

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		14-0187		FROM 7/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/24/2010 TIME 10:58

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:
 ST. ELIZABETH HOSPITAL 14-0187
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-28,365	56,615	0	0
2	SUBPROVIDER	0	332	0	0	0
100	TOTAL	0	-28,033	56,615	0	0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 211 S 3RD STREET P. O. BOX:
 1.01 CITY: BELLEVILLE STATE: IL ZIP CODE: 62220- COUNTY: ST. CLAIR

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	4	5	6
02.00 HOSPITAL	ST. ELIZABETH HOSPITAL	14-0187		7/ 1/1966	N	P	O
03.00 SUBPROVIDER	REHABILITATION	14-T187		7/ 1/1987	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2009 TO: 6/30/2010

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 5
 20.01 SUBPROVIDER II 4

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 1

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? Y
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILBLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. 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).
- 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 N 0

MULTI CAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTI CAMPUS 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). Y 10/ 8/2010

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0187
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/24/2010
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	206	75,190					5,464
2 HMO							1,280
2 01 HMO - (IRF PPS SUBPROVIDER)							60
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	206	75,190			19,720		5,464
6 INTENSIVE CARE UNIT	24	8,760			2,868		881
11 NURSERY							484
12 TOTAL	230	83,950			22,588		6,829
13 RPCH VISITS							
14 SUBPROVIDER	30	10,950			4,464		441
25 TOTAL	260						
26 OBSERVATION BED DAYS							40
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	O/P VISITS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			44,606				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			44,606				
6 INTENSIVE CARE UNIT			6,004				
11 NURSERY			2,683				
12 TOTAL			53,293			14.51	
13 RPCH VISITS							
14 SUBPROVIDER			6,543				
25 TOTAL						14.51	
26 OBSERVATION BED DAYS		40	2,261	256	2,005		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					4,686	1,515	12,370
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	14.51	1,237.50			4,686	1,515	12,370
13 RPCH VISITS							
14 SUBPROVIDER		28.76			333	35	525
25 TOTAL	14.51	1,266.26					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

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	64,906,981		64,906,981	2,633,830.56	24.64	
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	1,723,964		1,723,964	9,568.00	180.18	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R	1,427,523		1,427,523	30,180.80	47.30	
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	2,441,277	63,054	2,504,331	135,498.45	18.48	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	5,356,465		5,356,465	150,404.80	35.61	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	90,333		90,333	419.50	215.33	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	2,934,818		2,934,818	37,412.00	78.45	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	18,036,665		18,036,665			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	876,553		876,553			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	265,302		265,302			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	495,535		495,535	20,147.75	24.60	
22 ADMINISTRATIVE & GENERAL	7,719,333	-63,054	7,656,279	369,724.90	20.71	
22.01 A & G UNDER CONTRACT	4,598,725		4,598,725	30,197.12	152.29	
23 MAINTENANCE & REPAIRS	851,460		851,460	40,903.50	20.82	
24 OPERATION OF PLANT	812,467		812,467	43,793.12	18.55	
25 LAUNDRY & LINEN SERVICE	319,553		319,553	32,521.87	9.83	
26 HOUSEKEEPING	1,048,218		1,048,218	101,657.49	10.31	
26.01 HOUSEKEEPING UNDER CONTRACT	248,539		248,539	6,240.00	39.83	
27 DIETARY	1,214,827	-884,516	330,311	27,653.01	11.94	
27.01 DIETARY UNDER CONTRACT	487,702		487,702	14,560.00	33.50	
28 CAFETERIA		884,516	884,516	83,071.94	10.65	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,726,021		1,726,021	51,136.08	33.75	
31 CENTRAL SERVICE AND SUPPLY	258,152		258,152	20,808.08	12.41	
32 PHARMACY	2,166,550	10,692	2,177,242	67,381.77	32.31	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,239,123		1,239,123	76,809.79	16.13	
34 SOCIAL SERVICE	1,321,813		1,321,813	50,978.36	25.93	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	67,090,460		67,090,460	2,645,078.88	25.36	
2 EXCLUDED AREA SALARIES	2,441,277	63,054	2,504,331	135,498.45	18.48	
3 SUBTOTAL SALARIES	64,649,183	-63,054	64,586,129	2,509,580.43	25.74	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	8,381,616		8,381,616	188,236.30	44.53	
5 SUBTOTAL WAGE-RELATED COSTS	18,036,665		18,036,665		27.93	
6 TOTAL	91,067,464	-63,054	91,004,410	2,697,816.73	33.73	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO:	PERIOD:	PREPARED 11/24/2010
14-0187	FROM 7/ 1/2009	WORKSHEET S-3
	TO 6/30/2010	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
13 TOTAL OVERHEAD COSTS	24,508,018	-52,362	24,455,656	1,037,584.78	23.57	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0187	FROM 7/ 1/2009	11/24/2010
	TO 6/30/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	8,145,598
17.01	GROSS MEDICAID REVENUES	
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	38,817
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	8,184,415
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	17,656,476
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.287795
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	5,081,446
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 11/24/2010
14-0187	FROM 7/ 1/2009	WORKSHEET S-10
	TO 6/30/2010	

DESCRIPTION

27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	50,647,201
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	14,576,011
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	38,817
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	11,171
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	19,657,457

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-0187

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

PREPARED 11/24/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,823,253	3,823,253	1,966,040	5,789,293
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		6,919,770	6,919,770	1,303,329	8,223,099
5	0500 EMPLOYEE BENEFITS	495,535	19,470,831	19,966,366	-3,246	19,963,120
6.01	0610 COMMUNICATIONS	208,809	284,774	493,583	-83	493,500
6.02	0620 DATA PROCESSING	1,102,043	807,606	1,909,649	-3,303	1,906,346
6.03	0630 PURCHASING, RECEIVING AND STORES	432,773	120,589	553,362	-14,329	539,033
6.04	0640 ADMINITTING	1,426,905	164,431	1,591,336	-5,687	1,585,649
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	1,017,046	1,042,406	2,059,452	-2,817	2,056,635
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	3,531,757	26,053,403	29,585,160	-195,037	29,390,123
7	0700 MAINTENANCE & REPAIRS	851,460	137,923	989,383	-2,992	986,391
8	0800 OPERATION OF PLANT	812,467	3,943,235	4,755,702	-51,293	4,704,409
9	0900 LAUNDRY & LINEN SERVICE	319,553	369,548	689,101	-5,755	683,346
10	1000 HOUSEKEEPING	1,048,218	726,706	1,774,924	-43,936	1,730,988
11	1100 DIETARY	1,214,827	1,404,519	2,619,346	-1,909,375	709,971
12	1200 CAFETERIA				1,906,935	1,906,935
14	1400 NURSING ADMINISTRATION	1,726,021	100,911	1,826,932	-4,932	1,822,000
15	1500 CENTRAL SERVICES & SUPPLY	258,152	1,611,988	1,870,140	-1,529,822	340,318
16	1600 PHARMACY	2,166,550	6,179,041	8,345,591	-231,613	8,113,978
17	1700 MEDICAL RECORDS & LIBRARY	1,239,123	764,016	2,003,139	-3,949	1,999,190
18	1800 SOCIAL SERVICE	1,321,813	485,904	1,807,717	-3,728	1,803,989
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				1,427,523	1,427,523
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD				875,007	875,007
24	2400 PARAMED ED PRGM	119,290	4,402	123,692	-2,418	121,274
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	13,329,512	1,912,639	15,242,151	-2,260,008	12,982,143
26	2600 INTENSIVE CARE UNIT	3,638,878	321,050	3,959,928	-59,662	3,900,266
31	3100 SUBPROVIDER	1,432,182	124,497	1,556,679	-12,659	1,544,020
33	3300 NURSERY				602,873	602,873
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,530,366	10,359,116	14,889,482	-8,688,020	6,201,462
38	3800 RECOVERY ROOM	580,297	40,471	620,768	-9,182	611,586
39	3900 DELIVERY ROOM & LABOR ROOM				1,346,721	1,346,721
40	4000 ANESTHESIOLOGY	69,127	3,508,267	3,577,394	-338,869	3,238,525
41	4100 RADIOLOGY-DIAGNOSTIC	2,496,600	1,793,801	4,290,401	625,946	4,916,347
41.01	3230 CAT SCAN	512,439	459,526	971,965	397,167	1,369,132
41.02	3120 CARDIAC CATHETERIZATION LABORATORY	1,425,129	5,761,513	7,186,642	-5,130,391	2,056,251
43	4300 RADIOISOTOPE	411,417	447,132	858,549	-4,890	853,659
44	4400 LABORATORY	2,038,044	2,981,366	5,019,410	-309,759	4,709,651
49	4900 RESPIRATORY THERAPY	1,123,810	289,073	1,412,883	-91,719	1,321,164
49.01	3560 PULMONARY FUNCTION TESTING	282,090	162,515	444,605	-115,506	329,099
49.02	3620 STRESS TEST	397,224	211,059	608,283	34,052	642,335
50	5000 PHYSICAL THERAPY	4,084,195	394,189	4,478,384	-314,959	4,163,425
51	5100 OCCUPATIONAL THERAPY	581,852	4,853	586,705	106,244	692,949
52	5200 SPEECH PATHOLOGY		7,749	7,749	67,309	75,058
53	5300 ELECTROCARDIOLOGY	460,817	293,307	754,124	-15,754	738,370
53.01	3650 VASCULAR LAB	209,529	118,588	328,117	-3,422	324,695
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				11,606,232	11,606,232
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				4,806,421	4,806,421
56	5600 DRUGS CHARGED TO PATIENTS					
57	5700 RENAL DIALYSIS		355,119	355,119	-349	354,770
59	3950 PAIN MANAGEMENT	67,773	18,599	86,372	-10,940	75,432
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	3,171,677	11,882,100	15,053,777	-2,554,847	12,498,930
60.01	6001 OUTPATIENT PSYCH	473	13	486	2,185	2,671
61	6100 EMERGENCY	2,436,599	760,938	3,197,537	645,949	3,843,486
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4951 OTHER OUTPATIENT SERVICE COST CENTER	1,444,804	736,123	2,180,927	-2,128,202	52,725
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	32,680	45,233	77,913	-74	77,839
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	64,049,856	117,404,092	181,453,948	1,656,406	183,110,354
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		14,585	14,585	-118	14,467
98	9800 PHYSICIANS' PRIVATE OFFICES	857,125	4,196,000	5,053,125	-1,758,090	3,295,035
99	9900 NONPAID WORKERS					
99.01	9901 WELLNESS/SENIOR VIP				101,802	101,802
101	TOTAL	64,906,981	121,614,677	186,521,658	-0-	186,521,658

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		5,789,293
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		8,223,099
5	0500 EMPLOYEE BENEFITS	-1,491,957	18,471,163
6.01	0610 COMMUNICATIONS	-4,750	488,750
6.02	0620 DATA PROCESSING	-1,999	1,904,347
6.03	0630 PURCHASING, RECEIVING AND STORES		539,033
6.04	0640 ADMITTING		1,585,649
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	-12,385	2,044,250
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-6,376,870	23,013,253
7	0700 MAINTENANCE & REPAIRS		986,391
8	0800 OPERATION OF PLANT	-1,570	4,702,839
9	0900 LAUNDRY & LINEN SERVICE	-25,573	657,773
10	1000 HOUSEKEEPING	-94,215	1,636,773
11	1100 DIETARY	-17,707	692,264
12	1200 CAFETERIA	-499,202	1,407,733
14	1400 NURSING ADMINISTRATION	-4,511	1,817,489
15	1500 CENTRAL SERVICES & SUPPLY	-202	340,116
16	1600 PHARMACY	-1,079,496	7,034,482
17	1700 MEDICAL RECORDS & LIBRARY	-7,660	1,991,530
18	1800 SOCIAL SERVICE	-64	1,803,925
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		1,427,523
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-26,144	848,863
24	2400 PARAMEDICAL PRGM		121,274
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-906,543	12,075,600
26	2600 INTENSIVE CARE UNIT		3,900,266
31	3100 SUBPROVIDER		1,544,020
33	3300 NURSERY		602,873
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-54,370	6,147,092
38	3800 RECOVERY ROOM		611,586
39	3900 DELIVERY ROOM & LABOR ROOM		1,346,721
40	4000 ANESTHESIOLOGY	-2,994,648	243,877
41	4100 RADIOLOGY-DIAGNOSTIC	-216,874	4,699,473
41.01	3230 CAT SCAN	-750	1,368,382
41.02	3120 CARDIAC CATHETERIZATION LABORATORY		2,056,251
43	4300 RADIOISOTOPE		853,659
44	4400 LABORATORY	-213,373	4,496,278
49	4900 RESPIRATORY THERAPY	-42,253	1,278,911
49.01	3560 PULMONARY FUNCTION TESTING	-43,809	285,290
49.02	3620 STRESS TEST	-133,457	508,878
50	5000 PHYSICAL THERAPY		4,163,425
51	5100 OCCUPATIONAL THERAPY		692,949
52	5200 SPEECH PATHOLOGY	-500	74,558
53	5300 ELECTROCARDIOLOGY	-185,004	553,366
53.01	3650 VASCULAR LAB	-107,554	217,141
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		11,606,232
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		4,806,421
56	5600 DRUGS CHARGED TO PATIENTS		
57	5700 RENAL DIALYSIS		354,770
59	3950 PAIN MANAGEMENT		75,432
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-9,747,851	2,751,079
60.01	6001 OUTPATIENT PSYCH		2,671
61	6100 EMERGENCY	-491,360	3,352,126
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4951 OTHER OUTPATIENT SERVICE COST CENTER	-53,558	-833
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		77,839
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-24,836,209	158,274,145
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		14,467
98	9800 PHYSICIANS' PRIVATE OFFICES		3,295,035
99	9900 NONPAID WORKERS		
99.01	9901 WELLNESS/SENIOR VIP		101,802
101	TOTAL	-24,836,209	161,685,449

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND 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	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
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	CAT SCAN	3230	CAT SCAN
41.02	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	PULMONARY FUNCTION TESTING	3560	PULMONARY FUNCTION TESTING
49.02	STRESS TEST	3620	STRESS TEST
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	VASCULAR LAB	3650	VASCULAR LAB
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	PAIN MANAGEMENT	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	OUTPATIENT PSYCH	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4951	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
99.01	WELLNESS/SENIOR VIP	9901	NONPAID WORKERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140187

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

PREPARED 11/24/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 MEDICAL SUPPLIES RECLASS	A		55		11,606,232
2			55.30		4,806,421
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 MEDICAL SUPPLIES RECLASS	A				
2					
3					
4					
5					
6					
7					
8 DRUGS CHARGED TO PATIENTS RECLASS	B	PURCHASING, RECEIVING AND STORES	6.03		1,735
9		PHARMACY	16		250,100
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20 COMMUNITY RELATIONS RECLASS	C	WELLNESS/SENIOR VIP	99.01	63,054	38,748
21 RENT EXPENSE RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3		1,966,040
22		NEW CAP REL COSTS-MVBLE EQUIP	4		1,303,329
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:
140187

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

PREPARED 11/24/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 RENT EXPENSE RECLASS	D	2	3	4	5
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28 OUTPATIENT PSYCH RECLASS	E	OUTPATIENT PSYCH	60.01	2,102	83
29 PROVIDER BASED RECLASS	F	RADIOLOGY-DIAGNOSTIC	41	550,929	212,979
30		CAT SCAN	41.01	307,179	118,750
31		STRESS TEST	49.02	36,989	14,299
32		PHARMACY	16	10,692	4,133
33		EMERGENCY	61	539,080	208,399
34 NURSERY/DELIVERY RECLASS	G	NURSERY	33	570,549	32,324
35		DELIVERY ROOM & LABOR ROOM	39	1,274,515	72,206
1 CAFETERIA RECLASS	H	CAFETERIA	12	884,516	1,022,419
2 THERAPY RECLASS	I	OCCUPATIONAL THERAPY	51		110,138
3		SPEECH PATHOLOGY	52		71,794
4 INTERN & RESIDENT RECLASS	J	I&R SERVICES-SALARY & FRINGES APPRVD	22		1,427,523
5		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		875,007
36 TOTAL RECLASSIFICATIONS				4,239,605	24,142,659

