	1,801
041 02 CARDIAC CATHETERIZATION L	7,742,450	15,001		31,934	801,910	273,364	4,503
041 22 CT SCAN	806,047	2,482		5,284	197,639	124,559	5,404
041 23 ULTRASOUND	566,652	1,951		4,154	138,395	139,894	3,603
041 26 MRI	282,483	5,146		10,954	68,918	50,206	5,404
042 RADIOLOGY-THERAPEUTIC	5,419,900				144,590	162,056	14,411
044 LABORATORY	7,192,531	28,107		59,834	173,898	652,113	29,722
046 WHOLE BLOOD & PACKED RED		950		2,022			
048 INTRAVENOUS THERAPY	1,657,730					194,615	1,801
049 RESPIRATORY THERAPY	1,455,770	5,405		11,506	55,134	355,451	6,305
050 PHYSICAL THERAPY	2,926,255	79,101		168,392	31,742	687,865	26,119
053 ELECTROCARDIOLOGY	604,156	12,009		25,566	103,164	142,996	14,411
055 MEDICAL SUPPLIES CHARGED	851,824						
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	5,561,758					498,628	
058 01 RENAL DIALYSIS (IP)	390,278						
059 CARDIAC REHAB	269,616	7,908		16,836	23,031	90,708	3,603
059 01 OP PSY/CDU	817,724	50,636		107,795	3,940	234,212	
059 02 RIMMS	453,540	17,056		36,309	5,519	93,057	10,808
059 03 GENETIC/OAK PLAZA CLINICS							16,212
059 04 PAIN CLINIC					2,582		
059 05 DIABETES	154,566	2,132		4,540	906	39,325	3,603
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	3,292,194	37,491		79,813	125,078	817,913	47,735
062 OBSERVATION BEDS (NON-DIS							
063 INFUSION	2,323,761				10,696	141,438	
063 01 COMMUNITY HEALTH CENTERS	1,482,693			271,730	6,569	255,034	1,801
063 02 RASC	1,697,709						
063 50 RHC	153,234	25,093		53,420	606	43,260	3,603
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	2,295,006	26,980		57,436	91,032	652,447	3,603
HOME HEALTH AGENCY	2,810,523	12,294		26,172	67,658	756,598	17,113
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	199,246,854	2,041,026	2,675,082	4,641,157	11,417,548	20,802,064	943,899
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP		5,543		11,800			
097 RESEARCH							
097 01 SENIOR ADVAN					4,245		
097 02 CARE-A-VAN							
098 PHYSICIANS' PRIVATE OFFIC	6,152,353	120,473		592,579	121,753	1,873,707	43,232
098 01 REFERENCE LAB							
098 02 MEALS ON WHEELS							
099 NONPAID WORKERS	-89,889	2,685		337,685	4,997	86,975	46,835
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	205,309,318	2,169,727	2,675,082	5,583,221	11,548,543	22,762,746	1,033,966

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	SUBTOTAL	ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6.02	6.03	6.05	6a.05	6.06	7	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING	14,218,124						
006 03 PURCHASING	226,403	1,727,491					
006 05 BUSINESS OFFICE	2,188,565	606	7,537,615				
006 06 ADMIN & GENERAL	2,218,750	4,718	737	31,610,535	31,610,535		
007 MAINTENANCE & REPAIRS	316,965	3,328		8,819,970	1,620,943	10,440,913	
008 OPERATION OF PLANT	256,590	90		3,374,665	620,199	4,218	3,999,082
009 LAUNDRY & LINEN SERVICE		826		609,048	111,931		60,595
010 HOUSEKEEPING	90,561	859		2,581,505	474,432		36,864
011 DIETARY	150,935	414		1,603,176	294,633		155,109
012 CAFETERIA				1,073,004	197,198		141,930
014 NURSING ADMINISTRATION	166,029	63		992,041	182,318		
015 CENTRAL SERVICES & SUPPLY	75,468	8,343		765,005	140,593	75,919	96,746
016 PHARMACY	286,777	23,014		1,318,131	242,247		35,923
017 MEDICAL RECORDS & LIBRARY	437,713	58		2,714,278	498,833		86,163
018 SOCIAL SERVICE	316,965	8		711,743	130,805		8,062
022 I&R SERVICES-SALARY & FRI				98,950	18,185		
023 I&R SERVICES-OTHER PRGM C				291,476	53,568		
024 PARAMED ED PRGM-(SPECIFY)		44		102,260	18,793		2,460
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,418,794	14,032	320,768	16,885,118	3,103,164	712,791	912,556
026 INTENSIVE CARE UNIT	120,748	3,116	49,066	2,807,710	516,004	160,273	59,092
027 CORONARY CARE UNIT	135,842	3,545	49,082	3,338,196	613,497	267,824	79,483
031 SUBPROVIDER	45,281	997	141,150	4,994,815	917,952	8,435	55,737
031 01 SUB I I - REHAB	226,403	795	40,308	2,103,625	386,606	23,197	121,448
033 NURSERY	45,281	3,884	15,810	1,753,508	322,261	175,034	26,266
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	377,339	767,128	637,328	21,965,462	4,036,846	1,174,629	238,266
038 RECOVERY ROOM	211,310	3,421	139,680	2,672,868	491,222	109,660	62,918
039 DELIVERY ROOM & LABOR ROO	60,374	6,552	43,107	2,157,442	396,497	210,885	79,908
040 ANESTHESIOLOGY		22,386	263,415	844,181	155,144	816,125	6,195
041 RADIOLOGY-DIAGNOSTIC	347,152	38,636	600,834	7,452,758	1,369,675	1,387,621	113,493
041 01 NUCLEAR MEDICINE-DIAGNOST	15,094	14,863	57,319	694,965	127,721		7,440
041 02 CARDIAC CATHETERIZATION L	30,187	406,801	576,169	9,882,319	1,816,182	472,382	52,761
041 22 CT SCAN	120,748	13,689	513,658	1,789,510	328,878	46,395	8,730
041 23 ULTRASOUND	90,561	2,103	120,747	1,068,060	196,289	4,218	6,863
041 26 MRI	135,842	3,965	140,192	703,110	129,218		18,098
042 RADIOLOGY-THERAPEUTIC	166,029	3,221	303,226	6,213,433	1,141,911	115,987	
044 LABORATORY	935,800	275,777	1,011,247	10,359,029	1,903,793	383,811	98,856
046 WHOLE BLOOD & PACKED RED				2,972	546		3,340
048 INTRAVENOUS THERAPY	45,281	13,203	84,748	1,997,378	367,080	1,225,241	
049 RESPIRATORY THERAPY	120,748	10,931	152,304	2,173,554	399,458	552,519	19,009
050 PHYSICAL THERAPY	935,800	17,974	178,163	5,051,411	928,353	700,138	278,212
053 ELECTROCARDIOLOGY	181,123	2,040	172,146	1,257,611	231,125	407,008	42,239
055 MEDICAL SUPPLIES CHARGED			120,932	972,756	178,774		
055 30 IMPL. DEV. CHARGED TO PAT			500,113	500,113	91,911		
056 DRUGS CHARGED TO PATIENTS			462,931	6,523,317	1,198,862		
058 01 RENAL DIALYSIS (IP)			9,655	399,933	73,500	46,395	
059 CARDIAC REHAB	105,655	204	11,310	528,871	97,196	246,735	27,815
059 01 OP PSY/CDU	181,123	1,182	94,637	1,491,249	274,063		178,096
059 02 RIMMS		4,757	8,351	629,397	115,671	29,524	59,988
059 03 GENETIC/OAK PLAZA CLINICS				16,212	2,979		
059 04 PAIN CLINIC				2,582	475		
059 05 DIABETES	75,468	54	4,687	285,281	52,429	4,218	7,500
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	377,339	15,762	516,687	5,310,012	975,879	527,212	131,864
062 OBSERVATION BEDS (NON-DIS							
063 INFUSION		12,857	150,078	2,638,830	484,967	122,313	
063 01 COMMUNITY HEALTH CENTERS		231		2,018,058	370,881	6,327	
063 02 RASC				1,697,709			
063 50 RHC		106	1,814	281,136	51,667	8,435	88,258
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	105,655	723	45,216	3,278,098	602,452	132,858	94,893
071 HOME HEALTH AGENCY	528,274	1,677		4,220,309	775,613	8,435	43,241
095 SPC PURPOSE COST CENTERS							
095 SUBTOTALS	13,870,972	1,708,983	7,537,615	195,628,685	29,831,419	10,166,762	3,546,417
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				17,343	3,187		19,495
097 RESEARCH							
097 01 SENIOR ADVAN				4,245	780		
097 02 CARE-A-VAN							
098 PHYSICIANS' PRIVATE OFFIC		16,354		8,920,451	1,639,409	272,042	423,726
098 01 REFERENCE LAB							
098 02 MEALS ON WHEELS							
099 NONPAID WORKERS	347,152	2,154		738,594	135,740	2,109	9,444
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	14,218,124	1,727,491	7,537,615	205,309,318	31,610,535	10,440,913	3,999,082

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	11	12	14	15	16
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 COMMUNICATIONS								
006 02 DATA PROCESSING								
006 03 PURCHASING								
006 05 BUSINESS OFFICE								
006 06 ADMIN & GENERAL								
007 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	781,574							
010 HOUSEKEEPING		3,092,801						
011 DIETARY	3,518	141,526	2,197,962					
012 CAFETERIA		129,501			1,541,633			
014 NURSING ADMINISTRATION					43,773	1,218,132		
015 CENTRAL SERVICES & SUPPLY	47,976	88,274			16,443	14,964	1,245,920	
016 PHARMACY		32,777			51,888			1,680,966
017 MEDICAL RECORDS & LIBRARY		78,618						
018 SOCIAL SERVICE		7,356			30,403			
022 I&R SERVICES-SALARY & FRI								
023 I&R SERVICES-OTHER PRGM C					2,012	1,831		
024 PARAMED ED PRGM-(SPECIFY)		2,244				1,671		18
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	317,775	832,641	1,460,691	354,954	352,094			286
026 INTENSIVE CARE UNIT	47,475	53,917	61,369	55,379	50,395			1,673
027 CORONARY CARE UNIT	57,184	72,522	76,359	66,261	60,298			1,553
031 SUBPROVIDER	24,965	50,856	431,883	148,102	134,773			15
031 01 SUB I I - REHAB	50,519	110,813	148,774	42,604	38,770			9
033 NURSERY		23,966		26,244	23,882			164
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	27,553	217,401		101,014	91,923			51,235
038 RECOVERY ROOM	26,370	57,408		45,714	41,600			9,419
039 DELIVERY ROOM & LABOR ROO		72,910		42,932	39,068			389
040 ANESTHESIOLOGY	1,484	5,652		4,283	3,898			12,832
041 RADIOLOGY-DIAGNOSTIC	29,323	103,554		59,915				85,896
041 01 NUCLEAR MEDICINE-DIAGNOST	2,926	6,788		4,659				704
041 02 CARDIAC CATHETERIZATION L	14,921	48,140		25,050	22,796			13,796
041 22 CT SCAN	5,234	7,966		18,134				1,101
041 23 ULTRASOUND	3,664	6,262		13,147				737
041 26 MRI	1,825	16,513		5,517				194
042 RADIOLOGY-THERAPEUTIC				18,680				888,135
044 LABORATORY		90,199		90,088				86
046 WHOLE BLOOD & PACKED RED		3,048						
048 INTRAVENOUS THERAPY				4,348	3,957			116,583
049 RESPIRATORY THERAPY	2,623	17,344		35,811	32,588			1,771
050 PHYSICAL THERAPY	17,754	253,849		35,265	64,751			291
053 ELECTROCARDIOLOGY	3,958	38,540		18,385	16,730			1,899
055 MEDICAL SUPPLIES CHARGED							1,245,920	
055 30 IMPL. DEV. CHARGED TO PAT								
056 DRUGS CHARGED TO PATIENTS								
058 01 RENAL DIALYSIS (IP)								
059 CARDIAC REHAB		25,379		7,001	6,371			
059 01 OP PSY/CDU		162,500			30,868			
059 02 RIMMS	1,256	54,735						12,648
059 03 GENETIC/OAK PLAZA CLINICS								
059 04 PAIN CLINIC								
059 05 DIABETES		6,844						
061 OUTPAT SERVICE COST CNTRS								
061 EMERGENCY	62,579	120,316	18,541	95,196	86,629			5,606
062 OBSERVATION BEDS (NON-DIS								
063 INFUSION	1,865			14,773				380,991
063 01 COMMUNITY HEALTH CENTERS				23,675				5,275
063 02 RASC	10,741							
063 50 RHC								199
065 OTHER REIMBURS COST CNTRS								
071 AMBULANCE SERVICES	7,330	86,583			91,289			19
HOME HEALTH AGENCY		39,454						962
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	770,818	3,066,396	2,197,617	1,501,650	1,211,146	1,245,920		1,594,486
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP		17,788						
097 RESEARCH								
097 01 SENIOR ADVAN								
097 02 CARE-A-VAN								
098 PHYSICIANS' PRIVATE OFFIC	10,756			39,983	6,986			67,060
098 01 REFERENCE LAB								
098 02 MEALS ON WHEELS			345					
099 NONPAID WORKERS		8,617						19,420
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	781,574	3,092,801	2,197,962	1,541,633	1,218,132	1,245,920		1,680,966

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	17	18	22	23	24	25	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 05 BUSINESS OFFICE							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	3,377,892						
018 SOCIAL SERVICE		888,369					
022 I&R SERVICES-SALARY & FRI			117,135				
023 I&R SERVICES-OTHER PRGM C				348,887			
024 PARAMED ED PRGM-(SPECIFY)					127,446		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	143,765	494,271	108,817	59	26,831	25,705,813	
026 INTENSIVE CARE UNIT	21,991	19,979		347	10,732	3,866,336	
027 CORONARY CARE UNIT	21,998	15,147		322	21,465	4,692,109	
031 SUBPROVIDER	63,262	34,011		3	9,391	6,874,200	
031 01 SUB I I - REHAB	18,065	305,168		2	1,342	3,350,942	
033 NURSERY	7,086			34		2,358,445	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	285,644	16,076		10,634	5,366	28,222,049	
038 RECOVERY ROOM	62,603			1,955		3,581,737	
039 DELIVERY ROOM & LABOR ROO	19,320			81		3,019,432	
040 ANESTHESIOLOGY	118,060			2,663		1,970,517	
041 RADIOLOGY-DIAGNOSTIC	269,288			17,828		10,889,351	
041 01 NUCLEAR MEDICINE-DIAGNOST	25,690			146		871,039	
041 02 CARDIAC CATHETERIZATION L	258,234			2,863		12,609,444	
041 22 CT SCAN	230,217			228		2,436,393	
041 23 ULTRASOUND	54,118			153		1,353,511	
041 26 MRI	62,833			40		937,348	
042 RADIOLOGY-THERAPEUTIC	135,903			184,337		8,698,386	
044 LABORATORY	453,169			18		13,379,049	
046 WHOLE BLOOD & PACKED RED						9,906	
048 INTRAVENOUS THERAPY	37,983			24,197		3,776,767	
049 RESPIRATORY THERAPY	68,261			368	9,391	3,312,697	
050 PHYSICAL THERAPY	79,851			60		7,409,935	
053 ELECTROCARDIOLOGY	77,154			394		2,095,043	
055 MEDICAL SUPPLIES CHARGED	54,201					2,451,651	
055 30 IMPL. DEV. CHARGED TO PAT	224,146					816,170	
056 DRUGS CHARGED TO PATIENTS	207,481					7,929,660	
058 01 RENAL DIALYSIS (IP)	4,327					524,155	
059 CARDIAC REHAB	5,069					944,437	
059 01 OP PSY/CDU	42,415					2,179,191	
059 02 RIMMS	3,743			2,625		909,587	
059 03 GENETIC/OAK PLAZA CLINICS						19,191	
059 04 PAIN CLINIC						3,057	
059 05 DIABETES	2,100					358,372	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	231,574		8,318	1,164	42,928	7,617,818	
062 OBSERVATION BEDS (NON-DIS							
063 INFUSION	67,263			79,076		3,790,078	
063 01 COMMUNITY HEALTH CENTERS				1,095		2,425,311	
063 02 RASC						1,708,450	
063 50 RHC	813			41		430,549	
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	20,265			4		4,313,791	
HOME HEALTH AGENCY				200		5,088,214	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,377,892	884,652	117,135	330,937	127,446	192,930,131	
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP						57,813	
097 RESEARCH							
097 01 SENIOR ADVAN						5,025	
097 02 CARE-A-VAN							
098 PHYSICIANS' PRIVATE OFFIC				13,919		11,394,332	
098 01 REFERENCE LAB							
098 02 MEALS ON WHEELS						345	
099 NONPAID WORKERS		3,717		4,031		921,672	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,377,892	888,369	117,135	348,887	127,446	205,309,318	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0186
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/6/2011
 WORKSHEET B
 PART I

TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
001 GENERAL SERVICE COST CNTR	
002 OLD CAP REL COSTS-BLDG &	
003 OLD CAP REL COSTS-MVBLE E	
004 NEW CAP REL COSTS-BLDG &	
005 NEW CAP REL COSTS-MVBLE E	
006 EMPLOYEE BENEFITS	
006 01 COMMUNICATIONS	
006 02 DATA PROCESSING	
006 03 PURCHASING	
006 05 BUSINESS OFFICE	
006 06 ADMIN & GENERAL	
007 MAINTENANCE & REPAIRS	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
022 I&R SERVICES-SALARY & FRI	
023 I&R SERVICES-OTHER PRGM C	
024 PARAMED ED PRGM-(SPECIFY)	
025 INPAT ROUTINE SRVC CNTRS	
025 ADULTS & PEDIATRICS	25,705,813
026 INTENSIVE CARE UNIT	3,866,336
027 CORONARY CARE UNIT	4,692,109
031 SUBPROVIDER	6,874,200
031 01 SUB I I - REHAB	3,350,942
033 NURSERY	2,358,445
037 ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	28,222,049
038 RECOVERY ROOM	3,581,737
039 DELIVERY ROOM & LABOR ROO	3,019,432
040 ANESTHESIOLOGY	1,970,517
041 RADIOLOGY-DIAGNOSTIC	10,889,351
041 01 NUCLEAR MEDICINE-DIAGNOST	871,039
041 02 CARDIAC CATHETERIZATION L	12,609,444
041 22 CT SCAN	2,436,393
041 23 ULTRASOUND	1,353,511
041 26 MRI	937,348
042 RADIOLOGY-THERAPEUTIC	8,698,386
044 LABORATORY	13,379,049
046 WHOLE BLOOD & PACKED RED	9,906
048 INTRAVENOUS THERAPY	3,776,767
049 RESPIRATORY THERAPY	3,312,697
050 PHYSICAL THERAPY	7,409,935
053 ELECTROCARDIOLOGY	2,095,043
055 MEDICAL SUPPLIES CHARGED	2,451,651
055 30 IMPL. DEV. CHARGED TO PAT	816,170
056 DRUGS CHARGED TO PATIENTS	7,929,660
058 01 RENAL DIALYSIS (IP)	524,155
059 CARDIAC REHAB	944,437
059 01 OP PSY/CDU	2,179,191
059 02 RIMMS	909,587
059 03 GENETIC/OAK PLAZA CLINICS	19,191
059 04 PAIN CLINIC	3,057
059 05 DIABETES	358,372
061 OUTPAT SERVICE COST CNTRS	
061 EMERGENCY	7,617,818
062 OBSERVATION BEDS (NON-DIS	
063 INFUSION	3,790,078
063 01 COMMUNITY HEALTH CENTERS	2,425,311
063 02 RASC	1,708,450
063 50 RHC	430,549
065 OTHER REIMBURS COST CNTRS	
071 AMBULANCE SERVICES	4,313,791
071 HOME HEALTH AGENCY	5,088,214
095 SPEC PURPOSE COST CENTERS	
095 SUBTOTALS	192,930,131
096 NONREIMBURS COST CENTERS	
096 GIFT, FLOWER, COFFEE SHOP	57,813
097 RESEARCH	
097 01 SENIOR ADVAN	5,025
097 02 CARE-A-VAN	
098 PHYSICIANS' PRIVATE OFFIC	11,394,332
098 01 REFERENCE LAB	
098 02 MEALS ON WHEELS	345
099 NONPAID WORKERS	921,672
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 TOTAL	205,309,318