(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:
140187

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

PREPARED 11/24/2010
WORKSHEET A-6

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 MEDICAL SUPPLIES RECLASS	A	EMPLOYEE BENEFITS	5		64	
2		COMMUNICATIONS	6.01		9	
3		PURCHASING, RECEIVING AND STORES	6.03		1,627	
4		ADMINISTRATIVE	6.04		209	
5		CASHIERING/ACCOUNTS RECEIVABLE	6.05		132	
6		OTHER ADMINISTRATIVE AND GENERAL	6.06		1,227	
7		MAINTENANCE & REPAIRS	7		284	
8		OPERATION OF PLANT	8		2,596	
9		LAUNDRY & LINEN SERVICE	9		5,681	
10		HOUSEKEEPING	10		39,859	
11		DIETARY	11		125	
12		CENTRAL SERVICES & SUPPLY	15		876,670	
13		PHARMACY	16		62,680	
14		MEDICAL RECORDS & LIBRARY	17		53	
15		SOCIAL SERVICE	18		21	
16		PARAMEDICAL PRGM	24		1,623	
17		ADULTS & PEDIATRICS	25		294,988	
18		INTENSIVE CARE UNIT	26		57,921	
19		SUBPROVIDER	31		11,247	
20		OPERATING ROOM	37		8,615,092	
21		RECOVERY ROOM	38		6,765	
22		ANESTHESIOLOGY	40		301,947	
23		RADIOLOGY-DIAGNOSTIC	41		132,574	
24		CAT SCAN	41.01		27,707	
25		CARDIAC CATHETERIZATION LABORATORY	41.02		5,118,261	
26		RADIOISOTOPE	43		4,735	
27		LABORATORY	44		164,212	
28		RESPIRATORY THERAPY	49		87,484	
29		PULMONARY FUNCTION TESTING	49.01		114,495	
30		STRESS TEST	49.02		15,565	
31		PHYSICAL THERAPY	50		72,394	
32		OCCUPATIONAL THERAPY	51		3,854	
33		SPEECH PATHOLOGY	52		4,485	
34		ELECTROCARDIOLOGY	53		13,896	
35		VASCULAR LAB	53.01		2,779	
1 MEDICAL SUPPLIES RECLASS	A	RENAL DIALYSIS	57		349	
2		PAIN MANAGEMENT	59		8,017	
3		CLINIC	60		207,087	
4		EMERGENCY	61		98,695	
5		OTHER OUTPATIENT SERVICE COST CENTER	63		44,762	
6		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		118	
7		PHYSICIANS' PRIVATE OFFICES	98		10,364	
8 DRUGS CHARGED TO PATIENTS RECLASS	B	HOUSEKEEPING	10		23	
9		CENTRAL SERVICES & SUPPLY	15		150,990	
10		ADULTS & PEDIATRICS	25		1,637	
11		OPERATING ROOM	37		49,559	
12		RECOVERY ROOM	38		2,134	
13		ANESTHESIOLOGY	40		36,172	
14		CAT SCAN	41.01		378	
15		CARDIAC CATHETERIZATION LABORATORY	41.02		8,382	
16		LABORATORY	44		15	
17		RESPIRATORY THERAPY	49		2,387	
18		CLINIC	60		63	
19		OTHER OUTPATIENT SERVICE COST CENTER	63		95	
20 COMMUNITY RELATIONS RECLASS	C	OTHER ADMINISTRATIVE AND GENERAL	6.06	63,054	38,748	
21 RENT EXPENSE RECLASS	D	EMPLOYEE BENEFITS	5		3,182	10
22		COMMUNICATIONS	6.01		74	10
23		DATA PROCESSING	6.02		3,303	
24		PURCHASING, RECEIVING AND STORES	6.03		14,437	
25		ADMINISTRATIVE	6.04		5,478	
26		CASHIERING/ACCOUNTS RECEIVABLE	6.05		2,685	
27		OTHER ADMINISTRATIVE AND GENERAL	6.06		92,008	
28		MAINTENANCE & REPAIRS	7		2,708	
29		OPERATION OF PLANT	8		48,697	
30		LAUNDRY & LINEN SERVICE	9		74	
31		HOUSEKEEPING	10		4,054	
32		DIETARY	11		2,315	
33		NURSING ADMINISTRATIVE	14		4,932	
34		CENTRAL SERVICES & SUPPLY	15		502,162	
35		PHARMACY	16		433,858	

RECLASSIFICATIONS

PROVIDER NO:
140187

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

PREPARED 11/24/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 RENT EXPENSE RECLASS	D	MEDICAL RECORDS & LIBRARY	17			3,896	
2		SOCIAL SERVICE	18			3,707	
3		PARAMED ED PRGM	24			795	
4		ADULTS & PEDIATRICS	25			11,604	
5		INTENSIVE CARE UNIT	26			1,741	
6		SUBPROVIDER	31			1,412	
7		OPERATING ROOM	37			23,369	
8		RECOVERY ROOM	38			283	
9		ANESTHESIOLOGY	40			750	
10		RADIOLOGY-DIAGNOSTIC	41			5,388	
11		CAT SCAN	41.01			677	
12		CARDIAC CATHETERIZATION LABORATORY	41.02			3,748	
13		RADIOISOTOPE	43			155	
14		LABORATORY	44			145,532	
15		RESPIRATORY THERAPY	49			1,848	
16		PULMONARY FUNCTION TESTING	49.01			1,011	
17		STRESS TEST	49.02			1,671	
18		PHYSICAL THERAPY	50			60,633	
19		OCCUPATIONAL THERAPY	51			40	
20		ELECTROCARDIOLOGY	53			1,858	
21		VASCULAR LAB	53.01			643	
22		PAIN MANAGEMENT	59			2,923	
23		CLINIC	60			118,105	
24		EMERGENCY	61			2,835	
25		OTHER OUTPATIENT SERVICE COST CENTER	63			6,978	
26		AMBULANCE SERVICES	65			74	
27		PHYSICIANS' PRIVATE OFFICES	98			1,747,726	
28 OUTPATIENT PSYCH RECLASS	E	ADULTS & PEDIATRICS	25		2,102	83	
29 PROVIDER BASED RECLASS	F	OTHER OUTPATIENT SERVICE COST CENTER	63		1,444,869	558,560	
30							
31							
32							
33							
34 NURSERY/DELIVERY RECLASS	G	ADULTS & PEDIATRICS	25		1,845,064	104,530	
35							
1 CAFETERIA RECLASS	H	DIETARY	11		884,516	1,022,419	
2 THERAPY RECLASS	I	PHYSICAL THERAPY	50			181,932	
3							
4 INTERN & RESIDENT RECLASS	J	CLINIC	60			2,229,592	
5		OTHER OUTPATIENT SERVICE COST CENTER	63			72,938	
36 TOTAL RECLASSIFICATIONS					4,239,605	24,142,659	

(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:	PERIOD:	PREPARED
140187	FROM 7/ 1/2009	11/24/2010
	TO 6/30/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
 EXPLANATION : MEDICAL SUPPLIES RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	11,606,232	EMPLOYEE BENEFITS	5	64	
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	4,806,421	COMMUNICATIONS	6.01	9	
3.00			0	PURCHASING, RECEIVING AND STOR	6.03	1,627	
4.00			0	ADMITTING	6.04	209	
5.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.05	132	
6.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	1,227	
7.00			0	MAINTENANCE & REPAIRS	7	284	
8.00			0	OPERATION OF PLANT	8	2,596	
9.00			0	LAUNDRY & LINEN SERVICE	9	5,681	
10.00			0	HOUSEKEEPING	10	39,859	
11.00			0	DIETARY	11	125	
12.00			0	CENTRAL SERVICES & SUPPLY	15	876,670	
13.00			0	PHARMACY	16	62,680	
14.00			0	MEDICAL RECORDS & LIBRARY	17	53	
15.00			0	SOCIAL SERVICE	18	21	
16.00			0	PARAMED ED PRGM	24	1,623	
17.00			0	ADULTS & PEDIATRICS	25	294,988	
18.00			0	INTENSIVE CARE UNIT	26	57,921	
19.00			0	SUBPROVIDER	31	11,247	
20.00			0	OPERATING ROOM	37	8,615,092	
21.00			0	RECOVERY ROOM	38	6,765	
22.00			0	ANESTHESIOLOGY	40	301,947	
23.00			0	RADIOLOGY-DIAGNOSTIC	41	132,574	
24.00			0	CAT SCAN	41.01	27,707	
25.00			0	CARDIAC CATHETERIZATION LABORA	41.02	5,118,261	
26.00			0	RADIOISOTOPE	43	4,735	
27.00			0	LABORATORY	44	164,212	
28.00			0	RESPIRATORY THERAPY	49	87,484	
29.00			0	PULMONARY FUNCTION TESTING	49.01	114,495	
30.00			0	STRESS TEST	49.02	15,565	
31.00			0	PHYSICAL THERAPY	50	72,394	
32.00			0	OCCUPATIONAL THERAPY	51	3,854	
33.00			0	SPEECH PATHOLOGY	52	4,485	
34.00			0	ELECTROCARDIOLOGY	53	13,896	
35.00			0	VASCULAR LAB	53.01	2,779	
36.00			0	RENAL DIALYSIS	57	349	
37.00			0	PAIN MANAGEMENT	59	8,017	
38.00			0	CLINIC	60	207,087	
39.00			0	EMERGENCY	61	98,695	
40.00			0	OTHER OUTPATIENT SERVICE COST	63	44,762	
41.00			0	GI FT, FLOWER, COFFEE SHOP & CA	96	118	
42.00			0	PHYSICIANS' PRIVATE OFFICES	98	10,364	
TOTAL RECLASSIFICATIONS FOR CODE A			16,412,653	TOTAL RECLASSIFICATIONS FOR CODE A			16,412,653

RECLASS CODE: B
 EXPLANATION : DRUGS CHARGED TO PATIENTS RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PURCHASING, RECEIVING AND STOR	6.03	1,735	HOUSEKEEPING	10	23	
2.00	PHARMACY	16	250,100	CENTRAL SERVICES & SUPPLY	15	150,990	
3.00			0	ADULTS & PEDIATRICS	25	1,637	
4.00			0	OPERATING ROOM	37	49,559	
5.00			0	RECOVERY ROOM	38	2,134	
6.00			0	ANESTHESIOLOGY	40	36,172	
7.00			0	CAT SCAN	41.01	378	
8.00			0	CARDIAC CATHETERIZATION LABORA	41.02	8,382	
9.00			0	LABORATORY	44	15	
10.00			0	RESPIRATORY THERAPY	49	2,387	
11.00			0	CLINIC	60	63	
12.00			0	OTHER OUTPATIENT SERVICE COST	63	95	
TOTAL RECLASSIFICATIONS FOR CODE B			251,835	TOTAL RECLASSIFICATIONS FOR CODE B			251,835

RECLASS CODE: C
 EXPLANATION : COMMUNITY RELATIONS RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	WELLNESS/SENIOR VIP	99.01	101,802	OTHER ADMINISTRATIVE AND GENER	6.06	101,802	
TOTAL RECLASSIFICATIONS FOR CODE C			101,802	TOTAL RECLASSIFICATIONS FOR CODE C			101,802

RECLASS CODE: D
 EXPLANATION : RENT EXPENSE RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,966,040	EMPLOYEE BENEFITS	5	3,182	

RECLASSIFICATIONS

PROVIDER NO:
140187

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

PREPARED 11/24/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: D
EXPLANATION : RENT EXPENSE RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,303,329	COMMUNICATIONS	6.01	74	
3.00			0	DATA PROCESSING	6.02	3,303	
4.00			0	PURCHASING, RECEIVING AND STOR	6.03	14,437	
5.00			0	ADMITTING	6.04	5,478	
6.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.05	2,685	
7.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	92,008	
8.00			0	MAINTENANCE & REPAIRS	7	2,708	
9.00			0	OPERATION OF PLANT	8	48,697	
10.00			0	LAUNDRY & LINEN SERVICE	9	74	
11.00			0	HOUSEKEEPING	10	4,054	
12.00			0	DIETARY	11	2,315	
13.00			0	NURSING ADMINISTRATION	14	4,932	
14.00			0	CENTRAL SERVICES & SUPPLY	15	502,162	
15.00			0	PHARMACY	16	433,858	
16.00			0	MEDICAL RECORDS & LIBRARY	17	3,896	
17.00			0	SOCIAL SERVICE	18	3,707	
18.00			0	PARAMED ED PRGM	24	795	
19.00			0	ADULTS & PEDIATRICS	25	11,604	
20.00			0	INTENSIVE CARE UNIT	26	1,741	
21.00			0	SUBPROVIDER	31	1,412	
22.00			0	OPERATING ROOM	37	23,369	
23.00			0	RECOVERY ROOM	38	283	
24.00			0	ANESTHESIOLOGY	40	750	
25.00			0	RADIOLOGY-DIAGNOSTIC	41	5,388	
26.00			0	CAT SCAN	41.01	677	
27.00			0	CARDIAC CATHETERIZATION LABORA	41.02	3,748	
28.00			0	RADIOISOTOPE	43	155	
29.00			0	LABORATORY	44	145,532	
30.00			0	RESPIRATORY THERAPY	49	1,848	
31.00			0	PULMONARY FUNCTION TESTING	49.01	1,011	
32.00			0	STRESS TEST	49.02	1,671	
33.00			0	PHYSICAL THERAPY	50	60,633	
34.00			0	OCCUPATIONAL THERAPY	51	40	
35.00			0	ELECTROCARDIOLOGY	53	1,858	
36.00			0	VASCULAR LAB	53.01	643	
37.00			0	PAIN MANAGEMENT	59	2,923	
38.00			0	CLINIC	60	118,105	
39.00			0	EMERGENCY	61	2,835	
40.00			0	OTHER OUTPATIENT SERVICE COST	63	6,978	
41.00			0	AMBULANCE SERVICES	65	74	
42.00			0	PHYSICIANS' PRIVATE OFFICES	98	1,747,726	
TOTAL RECLASSIFICATIONS FOR CODE D			3,269,369	TOTAL RECLASSIFICATIONS FOR CODE D			3,269,369

RECLASS CODE: E
EXPLANATION : OUTPATIENT PSYCH RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OUTPATIENT PSYCH	60.01	2,185	ADULTS & PEDIATRICS	25	2,185	
TOTAL RECLASSIFICATIONS FOR CODE E			2,185	TOTAL RECLASSIFICATIONS FOR CODE E			2,185

RECLASS CODE: F
EXPLANATION : PROVIDER BASED RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	763,908	OTHER OUTPATIENT SERVICE COST	63	2,003,429	
2.00	CAT SCAN	41.01	425,929			0	
3.00	STRESS TEST	49.02	51,288			0	
4.00	PHARMACY	16	14,825			0	
5.00	EMERGENCY	61	747,479			0	
TOTAL RECLASSIFICATIONS FOR CODE F			2,003,429	TOTAL RECLASSIFICATIONS FOR CODE F			2,003,429

RECLASS CODE: G
EXPLANATION : NURSERY/DELIVERY RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	602,873	ADULTS & PEDIATRICS	25	1,949,594	
2.00	DELIVERY ROOM & LABOR ROOM	39	1,346,721			0	
TOTAL RECLASSIFICATIONS FOR CODE G			1,949,594	TOTAL RECLASSIFICATIONS FOR CODE G			1,949,594

RECLASSIFICATIONS

PROVIDER NO:
140187

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

PREPARED 11/24/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: H
EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	CAFETERIA	1,906,935
TOTAL RECLASSIFICATIONS FOR CODE H		1,906,935

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
DIETARY	11	1,906,935
		1,906,935

RECLASS CODE: I
EXPLANATION : THERAPY RECLASS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	OCCUPATIONAL THERAPY	110,138
2.00	SPEECH PATHOLOGY	71,794
TOTAL RECLASSIFICATIONS FOR CODE I		181,932

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
PHYSICAL THERAPY	50	181,932
		0
		181,932

RECLASS CODE: J
EXPLANATION : INTERN & RESIDENT RECLASS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	1,427,523
2.00	I&R SERVICES-OTHER PRGM COSTS	875,007
TOTAL RECLASSIFICATIONS FOR CODE J		2,302,530

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
CLINIC	60	2,229,592
OTHER OUTPATIENT SERVICE COST	63	72,938
		2,302,530

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	3,445,780	184,975			184,975		3,630,755	
2	LAND IMPROVEMENTS	5,729,924	217,990			217,990		5,947,914	
3	BUILDINGS & FIXTURE	107,970,528	842,764			842,764		108,813,292	
4	BUILDING IMPROVEMEN								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	74,654,762	161,249			161,249		74,816,011	
7	SUBTOTAL	191,800,994	1,406,978			1,406,978		193,207,972	
8	RECONCILING ITEMS								
9	TOTAL	191,800,994	1,406,978			1,406,978		193,207,972	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
*									
3	NEW CAP REL COSTS-BL	118,391,961		118,391,961	.612770				
4	NEW CAP REL COSTS-MV	74,816,011		74,816,011	.387230				
5	TOTAL	193,207,972		193,207,972	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
*							15
3	NEW CAP REL COSTS-BL	3,823,253	1,966,040				5,789,293
4	NEW CAP REL COSTS-MV	6,919,770	1,303,329				8,223,099
5	TOTAL	10,743,023	3,269,369				14,012,392

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

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
*							15
3	NEW CAP REL COSTS-BL	3,823,253					3,823,253
4	NEW CAP REL COSTS-MV	6,919,770					6,919,770
5	TOTAL	10,743,023					10,743,023

* All lines numbers except line 5 are to be consistent with Workhseet 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