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0186
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/6/2011
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		12,165				12,165	12,165
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING		39,382	2,675,082			2,714,464	291
006 03 PURCHASING		80,741				80,741	90
006 05 BUSINESS OFFICE		46,604				46,604	586
006 06 ADMIN & GENERAL		218,835				218,835	965
007 MAINTENANCE & REPAIRS		63,564				63,564	216
008 OPERATION OF PLANT		571,429				571,429	85
009 LAUNDRY & LINEN SERVICE		17,228				17,228	72
010 HOUSEKEEPING		10,481				10,481	247
011 DIETARY		44,100				44,100	82
012 CAFETERIA		40,353				40,353	164
014 NURSING ADMINISTRATION							14
015 CENTRAL SERVICES & SUPPLY		27,506				27,506	48
016 PHARMACY		10,213				10,213	
017 MEDICAL RECORDS & LIBRARY		24,498				24,498	189
018 SOCIAL SERVICE		2,292				2,292	24
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							6
024 PARAMED ED PRGM-(SPECIFY)		699				699	8
024 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		259,455				259,455	1,745
026 INTENSIVE CARE UNIT		16,801				16,801	269
027 CORONARY CARE UNIT		22,598				22,598	373
031 SUBPROVIDER		15,847				15,847	441
031 01 SUB I I - REHAB		34,530				34,530	194
033 NURSERY		7,468				7,468	152
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		67,743				67,743	539
038 RECOVERY ROOM		17,889				17,889	239
039 DELIVERY ROOM & LABOR ROO		22,719				22,719	198
040 ANESTHESIOLOGY		1,761				1,761	15
041 RADIOLOGY-DIAGNOSTIC		32,268				32,268	416
041 01 NUCLEAR MEDICINE-DIAGNOST		2,115				2,115	21
041 02 CARDIAC CATHETERIZATION L		15,001				15,001	146
041 22 CT SCAN		2,482				2,482	67
041 23 ULTRASOUND		1,951				1,951	75
041 26 MRI		5,146				5,146	27
042 RADIOLOGY-THERAPEUTIC							87
044 LABORATORY		28,107				28,107	349
046 WHOLE BLOOD & PACKED RED		950				950	
048 INTRAVENOUS THERAPY							104
049 RESPIRATORY THERAPY		5,405				5,405	190
050 PHYSICAL THERAPY		79,101				79,101	368
053 ELECTROCARDIOLOGY		12,009				12,009	76
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							267
058 01 RENAL DIALYSIS (IP)							
059 CARDIAC REHAB		7,908				7,908	49
059 01 OP PSY/CDU		50,636				50,636	125
059 02 RIMMS		17,056				17,056	50
059 03 GENETIC/OAK PLAZA CLINICS							
059 04 PAIN CLINIC							
059 05 DIABETES		2,132				2,132	21
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		37,491				37,491	437
062 OBSERVATION BEDS (NON-DIS							
063 INFUSION							76
063 01 COMMUNITY HEALTH CENTERS							136
063 02 RASC							
063 50 RHC		25,093				25,093	23
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		26,980				26,980	349
071 HOME HEALTH AGENCY		12,294				12,294	405
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		2,041,026	2,675,082			4,716,108	11,116
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		5,543				5,543	
097 RESEARCH							
097 01 SENIOR ADVAN							
097 02 CARE-A-VAN							
098 PHYSICIANS' PRIVATE OFFIC		120,473				120,473	1,002
098 01 REFERENCE LAB							
098 02 MEALS ON WHEELS							
099 NONPAID WORKERS		2,685				2,685	47
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		2,169,727	2,675,082			4,844,809	12,165

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0186
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/6/2011
 WORKSHEET B
 PART 11

COST CENTER DESCRIPTION	COMMUNICATIONS	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6.01	6.02	6.03	6.05	6.06	7	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING		2,714,755					
006 03 PURCHASING		43,229	124,060				
006 05 BUSINESS OFFICE		417,876	44	465,110			
006 06 ADMIN & GENERAL		423,639	339	45	643,823		
007 MAINTENANCE & REPAIRS		60,520	239		33,013	157,552	
008 OPERATION OF PLANT		48,992	6		12,631	64	633,207
009 LAUNDRY & LINEN SERVICE			59		2,280		9,595
010 HOUSEKEEPING		17,291	62		9,663		5,837
011 DIETARY		28,819	30		6,001		24,560
012 CAFETERIA					4,016		22,473
014 NURSING ADMINISTRATION		31,701	5		3,713		
015 CENTRAL SERVICES & SUPPLY		14,410	599		2,863	1,146	15,319
016 PHARMACY		54,756	1,653		4,934		5,688
017 MEDICAL RECORDS & LIBRARY		83,575	4		10,160		13,643
018 SOCIAL SERVICE		60,520	1		2,664		1,277
022 I&R SERVICES-SALARY & FRI					370		
023 I&R SERVICES-OTHER PRGM C					1,091		
024 PARAMED ED PRGM-(SPECIFY)			3		383		389
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		270,899	1,008	19,790	63,201	10,756	144,490
026 INTENSIVE CARE UNIT		23,055	224	3,027	10,509	2,418	9,357
027 CORONARY CARE UNIT		25,937	255	3,028	12,495	4,041	12,585
031 SUBPROVIDER		8,646	72	8,708	18,696	127	8,825
031 01 SUB II - REHAB		43,229	57	2,487	7,874	350	19,230
033 NURSERY		8,646	279	975	6,563	2,641	4,159
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		72,048	55,084	39,320	82,236	17,725	37,727
038 RECOVERY ROOM		40,347	246	8,617	10,005	1,655	9,962
039 DELIVERY ROOM & LABOR ROO		11,528	471	2,659	8,075	3,182	12,652
040 ANESTHESIOLOGY			1,608	16,251	3,160	12,315	981
041 RADIOLOGY-DIAGNOSTIC		66,284	2,775	37,068	27,896	20,939	17,970
041 01 NUCLEAR MEDICINE-DIAGNOST		2,882	1,067	3,536	2,601		1,178
041 02 CARDIAC CATHETERIZATION L		5,764	29,216	35,547	36,990	7,128	8,354
041 22 CT SCAN		23,055	983	31,690	6,698	700	1,382
041 23 ULTRASOUND		17,291	151	7,449	3,998	64	1,087
041 26 MRI		25,937	285	8,649	2,632		2,866
042 RADIOLOGY-THERAPEUTIC		31,701	231	18,707	23,257	1,750	
044 LABORATORY		178,678	19,806	62,470	38,774	5,792	15,653
046 WHOLE BLOOD & PACKED RED					11		529
048 INTRAVENOUS THERAPY		8,646	948	5,228	7,476	18,489	
049 RESPIRATORY THERAPY		23,055	785	9,396	8,136	8,337	3,010
050 PHYSICAL THERAPY		178,678	1,291	10,992	18,907	10,565	44,052
053 ELECTROCARDIOLOGY		34,583	147	10,621	4,707	6,142	6,688
055 MEDICAL SUPPLIES CHARGED				7,461	3,641		
055 30 IMPL. DEV. CHARGED TO PAT				30,854	1,872		
056 DRUGS CHARGED TO PATIENTS				28,560	24,417		
058 01 RENAL DIALYSIS (IP)				596	1,497	700	
059 CARDIAC REHAB		20,173	15	698	1,980	3,723	4,404
059 01 OP PSY/CDU		34,583	85	5,839	5,582		28,199
059 02 RIMMS			342	515	2,356	446	9,498
059 03 GENETIC/OAK PLAZA CLINICS					61		
059 04 PAIN CLINIC					10		
059 05 DIABETES		14,410	4	289	1,068	64	1,188
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		72,048	1,132	31,877	19,875	7,956	20,879
062 OBSERVATION BEDS (NON-DIS							
063 INFUSION			923	9,259	9,877	1,846	
063 01 COMMUNITY HEALTH CENTERS			17		7,554	95	
063 02 RASC							
063 50 RHC			8	112	1,052	127	13,975
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		20,173	52	2,790	12,270	2,005	15,025
071 HOME HEALTH AGENCY		100,867	120		15,797	127	6,847
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		2,648,471	122,731	465,110	607,588	153,415	561,533
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					65		3,087
097 RESEARCH							
097 01 SENIOR ADVAN					16		
097 02 CARE-A-VAN							
098 PHYSICIANS' PRIVATE OFFIC			1,174		33,389	4,105	67,092
098 01 REFERENCE LAB							
098 02 MEALS ON WHEELS							
099 NONPAID WORKERS		66,284	155		2,765	32	1,495
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		2,714,755	124,060	465,110	643,823	157,552	633,207

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0186
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/6/2011
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 05 BUSINESS OFFICE							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	29,234						
010 HOUSEKEEPING		43,581					
011 DIETARY	132	1,994	105,718				
012 CAFETERIA		1,825		68,831			
014 NURSING ADMINISTRATION				1,954	37,387		
015 CENTRAL SERVICES & SUPPLY	1,795	1,244		734	459	66,123	
016 PHARMACY		462		2,317			80,023
017 MEDICAL RECORDS & LIBRARY		1,108					
018 SOCIAL SERVICE		104		1,357			
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C				90	56		
024 PARAMED ED PRGM-(SPECIFY)		32			51		1
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	11,884	11,733	70,255	15,849	10,808		14
026 INTENSIVE CARE UNIT	1,776	760	2,952	2,473	1,547		80
027 CORONARY CARE UNIT	2,139	1,022	3,673	2,958	1,851		74
031 SUBPROVIDER	934	717	20,773	6,612	4,136		1
031 01 SUB I I - REHAB	1,890	1,561	7,156	1,902	1,190		
033 NURSERY		338		1,172	733		8
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,031	3,063		4,510	2,821		2,439
038 RECOVERY ROOM	986	809		2,041	1,277		448
039 DELIVERY ROOM & LABOR ROO		1,027		1,917	1,199		19
040 ANESTHESIOLOGY	56	80		191	120		611
041 RADIOLOGY-DIAGNOSTIC	1,097	1,459		2,675			4,089
041 01 NUCLEAR MEDICINE-DIAGNOST	109	96		208			33
041 02 CARDIAC CATHETERIZATION L	558	678		1,118	700		657
041 22 CT SCAN	196	112		810			52
041 23 ULTRASOUND	137	88		587			35
041 26 MRI	68	233		246			9
042 RADIOLOGY-THERAPEUTIC				834			42,279
044 LABORATORY		1,271		4,022			4
046 WHOLE BLOOD & PACKED RED		43					
048 INTRAVENOUS THERAPY				194	121		5,550
049 RESPIRATORY THERAPY	98	244		1,599	1,000		84
050 PHYSICAL THERAPY	664	3,577		1,575	1,987		14
053 ELECTROCARDIOLOGY	148	543		821	513		90
055 MEDICAL SUPPLIES CHARGED						66,123	
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
058 01 RENAL DIALYSIS (IP)							
059 CARDIAC REHAB		358		313	196		
059 01 OP PSY/CDU		2,290			947		
059 02 RIMMS	47	771					602
059 03 GENETIC/OAK PLAZA CLINICS							
059 04 PAIN CLINIC							
059 05 DIABETES		96					
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	2,341	1,695	892	4,250	2,659		267
062 OBSERVATION BEDS (NON-DIS							
063 INFUSION	70			660			18,138
063 01 COMMUNITY HEALTH CENTERS				1,057			251
063 02 RASC	402						
063 50 RHC							9
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	274	1,220			2,802		1
071 HOME HEALTH AGENCY		556					46
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	28,832	43,209	105,701	67,046	37,173	66,123	75,905
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		251					
097 RESEARCH							
097 01 SENIOR ADVAN							
097 02 CARE-A-VAN							
098 PHYSICIANS' PRIVATE OFFIC	402			1,785	214		3,193
098 01 REFERENCE LAB							
098 02 MEALS ON WHEELS			17				
099 NONPAID WORKERS		121					925
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	29,234	43,581	105,718	68,831	37,387	66,123	80,023

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0186
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/6/2011
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PHYSICIAN & NURSE SALARY & FRI	OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	17	18	22	23	24	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 05 BUSINESS OFFICE							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	133,177						
018 SOCIAL SERVICE		68,239					
022 I&R SERVICES-SALARY & FRI			370				
023 I&R SERVICES-OTHER PRGM C				1,243			
024 PARAMED ED PRGM-(SPECIFY)					1,566		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	5,662	37,967				935,516	
026 INTENSIVE CARE UNIT	866	1,535				77,649	
027 CORONARY CARE UNIT	866	1,163				95,058	
031 SUBPROVIDER	2,492	2,612				99,639	
031 01 SUB I I - REHAB	712	23,441				145,803	
033 NURSERY	279					33,413	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	11,250	1,235				398,771	
038 RECOVERY ROOM	2,466					96,987	
039 DELIVERY ROOM & LABOR ROO	761					66,407	
040 ANESTHESIOLOGY	4,650					41,799	
041 RADIOLOGY-DIAGNOSTIC	10,606					225,542	
041 01 NUCLEAR MEDICINE-DIAGNOST	1,012					14,858	
041 02 CARDIAC CATHETERIZATION L	10,171					152,028	
041 22 CT SCAN	9,067					77,294	
041 23 ULTRASOUND	2,131					35,044	
041 26 MRI	2,475					48,573	
042 RADIOLOGY-THERAPEUTIC	5,353					124,199	
044 LABORATORY	17,983					372,909	
046 WHOLE BLOOD & PACKED RED						1,533	
048 INTRAVENOUS THERAPY	1,496					48,252	
049 RESPIRATORY THERAPY	2,689					64,028	
050 PHYSICAL THERAPY	3,145					354,916	
053 ELECTROCARDIOLOGY	3,039					80,127	
055 MEDICAL SUPPLIES CHARGED	2,135					79,360	
055 30 IMPL. DEV. CHARGED TO PAT	8,828					41,554	
056 DRUGS CHARGED TO PATIENTS	8,172					61,416	
058 01 RENAL DIALYSIS (IP)	170					2,963	
059 CARDIAC REHAB	200					40,017	
059 01 OP PSY/CDU	1,671					129,957	
059 02 RIMMS	147					31,830	
059 03 GENETIC/OAK PLAZA CLINICS						61	
059 04 PAIN CLINIC						10	
059 05 DIABETES	83					19,355	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	9,121					212,920	
062 OBSERVATION BEDS (NON-DIS							
063 INFUSION	2,649					43,498	
063 01 COMMUNITY HEALTH CENTERS						9,110	
063 02 RASC						402	
063 50 RHC	32					40,431	
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	798					84,739	
HOME HEALTH AGENCY						137,059	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	133,177	67,953				4,525,027	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						8,946	
097 RESEARCH							
097 01 SENIOR ADVAN						16	
097 02 CARE-A-VAN							
098 PHYSICIANS' PRIVATE OFFIC						232,829	
098 01 REFERENCE LAB							
098 02 MEALS ON WHEELS						17	
099 NONPAID WORKERS		286				74,795	
101 CROSS FOOT ADJUSTMENTS			370	1,243	1,566	3,179	
102 NEGATIVE COST CENTER							
103 TOTAL	133,177	68,239	370	1,243	1,566	4,844,809	

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0186
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/6/2011
 WORKSHEET B
 PART II

TOTAL

27

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	COMMUNICATIONS	
006 02	DATA PROCESSING	
006 03	PURCHASING	
006 05	BUSINESS OFFICE	
006 06	ADMIN & GENERAL	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM-(SPECIFY)	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	935,516
026	INTENSIVE CARE UNIT	77,649
027	CORONARY CARE UNIT	95,058
031	SUBPROVIDER	99,639
031 01	SUB I I - REHAB	145,803
033	NURSERY	33,413
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	398,771
038	RECOVERY ROOM	96,987
039	DELIVERY ROOM & LABOR ROO	66,407
040	ANESTHESIOLOGY	41,799
041	RADIOLOGY-DIAGNOSTIC	225,542
041 01	NUCLEAR MEDICINE-DIAGNOST	14,858
041 02	CARDIAC CATHETERIZATION L	152,028
041 22	CT SCAN	77,294
041 23	ULTRASOUND	35,044
041 26	MRI	48,573
042	RADIOLOGY-THERAPEUTIC	124,199
044	LABORATORY	372,909
046	WHOLE BLOOD & PACKED RED	1,533
048	INTRAVENOUS THERAPY	48,252
049	RESPIRATORY THERAPY	64,028
050	PHYSICAL THERAPY	354,916
053	ELECTROCARDIOLOGY	80,127
055	MEDICAL SUPPLIES CHARGED	79,360
055 30	IMPL. DEV. CHARGED TO PAT	41,554
056	DRUGS CHARGED TO PATIENTS	61,416
058 01	RENAL DIALYSIS (IP)	2,963
059	CARDIAC REHAB	40,017
059 01	OP PSY/CDU	129,957
059 02	RI MMS	31,830
059 03	GENETIC/OAK PLAZA CLINICS	61
059 04	PAIN CLINIC	10
059 05	DIABETES	19,355
	OUTPAT SERVICE COST CNTRS	
061	EMERGENCY	212,920
062	OBSERVATION BEDS (NON-DIS	
063	INFUSION	43,498
063 01	COMMUNITY HEALTH CENTERS	9,110
063 02	RASC	402
063 50	RHC	40,431
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	84,739
071	HOME HEALTH AGENCY	137,059
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	4,525,027
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	8,946
097	RESEARCH	
097 01	SENIOR ADVAN	16
097 02	CARE-A-VAN	
098	PHYSICIANS' PRIVATE OFFIC	232,829
098 01	REFERENCE LAB	
098 02	MEALS ON WHEELS	17
099	NONPAID WORKERS	74,795
101	CROSS FOOT ADJUSTMENTS	3,179
102	NEGATIVE COST CENTER	
103	TOTAL	4,844,809

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0186
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/6/2011
 WORKSHEET B PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				25,897	3,333	29,230	29,230
006 01 COMMUNICATIONS				1,544		1,544	
006 02 DATA PROCESSING	2,447			83,838	4,061,040	4,147,325	698
006 03 PURCHASING	136,537			171,884	336,776	645,197	217
006 05 BUSINESS OFFICE				99,212	145,819	245,031	1,407
006 06 ADMIN & GENERAL	136,074			465,863	210,320	812,257	2,315
007 MAINTENANCE & REPAIRS	9,884			135,318	521,045	666,247	517
008 OPERATION OF PLANT				1,216,475	663,556	1,880,031	204
009 LAUNDRY & LINEN SERVICE				36,676	2,087	38,763	174
010 HOUSEKEEPING				22,313	56,526	78,839	593
011 DIETARY	3,290			93,882	87,884	185,056	198
012 CAFETERIA				85,905		85,905	393
014 NURSING ADMINISTRATION					35,567	35,567	35
015 CENTRAL SERVICES & SUPPLY				58,557	44,197	102,754	114
016 PHARMACY	3,200			21,743	576,758	601,701	
017 MEDICAL RECORDS & LIBRARY	66,405			52,152	156,011	274,568	454
018 SOCIAL SERVICE				4,880	901	5,781	58
022 I&R SERVICES-SALARY & FRI					529	529	14
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)				1,489	1,970	3,459	19
024 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	61,351			552,338	92,234	705,923	4,221
026 INTENSIVE CARE UNIT	230			35,766	19,328	55,324	645
027 CORONARY CARE UNIT	2,301			48,108	9,836	60,245	896
031 SUBPROVIDER				33,735	26,119	59,854	1,059
031 01 SUB I I - REHAB	230			73,508	12,887	86,625	466
033 NURSERY				15,898	12,898	28,796	366
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	24,834			144,214	901,315	1,070,363	1,295
038 RECOVERY ROOM				38,082	37,199	75,281	573
039 DELIVERY ROOM & LABOR ROO				48,365	127,659	176,024	474
040 ANESTHESIOLOGY	5,335			3,749	3,024	12,108	35
041 RADIOLOGY-DIAGNOSTIC	12,531			91,566	1,107,223	1,211,320	999
041 01 NUCLEAR MEDICINE-DIAGNOST				4,503	110,500	115,003	51
041 02 CARDIAC CATHETERIZATION L	460			31,934	801,910	834,304	351
041 22 CT SCAN	2,500			5,284	197,639	205,423	160
041 23 ULTRASOUND				4,154	138,395	142,549	180
041 26 MRI				10,954	68,918	79,872	64
042 RADIOLOGY-THERAPEUTIC					144,590	144,590	208
044 LABORATORY	230			59,834	173,898	233,962	837
046 WHOLE BLOOD & PACKED RED				2,022		2,022	
048 INTRAVENOUS THERAPY							250
049 RESPIRATORY THERAPY	5,754			11,506	55,134	72,394	456
050 PHYSICAL THERAPY	144,501			168,392	31,742	344,635	883
053 ELECTROCARDIOLOGY				25,566	103,164	128,730	184
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							640
058 01 RENAL DIALYSIS (IP)							
059 CARDIAC REHAB	1,381			16,836	23,031	41,248	116
059 01 OP PSY/CDU				107,795	3,940	111,735	301
059 02 RIMMS				36,309	5,519	41,828	119
059 03 GENETIC/OAK PLAZA CLINICS							
059 04 PAIN CLINIC					2,582	2,582	
059 05 DIABETES				4,540	906	5,446	50
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	3,452			79,813	125,078	208,343	1,050
062 OBSERVATION BEDS (NON-DIS							
063 INFUSION	11,388				10,696	22,084	182
063 01 COMMUNITY HEALTH CENTERS				271,730	6,569	278,299	327
063 02 RASC							
063 50 RHC				53,420	606	54,026	56
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	871			57,436	91,032	149,339	838
HOME HEALTH AGENCY				26,172	67,658	93,830	971
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	635,186			4,641,157	11,417,548	16,693,891	26,713
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				11,800		11,800	
097 RESEARCH							
097 01 SENIOR ADVAN					4,245	4,245	
097 02 CARE-A-VAN							
098 PHYSICIANS' PRIVATE OFFIC	101,612			592,579	121,753	815,944	2,405
098 01 REFERENCE LAB							
098 02 MEALS ON WHEELS							
099 NONPAID WORKERS				337,685	4,997	342,682	112
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	736,798			5,583,221	11,548,543	17,868,562	29,230

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0186
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/6/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	COMMUNICATIONS	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6.01	6.02	6.03	6.05	6.06	7	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS	1,544						
006 02 DATA PROCESSING	108	4,148,131					
006 03 PURCHASING	20	66,053	711,487				
006 05 BUSINESS OFFICE	62	638,513	250	885,263			
006 06 ADMIN & GENERAL	298	647,321	1,943	87	1,464,221		
007 MAINTENANCE & REPAIRS	52	92,474	1,371		75,084	835,745	
008 OPERATION OF PLANT	23	74,860	37		28,729	338	1,984,222
009 LAUNDRY & LINEN SERVICE	1		340		5,185		30,065
010 HOUSEKEEPING	11	26,421	354		21,976		18,291
011 DIETARY	19	44,035	170		13,648		76,960
012 CAFETERIA					9,134		70,421
014 NURSING ADMINISTRATION	22	48,439	26		8,445		
015 CENTRAL SERVICES & SUPPLY	5	22,018	3,436		6,512	6,077	48,002
016 PHARMACY	13	83,667	9,479		11,221		17,824
017 MEDICAL RECORDS & LIBRARY	69	127,703	24		23,107		42,752
018 SOCIAL SERVICE	12	92,474	3		6,059		4,000
022 I&R SERVICES-SALARY & FRI					842		
023 I&R SERVICES-OTHER PRGM C					2,481		
024 PARAMED ED PRGM-(SPECIFY)			18		871		1,220
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	207	413,932	5,779	37,682	143,743	57,056	452,782
026 INTENSIVE CARE UNIT	13	35,228	1,283	5,764	23,902	12,829	29,320
027 CORONARY CARE UNIT	12	39,632	1,460	5,766	28,418	21,438	39,437
031 SUBPROVIDER	13	13,211	411	16,582	42,521	675	27,655
031 01 SUB II - REHAB	19	66,053	328	4,735	17,908	1,857	60,259
033 NURSERY	5	13,211	1,600	1,857	14,928	14,011	13,033
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	36	110,088	315,943	74,871	186,971	94,023	118,220
038 RECOVERY ROOM	28	61,650	1,409	16,409	22,754	8,778	31,218
039 DELIVERY ROOM & LABOR ROO	8	17,614	2,699	5,064	18,366	16,880	39,648
040 ANESTHESIOLOGY	1		9,220	30,945	7,187	65,327	3,074
041 RADIOLOGY-DIAGNOSTIC	22	101,281	15,913	70,583	63,445	111,070	56,312
041 01 NUCLEAR MEDICINE-DIAGNOST	3	4,404	6,122	6,734	5,916		3,691
041 02 CARDIAC CATHETERIZATION L	7	8,807	167,548	67,686	84,128	37,812	26,178
041 22 CT SCAN	8	35,228	5,638	60,342	15,234	3,714	4,332
041 23 ULTRASOUND	5	26,421	866	14,185	9,092	338	3,405
041 26 MRI	8	39,632	1,633	16,469	5,986		8,980
042 RADIOLOGY-THERAPEUTIC	22	48,439	1,326	35,622	52,895	9,284	
044 LABORATORY	44	273,019	113,584	118,572	88,186	30,722	49,049
046 WHOLE BLOOD & PACKED RED					25		1,657
048 INTRAVENOUS THERAPY	3	13,211	5,438	9,956	17,004	98,075	
049 RESPIRATORY THERAPY	9	35,228	4,502	17,892	18,503	44,226	9,432
050 PHYSICAL THERAPY	39	273,019	7,403	20,930	43,003	56,043	138,040
053 ELECTROCARDIOLOGY	22	52,842	840	20,223	10,706	32,579	20,958
055 MEDICAL SUPPLIES CHARGED				14,207	8,281		
055 30 IMPL. DEV. CHARGED TO PAT				58,751	4,257		
056 DRUGS CHARGED TO PATIENTS				54,383	55,533		
058 01 RENAL DIALYSIS (IP)				1,134	3,405	3,714	
059 CARDIAC REHAB	5	30,825	84	1,329	4,502	19,750	13,801
059 01 OP PSY/CDU		52,842	487	11,118	12,695		88,366
059 02 RIMMS	16		1,959	981	5,358	2,363	29,764
059 03 GENETIC/OAK PLAZA CLINICS	24				138		
059 04 PAIN CLINIC					22		
059 05 DIABETES	5	22,018	22	551	2,429	338	3,721
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	71	110,088	6,492	60,698	45,204	42,201	65,427
062 OBSERVATION BEDS (NON-DIS							
063 INFUSION			5,296	17,630	22,464	9,791	
063 01 COMMUNITY HEALTH CENTERS	3		95		17,180	506	
063 02 RASC							
063 50 RHC	5		44	213	2,393	675	43,791
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	5	30,825	298	5,312	27,906	10,635	47,083
071 HOME HEALTH AGENCY	26	154,124	691		35,927	675	21,455
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,409	4,046,850	703,864	885,263	1,381,809	813,800	1,759,623
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					148		9,673
097 RESEARCH							
097 01 SENIOR ADVAN					36		
097 02 CARE-A-VAN							
098 PHYSICIANS' PRIVATE OFFIC	65		6,736		75,940	21,776	210,240
098 01 REFERENCE LAB							
098 02 MEALS ON WHEELS							
099 NONPAID WORKERS	70	101,281	887		6,288	169	4,686
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,544	4,148,131	711,487	885,263	1,464,221	835,745	1,984,222

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0186
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/6/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 COMMUNICATIONS								
006 02 DATA PROCESSING								
006 03 PURCHASING								
006 05 BUSINESS OFFICE								
006 06 ADMIN & GENERAL								
007 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	74,528							
010 HOUSEKEEPING		146,485						
011 DIETARY	335	6,703	327,124					
012 CAFETERIA		6,134		171,987				
014 NURSING ADMINISTRATION				4,883	97,417			
015 CENTRAL SERVICES & SUPPLY	4,575	4,181		1,834	1,197	200,705		
016 PHARMACY		1,552		5,789			731,246	
017 MEDICAL RECORDS & LIBRARY		3,724						
018 SOCIAL SERVICE		348		3,392				
022 I&R SERVICES-SALARY & FRI								
023 I&R SERVICES-OTHER PRGM C				224	146			
024 PARAMED ED PRGM-(SPECIFY)		106			134			8
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	30,302	39,437	217,395	39,601	28,157		124	
026 INTENSIVE CARE UNIT	4,527	2,554	9,134	6,178	4,030		728	
027 CORONARY CARE UNIT	5,453	3,435	11,365	7,392	4,822		676	
031 SUBPROVIDER	2,381	2,409	64,277	16,522	10,778		7	
031 01 SUB I I - REHAB	4,817	5,248	22,142	4,753	3,101		4	
033 NURSERY		1,135		2,928	1,910		71	
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	2,627	10,297		11,269	7,351		22,288	
038 RECOVERY ROOM	2,515	2,719		5,100	3,327		4,097	
039 DELIVERY ROOM & LABOR ROO		3,453		4,790	3,124		169	
040 ANESTHESIOLOGY	142	268		478	312		5,582	
041 RADIOLOGY-DIAGNOSTIC	2,796	4,905		6,684			37,366	
041 01 NUCLEAR MEDICINE-DIAGNOST	279	322		520			306	
041 02 CARDIAC CATHETERIZATION L	1,423	2,280		2,795	1,823		6,001	
041 22 CT SCAN	499	377		2,023			479	
041 23 ULTRASOUND	349	297		1,467			321	
041 26 MRI	174	782		615			84	
042 RADIOLOGY-THERAPEUTIC				2,084			386,354	
044 LABORATORY		4,272		10,050			37	
046 WHOLE BLOOD & PACKED RED		144						
048 INTRAVENOUS THERAPY				485	316		50,716	
049 RESPIRATORY THERAPY	250	821		3,995	2,606		771	
050 PHYSICAL THERAPY	1,693	12,023		3,934	5,178		126	
053 ELECTROCARDIOLOGY	377	1,825		2,051	1,338		826	
055 MEDICAL SUPPLIES CHARGED						200,705		
055 30 IMPL. DEV. CHARGED TO PAT								
056 DRUGS CHARGED TO PATIENTS								
058 01 RENAL DIALYSIS (IP)								
059 CARDIAC REHAB		1,202		781	510			
059 01 OP PSY/CDU		7,697			2,469			
059 02 RIMMS	120	2,592					5,502	
059 03 GENETIC/OAK PLAZA CLINICS								
059 04 PAIN CLINIC								
059 05 DIABETES		324						
061 OUTPAT SERVICE COST CNTRS								
061 EMERGENCY	5,967	5,699	2,760	10,620	6,928		2,439	
062 OBSERVATION BEDS (NON-DIS								
063 INFUSION	178			1,648			165,737	
063 01 COMMUNITY HEALTH CENTERS				2,641			2,295	
063 02 RASC	1,024							
063 50 RHC							86	
065 OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES	699	4,101			7,301		8	
071 HOME HEALTH AGENCY		1,869					418	
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	73,502	145,235	327,073	167,526	96,858	200,705	693,626	
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP		842						
097 RESEARCH								
097 01 SENIOR ADVAN								
097 02 CARE-A-VAN								
098 PHYSICIANS' PRIVATE OFFIC	1,026			4,461	559		29,172	
098 01 REFERENCE LAB								
098 02 MEALS ON WHEELS			51					
099 NONPAID WORKERS		408					8,448	
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	74,528	146,485	327,124	171,987	97,417	200,705	731,246	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0186
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/6/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PHYSICIAN & NURSE SALARY & FRI	OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	17	18	22	23	24	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 05 BUSINESS OFFICE							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	472,401						
018 SOCIAL SERVICE		112,127					
022 I&R SERVICES-SALARY & FRI			842				
023 I&R SERVICES-OTHER PRGM C				3,394			
024 PARAMED ED PRGM-(SPECIFY)					5,835		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	20,101	62,385				2,258,827	
026 INTENSIVE CARE UNIT	3,075	2,522				197,056	
027 CORONARY CARE UNIT	3,076	1,912				235,435	
031 SUBPROVIDER	8,845	4,293				271,493	
031 01 SUB I I - REHAB	2,526	38,517				319,358	
033 NURSERY	991					94,842	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	39,938	2,029				2,067,609	
038 RECOVERY ROOM	8,753					244,611	
039 DELIVERY ROOM & LABOR ROO	2,701					291,014	
040 ANESTHESIOLOGY	16,507					151,186	
041 RADIOLOGY-DIAGNOSTIC	37,652					1,720,348	
041 01 NUCLEAR MEDICINE-DIAGNOST	3,592					146,943	
041 02 CARDIAC CATHETERIZATION L	36,106					1,277,249	
041 22 CT SCAN	32,189					365,646	
041 23 ULTRASOUND	7,567					207,042	
041 26 MRI	8,785					163,084	
042 RADIOLOGY-THERAPEUTIC	19,002					699,826	
044 LABORATORY	63,468					985,802	
046 WHOLE BLOOD & PACKED RED						3,848	
048 INTRAVENOUS THERAPY	5,311					200,765	
049 RESPIRATORY THERAPY	9,544					220,629	
050 PHYSICAL THERAPY	11,165					918,114	
053 ELECTROCARDIOLOGY	10,788					284,289	
055 MEDICAL SUPPLIES CHARGED	7,578					230,771	
055 30 IMPL. DEV. CHARGED TO PAT	31,340					94,348	
056 DRUGS CHARGED TO PATIENTS	29,010					139,566	
058 01 RENAL DIALYSIS (IP)	605					8,858	
059 CARDIAC REHAB	709					114,862	
059 01 OP PSY/CDU	5,930					293,640	
059 02 RIMMS	523					91,125	
059 03 GENETIC/OAK PLAZA CLINICS						162	
059 04 PAIN CLINIC						2,604	
059 05 DIABETES	294					35,198	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	32,378					606,365	
062 OBSERVATION BEDS (NON-DIS							
063 INFUSION	9,405					254,415	
063 01 COMMUNITY HEALTH CENTERS						301,346	
063 02 RASC						1,024	
063 50 RHC	114					101,403	
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	2,833					287,183	
HOME HEALTH AGENCY						309,986	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	472,401	111,658				16,197,872	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						22,463	
097 RESEARCH							
097 01 SENIOR ADVAN						4,281	
097 02 CARE-A-VAN							
098 PHYSICIANS' PRIVATE OFFIC						1,168,324	
098 01 REFERENCE LAB							
098 02 MEALS ON WHEELS						51	
099 NONPAID WORKERS		469				465,500	
101 CROSS FOOT ADJUSTMENTS			842	3,394	5,835	10,071	
102 NEGATIVE COST CENTER							
103 TOTAL	472,401	112,127	842	3,394	5,835	17,868,562	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0186
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/6/2011
 WORKSHEET B
 PART III

TOTAL

27

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	01 COMMUNICATIONS	
006	02 DATA PROCESSING	
006	03 PURCHASING	
006	05 BUSINESS OFFICE	
006	06 ADMIN & GENERAL	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM-(SPECIFY)	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	2,258,827
026	INTENSIVE CARE UNIT	197,056
027	CORONARY CARE UNIT	235,435
031	SUBPROVIDER	271,493
031	01 SUB II - REHAB	319,358
033	NURSERY	94,842
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	2,067,609
038	RECOVERY ROOM	244,611
039	DELIVERY ROOM & LABOR ROO	291,014
040	ANESTHESIOLOGY	151,186
041	RADIOLOGY-DIAGNOSTIC	1,720,348
041	01 NUCLEAR MEDICINE-DIAGNOST	146,943
041	02 CARDIAC CATHETERIZATION L	1,277,249
041	22 CT SCAN	365,646
041	23 ULTRASOUND	207,042
041	26 MRI	163,084
042	RADIOLOGY-THERAPEUTIC	699,826
044	LABORATORY	985,802
046	WHOLE BLOOD & PACKED RED	3,848
048	INTRAVENOUS THERAPY	200,765
049	RESPIRATORY THERAPY	220,629
050	PHYSICAL THERAPY	918,114
053	ELECTROCARDIOLOGY	284,289
055	MEDICAL SUPPLIES CHARGED	230,771
055	30 IMPL. DEV. CHARGED TO PAT	94,348
056	DRUGS CHARGED TO PATIENTS	139,566
058	01 RENAL DIALYSIS (IP)	8,858
059	CARDIAC REHAB	114,862
059	01 OP PSY/CDU	293,640
059	02 RIMMS	91,125
059	03 GENETIC/OAK PLAZA CLINICS	162
059	04 PAIN CLINIC	2,604
059	05 DIABETES	35,198
	OUTPAT SERVICE COST CNTRS	
061	EMERGENCY	606,365
062	OBSERVATION BEDS (NON-DIS	
063	INFUSION	254,415
063	01 COMMUNITY HEALTH CENTERS	301,346
063	02 RASC	1,024
063	50 RHC	101,403
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	287,183
071	HOME HEALTH AGENCY	309,986
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	16,197,872
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	22,463
097	RESEARCH	
097	01 SENIOR ADVAN	4,281
097	02 CARE-A-VAN	
098	PHYSICIANS' PRIVATE OFFIC	1,168,324
098	01 REFERENCE LAB	
098	02 MEALS ON WHEELS	51
099	NONPAID WORKERS	465,500
101	CROSS FOOT ADJUSTMENTS	10,071
102	NEGATIVE COST CENTER	
103	TOTAL	17,868,562