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-297,249	OTHER ADMINISTRATIVE AND	6.06	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-15,074,922			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-2,170,432			
15 LAUNDRY AND LINEN SERVICE	B	-25,573	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-499,202	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-1,078,973	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-843	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-16,673	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			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MISC A&P	B	-5,455	ADULTS & PEDIATRICS	25	
38 MISC CLINICS	B	-25,948	CLINIC	60	
39 MISC BEHAVIORAL HEALTH SCIENCE	B	-222,587	ADULTS & PEDIATRICS	25	
40 MISC LAB	B	-76,401	LABORATORY	44	
41 MISCELLANEOUS COMMUNICATIONS	B	-4,750	COMMUNICATIONS	6.01	
42 MISC RADIOLOGY	B	-14,994	RADIOLOGY-DIAGNOSTIC	41	
43 MISC RESPIRATORY THERAPY	B	-10,800	RESPIRATORY THERAPY	49	
44 MISC PULMONARY LAB	B	-13,809	PULMONARY FUNCTION TESTIN	49.01	
45 MISC VASCULAR LAB	B	-3,550	VASCULAR LAB	53.01	
46 MISC SLEEP LAB	B	3,245	STRESS TEST	49.02	
47 MISC PT	B	-26,144	I&R SERVICES-OTHER PRGM C	23	
48 MISC ST	B	-500	SPEECH PATHOLOGY	52	
49 MISC DIETARY	B	-1,034	DIETARY	11	
49.01 MISC PLANT OPS	B	-1,570	OPERATION OF PLANT	8	
49.02 MISC MAINTENANCE	B	-64	SOCIAL SERVICE	18	
49.03 MISC HOUSEKEEPING	B	-94,215	HOUSEKEEPING	10	
49.04 MISC PATIENT ACCOUNTING	B	-12,385	CASHIERING/ACCOUNTS RECEI	6.05	
49.05 MISC CENTRAL SVCS & SUPPLIES	B	-202	CENTRAL SERVICES & SUPPLY	15	
49.06 MISCELLANEOUS SHARED SERVICE	B	-32,828	OTHER ADMINISTRATIVE AND	6.06	
49.07 MISC OR	B	-54,370	OPERATING ROOM	37	
49.08 MISC OTHER A&G	B	-445,566	OTHER ADMINISTRATIVE AND	6.06	
49.09 MISC. INCOME	B	-612	EMERGENCY	61	
49.10 MISC EMPLOYEE BENEFITS	B	-84	EMPLOYEE BENEFITS	5	
49.11 MISC DATA PROCESSING	B	-1,999	DATA PROCESSING	6.02	
49.12 MISC NURSING ADMIN	B	-4,511	NURSING ADMINISTRATION	14	
49.13 SELF-INSURANCE EXPENSE	A	-1,428,254	EMPLOYEE BENEFITS	5	
49.14 AHA LOBBYING PORTION	A	-7,184	OTHER ADMINISTRATIVE AND	6.06	
49.15 MD MALPRACTICE	A	-757,655	CLINIC	60	
49.16 MD MALPRACTICE	A	-92,218	OTHER ADMINISTRATIVE AND	6.06	
49.17 ADVERTISING	A	-523	PHARMACY	16	
49.18 ADVERTISING	A	-58,058	CLINIC	60	
49.19 ADVERTISING	A	-55,177	EMPLOYEE BENEFITS	5	
49.20 ADVERTISING	A	1,974	OTHER ADMINISTRATIVE AND	6.06	
49.21 ADVERTISING	A	-13,334	ADULTS & PEDIATRICS	25	
49.22 ADVERTISING	A	-20,001	ANESTHESIOLOGY	40	
49.23 ADVERTISING	A	-833	OTHER OUTPATIENT SERVICE	63	
49.24 CRNA	A	-334,838	ANESTHESIOLOGY	40	
49.25 MISCELLANEOUS MED. PROGRAM	B	-17,713	CLINIC	60	
49.26 MISCELLANEOUS HUMAN RESOURCE	B	-45	EMPLOYEE BENEFITS	5	
49.27 PHYSICIAN RECRUITMENT	A	-124,383	OTHER ADMINISTRATIVE AND	6.06	
49.28 PHYSICIAN GUARANTEES	A	-1,519,064	OTHER ADMINISTRATIVE AND	6.06	
49.29 INTEREST EXPENSE	A	-193,903	OTHER ADMINISTRATIVE AND	6.06	
50 TOTAL (SUM OF LINES 1 THRU 49)		-24,836,209			

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
14-0187

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

PREPARED 11/24/2010
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)		-24,836,209				

-
- (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	
1	6	OTHER ADMINISTRATIVE AND	HOME OFFICE ADMINISTRATIO	5,443,753	8,945,996	-3,502,243
2	6	OTHER ADMINISTRATIVE AND	HOME OFFICE CAPITAL ME	1,340,208		1,340,208
3	5	EMPLOYEE BENEFITS	HEALTH INSURANCE TRUST FU	11,688,938	11,697,335	-8,397
4						
5		TOTALS		18,472,899	20,643,331	-2,170,432

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	A	100.00		0.00	
2	A	100.00		0.00	
3	A	100.00		0.00	
4	A	100.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6 6	OTHER ADMIN & GENERAL	1,504,414	1,504,414		171,400			
2 17	MEDICAL RECORDS & LIBRARY	6,817	6,817		171,400			
3 25	ADULTS & PEDIATRICS	665,167	665,167		171,400			
4 40	ANESTHESIOLOGY	2,639,809	2,639,809		200,300			
5 41	RADIOLOGY-DIAGNOSTIC	201,880	201,880		231,100			
6 41 1	CT SCAN	750	750		231,100			
7 44	LABORATORY	136,972	136,972		219,500			
8 49	RESPIRATORY THERAPY	31,453	31,453		171,400			
9 49 1	PULMONARY LAB	30,000	30,000		171,400			
10 49 2	STRESS TEST	136,702	136,702		171,400			
11 53	ELECTROCARDIOLOGY	185,004	185,004		171,400			
12 53 1	VASCULAR LAB	104,004	104,004		171,400			
13 60	CLINIC	8,888,477	8,888,477		171,400			
14 61	EMERGENCY	490,748	490,748		171,400			
15 63	OUTPATIENT CLINICS	52,725	52,725		171,400			
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	15,074,922	15,074,922					

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6.01	COMMUNICATIONS	4	# OF TELEPHONES	ENTERED
6.02	DATA PROCESSING	5	TIME SPENT	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	6	SUPPLIES	ENTERED
6.04	ADMINISTRATIVE	C	GROSS CHARGES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	10	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	11	TIME SPENT	ENTERED
11	DIETARY	12	MEALS SERVED	ENTERED
12	CAFETERIA	13	FTE'S	ENTERED
14	NURSING ADMINISTRATION	14	NURSING TIME	ENTERED
15	CENTRAL SERVICES & SUPPLY	15	COSTED REQUIS.	ENTERED
16	PHARMACY	16	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	17	TIME SPENT	ENTERED
18	SOCIAL SERVICE	18	TIME SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	19	TIME SPENT	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	19	TIME SPENT	ENTERED
24	PARAMEDICAL PRGM	20	TIME SPENT	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENEFITS 5	COMMUNICATIONS 6.01	DATA PROCESSING 6.02	PURCHASING, RECEIVING AND 6.03
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	5,789,293	5,789,293					
005 NEW CAP REL COSTS-MVBLE E	8,223,099		8,223,099				
006 EMPLOYEE BENEFITS	18,471,163	21,418	8,477	18,501,058			
006 01 COMMUNICATIONS	488,750	2,260	40,322	59,977	591,309		
006 02 DATA PROCESSING	1,904,347		1,430,498	316,542	8,553	3,659,940	
006 03 PURCHASING, RECEIVING AND	539,033	27,456	41,880	124,306	3,706		736,381
006 04 ADMITTING	1,585,649	19,787	12,130	409,853	7,128		31,446
006 05 CASHIERING/ACCOUNTS RECEI	2,044,250		17,210	292,128	11,404		
006 06 OTHER ADMINISTRATIVE AND	23,013,253	910,512	88,446	996,323	21,098	3,659,940	68,569
007 MAINTENANCE & REPAIRS	986,391	92,657	10,642	244,567	5,987		76,924
008 OPERATION OF PLANT	4,702,839	364,833	73,706	233,367	1,996		97,167
009 LAUNDRY & LINEN SERVICE	657,773	113,152	19,492	91,786	1,426		45,780
010 HOUSEKEEPING	1,636,773	42,378	3,474	301,082	1,140		5,410
011 DIETARY	692,264	159,170	14,660	94,876	7,413		4,016
012 CAFETERIA	1,407,733		38,132	254,061			
014 NURSING ADMINISTRATION	1,817,489	35,270	59,741	495,768	4,277		5,074
015 CENTRAL SERVICES & SUPPLY	340,116	36,090	69,170	74,150	4,562		3,343
016 PHARMACY	7,034,482	63,485	25,237	625,374	6,272		16,638
017 MEDICAL RECORDS & LIBRARY	1,991,530	39,911	12,134	355,916	12,545		9,139
018 SOCIAL SERVICE	1,803,925	42,283	49,328	379,667	8,268		4,242
022 I&R SERVICES-SALARY & FRI	1,427,523						
023 I&R SERVICES-OTHER PRGM C	848,863						
024 PARAMED ED PRGM	121,274			34,264			923
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	12,075,600	736,074	562,309	3,298,106	55,596		76,267
026 INTENSIVE CARE UNIT	3,900,266	99,006	159,172	1,045,202	11,689		11,940
031 SUBPROVIDER	1,544,020	123,218	13,148	411,369	7,983		8,008
033 NURSERY	602,873			163,880			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	6,147,092	353,723	1,198,790	1,301,266	43,906		83,770
038 RECOVERY ROOM	611,586	26,947	21,973	166,680	3,136		4,364
039 DELIVERY ROOM & LABOR ROO	1,346,721			366,081			
040 ANESTHESIOLOGY	243,877	14,362	220,384	19,855	3,136		2,633
041 RADIOLOGY-DIAGNOSTIC	4,699,473	133,948	1,953,050	875,348	21,383		25,860
041 01 CAT SCAN	1,368,382	28,249	328,254	235,421	2,566		4,235
041 02 CARDIAC CATHETERIZATION L	2,056,251	129,843	841,221	409,343	10,834		10,254
043 RADIOISOTOPE	853,659	26,490	83,317	118,172	1,996		963
044 LABORATORY	4,496,278	112,013	137,432	585,391	8,838		16,141
049 RESPIRATORY THERAPY	1,278,911	34,969	55,663	322,794	2,566		6,703
049 01 PULMONARY FUNCTION TESTIN	285,290	3,985	7,584	81,025	285		1,294
049 02 STRESS TEST	508,878	40,420	40,975	124,720	4,847		7,994
050 PHYSICAL THERAPY	4,163,425	194,441	66,684	1,173,111	11,119		11,048
051 OCCUPATIONAL THERAPY	692,949	8,677	6,930	167,127	855		426
052 SPEECH PATHOLOGY	74,558	13,404	8,699		1,140		297
053 ELECTROCARDIOLOGY	553,366	27,499	93,360	132,361	2,566		2,032
053 01 VASCULAR LAB	217,141	9,557	63,260	60,183	1,426		1,381
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	11,606,232						
055 30 IMPL. DEV. CHARGED TO PAT	4,806,421						
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	354,770	10,256			855		3,859
059 PAIN MANAGEMENT	75,432			19,467			1,460
060 OUTPAT SERVICE COST CNTRS							
060 01 OUTPATIENT PSYCH	2,751,079	310,818	150,900	911,007	73,272		33,721
061 EMERGENCY	2,671			740			
062 OBSERVATION BEDS (NON-DIS	3,352,126	90,622	133,089	854,710	16,536		12,992
063 OTHER OUTPATIENT SERVICE	-833		470				
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	77,839			9,387	855		715
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	158,274,145	4,499,183	8,161,343	18,236,753	393,160	3,659,940	697,028
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	14,467						4,443
098 PHYSICIANS' PRIVATE OFFIC	3,295,035	1,290,110	60,567	246,194	198,149		34,910
099 NONPAID WORKERS			1,189				
099 01 WELLNESS/SENIOR VIP	101,802			18,111			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	161,685,449	5,789,293	8,223,099	18,501,058	591,309	3,659,940	736,381

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.04	6.05		6a.05	6.06	7	8
003 GENERAL SERVICE COST CNTR							
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, RECEIVING AND							
006 04 ADMINISTRATION	2,065,993						
006 05 CASHIERING/ACCOUNTS RECEI		2,364,992					
006 06 OTHER ADMINISTRATIVE AND			28,758,141	28,758,141			
007 MAINTENANCE & REPAIRS			1,417,168	306,596	1,723,764		
008 OPERATION OF PLANT			5,473,908	1,184,247	133,374	6,791,529	
009 LAUNDRY & LINEN SERVICE			929,409	201,072	41,366	176,646	1,348,493
010 HOUSEKEEPING			1,990,257	430,580	15,492	66,158	47,418
011 DIETARY			972,399	210,373	58,189	248,486	11,330
012 CAFETERIA			1,699,926	367,769			
014 NURSING ADMINISTRATION			2,417,619	523,037	12,894	55,062	
015 CENTRAL SERVICES & SUPPLY			527,431	114,107	13,194	56,341	6,012
016 PHARMACY			7,771,488	1,681,315	23,209	99,109	2,967
017 MEDICAL RECORDS & LIBRARY			2,421,175	523,807	14,591	62,307	
018 SOCIAL SERVICE			2,287,713	494,933	15,458	66,010	
022 I&R SERVICES-SALARY & FRI			1,427,523	308,836			
023 I&R SERVICES-OTHER PRGM C			848,863	183,646			
024 PARAMEDICAL PRGM			156,461	33,849			
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	184,293	210,932	17,199,177	3,720,977	269,091	1,149,113	623,555
026 INTENSIVE CARE UNIT	42,971	49,182	5,319,428	1,150,826	36,194	154,562	93,761
031 SUBPROVIDER	22,691	25,971	2,156,408	466,526	45,046	192,360	78,049
033 NURSERY	8,972	10,269	785,994	170,045			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	190,505	218,043	9,537,095	2,063,293	129,312	552,210	149,171
038 RECOVERY ROOM	30,278	34,655	899,619	194,627	9,851	42,067	8,053
039 DELIVERY ROOM & LABOR ROO	17,308	19,810	1,749,920	378,585			
040 ANESTHESIOLOGY	32,555	37,261	574,063	124,195	5,250	22,421	
041 RADIOLOGY-DIAGNOSTIC	175,742	201,145	8,085,949	1,749,347	48,968	209,112	73,216
041 01 CAT SCAN	204,498	234,058	2,405,663	520,451	10,327	44,101	17,205
041 02 CARDIAC CATHETERIZATION L	113,791	130,240	3,701,777	800,857	47,467	202,702	37,746
043 RADIOISOTOPE	21,606	24,730	1,130,933	244,671	9,684	41,354	4,969
044 LABORATORY	241,186	276,408	5,873,687	1,270,737	40,949	174,868	221
049 RESPIRATORY THERAPY	35,676	40,833	1,778,115	384,685	12,784	54,591	
049 01 PULMONARY FUNCTION TESTIN	29,769	34,072	443,304	95,906	1,457	6,221	
049 02 STRESS TEST	17,887	20,472	766,193	165,761	14,777	63,101	9,895
050 PHYSICAL THERAPY	63,393	72,557	5,755,778	1,245,228	71,083	303,548	10,866
051 OCCUPATIONAL THERAPY	17,692	20,249	914,905	197,934	3,172	13,547	20,475
052 SPEECH PATHOLOGY	9,355	10,707	118,160	25,563	4,900	20,926	
053 ELECTROCARDIOLOGY	51,720	59,196	922,100	199,491	10,053	42,929	3,991
053 01 VASCULAR LAB	12,830	14,684	380,462	82,311	3,494	14,920	4,574
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	140,938	161,311	11,908,481	2,576,328			
055 30 IMPL. DEV. CHARGED TO PAT	76,764	87,861	4,971,046	1,075,456			
056 DRUGS CHARGED TO PATIENTS	171,373	196,145	367,518	79,510			
057 RENAL DIALYSIS	7,864	9,001	386,605	83,640	3,749	16,011	1,078
059 PAIN MANAGEMENT	3,461	3,961	103,781	22,452			
060 OUTPATIENT SERVICE COST CNTRS							
060 CLINIC			4,230,797	915,308	113,628	485,230	11,571
060 01 OUTPATIENT PSYCH	6,719	7,690	17,820	3,855			
061 EMERGENCY	134,156	153,549	4,747,780	1,027,154	33,129	141,473	131,149
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE			-363				
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES			88,796	19,210			
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,065,993	2,364,992	156,420,472	27,619,096	1,252,132	4,777,486	1,347,272
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			18,910	4,091			
098 PHYSICIANS' PRIVATE OFFIC			5,124,965	1,108,755	471,632	2,014,043	1,221
099 NONPAID WORKERS			1,189	257			
099 01 WELLNESS/SENIOR VIP			119,913	25,942			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,065,993	2,364,992	161,685,449	28,758,141	1,723,764	6,791,529	1,348,493