COST CENTER DESCRIPTION		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-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)
		1	2	3	4	5	6.01
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD	502,627					
003	OLD CAP REL COSTS-MVB		488				
004	NEW CAP REL COSTS-BLD			607,552			
005	NEW CAP REL COSTS-MVB				11,586,287		
006	EMPLOYEE BENEFITS	2,818		2,818	3,344	21,856,672	
006 01	COMMUNICATIONS			168			1,148
006 02	DATA PROCESSING	9,123	488	9,123	4,074,314	521,940	80
006 03	PURCHASING	18,704		18,704	337,877	162,300	15
006 05	BUSINESS OFFICE	10,796		10,796	146,296	1,052,516	46
006 06	ADMIN & GENERAL	50,694		50,694	211,007	1,731,833	220
007	MAINTENANCE & REPAIRS	14,725		14,725	522,748	387,059	39
008	OPERATION OF PLANT	132,374		132,374	665,725	152,316	17
009	LAUNDRY & LINEN SERVI	3,991		3,991	2,094	129,820	1
010	HOUSEKEEPING	2,428		2,428	56,711	443,219	8
011	DIETARY	10,216		10,216	88,171	147,874	14
012	CAFETERIA	9,348		9,348		294,253	
014	NURSING ADMINISTRATION				35,683	25,860	16
015	CENTRAL SERVICES & SU	6,372		6,372	44,341	85,601	4
016	PHARMACY	2,366		2,366	578,643		10
017	MEDICAL RECORDS & LIB	5,675		5,675	156,521	339,346	51
018	SOCIAL SERVICE	531		531	904	43,248	9
022	I&R SERVICES-SALARY &						
023	I&R SERVICES-OTHER PR				531	10,551	
024	PARAMED ED PRGM-(SPEC	162		162	1,976	14,027	
025	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	60,104		60,104	92,535	3,152,531	154
026	INTENSIVE CARE UNIT	3,892		3,892	19,391	482,241	10
027	CORONARY CARE UNIT	5,235		5,235	9,868	669,904	9
031	SUBPROVIDER	3,671		3,671	26,204	791,748	10
031 01	SUB I I - REHAB	7,999		7,999	12,929	348,273	14
033	NURSERY	1,730		1,730	12,940	273,567	4
037	ANCILLARY SRVC COST C						
037	OPERATING ROOM	15,693		15,693	904,261	968,406	27
038	RECOVERY ROOM	4,144		4,144	37,321	428,345	21
039	DELIVERY ROOM & LABOR	5,263		5,263	128,076	354,763	6
040	ANESTHESIOLOGY	408		408	3,034	26,259	1
041	RADIOLOGY-DIAGNOSTIC	7,475		9,964	1,110,842	747,179	16
041 01	NUCLEAR MEDICINE-DIAG	490		490	110,861	38,297	2
041 02	CARDIAC CATHETERIZATI	3,475		3,475	804,531	262,483	5
041 22	CT SCAN	575		575	198,285	119,601	6
041 23	ULTRASOUND	452		452	138,847	134,326	4
041 26	MRI	1,192		1,192	69,143	48,208	6
042	RADIOLOGY-THERAPEUTIC				145,063	155,605	16
044	LABORATORY	6,511		6,511	174,466	626,156	33
046	WHOLE BLOOD & PACKED	220		220			
048	INTRAVENOUS THERAPY					186,868	2
049	RESPIRATORY THERAPY	1,252		1,252	55,314	341,302	7
050	PHYSICAL THERAPY	18,324		18,324	31,846	660,485	29
053	ELECTROCARDIOLOGY	2,782		2,782	103,501	137,304	16
055	MEDICAL SUPPLIES CHAR						
055 30	IMPL. DEV. CHARGED TO					478,780	
056	DRUGS CHARGED TO PATI						
058 01	RENAL DIALYSIS (IP)						
059	CARDIAC REHAB	1,832		1,832	23,106	87,097	4
059 01	OP PSY/CDU	11,730		11,730	3,953	224,889	
059 02	RI MMS	3,951		3,951	5,537	89,353	12
059 03	GENETIC/OAK PLAZA CLI						18
059 04	PAIN CLINIC				2,590		
059 05	DIABETES	494		494	909	37,760	4
061	OUTPAT SERVICE COST C						
061	EMERGENCY	8,685		8,685	125,487	785,356	53
062	OBSERVATION BEDS (NON						
063	INFUSION				10,731	135,808	
063 01	COMMUNITY HEALTH CENT			29,569	6,590	244,882	2
063 02	RASC						
063 50	RHC	5,813		5,813	608	41,538	4
065	OTHER REIMBURS COST C						
065	AMBULANCE SERVICES	6,250		6,250	91,330	626,476	4
071	HOME HEALTH AGENCY	2,848		2,848	67,879	726,482	19
095	SPEC PURPOSE COST CEN						
095	SUBTOTALS	472,813	488	505,039	11,454,864	19,974,035	1,048
096	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE	1,284		1,284			
097	RESEARCH						
097 01	SENIOR ADVAN				4,259		
097 02	CARE-A-VAN						
098	PHYSICIANS' PRIVATE O	27,908		64,483	122,151	1,799,124	48
098 01	REFERENCE LAB						
098 02	MEALS ON WHEELS						
099	NONPAID WORKERS	622		36,746	5,013	83,513	52
101	CROSS FOOT ADJUSTMENT						

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	COMMUNICATION
	OSTS-BLDG & (SQUARE FEET	OSTS-MVBLE E (DOLLAR VALUE	OSTS-BLDG & (SQUARE FEET	OSTS-MVBLE E (DOLLAR VALUE	FITS (ACTUAL)ENEFI TS	S (PHONES)
	1	2	3	4	5	6.01
102 NONREIMBURS COST CENT						
103 NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)	2,169,727	2,675,082	5,583,221	11,548,543	22,762,746	1,033,966
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	4.316774		9.189701		1.041455	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		5,481.725410		.996742	12,165	900.667247
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000557	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					29,230	1,544
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.001337	1.344948

COST CENTER DESCRIPTION	DATA PROCESSING (DEVICES)	PURCHASING (REQS)	BUSINESS OFFICE (CHARGES)	RECONCILIATION	ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	OPERATION OF PLANT (SQUARE FEET)
	6.02	6.03	6.05	6a.06	6.06	7	8
001							
002							
003							
004							
005							
006							
006 01							
006 02	942						
006 03	15	27,999,411					
006 05	145	9,829	665,274,944				
006 06	147	76,468	65,033	-31,610,535	172,001,074		
007	21	53,945			8,819,970	4,951	
008	17	1,453			3,374,665	2	263,393
009		13,387			609,048		3,991
010	6	13,926			2,581,505		2,428
011	10	6,708			1,603,176		10,216
012					1,073,004		9,348
014	11	1,026			992,041		
015	5	135,221			765,005	36	6,372
016	19	373,022			1,318,131		2,366
017	29	940			2,714,278		5,675
018	21	131			711,743		531
022					98,950		
023					291,476		
024		715			102,260		162
025	94	227,436	28,311,384		16,885,118	338	60,104
026	8	50,504	4,330,656		2,807,710	76	3,892
027	9	57,460	4,332,023		3,338,196	127	5,235
031	3	16,158	12,458,118		4,994,815	4	3,671
031 01	15	12,893	3,557,600		2,103,625	11	7,999
033	3	62,955	1,395,380		1,753,508	83	1,730
037							
038	25	12,433,593	56,251,344		21,965,462	557	15,693
039	14	55,450	12,328,288		2,672,868	52	4,144
040	4	106,199	3,804,712		2,157,442	100	5,263
041		362,839	23,249,333		844,181	387	408
041 01	23	626,227	53,030,348		7,452,758	658	7,475
041 02	1	240,902	5,059,082		694,965		490
041 22	2	6,593,532	50,853,394		9,882,319	224	3,475
041 23	8	221,875	45,336,099		1,789,510	22	575
041 26	6	34,093	10,657,301		1,068,060	2	452
042	9	64,264	12,373,515		703,110		1,192
044	11	52,200	26,763,063		6,213,433	55	
046	62	4,469,867	89,249,777		10,359,029	182	6,511
048					2,972		220
049	3	214,003	7,479,958		1,997,378	581	
050	8	177,170	13,442,584		2,173,554	262	1,252
053	62	291,319	15,724,851		5,051,411	332	18,324
055	12	33,065	15,193,863		1,257,611	193	2,782
055 30			10,673,621		972,756		
056			44,140,603		500,113		
058			40,858,847		6,523,317		
059			852,144		399,933	22	
059 01	7	3,307	998,215		528,871	117	1,832
059 02	12	19,152	8,352,753		1,491,249		11,730
059 03		77,108	737,026		629,397	14	3,951
059 04					16,212		
059 05	5	869	413,646		2,582		
061					285,281	2	494
062	25	255,478	45,603,416		5,310,012	250	8,685
063		208,397	13,246,030		2,638,830	58	
063 01		3,751			2,018,058	3	
063 50		1,712	160,148	-1,697,709	281,136	4	5,813
065	7	11,715	3,990,789		3,278,098	63	6,250
071	35	27,174			4,220,309	4	2,848
095	919	27,699,438	665,274,944	-33,308,244	162,320,441	4,821	233,579
096							
097					17,343		1,284
097 01					4,245		
098		265,063			8,920,451	129	27,908
099	23	34,910			738,594	1	622
101							

	COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	RECONCILIATION	ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT
		(DEVICES)	(REQS)	(CHARGES)	()	(ACCUM. COST)	(WORK ORDER)	(SQUARE FEET)
	NONREIMBURS COST CENT	6.02	6.03	6.05	6a.06	6.06	7	8
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	14,218,124	1,727,491	7,537,615		31,610,535	10,440,913	3,999,082
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		.061697				2,108.849323	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	15,093.549894 2,714,755	124,060	.011330 465,110		.183781 643,823	157,552	15.182947 633,207
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)		.004431				31.822258	
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	2,881.905520 4,148,131	711,487	.000699 885,263		.003743 1,464,221	835,745	2.404039 1,984,222
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		.025411	.001331		.008513	168.803272	7.533313

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTES)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(ASSIGNED TIME)
GENERAL SERVICE COST	9	10	11	12	14	15	16
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 05 BUSINESS OFFICE							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	513,375						
010 HOUSEKEEPING		223,253					
011 DIETARY	2,311	10,216	362,742				
012 CAFETERIA		9,348		762,312			
014 NURSING ADMINISTRATION				21,645	661,917		
015 CENTRAL SERVICES & SUPPLY	31,513	6,372		8,131	8,131	100	
016 PHARMACY		2,366		25,658			7,179,708
017 MEDICAL RECORDS & LIBRARY		5,675					
018 SOCIAL SERVICE		531		15,034			
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL				995	995		
024 PARAMEDICAL PRGM-(SPECIAL PATIENT ROUTINE SERVICE CENTER)		162			908		79
025 ADULTS & PEDIATRICS	208,728	60,104	241,066	175,517	191,324		1,222
026 INTENSIVE CARE UNIT	31,184	3,892	10,128	27,384	27,384		7,147
027 CORONARY CARE UNIT	37,561	5,235	12,602	32,765	32,765		6,633
031 SUBPROVIDER	16,398	3,671	71,276	73,234	73,234		64
031 01 SUB I - REHAB	33,183	7,999	24,553	21,067	21,067		40
033 NURSERY		1,730		12,977	12,977		699
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM		15,693		49,950	49,950		218,834
038 RECOVERY ROOM	17,321	4,144		22,605	22,605		40,229
039 DELIVERY ROOM & LABOR		5,263		21,229	21,229		1,662
040 ANESTHESIOLOGY	975	408		2,118	2,118		54,806
041 RADIOLOGY-DIAGNOSTIC	19,261	7,475		29,627			366,878
041 01 NUCLEAR MEDICINE-DIAG	1,922	490		2,304			3,005
041 02 CARDIAC CATHETERIZATION	9,801	3,475		12,387	12,387		58,924
041 22 CT SCAN	3,438	575		8,967			4,701
041 23 ULTRASOUND	2,407	452		6,501			3,147
041 26 MRI	1,199	1,192		2,728			829
042 RADIOLOGY-THERAPEUTIC				9,237			3,793,385
044 LABORATORY		6,511		44,547			366
046 WHOLE BLOOD & PACKED		220					
048 INTRAVENOUS THERAPY				2,150	2,150		497,949
049 RESPIRATORY THERAPY	1,723	1,252		17,708	17,708		7,566
050 PHYSICAL THERAPY	11,662	18,324		17,438	35,185		1,242
053 ELECTROCARDIOLOGY	2,600	2,782		9,091	9,091		8,111
055 MEDICAL SUPPLIES CHARACTERIZED						100	
055 30 IMPL. DEV. CHARGED TO PATIENT							
056 DRUGS CHARGED TO PATIENT							
058 01 RENAL DIALYSIS (IP)							
059 CARDIAC REHAB		1,832		3,462	3,462		
059 01 OP PSY/CDU		11,730			16,773		
059 02 RIMS	825	3,951					54,021
059 03 GENETIC/OAK PLAZA CLINIC							
059 04 PAI N CLINIC							
059 05 DIABETES		494					
OUTPAT SERVICE COST CENTER							
061 EMERGENCY	41,105	8,685	3,060	47,073	47,073		23,945
062 OBSERVATION BEDS (NON INFUSION)	1,225			7,305			1,627,283
063 01 COMMUNITY HEALTH CENTER				11,707			22,531
063 02 RASC	7,055						
063 50 RHC							849
OTHER REIMBURS COST CENTER							
065 AMBULANCE SERVICES	4,815	6,250			49,605		81
071 HOME HEALTH AGENCY		2,848					4,108
SPEC PURPOSE COST CENTER							
095 SUBTOTALS	506,310	221,347	362,685	742,541	658,121	100	6,810,336
NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE		1,284					
097 RESEARCH							
097 01 SENIOR ADVAN							
097 02 CARE-A-VAN							
098 PHYSICIANS' PRIVATE OFFICE	7,065			19,771	3,796		286,427
098 01 REFERENCE LAB							
098 02 MEALS ON WHEELS			57				
099 NONPAID WORKERS		622					82,945
101 CROSS FOOT ADJUSTMENT							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0186
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/6/2011
 WORKSHEET B-1

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
		(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTES)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(ASSIGNED TIME)
		9	10	11	12	14	15	16
102	NONREIMBURS COST CENTER							
103	NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)	781,574	3,092,801	2,197,962	1,541,633	1,218,132	1,245,920	1,680,966
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.522423	13.853346	6.059298	2.022312	1.840309	12,459.200000	.234127
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	29,234	43,581	105,718	68,831	37,387	66,123	80,023
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.056945	.195209	.291441	.090292	.056483	661.230000	.011146
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	74,528	146,485	327,124	171,987	97,417	200,705	731,246
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.145173	.656139	.901809	.225612	.147174	2,007.050000	.101849

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(GROSS CHARGES)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	17	18	22	23	24
001	GENERAL SERVICE COST				
002	OLD CAP REL COSTS-BLD				
003	OLD CAP REL COSTS-MVB				
004	NEW CAP REL COSTS-BLD				
005	NEW CAP REL COSTS-MVB				
006	EMPLOYEE BENEFITS				
006 01	COMMUNICATIONS				
006 02	DATA PROCESSING				
006 03	PURCHASING				
006 05	BUSINESS OFFICE				
006 06	ADMIN & GENERAL				
007	MAINTENANCE & REPAIRS				
008	OPERATION OF PLANT				
009	LAUNDRY & LINEN SERVI				
010	HOUSEKEEPING				
011	DIETARY				
012	CAFETERIA				
014	NURSING ADMINISTRATION				
015	CENTRAL SERVICES & SU				
016	PHARMACY				
017	MEDICAL RECORDS & LIB	665,209,911			
018	SOCIAL SERVICE		9,560		
022	I&R SERVICES-SALARY &		859		
023	I&R SERVICES-OTHER PR			7,179,629	
024	PARAMED ED PRGM-(SPEC			79	95
025	INPAT ROUTINE SRVC CN				
025	ADULTS & PEDIATRICS	28,311,384	5,319	798	1,222
026	INTENSIVE CARE UNIT	4,330,656	215		7,147
027	CORONARY CARE UNIT	4,332,023	163		6,633
031	SUBPROVIDER	12,458,118	366		64
031 01	SUB I I - REHAB	3,557,600	3,284		40
033	NURSERY	1,395,380			699
037	ANCILLARY SRVC COST C				
037	OPERATING ROOM		173		218,834
038	RECOVERY ROOM	56,251,344			40,229
039	DELIVERY ROOM & LABOR	12,328,288			1,662
040	ANESTHESIOLOGY	3,804,712			54,806
041	RADIOLOGY-DIAGNOSTIC	23,249,333			366,878
041 01	NUCLEAR MEDICINE-DIAG	53,030,348			3,005
041 02	CARDIAC CATHETERIZATI	5,059,082			58,924
041 22	CT SCAN	50,853,394			4,701
041 23	ULTRASOUND	45,336,099			3,147
041 26	MRI	10,657,301			829
042	RADIOLOGY-THERAPEUTIC	12,373,515			3,793,385
044	LABORATORY	26,763,063			366
046	WHOLE BLOOD & PACKED	89,249,777			
048	INTRAVENOUS THERAPY	7,479,958			497,949
049	RESPIRATORY THERAPY	13,442,584			7,566
050	PHYSICAL THERAPY	15,724,851			1,242
053	ELECTROCARDIOLOGY	15,193,863			8,111
055	MEDICAL SUPPLIES CHAR	10,673,621			
055 30	IMPL. DEV. CHARGED TO	44,140,603			
056	DRUGS CHARGED TO PATI	40,858,847			
058 01	RENAL DIALYSIS (IP)	852,144			
059	CARDIAC REHAB	998,215			
059 01	OP PSY/CDU	8,352,753			
059 02	RI MMS	737,026			54,021
059 03	GENETIC/OAK PLAZA CLI				
059 04	PAIN CLINIC				
059 05	DIABETES	413,646			
061	OUTPAT SERVICE COST C				
061	EMERGENCY			61	23,945
062	OBSERVATION BEDS (NON	45,603,416			32
063	INFUSION	13,246,030			1,627,283
063 01	COMMUNITY HEALTH CENT				22,531
063 02	RASC				
063 50	RHC	160,148			849
065	OTHER REIMBURS COST C				
065	AMBULANCE SERVICES	3,990,789			81
071	HOME HEALTH AGENCY				4,108
095	SPEC PURPOSE COST CEN				
095	SUBTOTALS	665,209,911	9,520	859	6,810,336
095	NONREIMBURS COST CENT				95
096	GIFT, FLOWER, COFFEE				
097	RESEARCH				
097 01	SENIOR ADVAN				
097 02	CARE-A-VAN				
098	PHYSICIANS' PRIVATE O				286,427
098 01	REFERENCE LAB				
098 02	MEALS ON WHEELS				
099	NONPAID WORKERS		40		82,945
101	CROSS FOOT ADJUSTMENT				

	COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
		(GROSS CHARGES)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
		17	18	22	23	24
102	NONREIMBURS COST CENT					
103	NEGATIVE COST CENTER					
103	COST TO BE ALLOCATED	3,377,892	888,369	117,135	348,887	127,446
104	(PER WRKSHT B, PART					
104	UNIT COST MULTIPLIER		92.925628		.048594	
104	(WRKSHT B, PT I)	.005078		136.362049		1,341.536842
105	COST TO BE ALLOCATED	133,177	68,239	370	1,243	1,566
105	(PER WRKSHT B, PART					
106	UNIT COST MULTIPLIER		7.137971		.000173	
106	(WRKSHT B, PT II)	.000200		.430733		16.484211
107	COST TO BE ALLOCATED	472,401	112,127	842	3,394	5,835
107	(PER WRKSHT B, PART					
108	UNIT COST MULTIPLIER		11.728766		.000473	
108	(WRKSHT B, PT III)	.000710		.980210		61.421053

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
14-0186

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

PREPARED 7/6/2011
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	25,705,813		25,705,813	7,534	25,713,347
26	INTENSIVE CARE UNIT	3,866,336		3,866,336		3,866,336
27	CORONARY CARE UNIT	4,692,109		4,692,109		4,692,109
31	SUBPROVIDER	6,874,200		6,874,200		6,874,200
31 01	SUB I.I - REHAB	3,350,942		3,350,942		3,350,942
33	NURSERY	2,358,445		2,358,445		2,358,445
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	28,222,049		28,222,049	87,475	28,309,524
38	RECOVERY ROOM	3,581,737		3,581,737		3,581,737
39	DELIVERY ROOM & LABOR ROO	3,019,432		3,019,432		3,019,432
40	ANESTHESIOLOGY	1,970,517		1,970,517		1,970,517
41	RADIOLOGY-DIAGNOSTIC	10,889,351		10,889,351		10,889,351
41 01	NUCLEAR MEDICINE-DIAGNOST	871,039		871,039		871,039
41 02	CARDIAC CATHETERIZATION L	12,609,444		12,609,444		12,609,444
41 22	CT SCAN	2,436,393		2,436,393		2,436,393
41 23	ULTRASOUND	1,353,511		1,353,511		1,353,511
41 26	MRI	937,348		937,348		937,348
42	RADIOLOGY-THERAPEUTIC	8,698,386		8,698,386	37,957	8,736,343
44	LABORATORY	13,379,049		13,379,049		13,379,049
46	WHOLE BLOOD & PACKED RED	9,906		9,906		9,906
48	INTRAVENOUS THERAPY	3,776,767		3,776,767		3,776,767
49	RESPIRATORY THERAPY	3,312,697		3,312,697	11,196	3,323,893
50	PHYSICAL THERAPY	7,409,935		7,409,935		7,409,935
53	ELECTROCARDIOLOGY	2,095,043		2,095,043		2,095,043
55	MEDICAL SUPPLIES CHARGED	2,451,651		2,451,651		2,451,651
55 30	IMPL. DEV. CHARGED TO PAT	816,170		816,170		816,170
56	DRUGS CHARGED TO PATIENTS	7,929,660		7,929,660		7,929,660
58 01	RENAL DIALYSIS (IP)	524,155		524,155		524,155
59	CARDIAC REHAB	944,437		944,437		944,437
59 01	OP PSY/CDU	2,179,191		2,179,191		2,179,191
59 02	RI MMS	909,587		909,587		909,587
59 03	GENETIC/OAK PLAZA CLINICS	19,191		19,191		19,191
59 04	PAIN CLINIC	3,057		3,057		3,057
59 05	DIABETES	358,372		358,372		358,372
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	7,617,818		7,617,818		7,617,818
62	OBSERVATION BEDS (NON-DIS	333,047		333,047		333,047
63	INFUSION	3,790,078		3,790,078		3,790,078
63 01	COMMUNITY HEALTH CENTERS	2,425,311		2,425,311		2,425,311
63 02	RASC	1,708,450		1,708,450		1,708,450
63 50	RHC	430,549		430,549		430,549
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	4,313,791		4,313,791		4,313,791
101	SUBTOTAL	188,174,964		188,174,964	144,162	188,319,126
102	LESS OBSERVATION BEDS	333,047		333,047		333,047
103	TOTAL	187,841,917		187,841,917	144,162	187,986,079

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	28,311,384		28,311,384			
26	INTENSIVE CARE UNIT	4,330,656		4,330,656			
27	CORONARY CARE UNIT	4,332,023		4,332,023			
31	SUBPROVIDER	12,068,210		12,068,210			
31	01 SUB I.I - REHAB	3,557,600		3,557,600			
33	NURSERY	1,395,380		1,395,380			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	28,290,600	27,960,744	56,251,344	.501713	.501713	.503268
38	RECOVERY ROOM	5,630,207	6,698,081	12,328,288	.290530	.290530	.290530
39	DELIVERY ROOM & LABOR ROO	2,314,263	1,490,449	3,804,712	.793603	.793603	.793603
40	ANESTHESIOLOGY	14,264,159	8,985,174	23,249,333	.084756	.084756	.084756
41	RADIOLOGY-DIAGNOSTIC	10,481,653	42,548,695	53,030,348	.205342	.205342	.205342
41	01 NUCLEAR MEDICINE-DIAGNOST	1,665,738	3,393,344	5,059,082	.172173	.172173	.172173
41	02 CARDIAC CATHETERIZATION L	24,020,776	26,832,618	50,853,394	.247957	.247957	.247957
41	22 CT SCAN	18,242,696	27,093,403	45,336,099	.053741	.053741	.053741
41	23 ULTRASOUND	2,925,630	7,731,671	10,657,301	.127003	.127003	.127003
41	26 MRI	3,713,501	8,660,014	12,373,515	.075754	.075754	.075754
42	RADIOLOGY-THERAPEUTIC	63,342	26,699,721	26,763,063	.325015	.325015	.326433
44	LABORATORY	38,430,474	50,819,303	89,249,777	.149906	.149906	.149906
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY	6,508,347	971,611	7,479,958	.504918	.504918	.504918
49	RESPIRATORY THERAPY	9,585,541	3,857,043	13,442,584	.246433	.246433	.247266
50	PHYSICAL THERAPY	8,900,928	6,823,922	15,724,850	.471225	.471225	.471225
53	ELECTROCARDIOLOGY	6,680,039	8,513,824	15,193,863	.137887	.137887	.137887
55	MEDICAL SUPPLIES CHARGED	5,535,398	5,138,223	10,673,621	.229693	.229693	.229693
55	30 IMPL. DEV. CHARGED TO PAT	29,986,998	14,153,605	44,140,603	.018490	.018490	.018490
56	DRUGS CHARGED TO PATIENTS	33,907,323	6,951,523	40,858,846	.194074	.194074	.194074
58	01 RENAL DIALYSIS (IP)	852,144		852,144	.615101	.615101	.615101
59	CARDIAC REHAB	191,963	806,252	998,215	.946126	.946126	.946126
59	01 OP PSY/CDU	1,644	8,351,109	8,352,753	.260895	.260895	.260895
59	02 RIMMS		737,026	737,026	1.234131	1.234131	1.234131
59	03 GENETIC/OAK PLAZA CLINICS						
59	04 PAIN CLINIC						
59	05 DIABETES	604	413,042	413,646	.866374	.866374	.866374
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	15,011,147	30,592,269	45,603,416	.167045	.167045	.167045
62	OBSERVATION BEDS (NON-DIS	202,600	1,933,177	2,135,777	.155937	.155937	.155937
63	INFUSION		13,246,030	13,246,030	.286129	.286129	.286129
63	01 COMMUNITY HEALTH CENTERS	1,380	3,456,888	3,458,268	.701308	.701308	.701308
63	02 RASC		9,282,444	9,282,444	.184052	.184052	.184052
63	50 RHC		160,148	160,148	2.688444	2.688444	2.688444
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	208,638	3,782,151	3,990,789	1.080937	1.080937	1.080937
101	SUBTOTAL	321,612,986	358,083,504	679,696,490			
102	LESS OBSERVATION BEDS						
103	TOTAL	321,612,986	358,083,504	679,696,490			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	28,222,049	2,466,380	25,755,669			28,222,049
38	RECOVERY ROOM	3,581,737	341,598	3,240,139			3,581,737
39	DELIVERY ROOM & LABOR ROO	3,019,432	357,421	2,662,011			3,019,432
40	ANESTHESIOLOGY	1,970,517	192,985	1,777,532			1,970,517
41	RADIOLOGY-DIAGNOSTIC	10,889,351	1,945,890	8,943,461			10,889,351
41 01	NUCLEAR MEDICINE-DIAGNOST	871,039	161,801	709,238			871,039
41 02	CARDIAC CATHETERIZATION L	12,609,444	1,429,277	11,180,167			12,609,444
41 22	CT SCAN	2,436,393	442,940	1,993,453			2,436,393
41 23	ULTRASOUND	1,353,511	242,086	1,111,425			1,353,511
41 26	MRI	937,348	211,657	725,691			937,348
42	RADIOLOGY-THERAPEUTIC	8,698,386	824,025	7,874,361			8,698,386
44	LABORATORY	13,379,049	1,358,711	12,020,338			13,379,049
46	WHOLE BLOOD & PACKED RED	9,906	5,381	4,525			9,906
48	INTRAVENOUS THERAPY	3,776,767	249,017	3,527,750			3,776,767
49	RESPIRATORY THERAPY	3,312,697	284,657	3,028,040			3,312,697
50	PHYSICAL THERAPY	7,409,935	1,273,030	6,136,905			7,409,935
53	ELECTROCARDIOLOGY	2,095,043	364,416	1,730,627			2,095,043
55	MEDICAL SUPPLIES CHARGED	2,451,651	310,131	2,141,520			2,451,651
55 30	IMPL. DEV. CHARGED TO PAT	816,170	135,902	680,268			816,170
56	DRUGS CHARGED TO PATIENTS	7,929,660	200,982	7,728,678			7,929,660
58 01	RENAL DIALYSIS (IP)	524,155	11,821	512,334			524,155
59	CARDIAC REHAB	944,437	154,879	789,558			944,437
59 01	OP PSY/CDU	2,179,191	423,597	1,755,594			2,179,191
59 02	RI MMS	909,587	122,955	786,632			909,587
59 03	GENETIC/OAK PLAZA CLINICS	19,191	223	18,968			19,191
59 04	PAIN CLINIC	3,057	2,614	443			3,057
59 05	DIABETES	358,372	54,553	303,819			358,372
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	7,617,818	819,285	6,798,533			7,617,818
62	OBSERVATION BEDS (NON-DIS	333,047	41,374	291,673			333,047
63	INFUSION	3,790,078	297,913	3,492,165			3,790,078
63 01	COMMUNITY HEALTH CENTERS	2,425,311	310,456	2,114,855			2,425,311
63 02	RASC	1,708,450	1,426	1,707,024			1,708,450
63 50	RHC	430,549	141,834	288,715			430,549
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	4,313,791	371,922	3,941,869			4,313,791
101	SUBTOTAL	141,327,119	15,553,139	125,773,980			141,327,119
102	LESS OBSERVATION BEDS	333,047	41,374	291,673			333,047
103	TOTAL	140,994,072	15,511,765	125,482,307			140,994,072

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	56,251,344	.501713	.501713
38	RECOVERY ROOM	12,328,288	.290530	.290530
39	DELIVERY ROOM & LABOR ROO	3,804,712	.793603	.793603
40	ANESTHESIOLOGY	23,249,333	.084756	.084756
41	RADIOLOGY-DIAGNOSTIC	53,030,348	.205342	.205342
41 01	NUCLEAR MEDICINE-DIAGNOST	5,059,082	.172173	.172173
41 02	CARDIAC CATHETERIZATION L	50,853,394	.247957	.247957
41 22	CT SCAN	45,336,099	.053741	.053741
41 23	ULTRASOUND	10,657,301	.127003	.127003
41 26	MRI	12,373,515	.075754	.075754
42	RADIOLOGY-THERAPEUTIC	26,763,063	.325015	.325015
44	LABORATORY	89,249,777	.149906	.149906
46	WHOLE BLOOD & PACKED RED			
48	INTRAVENOUS THERAPY	7,479,958	.504918	.504918
49	RESPIRATORY THERAPY	13,442,584	.246433	.246433
50	PHYSICAL THERAPY	15,724,850	.471225	.471225
53	ELECTROCARDIOLOGY	15,193,863	.137887	.137887
55	MEDICAL SUPPLIES CHARGED	10,673,621	.229693	.229693
55 30	IMPL. DEV. CHARGED TO PAT	44,140,603	.018490	.018490
56	DRUGS CHARGED TO PATIENTS	40,858,846	.194074	.194074
58 01	RENAL DIALYSIS (IP)	852,144	.615101	.615101
59	CARDIAC REHAB	998,215	.946126	.946126
59 01	OP PSY/CDU	8,352,753	.260895	.260895
59 02	RI MMS	737,026	1.234131	1.234131
59 03	GENETIC/OAK PLAZA CLINICS			
59 04	PAIN CLINIC			
59 05	DIABETES	413,646	.866374	.866374
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	45,603,416	.167045	.167045
62	OBSERVATION BEDS (NON-DIS	2,135,777	.155937	.155937
63	INFUSION	13,246,030	.286129	.286129
63 01	COMMUNITY HEALTH CENTERS	3,458,268	.701308	.701308
63 02	RASC	9,282,444	.184052	.184052
63 50	RHC	160,148	2.688444	2.688444
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	3,990,789	1.080937	1.080937
101	SUBTOTAL	625,701,237		
102	LESS OBSERVATION BEDS	2,135,777		
103	TOTAL	623,565,460		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0186
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/6/2011
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	40,070	19,417	23.35	453,387	56.37	1,094,536
26	INTENSIVE CARE UNIT	3,164	2,326	24.54	57,080	62.28	144,863
27	CORONARY CARE UNIT	3,183	2,162	29.86	64,557	73.97	159,923
31	SUBPROVIDER	11,483	2,102	8.68	18,245	23.64	49,691
31 01	SUB II - REHAB	4,447	3,413	32.79	111,912	71.81	245,088
33	NURSERY	2,524		13.24		37.58	
101	TOTAL	64,871	29,420		705,181		1,694,101

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	398,771	2,067,609	56,251,344	16,051,109	.007089	113,786
38	RECOVERY ROOM	96,987	244,611	12,328,288	2,473,347	.007867	19,458
39	DELIVERY ROOM & LABOR ROO	66,407	291,014	3,804,712	5,879	.017454	103
40	ANESTHESIOLOGY	41,799	151,186	23,249,333	6,314,876	.001798	11,354
41	RADIOLOGY-DIAGNOSTIC	225,542	1,720,348	53,030,348	6,787,697	.004253	28,868
41	01 NUCLEAR MEDICINE-DIAGNOST	14,858	146,943	5,059,082	1,144,400	.002937	3,361
41	02 CARDIAC CATHETERIZATION L	152,028	1,277,249	50,853,394	16,078,488	.002990	48,075
41	22 CT SCAN	77,294	365,646	45,336,099	10,451,015	.001705	17,819
41	23 ULTRASOUND	35,044	207,042	10,657,301	1,673,241	.003288	5,502
41	26 MRI	48,573	163,084	12,373,515	2,100,859	.003926	8,248
42	RADIOLOGY-THERAPEUTIC	124,199	699,826	26,763,063	53,596	.004641	249
44	LABORATORY	372,909	985,802	89,249,777	22,207,418	.004178	92,783
46	WHOLE BLOOD & PACKED RED	1,533	3,848				
48	INTRAVENOUS THERAPY	48,252	200,765	7,479,958	3,575,100	.006451	23,063
49	RESPIRATORY THERAPY	64,028	220,629	13,442,584	6,182,775	.004763	29,449
50	PHYSICAL THERAPY	354,916	918,114	15,724,850	3,460,434	.022570	78,102
53	ELECTROCARDIOLOGY	80,127	284,289	15,193,863	4,291,872	.005274	22,635
55	MEDICAL SUPPLIES CHARGED	79,360	230,771	10,673,621		.007435	
55	30 IMPL. DEV. CHARGED TO PAT	41,554	94,348	44,140,603	17,660,104	.000941	16,618
56	DRUGS CHARGED TO PATIENTS	61,416	139,566	40,858,846	19,433,193	.001503	29,208
58	01 RENAL DIALYSIS (IP)	2,963	8,858	852,144	583,345	.003477	2,028
59	CARDIAC REHAB	40,017	114,862	998,215	115,311	.040089	4,623
59	01 OP PSY/CDU	129,957	293,640	8,352,753	1,644	.015559	26
59	02 RIMMS	31,830	91,125	737,026		.043187	
59	03 GENETIC/OAK PLAZA CLINICS	61	162				
59	04 PAIN CLINIC	10	2,604				
59	05 DIABETES	19,355	35,198	413,646	604	.046791	28
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	212,920	606,365	45,603,416	8,907,580	.004669	41,589
62	OBSERVATION BEDS (NON-DIS	12,117	29,257	2,135,777	15,959	.005673	91
63	INFUSION	43,498	254,415	13,246,030		.003284	
63	01 COMMUNITY HEALTH CENTERS	9,110	301,346	3,458,268	1,343	.002634	4
63	02 RASC	402	1,024	9,282,444		.000043	
63	50 RHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	2,887,837	12,151,546	621,550,300	149,571,189		597,070

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0186
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 14-0186
 PREPARED 7/6/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.036757	589,991
38	RECOVERY ROOM	.019841	49,074
39	DELIVERY ROOM & LABOR ROO	.076488	450
40	ANESTHESIOLOGY	.006503	41,066
41	RADIOLOGY-DIAGNOSTIC	.032441	220,200
41 01	NUCLEAR MEDICINE-DIAGNOST	.029045	33,239
41 02	CARDIAC CATHETERIZATION L	.025116	403,827
41 22	CT SCAN	.008065	84,287
41 23	ULTRASOUND	.019427	32,506
41 26	MRI	.013180	27,689
42	RADIOLOGY-THERAPEUTIC	.026149	1,401
44	LABORATORY	.011045	245,281
46	WHOLE BLOOD & PACKED RED		
48	INTRAVENOUS THERAPY	.026840	95,956
49	RESPIRATORY THERAPY	.016413	101,478
50	PHYSICAL THERAPY	.058386	202,041
53	ELECTROCARDIOLOGY	.018711	80,305
55	MEDICAL SUPPLIES CHARGED	.021621	
55 30	IMPL. DEV. CHARGED TO PAT	.002137	37,740
56	DRUGS CHARGED TO PATIENTS	.003416	66,384
58 01	RENAL DIALYSIS (IP)	.010395	6,064
59	CARDIAC REHAB	.115067	13,268
59 01	OP PSY/CDU	.035155	58
59 02	RI MMS	.123639	
59 03	GENETIC/OAK PLAZA CLINICS		
59 04	PAIN CLINIC		
59 05	DIABETES	.085092	51
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.013296	118,435
62	OBSERVATION BEDS (NON-DIS	.013699	219
63	INFUSION	.019207	
63 01	COMMUNITY HEALTH CENTERS	.087138	117
63 02	RASC	.000110	
63 50	RHC		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		2,451,127