COST ALLOCATION - GENERAL SERVICE COSTS

14-0187

FROM 7/ 1/2009

WORKSHEET B

TO 6/30/2010

PART I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
003 GENERAL SERVICE COST CNTR							
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, RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,549,905						
011 DIETARY	19,461	1,520,238					
012 CAFETERIA			2,067,695				
014 NURSING ADMINISTRATION	28,916		55,469	3,092,997			
015 CENTRAL SERVICES & SUPPLY	49,386		22,567		789,038		
016 PHARMACY	8,262		73,116			9,659,466	
017 MEDICAL RECORDS & LIBRARY	12,392		83,339				3,117,611
018 SOCIAL SERVICE	8,262		55,311				
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM			3,904				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,467,539	1,216,749	530,296	1,446,223			1,376,601
026 INTENSIVE CARE UNIT	141,733	83,845	123,665	337,249			162,411
031 SUBPROVIDER	257,946	184,138	64,902	177,010			176,127
033 NURSERY			23,176	63,210			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	5,875	18,428	192,155	524,049			220,393
038 RECOVERY ROOM			21,506	58,621			30,238
039 DELIVERY ROOM & LABOR ROO			51,768	141,199			
040 ANESTHESIOLOGY			2,640				34,602
041 RADIOLOGY-DIAGNOSTIC	168,904		146,706				189,220
041 01 CAT SCAN			34,143				216,652
041 02 CARDIAC CATHETERIZATION L	66,093		48,970				96,013
043 RADIOISOTOPE			10,764				12,157
044 LABORATORY	22,398		107,846				139,343
049 RESPIRATORY THERAPY	22,398		53,596				2,806
049 01 PULMONARY FUNCTION TESTIN	8,262		13,856				9,352
049 02 STRESS TEST	30,660	2,078	21,438				24,938
050 PHYSICAL THERAPY	22,398		39,356				71,386
051 OCCUPATIONAL THERAPY	8,262						9,664
052 SPEECH PATHOLOGY	8,262						7,170
053 ELECTROCARDIOLOGY			22,725				24,315
053 01 VASCULAR LAB	8,262		6,589				9,352
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED					560,217		8,728
055 30 IMPL. DEV. CHARGED TO PAT					228,821		
056 DRUGS CHARGED TO PATIENTS						9,659,466	48,006
057 RENAL DIALYSIS	4,131						312
059 PAIN MANAGEMENT			2,640				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			109,967				106,300
060 01 OUTPATIENT PSYCH			113	290			
061 EMERGENCY	180,103	15,000	126,554	345,146			141,525
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES			1,715				
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,549,905	1,520,238	2,050,792	3,092,997	789,038	9,659,466	3,117,611
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC			14,691				
099 NONPAID WORKERS							
099 01 WELLNESS/SENIOR VIP			2,212				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,549,905	1,520,238	2,067,695	3,092,997	789,038	9,659,466	3,117,611

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED PR GM	PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	18	22	23	24		25	26	27
003 GENERAL SERVICE COST CNTR								
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, RECEIVING AND								
006 04 ADMINITTING								
006 05 CASHIERING/ACCOUNTS RECEI								
006 06 OTHER ADMINISTRATIVE AND								
007 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY								
012 CAFETERIA								
014 NURSING ADMINISTRATION								
015 CENTRAL SERVICES & SUPPLY								
016 PHARMACY								
017 MEDICAL RECORDS & LIBRARY								
018 SOCIAL SERVICE	2,927,687							
022 I&R SERVICES-SALARY & FRI		1,736,359						
023 I&R SERVICES-OTHER PRGM C			1,032,509					
024 PARAMED PRGM				194,214				
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	2,546,723	1,122,471	667,466			33,335,981	-1,789,937	31,546,044
026 INTENSIVE CARE UNIT	122,639	253,693	150,856			8,130,862	-404,549	7,726,313
031 SUBPROVIDER	223,360					4,021,872		4,021,872
033 NURSERY						1,042,425		1,042,425
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM		75,390	44,830			13,512,201	-120,220	13,391,981
038 RECOVERY ROOM						1,264,582		1,264,582
039 DELIVERY ROOM & LABOR ROO						2,321,472		2,321,472
040 ANESTHESIOLOGY						763,171		763,171
041 RADIOLOGY-DIAGNOSTIC		2,393	1,423			10,675,238	-3,816	10,671,422
041 01 CAT SCAN						3,248,542		3,248,542
041 02 CARDIAC CATHETERIZATION L						5,001,625		5,001,625
043 RADIOISOTOPE						1,454,532		1,454,532
044 LABORATORY		8,377	4,981	194,214		7,837,621	-13,358	7,824,263
049 RESPIRATORY THERAPY		9,573	5,693			2,324,241	-15,266	2,308,975
049 01 PULMONARY FUNCTION TESTIN						578,358		578,358
049 02 STRESS TEST						1,098,841		1,098,841
050 PHYSICAL THERAPY		8,377	4,981			7,533,001	-13,358	7,519,643
051 OCCUPATIONAL THERAPY						1,167,959		1,167,959
052 SPEECH PATHOLOGY						184,981		184,981
053 ELECTROCARDIOLOGY		17,950	10,674			1,254,228	-28,624	1,225,604
053 01 VASCULAR LAB						509,964		509,964
054 ELECTROENCEPHALOGRAPHY		2,393	1,423			3,816	-3,816	
055 MEDICAL SUPPLIES CHARGED						15,053,754		15,053,754
055 30 IMPL. DEV. CHARGED TO PAT						6,275,323		6,275,323
056 DRUGS CHARGED TO PATIENTS						10,154,500		10,154,500
057 RENAL DIALYSIS						495,526		495,526
059 PAIN MANAGEMENT						128,873		128,873
060 OUTPAT SERVICE COST CNTRS								
060 01 OUTPATIENT PSYCH		119,666	71,158			6,163,625	-190,824	5,972,801
061 EMERGENCY	34,965	116,076	69,024			22,078		22,078
062 OBSERVATION BEDS (NON-DIS						7,109,078	-185,100	6,923,978
063 OTHER OUTPATIENT SERVICE						-363		-363
065 OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES						109,721		109,721
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	2,927,687	1,736,359	1,032,509	194,214		152,777,628	-2,768,868	150,008,760
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP						23,001		23,001
098 PHYSICIANS' PRIVATE OFFIC						8,735,307		8,735,307
099 NONPAID WORKERS						1,446		1,446
099 01 WELLNESS/SENIOR VIP						148,067		148,067
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	2,927,687	1,736,359	1,032,509	194,214		161,685,449	-2,768,868	158,916,581

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	COMMUNICATIONS 6.01	DATA PROCESSING 6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS		21,418	8,477	29,895	29,895		
006 01 COMMUNICATIONS		2,260	40,322	42,582	97	42,679	
006 02 DATA PROCESSING			1,430,498	1,430,498	511	617	1,431,626
006 03 PURCHASING, RECEIVING AND		27,456	41,880	69,336	201	268	
006 04 ADMITTING		19,787	12,130	31,917	662	514	
006 05 CASHIERING/ACCOUNTS RECEI			17,210	17,210	472	823	
006 06 OTHER ADMINISTRATIVE AND	1,340,208	910,512	88,446	2,339,166	1,609	1,523	1,431,626
007 MAINTENANCE & REPAIRS		92,657	10,642	103,299	395	432	
008 OPERATION OF PLANT		364,833	73,706	438,539	377	144	
009 LAUNDRY & LINEN SERVICE		113,152	19,492	132,644	148	103	
010 HOUSEKEEPING		42,378	3,474	45,852	486	82	
011 DIETARY		159,170	14,660	173,830	153	535	
012 CAFETERIA			38,132	38,132	410		
014 NURSING ADMINISTRATION		35,270	59,741	95,011	801	309	
015 CENTRAL SERVICES & SUPPLY		36,090	69,170	105,260	120	329	
016 PHARMACY		63,485	25,237	88,722	1,010	453	
017 MEDICAL RECORDS & LIBRARY		39,911	12,134	52,045	575	905	
018 SOCIAL SERVICE		42,283	49,328	91,611	613	597	
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED PRGM					55		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		736,074	562,309	1,298,383	5,340	4,013	
026 INTENSIVE CARE UNIT		99,006	159,172	258,178	1,688	844	
031 SUBPROVIDER		123,218	13,148	136,366	665	576	
033 NURSERY					265		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		353,723	1,198,790	1,552,513	2,102	3,169	
038 RECOVERY ROOM		26,947	21,973	48,920	269	226	
039 DELIVERY ROOM & LABOR ROO					591		
040 ANESTHESIOLOGY		14,362	220,384	234,746	32	226	
041 RADIOLOGY-DIAGNOSTIC		133,948	1,953,050	2,086,998	1,414	1,543	
041 01 CAT SCAN		28,249	328,254	356,503	380	185	
041 02 CARDIAC CATHETERIZATION L		129,843	841,221	971,064	661	782	
043 RADIOISOTOPE		26,490	83,317	109,807	191	144	
044 LABORATORY		112,013	137,432	249,445	946	638	
049 RESPIRATORY THERAPY		34,969	55,663	90,632	521	185	
049 01 PULMONARY FUNCTION TESTIN		3,985	7,584	11,569	131	21	
049 02 STRESS TEST		40,420	40,975	81,395	201	350	
050 PHYSICAL THERAPY		194,441	66,684	261,125	1,895	803	
051 OCCUPATIONAL THERAPY		8,677	6,930	15,607	270	62	
052 SPEECH PATHOLOGY		13,404	8,699	22,103		82	
053 ELECTROCARDIOLOGY		27,499	93,360	120,859	214	185	
053 01 VASCULAR LAB		9,557	63,260	72,817	97	103	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		10,256		10,256		62	
059 PAIN MANAGEMENT					31		
060 OUTPAT SERVICE COST CNTRS							
060 01 OUTPATIENT PSYCH		310,818	150,900	461,718	1,472	5,289	
061 EMERGENCY		90,622	133,089	223,711	1,381	1,194	
062 OBSERVATION BEDS (NON-DIS			470	470			
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					15	62	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,340,208	4,499,183	8,161,343	14,000,734	29,468	28,378	1,431,626
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC		1,290,110	60,567	1,350,677	398	14,301	
099 NONPAID WORKERS			1,189	1,189			
099 01 WELLNESS/SENIOR VIP					29		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,340,208	5,789,293	8,223,099	15,352,600	29,895	42,679	1,431,626

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.03	6.04	6.05	6.06	7	8	9
003 GENERAL SERVICE COST CNTR							
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, RECEIVING AND	69,805						
006 04 ADMINISTRATION	2,981	36,074					
006 05 CASHIERING/ACCOUNTS RECEI			18,505				
006 06 OTHER ADMINISTRATIVE AND	6,500			3,780,424			
007 MAINTENANCE & REPAIRS	7,292			40,304	151,722		
008 OPERATION OF PLANT	9,210			155,678	11,739	615,687	
009 LAUNDRY & LINEN SERVICE	4,340			26,432	3,641	16,014	183,322
010 HOUSEKEEPING	513			56,603	1,364	5,998	6,446
011 DIETARY	381			27,655	5,122	22,527	1,540
012 CAFETERIA				48,346			
014 NURSING ADMINISTRATION	481			68,757	1,135	4,992	
015 CENTRAL SERVICES & SUPPLY	317			15,000	1,161	5,108	817
016 PHARMACY	1,577			221,021	2,043	8,985	403
017 MEDICAL RECORDS & LIBRARY	866			68,858	1,284	5,648	
018 SOCIAL SERVICE	402			65,063	1,361	5,984	
022 I&R SERVICES-SALARY & FRI				40,599			
023 I&R SERVICES-OTHER PRGM C				24,142			
024 PARAMEDICAL PRGM	88			4,450			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	7,230	3,208	1,674	489,103	23,685	104,173	84,771
026 INTENSIVE CARE UNIT	1,132	748	390	151,285	3,186	14,012	12,746
031 SUBPROVIDER	759	395	206	61,328	3,965	17,438	10,610
033 NURSERY		156	81	22,354			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	7,941	3,316	1,730	271,235	11,382	50,061	20,279
038 RECOVERY ROOM	414	527	275	25,585	867	3,814	1,095
039 DELIVERY ROOM & LABOR ROO		301	157	49,768			
040 ANESTHESIOLOGY	250	567	296	16,326	462	2,033	
041 RADIOLOGY-DIAGNOSTIC	2,451	3,059	1,596	229,964	4,310	18,957	9,953
041 01 CAT SCAN	401	3,560	1,857	68,417	909	3,998	2,339
041 02 CARDIAC CATHETERIZATION L	972	1,981	1,033	105,279	4,178	18,376	5,131
043 RADIOISOTOPE	91	376	196	32,164	852	3,749	676
044 LABORATORY	1,530	4,312	1,935	167,048	3,604	15,853	30
049 RESPIRATORY THERAPY	635	621	324	50,570	1,125	4,949	
049 01 PULMONARY FUNCTION TESTIN	123	518	270	12,608	128	564	
049 02 STRESS TEST	758	311	162	21,791	1,301	5,720	1,345
050 PHYSICAL THERAPY	1,047	1,103	576	163,694	6,257	27,518	1,477
051 OCCUPATIONAL THERAPY	40	308	161	26,020	279	1,228	2,784
052 SPEECH PATHOLOGY	28	163	85	3,360	431	1,897	
053 ELECTROCARDIOLOGY	193	900	470	26,225	885	3,892	543
053 01 VASCULAR LAB	131	223	117	10,820	308	1,353	622
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED		2,453	1,280	338,677			
055 30 IMPL. DEV. CHARGED TO PAT		1,336	697	141,377			
056 DRUGS CHARGED TO PATIENTS		2,983	1,556	10,452			
057 RENAL DIALYSIS	366	137	71	10,995	330	1,451	147
059 PAIN MANAGEMENT	138	60	31	2,952			
060 OUTPAT SERVICE COST CNTRS							
060 01 OUTPATIENT PSYCH	3,197	117	61	120,324	10,001	43,989	1,573
061 EMERGENCY	1,232	2,335	1,218	135,027	2,916	12,825	17,829
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	68			2,525			
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	66,075	36,074	18,505	3,630,688	110,211	433,106	183,156
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	421			538			
098 PHYSICIANS' PRIVATE OFFIC	3,309			145,754	41,511	182,581	166
099 NONPAID WORKERS				34			
099 01 WELLNESS/SENIOR VIP				3,410			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	69,805	36,074	18,505	3,780,424	151,722	615,687	183,322

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0187

FROM 7/ 1/2009

WORKSHEET B

TO 6/30/2010

PART III

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
003 GENERAL SERVICE COST CNTR							
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, RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	117,344						
011 DIETARY	896	232,639					
012 CAFETERIA			86,888				
014 NURSING ADMINISTRATION	1,331		2,331	175,148			
015 CENTRAL SERVICES & SUPPLY	2,273		948		131,333		
016 PHARMACY	380		3,072			327,666	
017 MEDICAL RECORDS & LIBRARY	570		3,502				134,253
018 SOCIAL SERVICE	380		2,324				
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM			164				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	67,535	186,197	22,284	81,896			59,278
026 INTENSIVE CARE UNIT	6,522	12,831	5,197	19,097			6,994
031 SUBPROVIDER	11,870	28,178	2,727	10,024			7,585
033 NURSERY			974	3,579			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	270	2,820	8,075	29,675			9,491
038 RECOVERY ROOM			904	3,320			1,302
039 DELIVERY ROOM & LABOR ROO			2,175	7,996			
040 ANESTHESIOLOGY			111				1,490
041 RADIOLOGY-DIAGNOSTIC	7,773		6,165				8,148
041 01 CAT SCAN			1,435				9,330
041 02 CARDIAC CATHETERIZATION L	3,042		2,058				4,135
043 RADIOISOTOPE			452				524
044 LABORATORY	1,031		4,532				6,001
049 RESPIRATORY THERAPY	1,031		2,252				121
049 01 PULMONARY FUNCTION TESTIN	380		582				403
049 02 STRESS TEST	1,411	318	901				1,074
050 PHYSICAL THERAPY	1,031		1,654				3,074
051 OCCUPATIONAL THERAPY	380						416
052 SPEECH PATHOLOGY	380						309
053 ELECTROCARDIOLOGY			955				1,047
053 01 VASCULAR LAB	380		277				403
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED					93,246		376
055 30 IMPL. DEV. CHARGED TO PAT					38,087		
056 DRUGS CHARGED TO PATIENTS						327,666	2,067
057 RENAL DIALYSIS	190						13
059 PAIN MANAGEMENT			111				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			4,621				4,578
060 01 OUTPATIENT PSYCH			5	16			
061 EMERGENCY	8,288	2,295	5,318	19,545			6,094
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES			72				
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	117,344	232,639	86,178	175,148	131,333	327,666	134,253
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC			617				
099 NONPAID WORKERS							
099 01 WELLNESS/SENIOR VIP			93				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	117,344	232,639	86,888	175,148	131,333	327,666	134,253

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	22	23	24	25	26	27
003 GENERAL SERVICE COST CNTR							
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, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE	168,335						
022 I&R SERVICES-SALARY & FRI		40,599					
023 I&R SERVICES-OTHER PRGM C			24,142				
024 PARAMED ED PRGM				4,757			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	146,431				2,585,201		2,585,201
026 INTENSIVE CARE UNIT	7,051				501,901		501,901
031 SUBPROVIDER	12,843				305,535		305,535
033 NURSERY					27,409		27,409
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					1,974,059		1,974,059
038 RECOVERY ROOM					87,518		87,518
039 DELIVERY ROOM & LABOR ROO					60,988		60,988
040 ANESTHESIOLOGY					256,539		256,539
041 RADIOLOGY-DIAGNOSTIC					2,382,331		2,382,331
041 01 CAT SCAN					449,314		449,314
041 02 CARDIAC CATHETERIZATION L					1,118,692		1,118,692
043 RADIOISOTOPE					149,222		149,222
044 LABORATORY					456,905		456,905
049 RESPIRATORY THERAPY					152,966		152,966
049 01 PULMONARY FUNCTION TESTIN					27,297		27,297
049 02 STRESS TEST					117,038		117,038
050 PHYSICAL THERAPY					471,254		471,254
051 OCCUPATIONAL THERAPY					47,555		47,555
052 SPEECH PATHOLOGY					28,838		28,838
053 ELECTROCARDIOLOGY					156,368		156,368
053 01 VASCULAR LAB					87,651		87,651
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED					436,032		436,032
055 30 IMPL. DEV. CHARGED TO PAT					181,497		181,497
056 DRUGS CHARGED TO PATIENTS					344,724		344,724
057 RENAL DIALYSIS					24,018		24,018
059 PAIN MANAGEMENT					3,323		3,323
060 OUTPAT SERVICE COST CNTRS							
060 01 OUTPATIENT PSYCH					656,762		656,762
061 EMERGENCY	2,010				707		707
062 OBSERVATION BEDS (NON-DIS					443,218		443,218
063 OTHER OUTPATIENT SERVICE					470		470
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					2,742		2,742
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	168,335				13,538,074		13,538,074
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					959		959
098 PHYSICIANS' PRIVATE OFFIC					1,739,314		1,739,314
099 NONPAID WORKERS					1,223		1,223
099 01 WELLNESS/SENIOR VIP					3,532		3,532
101 CROSS FOOT ADJUSTMENTS		40,599	24,142	4,757	69,498		69,498
102 NEGATIVE COST CENTER							
103 TOTAL	168,335	40,599	24,142	4,757	15,352,600		15,352,600

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & OSTS	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(# OF TELEPHONES)	(TIME SPENT)	(SUPPLIES)
	3	4	5	6.01	6.02	6.03
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	671,168					
004 NEW CAP REL COSTS-MVB		6,085,841				
005 EMPLOYEE BENEFITS	2,483	6,274	64,411,511			
006 01 COMMUNICATIONS	262	29,842	208,809	2,074		
006 02 DATA PROCESSING		1,058,699	1,102,043	30	100	
006 03 PURCHASING, RECEIVING	3,183	30,995	432,773	13		878,963
006 04 ADMINITTING	2,294	8,977	1,426,905	25		37,535
006 05 CASHIERING/ACCOUNTS R		12,737	1,017,046	40		
006 06 OTHER ADMINSTRATIVE	105,558	65,458	3,468,703	74	100	81,846
007 MAINTENANCE & REPAIRS	10,742	7,876	851,460	21		91,818
008 OPERATION OF PLANT	42,296	54,549	812,467	7		115,984
009 LAUNDRY & LINEN SERVI	13,118	14,426	319,553	5		54,644
010 HOUSEKEEPING	4,913	2,571	1,048,218	4		6,458
011 DIETARY	18,453	10,850	330,311	26		4,794
012 CAFETERIA		28,221	884,516			
014 NURSING ADMINSTRATIO	4,089	44,214	1,726,021	15		6,056
015 CENTRAL SERVICES & SU	4,184	51,192	258,152	16		3,990
016 PHARMACY	7,360	18,678	2,177,242	22		19,860
017 MEDICAL RECORDS & LIB	4,627	8,980	1,239,123	44		10,908
018 SOCIAL SERVICE	4,902	36,507	1,321,813	29		5,063
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM			119,290			1,102
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	85,335	416,160	11,482,346	195		91,034
026 INTENSIVE CARE UNIT	11,478	117,802	3,638,878	41		14,252
031 SUBPROVIDER	14,285	9,731	1,432,182	28		9,558
033 NURSERY			570,549			
ANCILLARY SRVC COST C						
037 OPERATING ROOM	41,008	887,214	4,530,366	154		99,990
038 RECOVERY ROOM	3,124	16,262	580,297	11		5,209
039 DELIVERY ROOM & LABOR			1,274,515			
040 ANESTHESIOLOGY	1,665	163,104	69,127	11		3,143
041 RADIOLOGY-DIAGNOSTIC	15,529	1,445,433	3,047,529	75		30,867
041 01 CAT SCAN	3,275	242,938	819,618	9		5,055
041 02 CARDIAC CATHETERIZATI	15,053	622,580	1,425,129	38		12,240
043 RADIO SOTOPE	3,071	61,662	411,417	7		1,149
044 LABORATORY	12,986	101,712	2,038,044	31		19,266
049 RESPIRATORY THERAPY	4,054	41,196	1,123,810	9		8,001
049 01 PULMONARY FUNCTION TE	462	5,613	282,090	1		1,545
049 02 STRESS TEST	4,686	30,325	434,213	17		9,542
050 PHYSICAL THERAPY	22,542	49,352	4,084,195	39		13,187
051 OCCUPATIONAL THERAPY	1,006	5,129	581,852	3		508
052 SPEECH PATHOLOGY	1,554	6,438		4		354
053 ELECTROCARDIOLOGY	3,188	69,095	460,817	9		2,425
053 01 VASCULAR LAB	1,108	46,818	209,529	5		1,648
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	1,189			3		4,606
059 PAIN MANAGEMENT			67,773			1,743
OUTPAT SERVICE COST C						
060 CLINIC	36,034	111,680	3,171,677	257		40,250
060 01 OUTPATIENT PSYCH			2,575			
061 EMERGENCY	10,506	98,498	2,975,679	58		15,507
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV		348				
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES			32,680	3		853
SPEC PURPOSE COST CEN						
095 SUBTOTALS	521,602	6,040,136	63,491,332	1,379	100	831,990
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						5,303
098 PHYSICIANS' PRIVATE O	149,566	44,825	857,125	695		41,670
099 NONPAID WORKERS		880				
099 01 WELLNESS/SENIOR VIP			63,054			
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	5,789,293	8,223,099	18,501,058	591,309	3,659,940	736,381
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	8.625699		.287232		36,599.400000	
(WRKSHT B, PT I)		1.351185		285.105593		.837784
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			29,895	42,679	1,431,626	69,805
(WRKSHT B, PART III)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE	EMPLOYEE BENEFITS (GROSS SALARIES	COMMUNICATIONS (# OF TELEPHONES	DATA PROCESSING (TIME SPENT	PURCHASING, RECEIVING AND (SUPPLIES
	3	4	5	6.01	6.02	6.03
108 NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT 111)			.000464	20.578110	14,316.260000	.079417

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINI NG	CASHI ERI NG/AC	RECONCI L-	OTHER ADMINI S	MAINTENANCE & OPERATI ON OF	LAUNDRY & LIN	
	(GROSS CHARGES)	(GROSS CHARGES)	ATION	TRATI VE AND	REPAI RS	EN SERVIC E	
	6. 04	6. 05	6a.06	(ACCUM. COST	(SQUARE)FEET	(SQUARE)FEET	(POUNDS OF)LAUNDRY)
				6. 06	7	8	9
GENERAL SERVICE COST							
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, RECEIVING							
006 04 ADMINI NG	521, 236, 111						
006 05 CASHI ERI NG/ACCOUNTS R		521, 236, 111					
006 06 OTHER ADMINI STRATI VE			-28, 758, 141	132, 927, 671			
007 MAINTENANCE & REPAI RS				1, 417, 168	546, 646		
008 OPERATI ON OF PLANT				5, 473, 908	42, 296	504, 350	
009 LAUNDRY & LINEN SERVI				929, 409	13, 118	13, 118	1, 570, 347
010 HOUSEKEEPING				1, 990, 257	4, 913	4, 913	55, 219
011 DI ETARY				972, 399	18, 453	18, 453	13, 194
012 CAFETERIA				1, 699, 926			
014 NURSING ADMINI STRATIO				2, 417, 619	4, 089	4, 089	
015 CENTRAL SERVICES & SU				527, 431	4, 184	4, 184	7, 001
016 PHARMACY				7, 771, 488	7, 360	7, 360	3, 455
017 MEDICAL RECORDS & LIB				2, 421, 175	4, 627	4, 627	
018 SOCIAL SERVICE				2, 287, 713	4, 902	4, 902	
022 I & R SERVICES-SALARY &				1, 427, 523			
023 I & R SERVICES-OTHER PR				848, 863			
024 PARAMED ED PRGM				156, 461			
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	46, 491, 564	46, 491, 564		17, 199, 177	85, 335	85, 335	726, 140
026 INTENSIVE CARE UNIT	10, 840, 302	10, 840, 302		5, 319, 428	11, 478	11, 478	109, 186
031 SUBPROVIDER	5, 724, 193	5, 724, 193		2, 156, 408	14, 285	14, 285	90, 890
033 NURSERY	2, 263, 488	2, 263, 488		785, 994			
ANCILLARY SRVC COST C							
037 OPERATI NG ROOM	48, 058, 812	48, 058, 812		9, 537, 095	41, 008	41, 008	173, 713
038 RECOVERY ROOM	7, 638, 227	7, 638, 227		899, 619	3, 124	3, 124	9, 378
039 DELI VERY ROOM & LABOR	4, 366, 294	4, 366, 294		1, 749, 920			
040 ANESTHESIOLOGY	8, 212, 783	8, 212, 783		574, 063	1, 665	1, 665	
041 RADIOLOGY-DI AGNOSTIC	44, 334, 411	44, 334, 411		8, 085, 949	15, 529	15, 529	85, 262
041 01 CAT SCAN	51, 588, 738	51, 588, 738		2, 405, 663	3, 275	3, 275	20, 035
041 02 CARDIAC CATHETERIZATI	28, 706, 210	28, 706, 210		3, 701, 777	15, 053	15, 053	43, 956
043 RADIOI SOTOPE	5, 450, 671	5, 450, 671		1, 130, 933	3, 071	3, 071	5, 787
044 LABORATORY	60, 891, 304	60, 891, 304		5, 873, 687	12, 986	12, 986	257
049 RESPI RATORY THERAPY	8, 999, 925	8, 999, 925		1, 778, 115	4, 054	4, 054	
049 01 PULMONARY FUNCTION TE	7, 509, 840	7, 509, 840		443, 304	462	462	
049 02 STRESS TEST	4, 512, 301	4, 512, 301		766, 193	4, 686	4, 686	11, 523
050 PHYSICAL THERAPY	15, 992, 223	15, 992, 223		5, 755, 778	22, 542	22, 542	12, 654
051 OCCUPATIONAL THERAPY	4, 463, 126	4, 463, 126		914, 905	1, 006	1, 006	23, 844
052 SPEECH PATHOLOGY	2, 359, 998	2, 359, 998		118, 160	1, 554	1, 554	
053 ELECTROCARDIOLOGY	13, 047, 347	13, 047, 347		922, 100	3, 188	3, 188	4, 648
053 01 VASCULAR LAB	3, 236, 554	3, 236, 554		380, 462	1, 108	1, 108	5, 327
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLI ES CHAR	35, 554, 506	35, 554, 506		11, 908, 481			
055 30 IMPL. DEV. CHARGED TO	19, 365, 349	19, 365, 349		4, 971, 046			
056 DRUGS CHARGED TO PATI	43, 232, 376	43, 232, 376		367, 518			
057 RENAL DI ALYSIS	1, 983, 828	1, 983, 828		386, 605	1, 189	1, 189	1, 255
059 PAI N MANAGEMENT	873, 078	873, 078		103, 781			
OUTPAT SERVICE COST C							
060 CLINI C				4, 230, 797	36, 034	36, 034	13, 475
060 01 OUTPATI ENT PSYCH	1, 694, 954	1, 694, 954		17, 820			
061 EMERGENCY	33, 843, 709	33, 843, 709		4, 747, 780	10, 506	10, 506	152, 726
062 OBSERVATI ON BEDS (NON							
063 OTHER OUTPATI ENT SERV			363				
063 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES				88, 796			
065 SPEC PURPOSE COST CEN							
095 SUBTOTALS	521, 236, 111	521, 236, 111	-28, 757, 778	127, 662, 694	397, 080	354, 784	1, 568, 925
NONREIMBURS COST CENT							
096 GI FT. FLOWER, COFFEE				18, 910			
098 PHYSICI ANS' PRIVATE O				5, 124, 965	149, 566	149, 566	1, 422
099 NONPAI D WORKERS				1, 189			
099 01 WELLNESS/SENI OR VIP				119, 913			
101 CROSS FOOT ADJUSTMENT							
102 NEGATI VE COST CENTER							
103 COST TO BE ALLOCATED	2, 065, 993	2, 364, 992		28, 758, 141	1, 723, 764	6, 791, 529	1, 348, 493
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		. 004537		. 216344		13. 465905	
(WRKSHT B, PT I)	. 003964				3. 153346		. 858723
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	36, 074	18, 505		3, 780, 424	151, 722	615, 687	183, 322
(WRKSHT B, PART III)							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	CASHIERING/AC	RECONCILIATION	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	(GROSS CHARGES)	(GROSS CHARGES)		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
NONREIMBURS COST CENT	6.04	6.05	6a.06	6.06	7	8	9
UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000069	.000036		.028440	.277551	1.220753	.116740

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0187 PERIOD: FROM 7/ 1/2009 TO 6/30/2010 PREPARED 11/24/2010 WORKSHEET B-1

Table with columns: COST CENTER DESCRIPTION, HOUSEKEEPING (TIME SPENT), DIETARY (MEALS SERVED), CAFETERIA (FTE'S), NURSING ADMINISTRATION (NURSING TIME), CENTRAL SERVICES & SUPPLY (COSTED REQUIS.), PHARMACY (COSTED REQUIS.), MEDICAL RECORDS & LIBRARY (TIME SPENT). Rows include various service categories like GENERAL SERVICE COST, NURSING ADMINISTRATION, and PHARMACY, with associated numerical values.

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET B-1

	COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		(TIME SPENT)	(MEALS SERVED)	(FTE'S)	(NURSING TIME)	(COSTED REQUIS.)	(COSTED REQUIS.)	(TIME SPENT)
		10	11	12	14	15	16	17
108	NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT III)	4.224350	1.359039	.948290	.167551	1,313.330000	3,276.660000	13.423958

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	SOCIAL SERVICE (TIME SPENT)	I&R SERVICES- SALARY & FRI (TIME SPENT)	I&R SERVICES- OTHER PRGM (TIME SPENT)	PARAMED ED PRGM (TIME SPENT)
GENERAL SERVICE COST	18	22	23	24
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, RECEIVING				
006 04 ADMITTING				
006 05 CASHIERING/ACCOUNTS R				
006 06 OTHER ADMINISTRATIVE				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SU				
016 PHARMACY				
017 MEDICAL RECORDS & LIB				
018 SOCIAL SERVICE	5,610			
022 I&R SERVICES-SALARY &		1,451		
023 I&R SERVICES-OTHER PR			1,451	
024 PARAMED ED PRGM				100
INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS	4,880	938	938	
026 INTENSIVE CARE UNIT	235	212	212	
031 SUBPROVIDER	428			
033 NURSERY				
ANCILLARY SRVC COST C				
037 OPERATING ROOM		63	63	
038 RECOVERY ROOM				
039 DELIVERY ROOM & LABOR				
040 ANESTHESIOLOGY				
041 RADIOLOGY-DIAGNOSTIC		2	2	
041 01 CAT SCAN				
041 02 CARDIAC CATHETERIZATI				
043 RADIOISOTOPE				
044 LABORATORY		7	7	100
049 RESPIRATORY THERAPY		8	8	
049 01 PULMONARY FUNCTION TE				
049 02 STRESS TEST				
050 PHYSICAL THERAPY		7	7	
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY		15	15	
053 01 VASCULAR LAB				
054 ELECTROENCEPHALOGRAPH		2	2	
055 MEDICAL SUPPLIES CHAR				
055 30 IMPL. DEV. CHARGED TO				
056 DRUGS CHARGED TO PATI				
057 RENAL DIALYSIS				
059 PAIN MANAGEMENT				
OUTPAT SERVICE COST C				
060 CLINIC		100	100	
060 01 OUTPATIENT PSYCH				
061 EMERGENCY	67	97	97	
062 OBSERVATION BEDS (NON				
063 OTHER OUTPATIENT SERV				
OTHER REIMBURS COST C				
065 AMBULANCE SERVICES				
SPEC PURPOSE COST CEN				
095 SUBTOTALS	5,610	1,451	1,451	100
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				
098 PHYSICIANS' PRIVATE O				
099 NONPAID WORKERS				
099 01 WELLNESS/SENIOR VIP				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	2,927,687	1,736,359	1,032,509	194,214
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER		1,196.663680		1,942.140000
(WRKSHT B, PT I)	521.869340		711.584425	
105 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER				
(WRKSHT B, PT II)				
107 COST TO BE ALLOCATED	168,335	40,599	24,142	4,757
(PER WRKSHT B, PART				

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM
	(TIME SPENT	(TIME)SPENT	(TIME)SPENT	(TIME)SPENT
	18	22	23	24
NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSH B, PT III)	30.006239	27.980014	16.638181	47.570000