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0186
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 14-T186
 PREPARED 7/6/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.036757	696
38	RECOVERY ROOM	.019841	71
39	DELIVERY ROOM & LABOR ROO	.076488	
40	ANESTHESIOLOGY	.006503	15
41	RADIOLOGY-DIAGNOSTIC	.032441	2,156
41 01	NUCLEAR MEDICINE-DIAGNOST	.029045	167
41 02	CARDIAC CATHETERIZATION L	.025116	
41 22	CT SCAN	.008065	1,105
41 23	ULTRASOUND	.019427	998
41 26	MRI	.013180	138
42	RADIOLOGY-THERAPEUTIC	.026149	
44	LABORATORY	.011045	4,593
46	WHOLE BLOOD & PACKED RED		
48	INTRAVENOUS THERAPY	.026840	419
49	RESPIRATORY THERAPY	.016413	4,288
50	PHYSICAL THERAPY	.058386	189,191
53	ELECTROCARDIOLOGY	.018711	374
55	MEDICAL SUPPLIES CHARGED	.021621	
55 30	IMPL. DEV. CHARGED TO PAT	.002137	1
56	DRUGS CHARGED TO PATIENTS	.003416	3,085
58 01	RENAL DIALYSIS (IP)	.010395	86
59	CARDIAC REHAB	.115067	
59 01	OP PSY/CDU	.035155	
59 02	RI MMS	.123639	
59 03	GENETIC/OAK PLAZA CLINICS		
59 04	PAIN CLINIC		
59 05	DIABETES	.085092	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.013296	
62	OBSERVATION BEDS (NON-DIS	.013699	
63	INFUSION	.019207	
63 01	COMMUNITY HEALTH CENTERS	.087138	
63 02	RASC	.000110	
63 50	RHC		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		207,383

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

PROVIDER NO: 14-0186
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 7/6/2011
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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS		135,707		135,707	40,070	3.39
26	INTENSIVE CARE UNIT		11,079		11,079	3,164	3.50
27	CORONARY CARE UNIT		21,787		21,787	3,183	6.84
31	SUBPROVIDER		9,394		9,394	11,483	.82
31 01	SUB II - REHAB		1,344		1,344	4,447	.30
33	NURSERY		34		34	2,524	.01
101	TOTAL		179,345		179,345	64,871	

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

PROVIDER NO: 14-0186
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/6/2011
 WORKSHEET D
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	19,417	65,824
26	INTENSIVE CARE UNIT	2,326	8,141
27	CORONARY CARE UNIT	2,162	14,788
31	SUBPROVIDER	2,102	1,724
31 01	SUB.II - REHAB	3,413	1,024
33	NURSERY		
101	TOTAL	29,420	91,501

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM			16,000							
38	RECOVERY ROOM			1,955							
39	DELIVERY ROOM & LABOR ROO			81							
40	ANESTHESIOLOGY			2,663							
41	RADIOLOGY-DIAGNOSTIC			17,828							
41 01	NUCLEAR MEDICINE-DIAGNOST			146							
41 02	CARDIAC CATHETERIZATION L			2,863							
41 22	CT SCAN			228							
41 23	ULTRASOUND			153							
41 26	MRI			40							
42	RADIOLOGY-THERAPEUTIC			184,337							
44	LABORATORY			18							
46	WHOLE BLOOD & PACKED RED										
48	INTRAVENOUS THERAPY			24,197							
49	RESPIRATORY THERAPY			9,759							
50	PHYSICAL THERAPY			60							
53	ELECTROCARDIOLOGY			394							
55	MEDICAL SUPPLIES CHARGED										
55 30	IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
58 01	RENAL DIALYSIS (IP)										
59	CARDIAC REHAB										
59 01	OP PSY/CDU										
59 02	RI MMS			2,625							
59 03	GENETIC/OAK PLAZA CLINICS										
59 04	PAIN CLINIC										
59 05	DIABETES										
	OUTPAT SERVICE COST CNTRS										
61	EMERGENCY			52,410							
62	OBSERVATION BEDS (NON-DIS			1,758							
63	INFUSION			79,076							
63 01	COMMUNITY HEALTH CENTERS			1,095							
63 02	RASC										
63 50	RHC										
	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL			397,686							

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	16,000	16,000	56,251,344	.000284	.000284	16,051,109	4,559
38	RECOVERY ROOM	1,955	1,955	12,328,288	.000159	.000159	2,473,347	393
39	DELIVERY ROOM & LABOR ROO	81	81	3,804,712	.000021	.000021	5,879	
40	ANESTHESIOLOGY	2,663	2,663	23,249,333	.000115	.000115	6,314,876	726
41	RADIOLOGY-DIAGNOSTIC	17,828	17,828	53,030,348	.000336	.000336	6,787,697	2,281
41	01 NUCLEAR MEDICINE-DIAGNOST	146	146	5,059,082	.000029	.000029	1,144,400	33
41	02 CARDIAC CATHETERIZATION L	2,863	2,863	50,853,394	.000056	.000056	16,078,488	900
41	22 CT SCAN	228	228	45,336,099	.000005	.000005	10,451,015	52
41	23 ULTRASOUND	153	153	10,657,301	.000014	.000014	1,673,241	23
41	26 MRI	40	40	12,373,515	.000003	.000003	2,100,859	6
42	RADIOLOGY-THERAPEUTIC	184,337	184,337	26,763,063	.006888	.006888	53,596	369
44	LABORATORY	18	18	89,249,777			22,207,418	
46	WHOLE BLOOD & PACKED RED							
48	INTRAVENOUS THERAPY	24,197	24,197	7,479,958	.003235	.003235	3,575,100	11,565
49	RESPIRATORY THERAPY	9,759	9,759	13,442,584	.000726	.000726	6,182,775	4,489
50	PHYSICAL THERAPY	60	60	15,724,850	.000004	.000004	3,460,434	14
53	ELECTROCARDIOLOGY	394	394	15,193,863	.000026	.000026	4,291,872	112
55	MEDICAL SUPPLIES CHARGED			10,673,621				
55	30 IMPL. DEV. CHARGED TO PAT			44,140,603			17,660,104	
56	DRUGS CHARGED TO PATIENTS			40,858,846			19,433,193	
58	01 RENAL DIALYSIS (IP)			852,144			583,345	
59	CARDIAC REHAB			998,215			115,311	
59	01 OP PSY/CDU			8,352,753			1,644	
59	02 RIMMS	2,625	2,625	737,026	.003562	.003562		
59	03 GENETIC/OAK PLAZA CLINICS							
59	04 PAIN CLINIC							
59	05 DIABETES			413,646			604	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	52,410	52,410	45,603,416	.001149	.001149	8,907,580	10,235
62	OBSERVATION BEDS (NON-DIS	1,758	1,758	2,135,777	.000823	.000823	15,959	13
63	INFUSION	79,076	79,076	13,246,030	.005970	.005970		
63	01 COMMUNITY HEALTH CENTERS	1,095	1,095	3,458,268	.000317	.000317	1,343	
63	02 RASC			9,282,444				
63	50 RHC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES		4					
101	TOTAL	397,686	397,690	621,550,300			149,571,189	35,770

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	10,957,782				3,112	
38	RECOVERY ROOM	1,705,129				271	
39	DELIVERY ROOM & LABOR ROO	16,182					
40	ANESTHESIOLOGY	2,382,553				274	
41	RADIOLOGY-DIAGNOSTIC	18,626,256				6,258	
41 01	NUCLEAR MEDICINE-DIAGNOST	1,672,037				48	
41 02	CARDIAC CATHETERIZATION L	17,705,140				991	
41 22	CT SCAN	8,389,597				42	
41 23	ULTRASOUND	1,726,081				24	
41 26	MRI	2,656,259				8	
42	RADIOLOGY-THERAPEUTIC	14,297,068				98,478	
44	LABORATORY	22,053,729					
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY	345,444				1,118	
49	RESPIRATORY THERAPY	1,561,443				1,134	
50	PHYSICAL THERAPY	2,258,161				9	
53	ELECTROCARDIOLOGY	3,042,055				79	
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT	8,937,642					
56	DRUGS CHARGED TO PATIENTS	3,619,938					
58 01	RENAL DIALYSIS (IP)						
59	CARDIAC REHAB	466,149					
59 01	OP PSY/CDU	452,429					
59 02	RI MMS						
59 03	GENETIC/OAK PLAZA CLINICS						
59 04	PAIN CLINIC						
59 05	DIABETES	184,032					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,284,376				7,221	
62	OBSERVATION BEDS (NON-DIS	672,421				553	
63	INFUSION	8,894,376				53,099	
63 01	COMMUNITY HEALTH CENTERS	297,620				94	
63 02	RASC						
63 50	RHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	139,203,899				172,813	

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM			16,000							
38	RECOVERY ROOM			1,955							
39	DELIVERY ROOM & LABOR ROO			81							
40	ANESTHESIOLOGY			2,663							
41	RADIOLOGY-DIAGNOSTIC			17,828							
41 01	NUCLEAR MEDICINE-DIAGNOST			146							
41 02	CARDIAC CATHETERIZATION L			2,863							
41 22	CT SCAN			228							
41 23	ULTRASOUND			153							
41 26	MRI			40							
42	RADIOLOGY-THERAPEUTIC			184,337							
44	LABORATORY			18							
46	WHOLE BLOOD & PACKED RED										
48	INTRAVENOUS THERAPY			24,197							
49	RESPIRATORY THERAPY			9,759							
50	PHYSICAL THERAPY			60							
53	ELECTROCARDIOLOGY			394							
55	MEDICAL SUPPLIES CHARGED										
55 30	IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
58 01	RENAL DIALYSIS (IP)										
59	CARDIAC REHAB										
59 01	OP PSY/CDU										
59 02	RI MMS			2,625							
59 03	GENETIC/OAK PLAZA CLINICS										
59 04	PAIN CLINIC										
59 05	DIABETES										
	OUTPAT SERVICE COST CNTRS										
61	EMERGENCY			52,410							
62	OBSERVATION BEDS (NON-DIS			1,758							
63	INFUSION			79,076							
63 01	COMMUNITY HEALTH CENTERS			1,095							
63 02	RASC										
63 50	RHC										
	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL			397,686							

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	16,000	16,000	56,251,344	.000284	.000284	18,923	5
38	RECOVERY ROOM	1,955	1,955	12,328,288	.000159	.000159	3,568	1
39	DELIVERY ROOM & LABOR ROO	81	81	3,804,712	.000021	.000021		
40	ANESTHESIOLOGY	2,663	2,663	23,249,333	.000115	.000115	2,326	
41	RADIOLOGY-DIAGNOSTIC	17,828	17,828	53,030,348	.000336	.000336	66,473	22
41 01	NUCLEAR MEDICINE-DIAGNOST	146	146	5,059,082	.000029	.000029	5,764	
41 02	CARDIAC CATHETERIZATION L	2,863	2,863	50,853,394	.000056	.000056		
41 22	CT SCAN	228	228	45,336,099	.000005	.000005	136,954	1
41 23	ULTRASOUND	153	153	10,657,301	.000014	.000014	51,373	1
41 26	MRI	40	40	12,373,515	.000003	.000003	10,477	
42	RADIOLOGY-THERAPEUTIC	184,337	184,337	26,763,063	.006888	.006888		
44	LABORATORY	18	18	89,249,777			415,877	
46	WHOLE BLOOD & PACKED RED							
48	INTRAVENOUS THERAPY	24,197	24,197	7,479,958	.003235	.003235	15,628	51
49	RESPIRATORY THERAPY	9,759	9,759	13,442,584	.000726	.000726	261,241	190
50	PHYSICAL THERAPY	60	60	15,724,850	.000004	.000004	3,240,348	13
53	ELECTROCARDIOLOGY	394	394	15,193,863	.000026	.000026	19,985	1
55	MEDICAL SUPPLIES CHARGED			10,673,621				
55 30	IMPL. DEV. CHARGED TO PAT			44,140,603			419	
56	DRUGS CHARGED TO PATIENTS			40,858,846			902,964	
58 01	RENAL DIALYSIS (IP)			852,144			8,298	
59	CARDIAC REHAB			998,215				
59 01	OP PSY/CDU			8,352,753				
59 02	RI MMS	2,625	2,625	737,026	.003562	.003562		
59 03	GENETIC/OAK PLAZA CLINICS							
59 04	PAIN CLINIC							
59 05	DIABETES			413,646				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	52,410	52,410	45,603,416	.001149	.001149		
62	OBSERVATION BEDS (NON-DIS	1,758	1,758	2,135,777	.000823	.000823		
63	INFUSION	79,076	79,076	13,246,030	.005970	.005970		
63 01	COMMUNITY HEALTH CENTERS	1,095	1,095	3,458,268	.000317	.000317		
63 02	RASC			9,282,444				
63 50	RHC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES		4					
101	TOTAL	397,686	397,690	621,550,300			5,160,618	285

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	NUCLEAR MEDICINE-DIAGNOST						
41 02	CARDIAC CATHETERIZATION L						
41 22	CT SCAN						
41 23	ULTRASOUND						
41 26	MRI						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
58 01	RENAL DIALYSIS (IP)						
59	CARDIAC REHAB						
59 01	OP PSY/CDU						
59 02	RI MMS						
59 03	GENETIC/OAK PLAZA CLINICS						
59 04	PAIN CLINIC						
59 05	DIABETES						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	INFUSION						
63 01	COMMUNITY HEALTH CENTERS						
63 02	RASC						
63 50	RHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	519
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	641.71
85	OBSERVATION BED COST	333,047

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	935,516	.036383	333,047	12,117
87	NEW CAPITAL-RELATED COST	2,258,827	.087846	333,047	29,257
88	NON PHYSICIAN ANESTHETIST			333,047	
89	MEDICAL EDUCATION	135,707	.005278	333,047	1,758
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 7/6/2011
14-0186	FROM 1/1/2010	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2010	PART III
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TITLE XVIII PART A SUBPROVIDER I

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

1

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 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
- 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					

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 7/6/2011
14-0186	FROM 1/1/2010	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2010	PART III
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TITLE XIX - I/P SUBPROVIDER I

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

1

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 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
- 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					

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS | PROVIDER NO: | PERIOD: | PREPARED 7/ 6/2011
 14-0186 | FROM 1/ 1/2010 | WORKSHEET D-2
 | TO 12/31/2010 |

PART I -NOT IN APPROVED TEACHING PROGRAM

COST CENTERS	PERCENT OF ASSIGNED TIME	EXPENSE ALLOCATION	TOTAL INPATIENT DAYS-ALL PATIENTS
	1	2	3
1 TOTAL COST OF SERVICES RENDERED	100.00		
HOSPITAL INPATIENT ROUTINE SERVICES:			
2 ADULTS & PEDIATRICS			40,070
3 INTENSIVE CARE UNIT			3,164
4 CORONARY CARE UNIT			3,183
8 NURSERY			2,524
9 SUBTOTAL			
10 SUBPROVIDER			11,483
10.01 SUB II - REHAB			4,447
15 HOME HEALTH AGENCY			
17.01 RENAL DIALYSIS (IP)			
19 SUBTOTAL			

TOTAL CHARGES

21 EMERGENCY	45,603,416
22 OBSERVATION BEDS (NON-DISTINCT PART)	2,135,777
23 INFUSION	13,246,030
23.01 COMMUNITY HEALTH CENTERS	3,458,268
23.02 RASC	9,282,444
23.50 RHC	160,148
24 SUBTOTAL	
25 TOTAL	

PART II -IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)

COST CENTER	EXPENSES ALLOC TO COST CENTRS ON W/S B, PT 1 COLS 22 & 23	SWING BED AMOUNT	NET COST
	1	2	3
HOSPITAL INPATIENT ROUTINE SERVICES:			
26 ADULTS & PEDIATRICS	108,876		108,876
27 SWING BED - SNF			
28 SWING BED - NF			
29 INTENSIVE CARE UNIT	347		347
30 CORONARY CARE UNIT	322		322
34 SUBTOTAL	109,545		109,545
35 SUBPROVIDER	3		3
35.01 SUB II - REHAB	2		2
38 TOTAL	109,550		109,550

PART III -SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)

COST CENTERS	NOT IN APPROVED TEACHING PROGRAM (FROM PART I)	AMOUNT
	1	2
39 HOSPITAL		
40 INPATIENT	CL 9, LN 9	
41 OUTPATIENT	CL 9, LN 24	
42 TOTAL HOSPITAL		
42 SUBPROVIDER	CL 9, LN 10	
42.01 SUB II - REHAB	CL 9, LN 10.01	

PART I - NOT IN APPROVED TEACHING PROGRAM

COST CENTERS	AVERAGE COST PER DAY	HEALTH CARE TITLE V	PROGRAM TITLE XVIII PART B	INPATIENT DAYS TITLE XIX	TITLE V
	4	5	6	7	8
1 TOTAL COST OF SERVICES RENDERED					
HOSPITAL INPATIENT ROUTINE SERVICES:					
2 ADULTS & PEDIATRICS					
3 INTENSIVE CARE UNIT					
4 CORONARY CARE UNIT					
8 NURSERY					
9 SUBTOTAL					
10 SUBPROVIDER					
10.01 SUB II - REHAB					
15 HOME HEALTH AGENCY					
17.01 RENAL DIALYSIS (IP)					
19 SUBTOTAL					

	RATIO OF COST TO CHARGES	OUTPATIENT CHARGES TITLE V	TITLE XVIII PART B	TITLE XIX	OUTPAT COST TITLE V
21 EMERGENCY					
22 OBSERVATION BEDS (NON-DISTINCT PART)					
23 INFUSION					
23.01 COMMUNITY HEALTH CENTERS					
23.02 RASC					
23.50 RHC					
24 SUBTOTAL					
25 TOTAL					

PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)

COST CENTERS	TOTAL INPATIENT DAYS ALL PATIENTS	AVERAGE COST PER DAY	TITLE XVIII PART B INPATIENT DAYS	EXPENSES APPLICABLE TO TITLE XVIII
	4	5	6	7
HOSPITAL INPATIENT ROUTINE SERVICES:				
26 ADULTS & PEDIATRICS	40,070	2.72	21,519	58,532
27 SWING BED - SNF				
28 SWING BED - NF	39,551			
29 INTENSIVE CARE UNIT	3,164	.11	2,326	256
30 CORONARY CARE UNIT	3,183	.10	2,162	216
34 SUBTOTAL				59,004
35 SUBPROVIDER	11,483			
35.01 SUB II - REHAB	4,447		3,413	
38 TOTAL				59,004

PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)

	IN APPROVED TEACH PROG (PT II, COL. 7)	AMOUNT	TITLE XVIII COSTS (W/S E, PT B) (COLS 2 + 4)
	3	4	5
39 HOSPITAL INPATIENT	LINE 34	59,004	
40 OUTPATIENT			
41 TOTAL HOSPITAL		59,004	LINE 2
42 SUBPROVIDER	LINE 35		LINE 2
42.01 SUB II - REHAB	LINE 35.01		LINE 2

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS	PROVIDER NO: 14-0186	PERIOD: FROM 1/1/2010 TO 12/31/2010	PREPARED 7/6/2011 WORKSHEET D-2
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PART I - NOT IN APPROVED TEACHING PROGRAM

COST CENTERS	TITLE XVIII	TITLE XIX
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- 1 TOTAL COST OF SERVICES RENDERED
- HOSPITAL INPATIENT ROUTINE SERVICES:
- 2 ADULTS & PEDIATRICS
- 3 INTENSIVE CARE UNIT
- 4 CORONARY CARE UNIT
- 8 NURSERY
- 9 SUBTOTAL
- 10 SUBPROVIDER
- 10.01 SUB II - REHAB
- 15 HOME HEALTH AGENCY
- 17.01 RENAL DIALYSIS (IP)
- 19 SUBTOTAL

9	10
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OUTPATIENT COST
TITLE XVIII TITLE XIX
PART B

- 21 EMERGENCY
- 22 OBSERVATION BEDS (NON-DISTINCT PART)
- 23 INFUSION
- 23.01 COMMUNITY HEALTH CENTERS
- 23.02 RASC
- 23.50 RHC
- 24 SUBTOTAL
- 25 TOTAL

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			
31	SUBPROVIDER			
31 01	SUB I I - REHAB ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.501713		
38	RECOVERY ROOM	.290530		
39	DELIVERY ROOM & LABOR ROOM	.793603		
40	ANESTHESIOLOGY	.084756		
41	RADIOLOGY-DIAGNOSTIC	.205342		
41 01	NUCLEAR MEDICINE-DIAGNOSTIC	.172173		
41 02	CARDIAC CATHETERIZATION LABORATORY	.247957		
41 22	CT SCAN	.053741		
41 23	ULTRASOUND	.127003		
41 26	MRI	.075754		
42	RADIOLOGY-THERAPEUTIC	.325015		
44	LABORATORY	.149906		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
48	INTRAVENOUS THERAPY	.504918		
49	RESPIRATORY THERAPY	.246433		
50	PHYSICAL THERAPY	.471225		
53	ELECTROCARDIOLOGY	.137887		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.229693		
55 30	IMPL. DEV. CHARGED TO PATIENT	.018490		
56	DRUGS CHARGED TO PATIENTS	.194074		
58 01	RENAL DIALYSIS (IP)	.615101		
59	CARDIAC REHAB	.946126		
59 01	OP PSY/CDU	.260895		
59 02	RIIMMS	1.234131		
59 03	GENETIC/OAK PLAZA CLINICS			
59 04	PAIN CLINIC			
59 05	DIABETES	.866374		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.167045		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.155937		
63	INFUSION	.286129		
63 01	COMMUNITY HEALTH CENTERS	.701308		
63 02	RASC	.184052		
63 50	RHC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES			

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	43,000,054	
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)	517,017	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	199.58	
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	2.50	
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	2.50	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	.83	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.004159	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.010017	
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)	.004159	
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	97,653	
	SUM OF LINES 3.21 - 3.23	
	97,653	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	97,653	
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	5.20	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	19.59	
4.02 SUM OF LINES 4 AND 4.01	24.79	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	15.50	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	6,665,008	
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)	5,090	
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

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)	50,279,732	
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)	50,279,732	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,798,342	
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	88,753	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	35,770	
16 TOTAL	54,202,597	
17 PRIMARY PAYER PAYMENTS	45,561	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	54,157,036	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,107,124	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	137,196	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	881,745	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	617,222	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	50,529,938	
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	50,529,938	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	49,816,393	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	713,545	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	30,899,187
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	25,825,226
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	826
1.04	LINE 1.01 TIMES LINE 1.03.	25,522,728
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	172,813
2	INTERNS AND RESIDENTS	59,004
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	59,004

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	59,004
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	25,998,039

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	5,156,933
19	SUBTOTAL (SEE INSTRUCTIONS)	20,900,110
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	20,900,110
24	PRIMARY PAYER PAYMENTS	3,457
25	SUBTOTAL	20,896,653

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	678,037
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	474,626
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	21,371,279
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	21,371,279
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	21,796,150
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-424,871
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
14-0186	FROM 1/1/2010	7/6/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
-		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 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)

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 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
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL
- 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
- 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
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 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)

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		50,003,580		20,664,837
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				492,480
ADJUSTMENTS TO PROVIDER .03				233,664
ADJUSTMENTS TO PROVIDER .04				287,432
ADJUSTMENTS TO PROVIDER .05				117,737
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51		52,972		
ADJUSTMENTS TO PROGRAM .52		134,215		
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		-187,187		1,131,313
4 TOTAL INTERIM PAYMENTS		49,816,393		21,796,150
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		713,545		424,871
7 TOTAL MEDICARE PROGRAM LIABILITY		50,529,938		21,371,279

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.

TITLE XVII I SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,561,005		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50		10,030		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		-10,030		NONE
4 TOTAL INTERIM PAYMENTS		4,550,975		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER	38,688		
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM			
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		4,589,663		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

- 1 INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)
- 1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)
- 1.02 ENTER FROM THE PS&R, THE IRF PPS PAYMENT
- 1.03 MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)
- 1.04 INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)
- 1.05 OUTLIER PAYMENTS
- 1.06 TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)
- 1.07 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)

- INPATIENT PSYCHIATRIC FACILITY (IPF)
- 1.08 NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)
- 1.09 NET IPF PPS OUTLIER PAYMENTS
- 1.10 NET IPF PPS ECT PAYMENTS
- 1.11 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)
- 1.12 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)
- 1.13 CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.14 CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.15 INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)
- 1.16 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)
- 1.17 MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.
- 1.18 MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).
- 1.19 ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)
- 1.20 STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)
- 1.21 ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)
- 1.22 STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)
- 1.23 TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)

- INPATIENT REHABILITATION FACILITY (IRF)
- 1.35 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)
- 1.36 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)
- 1.37 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.38 CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.39 INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)
- 1.40 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)
- 1.41 MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)
- 1.42 MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).

- 2 ORGAN ACQUISITION
- 3 COST OF TEACHING PHYSICIANS
- 4 SUBTOTAL (SEE INSTRUCTIONS)
- 5 PRIMARY PAYER PAYMENTS
- 6 SUBTOTAL
- 7 DEDUCTIBLES
- 8 SUBTOTAL
- 9 COINSURANCE
- 10 SUBTOTAL
- 11 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)S
- 11.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 12 SUBTOTAL
- 13 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)
- 14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION
- 15 OTHER ADJUSTMENTS (SPECIFY)
- 15.99 OUTLIER RECONCILIATION ADJUSTMENT
- 16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS

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

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

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

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

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,589,663
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,550,975
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	38,688
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	56,153,001			
2	TEMPORARY INVESTMENTS	949,239			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	27,219,143			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	4,954,680			
8	PREPAID EXPENSES	5,606,513			
9	OTHER CURRENT ASSETS	3,109,182			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	97,991,758			
FIXED ASSETS					
12	LAND	10,654,169			
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	203,588,050			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	31,886,802			
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	153,219,667			
18.01	LESS ACCUMULATED DEPRECIATION	-235,199,726			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	164,148,962			
OTHER ASSETS					
22	INVESTMENTS	165,434,206			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	5,289,419			
26	TOTAL OTHER ASSETS	170,723,625			
27	TOTAL ASSETS	432,864,345			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	5,762,578			
29 SALARIES, WAGES & FEES PAYABLE	7,469,867			
30 PAYROLL TAXES PAYABLE	3,995,126			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	45,063,027			
36 TOTAL CURRENT LIABILITIES	62,290,598			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	138,272,297			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	47,582			
42 TOTAL LONG-TERM LIABILITIES	138,319,879			
43 TOTAL LIABILITIES	200,610,477			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	232,253,866			
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	232,253,866			
52 TOTAL LIABILITIES AND FUND BALANCES	432,864,343			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)		25,026,499		
3 TOTAL		25,026,499		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		25,026,499		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		25,026,499		

	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				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	41,520,102		41,520,102
2 00 SUBPROVIDER			
2 01 SUB II - REHAB	3,557,600		3,557,600
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	45,077,702		45,077,702
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	4,330,656		4,330,656
11 00 CORONARY CARE UNIT	4,332,023		4,332,023
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	8,662,679		8,662,679
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	53,740,381		53,740,381
17 00 ANCILLARY SERVICES	267,943,578	389,941,582	657,885,160
18 00 OUTPATIENT SERVICES			
18 50 RHC		158,180	158,180
19 00 HOME HEALTH AGENCY		4,515,751	4,515,751
20 00 AMBULANCE SERVICES	208,638	3,782,151	3,990,789
24 00			
25 00 TOTAL PATIENT REVENUES	321,892,597	398,397,664	720,290,261

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		220,291,135	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 BAD DEBT - GENERAL			
29 00 MISCELLANEOUS	5,478,945		
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		5,478,945	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		225,770,080	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0186
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/6/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	720,290,261
2	LESS: ALLOWANCES AND DISCOUNTS ON	493,247,308
3	NET PATIENT REVENUES	227,042,953
4	LESS: TOTAL OPERATING EXPENSES	225,770,080
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	1,272,873
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
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	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	4,519,618
24.01	PROVIDER ASSESSMENT	5,449,792
24.02	NON OPERATING INCOME	13,784,216
24.04		
24.05		
24.06		
24.07		
24.08		
24.09		
24.10		
24.12		
24.13		
24.14		
25	TOTAL OTHER INCOME	23,753,626
26	TOTAL	25,026,499
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
27.01		
27.02		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	25,026,499

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	864,115				80,004	944,119
HHA REIMBURSABLE SERVICES						
6	737,749		54,435			792,184
7	808,802		47,650			856,452
8	111,642		6,953			118,595
9	30,531		2,585			33,116
10	3,812		393			4,205
11	21,405		7,183			28,588
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	2,578,056		119,199		80,004	2,777,259

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	11,149	955,268		955,268
HHA REIMBURSABLE SERVICES				
6	9,520	801,704		801,704
7	10,436	866,888		866,888
8	1,440	120,035		120,035
9	394	33,510		33,510
10	49	4,254		4,254
11	276	28,864		28,864
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	33,264	2,810,523		2,810,523

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							
		955,268				955,268	955,268
HHA REIMBURSABLE SERVICES							
6		801,704				801,704	412,796
7		866,888				866,888	446,360
8		120,035				120,035	61,806
9		33,510				33,510	17,254
10		4,254				4,254	2,190
11		28,864				28,864	14,862
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		2,810,523				2,810,523	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		1,214,500					
6		1,313,248					
7		181,841					
8		50,764					
9		6,444					
10		43,726					
11							
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		2,810,523					
TOTAL (SUM OF LINES 1-23)							

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 (ACCUM. 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				-955,268	1,855,255	
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					801,704	
7	PHYSICAL THERAPY					866,888	
8	OCCUPATIONAL THERAPY					120,035	
9	SPEECH PATHOLOGY					33,510	
10	MEDICAL SOCIAL SERVICES					4,254	
11	HOME HEALTH AIDE					28,864	
12	SUPPLIES						
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)				-955,268	1,855,255	
25	COST TO BE ALLOCATED					955,268	
26	UNIT COST MULTIPLIER					.514898	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5
1 ADMIN & GENERAL		12,294		26,172	67,658	756,598
2 SKILLED NURSING CARE	1,214,500					
3 PHYSICAL THERAPY	1,313,248					
4 OCCUPATIONAL THERAPY	181,841					
5 SPEECH PATHOLOGY	50,764					
6 MEDICAL SOCIAL SERVICES	6,444					
7 HOME HEALTH AIDE	43,726					
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)	2,810,523	12,294		26,172	67,658	756,598
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	COMMUNICATIONS 6.01	DATA PROCESSING 6.02	PURCHASING 6.03	BUSINESS OFFICE 6.05	SUBTOTAL 6A.05	ADMIN & GENERAL 6.06
1 ADMIN & GENERAL	17,113	528,274	1,677		1,409,786	259,093
2 SKILLED NURSING CARE					1,214,500	223,202
3 PHYSICAL THERAPY					1,313,248	241,350
4 OCCUPATIONAL THERAPY					181,841	33,419
5 SPEECH PATHOLOGY					50,764	9,329
6 MEDICAL SOCIAL SERVICES					6,444	1,184
7 HOME HEALTH AIDE					43,726	8,036
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)	17,113	528,274	1,677		4,220,309	775,613
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	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	8,435	43,241		39,454		
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)	8,435	43,241		39,454		
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	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPL 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES -SALARY & FR 22
1 ADMIN & GENERAL			962			
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)			962			
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	I & R SERVICES -OTHER PRGM 23	PARAMED P RGM-(SPECIFY 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
1 ADMIN & GENERAL	200		1,761,171		1,761,171	
2 SKILLED NURSING CARE			1,437,702		1,437,702	761,048
3 PHYSICAL THERAPY			1,554,598		1,554,598	822,927
4 OCCUPATIONAL THERAPY			215,260		215,260	113,948
5 SPEECH PATHOLOGY			60,093		60,093	31,810
6 MEDICAL SOCIAL SERVICES			7,628		7,628	4,038
7 HOME HEALTH AIDE			51,762		51,762	27,400
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)	200		5,088,214		5,088,214	1,761,171
21 UNIT COST MULTIPLIER						0.529350

(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	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	2,198,750
3 PHYSICAL THERAPY	2,377,525
4 OCCUPATIONAL THERAPY	329,208
5 SPEECH PATHOLOGY	91,903
6 MEDICAL SOCIAL SERVICES	11,666
7 HOME HEALTH AIDE	79,162
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)	5,088,214
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	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-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (ACTUAL)	COMMUNICATIONS (PHONES)
	1	2	3	4	5	6.01
1 ADMIN & GENERAL	2,848		2,848	67,879	726,482	19
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)	2,848		2,848	67,879	726,482	19
21 COST TO BE ALLOCATED	12,294		26,172	67,658	756,598	17,113
22 UNIT COST MULTIPLIER	4.316713		9.189607	0.996744	1.041455	900.684211

HHA COST CENTER	DATA PROCESSING (DEVICES)	PURCHASING (REOS)	BUSINESS OFFICE (CHARGES)	RECONCILIATION	ADMIN & GENERAL (ACCU. COST)	MAINTENANCE & REPAIRS (WORK ORDER)
	6.02	6.03	6.05	6A.06	6.06	7
1 ADMIN & GENERAL	35	27,174			1,409,786	4
2 SKILLED NURSING CARE					1,214,500	
3 PHYSICAL THERAPY					1,313,248	
4 OCCUPATIONAL THERAPY					181,841	
5 SPEECH PATHOLOGY					50,764	
6 MEDICAL SOCIAL SERVICES					6,444	
7 HOME HEALTH AIDE					43,726	
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)	35	27,174			4,220,309	4
21 COST TO BE ALLOCATED	528,274	1,677			775,613	8,435
22 UNIT COST MULTIPLIER	5093.542857	0.061713			0.183781	2108.750000

HHA 1

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)
	8	9	10	11	12	14
1 ADMIN & GENERAL	2,848		2,848			
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)	2,848		2,848			
21 COST TO BE ALLOCATED	43,241		39,454			
22 UNIT COST MULTIPLIER	15.182935		13.853230			

HHA COST CENTER	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.)	PHARMACY (ASSIGNED TIME)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	I&R SERVICES - SALARY & FR (ASSIGNED TIME)	I&R SERVICES - OTHER PRGM (ASSIGNED TIME)
	15	16	17	18	22	23
1 ADMIN & GENERAL		4,108				4,108
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)		4,108				4,108
21 COST TO BE ALLOCATED		962				200
22 UNIT COST MULTIPLIER		0.234177				0.048685

HHA 1

PARAMED ED P
RGM- (SPECIFY
(ASSIGNED
TIME)

24

HHA COST CENTER

- 1 ADMIN & GENERAL
- 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)
- 21 COST TO BE ALLOCATED
- 22 UNIT COST MULTIPLIER

PROVIDER NO: 14-0186
 HHA NO: 14-7400
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/6/2011
 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

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM	FACILITY COSTS	SHARED ANCI LLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
		WKST H-5 PART I COL. 29, LINE:	(FROM WKST H-5 PART I)	(FROM PART II)				PART A
1 SKILLED NURSING	2	2,198,750	2,198,750	2,198,750	2,198,750	9,685	227.03	7,060
2 PHYSICAL THERAPY	3	2,377,525	2,377,525	2,377,525	2,377,525	8,478	280.43	6,575
3 OCCUPATIONAL THERAPY	4	329,208	329,208	329,208	329,208	1,237	266.13	1,075
4 SPEECH PATHOLOGY	5	91,903	91,903	91,903	91,903	460	199.79	336
5 MEDICAL SOCIAL SERVICES	6	11,666	11,666	11,666	11,666	70	166.66	65
6 HOME HEALTH AIDE SERVICE	7	79,162	79,162	79,162	79,162	1,278	61.94	1,121
7 TOTAL		5,088,214	5,088,214	5,088,214	5,088,214	21,208		16,232

NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
1 SKILLED NURSING		1,602,832		1,602,832	1,602,832
2 PHYSICAL THERAPY		1,843,827		1,843,827	1,843,827
3 OCCUPATIONAL THERAPY		286,090		286,090	286,090
4 SPEECH PATHOLOGY		67,129		67,129	67,129
5 MEDICAL SOCIAL SERVICES		10,833		10,833	10,833
6 HOME HEALTH AIDE SERVICES		69,435		69,435	69,435
7 TOTAL		3,880,146		3,880,146	3,880,146

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST	PROGRAM VISITS
						LIMITS	PART A
8 SKILLED NURSING		3760					
9 PHYSICAL THERAPY		3760					
10 OCCUPATIONAL THERAPY		3760					
11 SPEECH PATHOLOGY		3760					
12 MEDICAL SOCIAL SERVICES		3760					
13 HOME HEALTH AIDE SERVICE		3760					
14 TOTAL							

NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
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: 14-0186
 HHA NO: 14-7400
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 7/6/2011
 WORKSHEET H-6
 PARTS III & 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)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00				28,446		28,446
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES	-----COST OF SERVICES-----	
	-----PART B-----	-----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	
15 COST OF MEDICAL SUPPLIES			9
16 COST OF DRUGS			10
16.20 COST OF DRUGS			11