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	31,546,044		31,546,044		31,546,044
26	INTENSIVE CARE UNIT	7,726,313		7,726,313		7,726,313
31	SUBPROVIDER	4,021,872		4,021,872		4,021,872
33	NURSERY	1,042,425		1,042,425		1,042,425
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	13,391,981		13,391,981		13,391,981
38	RECOVERY ROOM	1,264,582		1,264,582		1,264,582
39	DELIVERY ROOM & LABOR ROO	2,321,472		2,321,472		2,321,472
40	ANESTHESIOLOGY	763,171		763,171		763,171
41	RADIOLOGY-DIAGNOSTIC	10,671,422		10,671,422		10,671,422
41	01 CAT SCAN	3,248,542		3,248,542		3,248,542
41	02 CARDIAC CATHETERIZATION L	5,001,625		5,001,625		5,001,625
43	RADIOISOTOPE	1,454,532		1,454,532		1,454,532
44	LABORATORY	7,824,263		7,824,263		7,824,263
49	RESPIRATORY THERAPY	2,308,975		2,308,975		2,308,975
49	01 PULMONARY FUNCTION TESTIN	578,358		578,358		578,358
49	02 STRESS TEST	1,098,841		1,098,841		1,098,841
50	PHYSICAL THERAPY	7,519,643		7,519,643		7,519,643
51	OCCUPATIONAL THERAPY	1,167,959		1,167,959		1,167,959
52	SPEECH PATHOLOGY	184,981		184,981		184,981
53	ELECTROCARDIOLOGY	1,225,604		1,225,604		1,225,604
53	01 VASCULAR LAB	509,964		509,964		509,964
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	15,053,754		15,053,754		15,053,754
55	30 IMPL. DEV. CHARGED TO PAT	6,275,323		6,275,323		6,275,323
56	DRUGS CHARGED TO PATIENTS	10,154,500		10,154,500		10,154,500
57	RENAL DIALYSIS	495,526		495,526		495,526
59	PAIN MANAGEMENT	128,873		128,873		128,873
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	5,972,801		5,972,801		5,972,801
60	01 OUTPATIENT PSYCH	22,078		22,078		22,078
61	EMERGENCY	6,923,978		6,923,978		6,923,978
62	OBSERVATION BEDS (NON-DIS	1,521,879		1,521,879		1,521,879
63	OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	109,721		109,721		109,721
101	SUBTOTAL	151,531,002		151,531,002		151,531,002
102	LESS OBSERVATION BEDS	1,521,879		1,521,879		1,521,879
103	TOTAL	150,009,123		150,009,123		150,009,123

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	43,680,655		43,680,655			
26	INTENSIVE CARE UNIT	10,840,302		10,840,302			
31	SUBPROVIDER	5,724,193		5,724,193			
33	NURSERY	2,263,488		2,263,488			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	21,716,741	26,342,071	48,058,812	.278658	.278658	.278658
38	RECOVERY ROOM	3,018,412	4,619,815	7,638,227	.165560	.165560	.165560
39	DELIVERY ROOM & LABOR ROO	3,119,574	1,246,720	4,366,294	.531680	.531680	.531680
40	ANESTHESIOLOGY	4,473,091	3,739,692	8,212,783	.092925	.092925	.092925
41	RADIOLOGY-DIAGNOSTIC	8,783,872	35,550,539	44,334,411	.240703	.240703	.240703
41 01	CAT SCAN	14,279,106	37,309,632	51,588,738	.062970	.062970	.062970
41 02	CARDIAC CATHETERIZATION L	16,791,303	11,914,907	28,706,210	.174235	.174235	.174235
43	RADIOISOTOPE	3,607,617	1,843,054	5,450,671	.266854	.266854	.266854
44	LABORATORY	39,156,460	21,734,844	60,891,304	.128496	.128496	.128496
49	RESPIRATORY THERAPY	8,757,799	242,126	8,999,925	.256555	.256555	.256555
49 01	PULMONARY FUNCTION TESTIN	6,029,758	1,480,082	7,509,840	.077013	.077013	.077013
49 02	STRESS TEST	202,417	4,309,884	4,512,301	.243521	.243521	.243521
50	PHYSICAL THERAPY	4,826,508	11,165,715	15,992,223	.470206	.470206	.470206
51	OCCUPATIONAL THERAPY	2,962,494	1,500,632	4,463,126	.261691	.261691	.261691
52	SPEECH PATHOLOGY	1,242,751	1,117,247	2,359,998	.078382	.078382	.078382
53	ELECTROCARDIOLOGY	9,268,108	3,779,239	13,047,347	.093935	.093935	.093935
53 01	VASCULAR LAB	1,795,568	1,440,986	3,236,554	.157564	.157564	.157564
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	26,346,286	9,208,220	35,554,506	.423399	.423399	.423399
55 30	IMPL. DEV. CHARGED TO PAT	14,580,131	4,785,218	19,365,349	.324049	.324049	.324049
56	DRUGS CHARGED TO PATIENTS	28,930,833	14,301,543	43,232,376	.234882	.234882	.234882
57	RENAL DIALYSIS	1,957,126	26,702	1,983,828	.249783	.249783	.249783
59	PAIN MANAGEMENT	10,924	862,154	873,078	.147608	.147608	.147608
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	OUTPATIENT PSYCH	5,356	1,689,598	1,694,954	.013026	.013026	.013026
61	EMERGENCY	9,438,685	24,405,024	33,843,709	.204587	.204587	.204587
62	OBSERVATION BEDS (NON-DIS	391,520	2,419,389	2,810,909	.541419	.541419	.541419
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	294,201,078	227,035,033	521,236,111			
102	LESS OBSERVATION BEDS						
103	TOTAL	294,201,078	227,035,033	521,236,111			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0187
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/24/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	33,335,981		33,335,981		33,335,981
26	INTENSIVE CARE UNIT	8,130,862		8,130,862		8,130,862
31	SUBPROVIDER	4,021,872		4,021,872		4,021,872
33	NURSERY	1,042,425		1,042,425		1,042,425
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	13,512,201		13,512,201		13,512,201
38	RECOVERY ROOM	1,264,582		1,264,582		1,264,582
39	DELIVERY ROOM & LABOR ROO	2,321,472		2,321,472		2,321,472
40	ANESTHESIOLOGY	763,171		763,171		763,171
41	RADIOLOGY-DIAGNOSTIC	10,675,238		10,675,238		10,675,238
41	01 CAT SCAN	3,248,542		3,248,542		3,248,542
41	02 CARDIAC CATHETERIZATION L	5,001,625		5,001,625		5,001,625
43	RADIOISOTOPE	1,454,532		1,454,532		1,454,532
44	LABORATORY	7,837,621		7,837,621		7,837,621
49	RESPIRATORY THERAPY	2,324,241		2,324,241		2,324,241
49	01 PULMONARY FUNCTION TESTIN	578,358		578,358		578,358
49	02 STRESS TEST	1,098,841		1,098,841		1,098,841
50	PHYSICAL THERAPY	7,533,001		7,533,001		7,533,001
51	OCCUPATIONAL THERAPY	1,167,959		1,167,959		1,167,959
52	SPEECH PATHOLOGY	184,981		184,981		184,981
53	ELECTROCARDIOLOGY	1,254,228		1,254,228		1,254,228
53	01 VASCULAR LAB	509,964		509,964		509,964
54	ELECTROENCEPHALOGRAPHY	3,816		3,816		3,816
55	MEDICAL SUPPLIES CHARGED	15,053,754		15,053,754		15,053,754
55	30 IMPL. DEV. CHARGED TO PAT	6,275,323		6,275,323		6,275,323
56	DRUGS CHARGED TO PATIENTS	10,154,500		10,154,500		10,154,500
57	RENAL DIALYSIS	495,526		495,526		495,526
59	PAIN MANAGEMENT	128,873		128,873		128,873
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	6,163,625		6,163,625		6,163,625
60	01 OUTPATIENT PSYCH	22,078		22,078		22,078
61	EMERGENCY	7,109,078		7,109,078		7,109,078
62	OBSERVATION BEDS (NON-DIS	1,521,879		1,521,879		1,521,879
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	109,721		109,721		109,721
101	SUBTOTAL	154,299,870		154,299,870		154,299,870
102	LESS OBSERVATION BEDS	1,521,879		1,521,879		1,521,879
103	TOTAL	152,777,991		152,777,991		152,777,991

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-0187

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

PREPARED 11/24/2010
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	43,680,655		43,680,655			
26	INTENSIVE CARE UNIT	10,840,302		10,840,302			
31	SUBPROVIDER	5,724,193		5,724,193			
33	NURSERY	2,263,488		2,263,488			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	21,716,741	26,342,071	48,058,812	.281160	.281160	.281160
38	RECOVERY ROOM	3,018,412	4,619,815	7,638,227	.165560	.165560	.165560
39	DELIVERY ROOM & LABOR ROO	3,119,574	1,246,720	4,366,294	.531680	.531680	.531680
40	ANESTHESIOLOGY	4,473,091	3,739,692	8,212,783	.092925	.092925	.092925
41	RADIOLOGY-DIAGNOSTIC	8,783,872	35,550,539	44,334,411	.240789	.240789	.240789
41 01	CAT SCAN	14,279,106	37,309,632	51,588,738	.062970	.062970	.062970
41 02	CARDIAC CATHETERIZATION L	16,791,303	11,914,907	28,706,210	.174235	.174235	.174235
43	RADIOISOTOPE	3,607,617	1,843,054	5,450,671	.266854	.266854	.266854
44	LABORATORY	39,156,460	21,734,844	60,891,304	.128715	.128715	.128715
49	RESPIRATORY THERAPY	8,757,799	242,126	8,999,925	.258251	.258251	.258251
49 01	PULMONARY FUNCTION TESTIN	6,029,758	1,480,082	7,509,840	.077013	.077013	.077013
49 02	STRESS TEST	202,417	4,309,884	4,512,301	.243521	.243521	.243521
50	PHYSICAL THERAPY	4,826,508	11,165,715	15,992,223	.471042	.471042	.471042
51	OCCUPATIONAL THERAPY	2,962,494	1,500,632	4,463,126	.261691	.261691	.261691
52	SPEECH PATHOLOGY	1,242,751	1,117,247	2,359,998	.078382	.078382	.078382
53	ELECTROCARDIOLOGY	9,268,108	3,779,239	13,047,347	.096129	.096129	.096129
53 01	VASCULAR LAB	1,795,568	1,440,986	3,236,554	.157564	.157564	.157564
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	26,346,286	9,208,220	35,554,506	.423399	.423399	.423399
55 30	IMPL. DEV. CHARGED TO PAT	14,580,131	4,785,218	19,365,349	.324049	.324049	.324049
56	DRUGS CHARGED TO PATIENTS	28,930,833	14,301,543	43,232,376	.234882	.234882	.234882
57	RENAL DIALYSIS	1,957,126	26,702	1,983,828	.249783	.249783	.249783
59	PAIN MANAGEMENT	10,924	862,154	873,078	.147608	.147608	.147608
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	OUTPATIENT PSYCH	5,356	1,689,598	1,694,954	.013026	.013026	.013026
61	EMERGENCY	9,438,685	24,405,024	33,843,709	.210056	.210056	.210056
62	OBSERVATION BEDS (NON-DIS	391,520	2,419,389	2,810,909	.541419	.541419	.541419
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	294,201,078	227,035,033	521,236,111			
102	LESS OBSERVATION BEDS						
103	TOTAL	294,201,078	227,035,033	521,236,111			

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	13,391,981	1,974,059	11,417,922			13,391,981
38	RECOVERY ROOM	1,264,582	87,518	1,177,064			1,264,582
39	DELIVERY ROOM & LABOR ROO	2,321,472	60,988	2,260,484			2,321,472
40	ANESTHESIOLOGY	763,171	256,539	506,632			763,171
41	RADIOLOGY-DIAGNOSTIC	10,671,422	2,382,331	8,289,091			10,671,422
41 01	CAT SCAN	3,248,542	449,314	2,799,228			3,248,542
41 02	CARDIAC CATHETERIZATION L	5,001,625	1,118,692	3,882,933			5,001,625
43	RADIOISOTOPE	1,454,532	149,222	1,305,310			1,454,532
44	LABORATORY	7,824,263	456,905	7,367,358			7,824,263
49	RESPIRATORY THERAPY	2,308,975	152,966	2,156,009			2,308,975
49 01	PULMONARY FUNCTION TESTIN	578,358	27,297	551,061			578,358
49 02	STRESS TEST	1,098,841	117,038	981,803			1,098,841
50	PHYSICAL THERAPY	7,519,643	471,254	7,048,389			7,519,643
51	OCCUPATIONAL THERAPY	1,167,959	47,555	1,120,404			1,167,959
52	SPEECH PATHOLOGY	184,981	28,838	156,143			184,981
53	ELECTROCARDIOLOGY	1,225,604	156,368	1,069,236			1,225,604
53 01	VASCULAR LAB	509,964	87,651	422,313			509,964
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	15,053,754	436,032	14,617,722			15,053,754
55 30	IMPL. DEV. CHARGED TO PAT	6,275,323	181,497	6,093,826			6,275,323
56	DRUGS CHARGED TO PATIENTS	10,154,500	344,724	9,809,776			10,154,500
57	RENAL DIALYSIS	495,526	24,018	471,508			495,526
59	PAIN MANAGEMENT	128,873	3,323	125,550			128,873
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	5,972,801	656,762	5,316,039			5,972,801
60 01	OUTPATIENT PSYCH	22,078	707	21,371			22,078
61	EMERGENCY	6,923,978	443,218	6,480,760			6,923,978
62	OBSERVATION BEDS (NON-DIS	1,521,879	124,718	1,397,161			1,521,879
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS		470	-470			
65	AMBULANCE SERVICES	109,721	2,742	106,979			109,721
101	SUBTOTAL	107,194,348	10,242,746	96,951,602			107,194,348
102	LESS OBSERVATION BEDS	1,521,879	124,718	1,397,161			1,521,879
103	TOTAL	105,672,469	10,118,028	95,554,441			105,672,469

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	48,058,812	.278658	.278658
38	RECOVERY ROOM	7,638,227	.165560	.165560
39	DELIVERY ROOM & LABOR ROO	4,366,294	.531680	.531680
40	ANESTHESIOLOGY	8,212,783	.092925	.092925
41	RADIOLOGY-DIAGNOSTIC	44,334,411	.240703	.240703
41	01 CAT SCAN	51,588,738	.062970	.062970
41	02 CARDIAC CATHETERIZATION L	28,706,210	.174235	.174235
43	RADIOISOTOPE	5,450,671	.266854	.266854
44	LABORATORY	60,891,304	.128496	.128496
49	RESPIRATORY THERAPY	8,999,925	.256555	.256555
49	01 PULMONARY FUNCTION TESTIN	7,509,840	.077013	.077013
49	02 STRESS TEST	4,512,301	.243521	.243521
50	PHYSICAL THERAPY	15,992,223	.470206	.470206
51	OCCUPATIONAL THERAPY	4,463,126	.261691	.261691
52	SPEECH PATHOLOGY	2,359,998	.078382	.078382
53	ELECTROCARDIOLOGY	13,047,347	.093935	.093935
53	01 VASCULAR LAB	3,236,554	.157564	.157564
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	35,554,506	.423399	.423399
55	30 IMPL. DEV. CHARGED TO PAT	19,365,349	.324049	.324049
56	DRUGS CHARGED TO PATIENTS	43,232,376	.234882	.234882
57	RENAL DIALYSIS	1,983,828	.249783	.249783
59	PAIN MANAGEMENT	873,078	.147608	.147608
60	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60	01 OUTPATIENT PSYCH	1,694,954	.013026	.013026
61	EMERGENCY	33,843,709	.204587	.204587
62	OBSERVATION BEDS (NON-DIS	2,810,909	.541419	.541419
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	458,727,473		
102	LESS OBSERVATION BEDS	2,810,909		
103	TOTAL	455,916,564		

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	13,512,201	1,974,059	11,538,142	197,406	669,212	12,645,583
38	RECOVERY ROOM	1,264,582	87,518	1,177,064	8,752	68,270	1,187,560
39	DELIVERY ROOM & LABOR ROO	2,321,472	60,988	2,260,484	6,099	131,108	2,184,265
40	ANESTHESIOLOGY	763,171	256,539	506,632	25,654	29,385	708,132
41	RADIOLOGY-DIAGNOSTIC	10,675,238	2,382,331	8,292,907	238,233	480,989	9,956,016
41 01	CAT SCAN	3,248,542	449,314	2,799,228	44,931	162,355	3,041,256
41 02	CARDIAC CATHETERIZATION L	5,001,625	1,118,692	3,882,933	111,869	225,210	4,664,546
43	RADIOISOTOPE	1,454,532	149,222	1,305,310	14,922	75,708	1,363,902
44	LABORATORY	7,837,621	456,905	7,380,716	45,691	428,082	7,363,848
49	RESPIRATORY THERAPY	2,324,241	152,966	2,171,275	15,297	125,934	2,183,010
49 01	PULMONARY FUNCTION TESTIN	578,358	27,297	551,061	2,730	31,962	543,666
49 02	STRESS TEST	1,098,841	117,038	981,803	11,704	56,945	1,030,192
50	PHYSICAL THERAPY	7,533,001	471,254	7,061,747	47,125	409,581	7,076,295
51	OCCUPATIONAL THERAPY	1,167,959	47,555	1,120,404	4,756	64,983	1,098,220
52	SPEECH PATHOLOGY	184,981	28,838	156,143	2,884	9,056	173,041
53	ELECTROCARDIOLOGY	1,254,228	156,368	1,097,860	15,637	63,676	1,174,915
53 01	VASCULAR LAB	509,964	87,651	422,313	8,765	24,494	476,705
54	ELECTROENCEPHALOGRAPHY	3,816		3,816		221	3,595
55	MEDICAL SUPPLIES CHARGED	15,053,754	436,032	14,617,722	43,603	847,828	14,162,323
55 30	IMPL. DEV. CHARGED TO PAT	6,275,323	181,497	6,093,826	18,150	353,442	5,903,731
56	DRUGS CHARGED TO PATIENTS	10,154,500	344,724	9,809,776	34,472	568,967	9,551,061
57	RENAL DIALYSIS	495,526	24,018	471,508	2,402	27,347	465,777
59	PAIN MANAGEMENT	128,873	3,323	125,550	332	7,282	121,259
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	6,163,625	656,762	5,506,863	65,676	319,398	5,778,551
60 01	OUTPATIENT PSYCH	22,078	707	21,371	71	1,240	20,767
61	EMERGENCY	7,109,078	443,218	6,665,860	44,322	386,620	6,678,136
62	OBSERVATION BEDS (NON-DIS	1,521,879	124,718	1,397,161	12,472	81,035	1,428,372
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS		470	-470	47	-27	-20
65	AMBULANCE SERVICES	109,721	2,742	106,979	274	6,205	103,242
101	SUBTOTAL	107,768,730	10,242,746	97,525,984	1,024,276	5,656,508	101,087,946
102	LESS OBSERVATION BEDS	1,521,879	124,718	1,397,161	12,472	81,035	1,428,372
103	TOTAL	106,246,851	10,118,028	96,128,823	1,011,804	5,575,473	99,659,574

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	48,058,812	.263127	.277052
38	RECOVERY ROOM	7,638,227	.155476	.164414
39	DELIVERY ROOM & LABOR ROO	4,366,294	.500256	.530283
40	ANESTHESIOLOGY	8,212,783	.086223	.089801
41	RADIOLOGY-DIAGNOSTIC	44,334,411	.224566	.235415
41	01 CAT SCAN	51,588,738	.058952	.062099
41	02 CARDIAC CATHETERIZATION L	28,706,210	.162493	.170338
43	RADIOISOTOPE	5,450,671	.250226	.264116
44	LABORATORY	60,891,304	.120934	.127965
49	RESPIRATORY THERAPY	8,999,925	.242559	.256551
49	01 PULMONARY FUNCTION TESTIN	7,509,840	.072394	.076650
49	02 STRESS TEST	4,512,301	.228307	.240927
50	PHYSICAL THERAPY	15,992,223	.442484	.468095
51	OCCUPATIONAL THERAPY	4,463,126	.246065	.260625
52	SPEECH PATHOLOGY	2,359,998	.073323	.077160
53	ELECTROCARDIOLOGY	13,047,347	.090050	.094930
53	01 VASCULAR LAB	3,236,554	.147288	.154856
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	35,554,506	.398327	.422173
55	30 IMPL. DEV. CHARGED TO PAT	19,365,349	.304861	.323112
56	DRUGS CHARGED TO PATIENTS	43,232,376	.220924	.234084
57	RENAL DIALYSIS	1,983,828	.234787	.248572
59	PAIN MANAGEMENT	873,078	.138887	.147227
60	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60	01 OUTPATIENT PSYCH	1,694,954	.012252	.012984
61	EMERGENCY	33,843,709	.197323	.208747
62	OBSERVATION BEDS (NON-DIS	2,810,909	.508153	.536982
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	458,727,473		
102	LESS OBSERVATION BEDS	2,810,909		
103	TOTAL	455,916,564		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,585,201		2,585,201
26	INTENSIVE CARE UNIT				501,901		501,901
31	SUBPROVIDER				305,535		305,535
33	NURSERY				27,409		27,409
101	TOTAL				3,420,046		3,420,046

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	46,867	19,720			55.16	1,087,755
26	INTENSIVE CARE UNIT	6,004	2,868			83.59	239,736
31	SUBPROVIDER	6,543	4,464			46.70	208,469
33	NURSERY	2,683				10.22	
101	TOTAL	62,097	27,052				1,535,960

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 COMPONENT NO: 14-0187
 PREPARED 11/24/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	OLD CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,974,059	48,058,812	9,014,832		
38	RECOVERY ROOM		87,518	7,638,227	1,111,194		
39	DELIVERY ROOM & LABOR ROO		60,988	4,366,294	2,196		
40	ANESTHESIOLOGY		256,539	8,212,783	1,643,913		
41	RADIOLOGY-DIAGNOSTIC		2,382,331	44,334,411	4,411,150		
41 01	CAT SCAN		449,314	51,588,738	8,527,370		
41 02	CARDIAC CATHETERIZATION L		1,118,692	28,706,210	5,458,110		
43	RADIOISOTOPE		149,222	5,450,671	1,430,458		
44	LABORATORY		456,905	60,891,304	19,273,253		
49	RESPIRATORY THERAPY		152,966	8,999,925	4,617,359		
49 01	PULMONARY FUNCTION TESTIN		27,297	7,509,840	2,829,058		
49 02	STRESS TEST		117,038	4,512,301	161,440		
50	PHYSICAL THERAPY		471,254	15,992,223	1,307,439		
51	OCCUPATIONAL THERAPY		47,555	4,463,126	301,772		
52	SPEECH PATHOLOGY		28,838	2,359,998	189,110		
53	ELECTROCARDIOLOGY		156,368	13,047,347	4,334,118		
53 01	VASCULAR LAB		87,651	3,236,554	926,346		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		436,032	35,554,506	10,518,948		
55 30	IMPL. DEV. CHARGED TO PAT		181,497	19,365,349	5,520,426		
56	DRUGS CHARGED TO PATIENTS		344,724	43,232,376	12,824,566		
57	RENAL DIALYSIS		24,018	1,983,828	1,146,950		
59	PAIN MANAGEMENT		3,323	873,078			
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		656,762				
60 01	OUTPATIENT PSYCH		707	1,694,954			
61	EMERGENCY		443,218	33,843,709	3,980,440		
62	OBSERVATION BEDS (NON-DIS		124,718	2,810,909	127,753		
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		10,239,534	458,727,473	99,658,201		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/24/2010
14-0187	FROM 7/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 6/30/2010	PART II
14-0187		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.041076	370,293
38	RECOVERY ROOM	.011458	12,732
39	DELIVERY ROOM & LABOR ROO	.013968	31
40	ANESTHESIOLOGY	.031237	51,351
41	RADIOLOGY-DIAGNOSTIC	.053735	237,033
41 01	CAT SCAN	.008710	74,273
41 02	CARDIAC CATHETERIZATION L	.038970	212,703
43	RADIOISOTOPE	.027377	39,162
44	LABORATORY	.007504	144,626
49	RESPIRATORY THERAPY	.016996	78,477
49 01	PULMONARY FUNCTION TESTIN	.003635	10,284
49 02	STRESS TEST	.025938	4,187
50	PHYSICAL THERAPY	.029468	38,528
51	OCCUPATIONAL THERAPY	.010655	3,215
52	SPEECH PATHOLOGY	.012220	2,311
53	ELECTROCARDIOLOGY	.011985	51,944
53 01	VASCULAR LAB	.027082	25,087
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.012264	129,004
55 30	IMPL. DEV. CHARGED TO PAT	.009372	51,737
56	DRUGS CHARGED TO PATIENTS	.007974	102,263
57	RENAL DIALYSIS	.012107	13,886
59	PAIN MANAGEMENT	.003806	
60	OUTPAT SERVICE COST CNTRS		
	CLINIC		
60 01	OUTPATIENT PSYCH	.000417	
61	EMERGENCY	.013096	52,128
62	OBSERVATION BEDS (NON-DIS	.044369	5,668
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		1,710,923

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

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL						

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

PROVIDER NO: 14-0187
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/24/2010
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	46,867		19,720	
26	INTENSIVE CARE UNIT	6,004		2,868	
31	SUBPROVIDER	6,543		4,464	
33	NURSERY	2,683			
101	TOTAL	62,097		27,052	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS											
37	OPERATING ROOM											
38	RECOVERY ROOM											
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
41	01 CAT SCAN											
41	02 CARDIAC CATHETERIZATION L											
43	RADIOISOTOPE											
44	LABORATORY											
49	RESPIRATORY THERAPY							194,214				
49	01 PULMONARY FUNCTION TESTIN											
49	02 STRESS TEST											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
53	01 VASCULAR LAB											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
55	30 IMPL. DEV. CHARGED TO PAT											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
59	PAIN MANAGEMENT											
60	OUTPAT SERVICE COST CNTRS											
60	CLINIC											
60	01 OUTPATIENT PSYCH											
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
63	OTHER OUTPATIENT SERVICE											
63	OTHER REIMBURS COST CNTRS											
65	AMBULANCE SERVICES											
101	TOTAL							194,214				

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			48,058,812			9,014,832	
38	RECOVERY ROOM			7,638,227			1,111,194	
39	DELIVERY ROOM & LABOR ROO			4,366,294			2,196	
40	ANESTHESIOLOGY			8,212,783			1,643,913	
41	RADIOLOGY-DIAGNOSTIC			44,334,411			4,411,150	
41 01	CAT SCAN			51,588,738			8,527,370	
41 02	CARDIAC CATHETERIZATION L			28,706,210			5,458,110	
43	RADIOISOTOPE			5,450,671			1,430,458	
44	LABORATORY	194,214	194,214	60,891,304	.003190	.003190	19,273,253	61,482
49	RESPIRATORY THERAPY			8,999,925			4,617,359	
49 01	PULMONARY FUNCTION TESTIN			7,509,840			2,829,058	
49 02	STRESS TEST			4,512,301			161,440	
50	PHYSICAL THERAPY			15,992,223			1,307,439	
51	OCCUPATIONAL THERAPY			4,463,126			301,772	
52	SPEECH PATHOLOGY			2,359,998			189,110	
53	ELECTROCARDIOLOGY			13,047,347			4,334,118	
53 01	VASCULAR LAB			3,236,554			926,346	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			35,554,506			10,518,948	
55 30	IMPL. DEV. CHARGED TO PAT			19,365,349			5,520,426	
56	DRUGS CHARGED TO PATIENTS			43,232,376			12,824,566	
57	RENAL DIALYSIS			1,983,828			1,146,950	
59	PAIN MANAGEMENT			873,078				
60	OUTPAT SERVICE COST CNTRS							
	CLINIC							
60 01	OUTPATIENT PSYCH			1,694,954				
61	EMERGENCY			33,843,709			3,980,440	
62	OBSERVATION BEDS (NON-DIS			2,810,909			127,753	
63	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	194,214	194,214	458,727,473			99,658,201	61,482

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,875,253					
38	RECOVERY ROOM	1,035,494					
39	DELIVERY ROOM & LABOR ROO	543					
40	ANESTHESIOLOGY	754,698					
41	RADIOLOGY-DIAGNOSTIC	6,883,086					
41 01	CAT SCAN	8,644,932					
41 02	CARDIAC CATHETERIZATION L	4,191,911					
43	RADIOISOTOPE	646,181					
44	LABORATORY	501,804			1,601		
49	RESPIRATORY THERAPY	91,623					
49 01	PULMONARY FUNCTION TESTIN	100,679					
49 02	STRESS TEST	65,816					
50	PHYSICAL THERAPY	408,813					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	1,363					
53	ELECTROCARDIOLOGY	1,202,686					
53 01	VASCULAR LAB	389,906					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	2,057,697					
55 30	IMPL. DEV. CHARGED TO PAT	2,419,583					
56	DRUGS CHARGED TO PATIENTS	3,947,738					
57	RENAL DIALYSIS						
59	PAIN MANAGEMENT						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OUTPATIENT PSYCH	134,270					
61	EMERGENCY	3,192,800					
62	OBSERVATION BEDS (NON-DIS	561,650					
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	45,108,526			1,601		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 COMPONENT NO: 14-0187
 PREPARED 11/24/2010
 WORKSHEET D
 PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.278658	.278658			
38 RECOVERY ROOM	.165560	.165560			
39 DELIVERY ROOM & LABOR ROOM	.531680	.531680			
40 ANESTHESIOLOGY	.092925	.092925			
41 RADIOLOGY-DIAGNOSTIC	.240703	.240703			
41 01 CAT SCAN	.062970	.062970			
41 02 CARDIAC CATHETERIZATION LABORATORY	.174235	.174235			
43 RADIOISOTOPE LABORATORY	.266854	.266854			
44 LABORATORY	.128496	.128496			
49 RESPIRATORY THERAPY	.256555	.256555			
49 01 PULMONARY FUNCTION TESTING	.077013	.077013			
49 02 STRESS TEST	.243521	.243521			
50 PHYSICAL THERAPY	.470206	.470206			
51 OCCUPATIONAL THERAPY	.261691	.261691			
52 SPEECH PATHOLOGY	.078382	.078382			
53 ELECTROCARDIOLOGY	.093935	.093935			
53 01 VASCULAR LAB	.157564	.157564			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.423399	.423399			
55 30 IMPL. DEV. CHARGED TO PATIENT	.324049	.324049			
56 DRUGS CHARGED TO PATIENTS	.234882	.234882			
57 RENAL DIALYSIS	.249783	.249783			
59 PAIN MANAGEMENT	.147608	.147608			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 OUTPATIENT PSYCH	.013026	.013026			
61 EMERGENCY	.204587	.204587			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.541419	.541419			
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

Cost Center Description	7 Outpatient Radiology	8 Other Outpatient Diagnostic	9 All Other	9.01 PPS Services FYB to 12/31	9.02 Non-PPS Services
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				2,194,502	
38 RECOVERY ROOM				171,436	
39 DELIVERY ROOM & LABOR ROOM				289	
40 ANESTHESIOLOGY				70,130	
41 RADIOLOGY-DIAGNOSTIC				1,656,779	
41 01 CAT SCAN				544,371	
41 02 CARDIAC CATHETERIZATION LABORATORY				730,378	
43 RADIOISOTOPE LABORATORY				172,436	
44 LABORATORY				64,480	
49 RESPIRATORY THERAPY				23,506	
49 01 PULMONARY FUNCTION TESTING				7,754	
49 02 STRESS TEST				16,028	
50 PHYSICAL THERAPY				192,226	28
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY				107	
53 ELECTROCARDIOLOGY				112,974	
53 01 VASCULAR LAB				61,435	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				871,227	
55 30 IMPL. DEV. CHARGED TO PATIENT				784,063	
56 DRUGS CHARGED TO PATIENTS				927,253	
57 RENAL DIALYSIS					
59 PAIN MANAGEMENT					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 OUTPATIENT PSYCH				1,749	
61 EMERGENCY				653,205	
62 OBSERVATION BEDS (NON-DISTINCT PART)				304,088	
63 OTHER OUTPATIENT SERVICE COST CENTER					
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES					
101 SUBTOTAL				9,560,416	28
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				9,560,416	28

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

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.234882
2	PROGRAM VACCINE CHARGES		15,003
3	PROGRAM COSTS		3,524

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0187
 COMPONENT NO: 14-T187
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,974,059	48,058,812	83,715		
38	RECOVERY ROOM		87,518	7,638,227	14,996		
39	DELIVERY ROOM & LABOR ROO		60,988	4,366,294			
40	ANESTHESIOLOGY		256,539	8,212,783	6,103		
41	RADIOLOGY-DIAGNOSTIC		2,382,331	44,334,411	125,938		
41 01	CAT SCAN		449,314	51,588,738	150,115		
41 02	CARDIAC CATHETERIZATION L		1,118,692	28,706,210	60,104		
43	RADIOISOTOPE		149,222	5,450,671	16,875		
44	LABORATORY		456,905	60,891,304	883,841		
49	RESPIRATORY THERAPY		152,966	8,999,925	225,476		
49 01	PULMONARY FUNCTION TESTIN		27,297	7,509,840	120,536		
49 02	STRESS TEST		117,038	4,512,301	8,298		
50	PHYSICAL THERAPY		471,254	15,992,223	1,944,664		
51	OCCUPATIONAL THERAPY		47,555	4,463,126	1,674,856		
52	SPEECH PATHOLOGY		28,838	2,359,998	539,488		
53	ELECTROCARDIOLOGY		156,368	13,047,347	58,949		
53 01	VASCULAR LAB		87,651	3,236,554	56,369		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		436,032	35,554,506	805,632		
55 30	IMPL. DEV. CHARGED TO PAT		181,497	19,365,349	12,915		
56	DRUGS CHARGED TO PATIENTS		344,724	43,232,376	712,708		
57	RENAL DIALYSIS		24,018	1,983,828	227,808		
59	PAIN MANAGEMENT		3,323	873,078			
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		656,762				
60 01	OUTPATIENT PSYCH		707	1,694,954			
61	EMERGENCY		443,218	33,843,709	696		
62	OBSERVATION BEDS (NON-DIS		124,718	2,810,909			
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		10,239,534	458,727,473	7,730,082		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/24/2010
14-0187	FROM 7/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 6/30/2010	PART II
14-T187		

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.041076	3,439
38	RECOVERY ROOM	.011458	172
39	DELIVERY ROOM & LABOR ROO	.013968	
40	ANESTHESIOLOGY	.031237	191
41	RADIOLOGY-DIAGNOSTIC	.053735	6,767
41 01	CAT SCAN	.008710	1,308
41 02	CARDIAC CATHETERIZATION L	.038970	2,342
43	RADIOISOTOPE	.027377	462
44	LABORATORY	.007504	6,632
49	RESPIRATORY THERAPY	.016996	3,832
49 01	PULMONARY FUNCTION TESTIN	.003635	438
49 02	STRESS TEST	.025938	215
50	PHYSICAL THERAPY	.029468	57,305
51	OCCUPATIONAL THERAPY	.010655	17,846
52	SPEECH PATHOLOGY	.012220	6,593
53	ELECTROCARDIOLOGY	.011985	707
53 01	VASCULAR LAB	.027082	1,527
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.012264	9,880
55 30	IMPL. DEV. CHARGED TO PAT	.009372	121
56	DRUGS CHARGED TO PATIENTS	.007974	5,683
57	RENAL DIALYSIS	.012107	2,758
59	PAIN MANAGEMENT	.003806	
60	OUTPAT SERVICE COST CNTRS		
60 01	CLINIC		
60 01	OUTPATIENT PSYCH	.000417	
61	EMERGENCY	.013096	9
62	OBSERVATION BEDS (NON-DIS	.044369	
63	OTHER OUTPATIENT SERVICE		
63	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		128,227