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	3760	
17 PER BENE COST LIMITATION (FRM FI)	3760	
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	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.471225			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.229693			COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.018490			
5 DRUGS CHARGED TO PATIENTS	56	.194074			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER
	1	2	----- PROGRAM VISITS -----	1/1/1998 TO 12/31/1998	----- PROGRAM VISITS -----	1/1/1998 TO 12/31/1998	1/1/1999
			PRIOR		PRIOR		
			1/1/1998	12/31/1998	1/1/1998	12/31/1998	1/1/1999
			2.01	3	3.01	4	5
1 PHYSICAL THERAPY	2	280.43					
2 OCCUPATIONAL THERAPY	3	266.13					
3 SPEECH PATHOLOGY	4	199.79					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0186	FROM 1/ 1/2010	7/ 6/2011
HHA NO:	TO 12/31/2010	WORKSHEET H-7
14-7400		PARTS I & II

TITLE XVII I 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	3,894,407		
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	3,894,407		
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	3,894,407		
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 EPISODES WITHOUT OUTLIERS	3,502,887	
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES		
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES		
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
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	3,502,887	
13 EXCESS REASONABLE COST		
14 SUBTOTAL	3,502,887	
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	3,502,887	
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	3,502,887	
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 (SPECIFY)		
22 SUBTOTAL	3,502,887	
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	3,502,887	
25 INTERIM PAYMENTS	3,502,887	
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		

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 7/ 6/2011
14-0186	FROM 1/ 1/2010	WORKSHEET L
COMPONENT NO:	TO 12/31/2010	PARTS I-IV
14-0186		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,528,852
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	81,049
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	125.75
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.83
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.19
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	6,705
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	5.20
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	19.59
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	24.79
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.15
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	181,736
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,798,342

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)	

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 7/ 6/2011
14-0186	FROM 1/ 1/2010	WORKSHEET L
COMPONENT NO:	TO 12/31/2010	PARTS I-IV
14-T186		

TITLE XVIII, PART A

SUBPROVIDER 2

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	125.75
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	19.59
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	19.59
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.05
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
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)	

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	28,257	28,257	
2	PHYSICIAN ASSISTANT			
3	NURSE PRACTITIONER	49,493	49,493	
4	VISITING NURSE			
5	OTHER NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS	55,801	55,801	4,198
10	SUBTOTAL (SUM OF LINES 1-9)	133,551	133,551	4,198
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT			
13	OTHER COSTS UNDER AGREEMENT			
14	SUBTOTAL (SUM OF LINES 11-13)			
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES			
16	TRANSPORTATION (HEALTH CARE STAFF)			
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS	66,715	66,715	-22,973
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)	66,715	66,715	-22,973
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	133,551	200,266	-18,775
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY			
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS	15,770	15,770	
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)	15,770	15,770	
FACILITY OVERHEAD				
29	FACILITY COSTS			
30	ADMINISTRATIVE COSTS			
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)			
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	133,551	216,036	-18,775

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
1 FACILITY HEALTH CARE STAFF COSTS			
2 PHYSICIAN	28,257		28,257
3 PHYSICIAN ASSISTANT			
4 NURSE PRACTITIONER	49,493		49,493
5 VISITING NURSE			
6 OTHER NURSE			
7 CLINICAL PSYCHOLOGIST			
8 CLINICAL SOCIAL WORKER			
9 LABORATORY TECHNICIAN			
10 OTHER FACILITY HEALTH CARE STAFF COSTS	59,999		59,999
11 SUBTOTAL (SUM OF LINES 1-9)	137,749		137,749
12 COSTS UNDER AGREEMENT			
13 PHYSICIAN SERVICES UNDER AGREEMENT			
14 PHYSICIAN SUPERVISION UNDER AGREEMENT			
15 OTHER COSTS UNDER AGREEMENT			
16 SUBTOTAL (SUM OF LINES 11-13)			
17 OTHER HEALTH CARE COSTS			
18 MEDICAL SUPPLIES			
19 TRANSPORTATION (HEALTH CARE STAFF)			
20 DEPRECIATION-MEDICAL EQUIPMENT			
21 PROFESSIONAL LIABILITY INSURANCE			
22 OTHER HEALTH CARE COSTS	43,742		43,742
23 ALLOWABLE GME COSTS			
24 SUBTOTAL (SUM OF LINES 15-20)	43,742		43,742
25 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	181,491		181,491
26 COSTS OTHER THAN RHC/FQHC SERVICES			
27 PHARMACY			
28 DENTAL			
29 OPTOMETRY			
30 ALL OTHER NONREIMBURSABLE COSTS			
31 NONALLOWABLE GME COSTS	15,770	-44,027	-28,257
32 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)	15,770	-44,027	-28,257
33 FACILITY OVERHEAD			
34 FACILITY COSTS			
35 ADMINISTRATIVE COSTS			
36 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)			
37 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	197,261	-44,027	153,234

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0186	FROM 1/ 1/2010	7/ 6/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET M-2
14-3976		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	.14	345	4,200
2	PHYSICIAN ASSISTANTS			2,100
3	NURSE PRACTITIONERS	.59	1,504	2,100
4	SUBTOTAL (SUM OF LINES 1-3)	.73	1,849	1,239
5	VISITING NURSE			1,827
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	.73	1,849	
9	PHYSICIAN SERVICES UNDER AGREEMENTS			
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	181,491		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)	-28,257		
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	153,234		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.184404		
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	277,315		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	277,315		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	277,315		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	328,453		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	509,944		
			GREATER OF COL. 2 OR COL. 4 5	
POSITIONS				
1	PHYSICIANS			
2	PHYSICIAN ASSISTANTS			
3	NURSE PRACTITIONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	1,849		
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1,849		
9	PHYSICIAN SERVICES UNDER AGREEMENTS			

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

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	25,705,813		25,705,813	7,534	25,713,347
26	INTENSIVE CARE UNIT	3,866,336		3,866,336		3,866,336
27	CORONARY CARE UNIT	4,692,109		4,692,109		4,692,109
31	SUBPROVIDER	6,874,200		6,874,200		6,874,200
31 01	SUB I I - REHAB	3,350,942		3,350,942		3,350,942
33	NURSERY	2,358,445		2,358,445		2,358,445
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	28,222,049		28,222,049	87,475	28,309,524
38	RECOVERY ROOM	3,581,737		3,581,737		3,581,737
39	DELIVERY ROOM & LABOR ROO	3,019,432		3,019,432		3,019,432
40	ANESTHESIOLOGY	1,970,517		1,970,517		1,970,517
41	RADIOLOGY-DIAGNOSTIC	10,889,351		10,889,351		10,889,351
41 01	NUCLEAR MEDICINE-DIAGNOST	871,039		871,039		871,039
41 02	CARDIAC CATHETERIZATION L	12,609,444		12,609,444		12,609,444
41 22	CT SCAN	2,436,393		2,436,393		2,436,393
41 23	ULTRASOUND	1,353,511		1,353,511		1,353,511
41 26	MRI	937,348		937,348		937,348
42	RADIOLOGY-THERAPEUTIC	8,698,386		8,698,386	37,957	8,736,343
44	LABORATORY	13,379,049		13,379,049		13,379,049
46	WHOLE BLOOD & PACKED RED	9,906		9,906		9,906
48	INTRAVENOUS THERAPY	3,776,767		3,776,767		3,776,767
49	RESPIRATORY THERAPY	3,312,697		3,312,697	11,196	3,323,893
50	PHYSICAL THERAPY	7,409,935		7,409,935		7,409,935
53	ELECTROCARDIOLOGY	2,095,043		2,095,043		2,095,043
55	MEDICAL SUPPLIES CHARGED	2,451,651		2,451,651		2,451,651
55 30	IMPL. DEV. CHARGED TO PAT	816,170		816,170		816,170
56	DRUGS CHARGED TO PATIENTS	7,929,660		7,929,660		7,929,660
58 01	RENAL DIALYSIS (IP)	524,155		524,155		524,155
59	CARDIAC REHAB	944,437		944,437		944,437
59 01	OP PSY/CDU	2,179,191		2,179,191		2,179,191
59 02	RI MMS	909,587		909,587		909,587
59 03	GENETIC/OAK PLAZA CLINICS	19,191		19,191		19,191
59 04	PAIN CLINIC	3,057		3,057		3,057
59 05	DIABETES	358,372		358,372		358,372
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	7,617,818		7,617,818		7,617,818
62	OBSERVATION BEDS (NON-DIS	333,047		333,047		333,047
63	INFUSION	3,790,078		3,790,078		3,790,078
63 01	COMMUNITY HEALTH CENTERS	2,425,311		2,425,311		2,425,311
63 02	RASC	1,708,450		1,708,450		1,708,450
63 50	RHC	430,549		430,549		430,549
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	4,313,791		4,313,791		4,313,791
101	SUBTOTAL	188,174,964		188,174,964	144,162	188,319,126
102	LESS OBSERVATION BEDS	333,047		333,047		333,047
103	TOTAL	187,841,917		187,841,917	144,162	187,986,079

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-0186

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

PREPARED 7/6/2011
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	28,311,384		28,311,384			
26	INTENSIVE CARE UNIT	4,330,656		4,330,656			
27	CORONARY CARE UNIT	4,332,023		4,332,023			
31	SUBPROVIDER	12,068,210		12,068,210			
31	01 SUB I.I - REHAB	3,557,600		3,557,600			
33	NURSERY	1,395,380		1,395,380			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	28,290,600	27,960,744	56,251,344	.501713	.501713	.503268
38	RECOVERY ROOM	5,630,207	6,698,081	12,328,288	.290530	.290530	.290530
39	DELIVERY ROOM & LABOR ROO	2,314,263	1,490,449	3,804,712	.793603	.793603	.793603
40	ANESTHESIOLOGY	14,264,159	8,985,174	23,249,333	.084756	.084756	.084756
41	RADIOLOGY-DIAGNOSTIC	10,481,653	42,548,695	53,030,348	.205342	.205342	.205342
41	01 NUCLEAR MEDICINE-DIAGNOST	1,665,738	3,393,344	5,059,082	.172173	.172173	.172173
41	02 CARDIAC CATHETERIZATION L	24,020,776	26,832,618	50,853,394	.247957	.247957	.247957
41	22 CT SCAN	18,242,696	27,093,403	45,336,099	.053741	.053741	.053741
41	23 ULTRASOUND	2,925,630	7,731,671	10,657,301	.127003	.127003	.127003
41	26 MRI	3,713,501	8,660,014	12,373,515	.075754	.075754	.075754
42	RADIOLOGY-THERAPEUTIC	63,342	26,699,721	26,763,063	.325015	.325015	.326433
44	LABORATORY	38,430,474	50,819,303	89,249,777	.149906	.149906	.149906
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY	6,508,347	971,611	7,479,958	.504918	.504918	.504918
49	RESPIRATORY THERAPY	9,585,541	3,857,043	13,442,584	.246433	.246433	.247266
50	PHYSICAL THERAPY	8,900,928	6,823,922	15,724,850	.471225	.471225	.471225
53	ELECTROCARDIOLOGY	6,680,039	8,513,824	15,193,863	.137887	.137887	.137887
55	MEDICAL SUPPLIES CHARGED	5,535,398	5,138,223	10,673,621	.229693	.229693	.229693
55	30 IMPL. DEV. CHARGED TO PAT	29,986,998	14,153,605	44,140,603	.018490	.018490	.018490
56	DRUGS CHARGED TO PATIENTS	33,907,323	6,951,523	40,858,846	.194074	.194074	.194074
58	01 RENAL DIALYSIS (IP)	852,144		852,144	.615101	.615101	.615101
59	CARDIAC REHAB	191,963	806,252	998,215	.946126	.946126	.946126
59	01 OP PSY/CDU	1,644	8,351,109	8,352,753	.260895	.260895	.260895
59	02 RIMMS		737,026	737,026	1.234131	1.234131	1.234131
59	03 GENETIC/OAK PLAZA CLINICS						
59	04 PAIN CLINIC						
59	05 DIABETES	604	413,042	413,646	.866374	.866374	.866374
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	15,011,147	30,592,269	45,603,416	.167045	.167045	.167045
62	OBSERVATION BEDS (NON-DIS	202,600	1,933,177	2,135,777	.155937	.155937	.155937
63	INFUSION		13,246,030	13,246,030	.286129	.286129	.286129
63	01 COMMUNITY HEALTH CENTERS	1,380	3,456,888	3,458,268	.701308	.701308	.701308
63	02 RASC		9,282,444	9,282,444	.184052	.184052	.184052
63	50 RHC		160,148	160,148	2.688444	2.688444	2.688444
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	208,638	3,782,151	3,990,789	1.080937	1.080937	1.080937
101	SUBTOTAL	321,612,986	358,083,504	679,696,490			
102	LESS OBSERVATION BEDS						
103	TOTAL	321,612,986	358,083,504	679,696,490			

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	28,222,049	2,466,380	25,755,669	246,638	1,493,829	26,481,582
38	OPERATING ROOM	3,581,737	341,598	3,240,139	34,160	187,928	3,359,649
39	RECOVERY ROOM	3,019,432	357,421	2,662,011	35,742	154,397	2,829,293
40	DELIVERY ROOM & LABOR ROO	1,970,517	192,985	1,777,532	19,299	103,097	1,848,121
41	ANESTHESIOLOGY	10,889,351	1,945,890	8,943,461	194,589	518,721	10,176,041
41	01 RADIOLOGY-DIAGNOSTIC	871,039	161,801	709,238	16,180	41,136	813,723
41	02 NUCLEAR MEDICINE-DIAGNOST	12,609,444	1,429,277	11,180,167	142,928	648,450	11,818,066
41	22 CARDIAC CATHETERIZATION L	2,436,393	442,940	1,993,453	44,294	115,620	2,276,479
41	23 CT SCAN	1,353,511	242,086	1,111,425	24,209	64,463	1,264,839
41	26 ULTRASOUND	937,348	211,657	725,691	21,166	42,090	874,092
42	MRI	8,698,386	824,025	7,874,361	82,403	456,713	8,159,270
44	RADIOLOGY-THERAPEUTIC	13,379,049	1,358,711	12,020,338	135,871	697,180	12,545,998
46	LABORATORY	9,906	5,381	4,525	538	262	9,106
48	WHOLE BLOOD & PACKED RED	3,776,767	249,017	3,527,750	24,902	204,610	3,547,255
49	INTRAVENOUS THERAPY	3,312,697	284,657	3,028,040	28,466	175,626	3,108,605
50	RESPIRATORY THERAPY	7,409,935	1,273,030	6,136,905	127,303	355,940	6,926,692
53	PHYSICAL THERAPY	2,095,043	364,416	1,730,627	36,442	100,376	1,958,225
55	ELECTROCARDIOLOGY	2,451,651	310,131	2,141,520	31,013	124,208	2,296,430
55	30 MEDICAL SUPPLIES CHARGED	816,170	135,902	680,268	13,590	39,456	763,124
56	IMPL. DEV. CHARGED TO PAT	7,929,660	200,982	7,728,678	20,098	448,263	7,461,299
58	01 DRUGS CHARGED TO PATIENTS	524,155	11,821	512,334	1,182	29,715	493,258
59	RENAL DIALYSIS (IP)	944,437	154,879	789,558	15,488	45,794	883,155
59	01 CARDIAC REHAB	2,179,191	423,597	1,755,594	42,360	101,824	2,035,007
59	02 OP PSY/CDU	909,587	122,955	786,632	12,296	45,625	851,666
59	03 RI MMS	19,191	223	18,968	22	1,100	18,069
59	04 GENETIC/OAK PLAZA CLINICS	3,057	2,614	443	261	26	2,770
59	05 PAIN CLINIC	358,372	54,553	303,819	5,455	17,622	335,295
61	DIABETES						
61	OUTPAT SERVICE COST CNTRS	7,617,818	819,285	6,798,533	81,929	394,315	7,141,574
62	EMERGENCY	333,047	41,374	291,673	4,137	16,917	311,993
63	OBSERVATION BEDS (NON-DIS	3,790,078	297,913	3,492,165	29,791	202,546	3,557,741
63	01 INFUSION	2,425,311	310,456	2,114,855	31,046	122,662	2,271,603
63	02 COMMUNITY HEALTH CENTERS	1,708,450	1,426	1,707,024	143	99,007	1,609,300
63	50 RASC	430,549	141,834	288,715	14,183	16,745	399,621
65	OTHER REIMBURS COST CNTRS						
101	AMBULANCE SERVICES	4,313,791	371,922	3,941,869	37,192	228,628	4,047,971
102	SUBTOTAL	141,327,119	15,553,139	125,773,980	1,555,316	7,294,891	132,476,912
102	LESS OBSERVATION BEDS	333,047	41,374	291,673	4,137	16,917	311,993
103	TOTAL	140,994,072	15,511,765	125,482,307	1,551,179	7,277,974	132,164,919

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	56,251,344	.470772	.497329
38	RECOVERY ROOM	12,328,288	.272515	.287759
39	DELIVERY ROOM & LABOR ROO	3,804,712	.743629	.784209
40	ANESTHESIOLOGY	23,249,333	.079491	.083926
41	RADIOLOGY-DIAGNOSTIC	53,030,348	.191891	.201672
41 01	NUCLEAR MEDICINE-DIAGNOST	5,059,082	.160844	.168975
41 02	CARDIAC CATHETERIZATION L	50,853,394	.232395	.245146
41 22	CT SCAN	45,336,099	.050213	.052764
41 23	ULTRASOUND	10,657,301	.118683	.124732
41 26	MRI	12,373,515	.070642	.074044
42	RADIOLOGY-THERAPEUTIC	26,763,063	.304871	.321936
44	LABORATORY	89,249,777	.140572	.148383
46	WHOLE BLOOD & PACKED RED			
48	INTRAVENOUS THERAPY	7,479,958	.474235	.501589
49	RESPIRATORY THERAPY	13,442,584	.231251	.244315
50	PHYSICAL THERAPY	15,724,850	.440493	.463129
53	ELECTROCARDIOLOGY	15,193,863	.128883	.135489
55	MEDICAL SUPPLIES CHARGED	10,673,621	.215150	.226787
55 30	IMPL. DEV. CHARGED TO PAT	44,140,603	.017288	.018182
56	DRUGS CHARGED TO PATIENTS	40,858,846	.182612	.193583
58 01	RENAL DIALYSIS (IP)	852,144	.578843	.613714
59	CARDIAC REHAB	998,215	.884734	.930610
59 01	OP PSY/CDU	8,352,753	.243633	.255824
59 02	RI MMS	737,026	1.155544	1.217448
59 03	GENETIC/OAK PLAZA CLINICS			
59 04	PAIN CLINIC			
59 05	DIABETES	413,646	.810584	.853186
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	45,603,416	.156602	.165248
62	OBSERVATION BEDS (NON-DIS	2,135,777	.146079	.154000
63	INFUSION	13,246,030	.268589	.283880
63 01	COMMUNITY HEALTH CENTERS	3,458,268	.656861	.692331
63 02	RASC	9,282,444	.173370	.184036
63 50	RHC	160,148	2.495323	2.599883
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	3,990,789	1.014328	1.071617
101	SUBTOTAL	625,701,237		
102	LESS OBSERVATION BEDS	2,135,777		
103	TOTAL	623,565,460		