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM											
38	RECOVERY ROOM											
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
41	01 CAT SCAN											
41	02 CARDIAC CATHETERIZATION L											
43	RADIOISOTOPE											
44	LABORATORY											
49	RESPIRATORY THERAPY							194,214				
49	01 PULMONARY FUNCTION TESTIN											
49	02 STRESS TEST											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
53	01 VASCULAR LAB											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
55	30 IMPL. DEV. CHARGED TO PAT											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
59	PAIN MANAGEMENT											
60	OUTPAT SERVICE COST CNTRS											
60	CLINIC											
60	01 OUTPATIENT PSYCH											
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
63	OTHER OUTPATIENT SERVICE											
63	OTHER REIMBURS COST CNTRS											
65	AMBULANCE SERVICES											
101	TOTAL							194,214				

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			48,058,812			83,715	
38	RECOVERY ROOM			7,638,227			14,996	
39	DELIVERY ROOM & LABOR ROO			4,366,294				
40	ANESTHESIOLOGY			8,212,783			6,103	
41	RADIOLOGY-DIAGNOSTIC			44,334,411			125,938	
41 01	CAT SCAN			51,588,738			150,115	
41 02	CARDIAC CATHETERIZATION L			28,706,210			60,104	
43	RADIOISOTOPE			5,450,671			16,875	
44	LABORATORY	194,214	194,214	60,891,304	.003190	.003190	883,841	2,819
49	RESPIRATORY THERAPY			8,999,925			225,476	
49 01	PULMONARY FUNCTION TESTIN			7,509,840			120,536	
49 02	STRESS TEST			4,512,301			8,298	
50	PHYSICAL THERAPY			15,992,223			1,944,664	
51	OCCUPATIONAL THERAPY			4,463,126			1,674,856	
52	SPEECH PATHOLOGY			2,359,998			539,488	
53	ELECTROCARDIOLOGY			13,047,347			58,949	
53 01	VASCULAR LAB			3,236,554			56,369	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			35,554,506			805,632	
55 30	IMPL. DEV. CHARGED TO PAT			19,365,349			12,915	
56	DRUGS CHARGED TO PATIENTS			43,232,376			712,708	
57	RENAL DIALYSIS			1,983,828			227,808	
59	PAIN MANAGEMENT			873,078				
60	OUTPAT SERVICE COST CNTRS							
	CLINIC							
60 01	OUTPATIENT PSYCH			1,694,954				
61	EMERGENCY			33,843,709			696	
62	OBSERVATION BEDS (NON-DIS			2,810,909				
63	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	194,214	194,214	458,727,473			7,730,082	2,819

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CAT SCAN						
41 02	CARDIAC CATHETERIZATION L						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	PULMONARY FUNCTION TESTIN						
49 02	STRESS TEST						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	VASCULAR LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	PAIN MANAGEMENT						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OUTPATIENT PSYCH						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 COMPONENT NO: 14-0187
 PREPARED 11/24/2010
 WORKSHEET D
 PART V

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.263127				2,570,116
38 RECOVERY ROOM	.155476				382,913
39 DELIVERY ROOM & LABOR ROOM	.500256				39,673
40 ANESTHESIOLOGY	.086223				421,350
41 RADIOLOGY-DIAGNOSTIC	.224566				4,218,678
41 01 CAT SCAN	.058952				4,296,917
41 02 CARDIAC CATHETERIZATION LABORATORY	.162493				750,315
43 RADIOISOTOPE	.250226				108,965
44 LABORATORY	.120934				2,766,762
49 RESPIRATORY THERAPY	.242559				67,697
49 01 PULMONARY FUNCTION TESTING	.072394				148,009
49 02 STRESS TEST	.228307				292,439
50 PHYSICAL THERAPY	.442484				889,555
51 OCCUPATIONAL THERAPY	.246065				
52 SPEECH PATHOLOGY	.073323				626,051
53 ELECTROCARDIOLOGY	.090050				337,736
53 01 VASCULAR LAB	.147288				86,944
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.398327				162,383
55 30 IMPL. DEV. CHARGED TO PATIENT	.304861				
56 DRUGS CHARGED TO PATIENTS	.220924				786,465
57 RENAL DIALYSIS	.234787				
59 PAIN MANAGEMENT	.138887				
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 OUTPATIENT PSYCH	.012252				300,188
61 EMERGENCY	.197323				6,159,607
62 OBSERVATION BEDS (NON-DISTINCT PART)	.508153				29,058
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					25,441,821
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					25,441,821

(A) WORKSHEET A LINE NUMBERS

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/24/2010
14-0187	FROM 7/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2010	PART I
14-T187		

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,543
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,543
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,543
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,464
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,021,872
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,021,872

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,728,523
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,728,523
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.702078
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	875.52
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,021,872

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2010
14-0187	FROM 7/ 1/2009	WORKSHEET D-4
COMPONENT NO:	TO 6/30/2010	
14-0187		

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		21,392,320	
26	INTENSIVE CARE UNIT		5,232,729	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.278658	9,014,832	2,512,055
38	RECOVERY ROOM	.165560	1,111,194	183,969
39	DELIVERY ROOM & LABOR ROOM	.531680	2,196	1,168
40	ANESTHESIOLOGY	.092925	1,643,913	152,761
41	RADIOLOGY-DIAGNOSTIC	.240703	4,411,150	1,061,777
41 01	CAT SCAN	.062970	8,527,370	536,968
41 02	CARDIAC CATHETERIZATION LABORATORY	.174235	5,458,110	950,994
43	RADIOISOTOPE	.266854	1,430,458	381,723
44	LABORATORY	.128496	19,273,253	2,476,536
49	RESPIRATORY THERAPY	.256555	4,617,359	1,184,607
49 01	PULMONARY FUNCTION TESTING	.077013	2,829,058	217,874
49 02	STRESS TEST	.243521	161,440	39,314
50	PHYSICAL THERAPY	.470206	1,307,439	614,766
51	OCCUPATIONAL THERAPY	.261691	301,772	78,971
52	SPEECH PATHOLOGY	.078382	189,110	14,823
53	ELECTROCARDIOLOGY	.093935	4,334,118	407,125
53 01	VASCULAR LAB	.157564	926,346	145,959
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.423399	10,518,948	4,453,712
55 30	IMPL. DEV. CHARGED TO PATIENT	.324049	5,520,426	1,788,889
56	DRUGS CHARGED TO PATIENTS	.234882	12,824,566	3,012,260
57	RENAL DIALYSIS	.249783	1,146,950	286,489
59	PAIN MANAGEMENT	.147608		
60	OUTPAT SERVICE COST CNTRS CLINIC			
60 01	OUTPATIENT PSYCH	.013026		
61	EMERGENCY	.204587	3,980,440	814,346
62	OBSERVATION BEDS (NON-DISTINCT PART)	.541419	127,753	69,168
63	OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		99,658,201	21,386,254
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		99,658,201	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0187
 COMPONENT NO: 14-0187
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET D-4

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.281160	2,037,828	572,956
38	RECOVERY ROOM	.165560	300,060	49,678
39	DELIVERY ROOM & LABOR ROOM	.531680	1,101,401	585,593
40	ANESTHESIOLOGY	.092925	465,895	43,293
41	RADIOLOGY-DIAGNOSTIC	.240789	1,087,461	261,849
41 01	CAT SCAN	.062970	1,244,033	78,337
41 02	CARDIAC CATHETERIZATION LABORATORY	.174235	420,662	73,294
43	RADIOISOTOPE	.266854	225,068	60,060
44	LABORATORY	.128715	4,552,781	586,011
49	RESPIRATORY THERAPY	.258251	812,201	209,752
49 01	PULMONARY FUNCTION TESTING	.077013		
49 02	STRESS TEST	.243521		
50	PHYSICAL THERAPY	.471042	87,676	41,299
51	OCCUPATIONAL THERAPY	.261691	34,788	9,104
52	SPEECH PATHOLOGY	.078382	46,760	3,665
53	ELECTROCARDIOLOGY	.096129	851,538	81,857
53 01	VASCULAR LAB	.157564		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.423399	3,243,510	1,373,299
55 30	IMPL. DEV. CHARGED TO PATIENT	.324049		
56	DRUGS CHARGED TO PATIENTS	.234882	2,781,502	653,325
57	RENAL DIALYSIS	.249783	170,856	42,677
59	PAIN MANAGEMENT	.147608		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OUTPATIENT PSYCH	.013026		
61	EMERGENCY	.210056	80,299	16,867
62	OBSERVATION BEDS (NON-DISTINCT PART)	.541419	3,692	1,999
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		19,548,011	4,744,915
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		19,548,011	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0187
 COMPONENT NO: 14-T187
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET D-4

TITLE XIX

SUBPROVIDER 1

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.281160	7,799	2,193
38	RECOVERY ROOM	.165560	1,390	230
39	DELIVERY ROOM & LABOR ROOM	.531680		
40	ANESTHESIOLOGY	.092925	848	79
41	RADIOLOGY-DIAGNOSTIC	.240789	10,874	2,618
41	01 CAT SCAN	.062970	16,410	1,033
41	02 CARDIAC CATHETERIZATION LABORATORY	.174235		
43	RADIOISOTOPE LABORATORY	.266854		
44	LABORATORY	.128715	95,577	12,302
49	RESPIRATORY THERAPY	.258251	32,820	8,476
49	01 PULMONARY FUNCTION TESTING	.077013		
49	02 STRESS TEST	.243521		
50	PHYSICAL THERAPY	.471042	188,414	88,751
51	OCCUPATIONAL THERAPY	.261691	161,756	42,330
52	SPEECH PATHOLOGY	.078382	91,344	7,160
53	ELECTROCARDIOLOGY	.096129	5,186	499
53	01 VASCULAR LAB	.157564		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.423399	66,749	28,261
55	30 IMPL. DEV. CHARGED TO PATIENT	.324049		
56	DRUGS CHARGED TO PATIENTS	.234882	63,448	14,903
57	RENAL DIALYSIS	.249783		
59	PAIN MANAGEMENT OUTPAT SERVICE COST CNTRS CLINIC	.147608		
60	01 OUTPATIENT PSYCH	.013026		
61	EMERGENCY	.210056		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.541419		
63	OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
65	AMBULANCE SERVICES			
101	TOTAL		742,615	208,835
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		742,615	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0187	FROM 7/ 1/2009	11/24/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET E
14-0187		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	34,527,803	
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		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	4,983,243	
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)	625,730	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	224.51	
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.	8.67	
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)	8.67	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	14.51	
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)	8.67	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	8.67	
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	8.67	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	8.67	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.038617	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.025602	
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)	.025602	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	548,927	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	548,927	548,927
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	4.35	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	15.22	
4.02 SUM OF LINES 4 AND 4.01	19.57	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	5.47	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	1,888,671	
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0187	FROM 7/ 1/2009	11/24/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET E
14-0187		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	37,591,131	
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)	37,591,131	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,020,256	
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)	471,251	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	61,482	
16 TOTAL	41,144,120	
17 PRIMARY PAYER PAYMENTS	75,596	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	41,068,524	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,483,712	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	249,452	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	783,088	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	548,162	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	783,088	
22 SUBTOTAL	37,883,522	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.97 HCERA PAYMENTS		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	37,883,522	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	37,911,887	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-28,365	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	257,398	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,552
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	9,558,815
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	8,997,426
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	1,601
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,552
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	15,063
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	15,063
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)	15,063
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	11,511
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,552
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	8,999,027
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	12
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,040,489
19	SUBTOTAL (SEE INSTRUCTIONS)	6,962,078
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	104,122
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	7,066,200
24	PRIMARY PAYER PAYMENTS	5,869
25	SUBTOTAL	7,060,331
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	385,253
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	269,677
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	385,253
28	SUBTOTAL	7,330,008
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	7,330,008
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	7,273,393
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	56,615
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2010
I 14-0187	I FROM 7/ 1/2009	I WORKSHEET E-1
I COMPONENT NO:	I TO 6/30/2010	I
I 14-0187	I	I

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		37,664,868		7,226,315
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	2/ 5/2010 247,019	2/ 5/2010	47,078
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	247,019		47,078
4 TOTAL INTERIM PAYMENTS		37,911,887		7,273,393
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		28,365		56,615
7 TOTAL MEDICARE PROGRAM LIABILITY		37,883,522		7,330,008

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2010
I 14-0187	I FROM 7/ 1/2009	I WORKSHEET E-1
I COMPONENT NO:	I TO 6/30/2010	I
I 14-T187	I	I

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,726,494		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
ADJUSTMENTS TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		4,726,494		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
TENTATIVE TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		332		
7 TOTAL MEDICARE PROGRAM LIABILITY		4,726,826		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0187	FROM 7/ 1/2009	11/24/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET E-3
14-T187		PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)			
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)			
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		1,117,408	3,352,223
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0394		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	79,042		174,044
1.05	OUTLIER PAYMENTS	64,108		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	4,786,825		
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)		17.926027	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.			
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).			
2	ORGAN ACQUISITION			
3	COST OF TEACHING PHYSICIANS			
4	SUBTOTAL (SEE INSTRUCTIONS)		4,786,825	
5	PRIMARY PAYER PAYMENTS		2,346	
6	SUBTOTAL		4,784,479	
7	DEDUCTIBLES		33,652	
8	SUBTOTAL		4,750,827	
9	COINSURANCE		26,820	
10	SUBTOTAL		4,724,007	
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)			
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
12	SUBTOTAL		4,724,007	
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		2,819	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
15	OTHER ADJUSTMENTS (SPECIFY)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2010
14-0187	FROM 7/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2010	PART I
14-T187		

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

15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,726,826
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,726,494
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	332
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		14.41
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		14.41
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		14.51
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		14.41
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		14.51
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		14.51
3.10	SEE INSTRUCTIONS		14.41
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		14.38
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		13.55
3.21	SEE INSTRUCTIONS	RES INIT YEARS	14.11
3.22	SEE INSTRUCTIONS		14.11
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		78,515.00
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,107,847
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,107,847

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		27,052
5	TOTAL INPATIENT DAYS		57,153
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.473326
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	524,373	524,373
6.02	PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		3,064
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		57,153
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		51,000
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS

TITLE XVIII

8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	1,983,828
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	
10	MEDICARE OUTPATIENT ESRD CHARGES	
11	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS	

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY
 PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	43,337,402
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	77,942
16	TOTAL PART A REASONABLE COST	43,259,460

PART B REASONABLE COST

17	REASONABLE COST	9,563,968
18	PRIMARY PAYER PAYMENTS	5,869
19	TOTAL PART B REASONABLE COST	9,558,099
20	TOTAL REASONABLE COST	52,817,559
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.819036
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.180964

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	575,373
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	471,251
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	104,122

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	-1,784,791			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE	184,783			
4	ACCOUNTS RECEIVABLE	68,840,719			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-44,107,184			
7	INVENTORY	2,700,040			
8	PREPAID EXPENSES	5,521,765			
9	OTHER CURRENT ASSETS	2,475,976			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	33,831,308			
FIXED ASSETS					
12	LAND	3,630,755			
12.01	LAND IMPROVEMENTS	5,947,914			
13.01	LESS ACCUMULATED DEPRECIATION	-4,872,776			
14	BUILDINGS	108,813,292			
14.01	LESS ACCUMULATED DEPRECIATION	-27,607,970			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	74,816,011			
18.01	LESS ACCUMULATED DEPRECIATION	-99,085,200			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	61,642,026			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	69,328,082			
26	TOTAL OTHER ASSETS	69,328,082			
27	TOTAL ASSETS	164,801,416			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	812,404			
29 SALARIES, WAGES & FEES PAYABLE	6,710,924			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	16,765,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	24,288,328			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	41,752,083			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	52,345,689			
42 TOTAL LONG-TERM LIABILITIES	94,097,772			
43 TOTAL LIABILITIES	118,386,100			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	46,415,316			
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	46,415,316			
52 TOTAL LIABILITIES AND FUND BALANCES	164,801,416			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		57,929,759		
2 NET INCOME (LOSS)		-11,514,443		
3 TOTAL		46,415,316		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		46,415,316		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		46,415,316		

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

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	556,826,541
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	373,533,732
3	NET PATIENT REVENUES	183,292,809
4	LESS: TOTAL OPERATING EXPENSES	204,997,572
5	NET INCOME FROM SERVICE TO PATIENTS	-21,704,763
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	-79,221
7	INCOME FROM INVESTMENTS	2,746,752
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	297,249
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	25,573
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	500,236
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	1,076,467
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	843
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	16,673
22	RENTAL OF HOSPITAL SPACE	1,336,142
23	GOVERNMENTAL APPROPRIATIONS	
24	IDENTIFIED ON TRIAL BALANCE	4,269,606
25	TOTAL OTHER INCOME	10,190,320
26	TOTAL	-11,514,443
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-11,514,443

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2010
14-0187	FROM 7/ 1/2009	WORKSHEET L
COMPONENT NO:	TO 6/30/2010	PARTS I-IV
14-0187		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,820,620
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	35,476
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	138.66
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	8.67
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.78
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	50,207
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	4.35
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	15.22
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	19.57
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.04
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	113,953
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,020,256
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)	