

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		14-0197		FROM 10/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/24/2011 TIME 15:28

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: METHODIST HOSPITAL OF CHICAGO 14-0197 FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2009 AND ENDING 9/30/2010 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	154,269	101,057	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
100	TOTAL	0	154,269	101,057	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: 5025 NORTH PAULINA P.O. BOX:
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60640- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	METHODIST HOSPITAL OF CHICAGO	14-0197	2.01	7/ 1/1966	4	5	6
06.00 HOSPITAL-BASED SNF	METHODIST HOSPITAL - SNF	14-5672		10/ 1/1989	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/ 1/2009 TO: 9/30/2010

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N 16974
- 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. 2 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). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4?

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
28.02	100	0.0000	1.0399	
28.02	0.00	1	1600	16974

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	0.53%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

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	19,873,875		19,873,875	838,248.80	23.71	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B						
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF	562,799		562,799	24,823.10	22.67	
8.01	EXCLUDED AREA SALARIES	463,578	-463,578				
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	858,931		858,931	27,593.19	31.13	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A						
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS						
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	3,096,697		3,096,697			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	86,474		86,474			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B						CMS 339
19.01	WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	165,953		165,953	5,846.00	28.39	
22	ADMINISTRATIVE & GENERAL	1,816,680		1,816,680	71,520.00	25.40	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	1,356,204		1,356,204	71,020.00	19.10	
25	LAUNDRY & LINEN SERVICE						
26	HOUSEKEEPING	441,311		441,311	41,605.00	10.61	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	890,628	-62,566	828,062	60,568.34	13.67	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA	48,931	62,566	111,497	8,314.66	13.41	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	619,944		619,944	15,780.00	39.29	
31	CENTRAL SERVICE AND SUPPLY	105,945		105,945	8,616.00	12.30	
32	PHARMACY	411,346		411,346	12,253.00	33.57	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	558,017		558,017	25,333.00	22.03	
34	SOCIAL SERVICE	278,753		278,753	14,478.00	19.25	
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	19,873,875		19,873,875	838,248.80	23.71	
2	EXCLUDED AREA SALARIES	1,026,377	-463,578	562,799	24,823.10	22.67	
3	SUBTOTAL SALARIES	18,847,498	463,578	19,311,076	813,425.70	23.74	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	858,931		858,931	27,593.19	31.13	
5	SUBTOTAL WAGE-RELATED COSTS	3,096,697		3,096,697		16.04	
6	TOTAL	22,803,126	463,578	23,266,704	841,018.89	27.66	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	6,693,712		6,693,712	335,334.00	19.96	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0197
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/24/2011
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB		24				
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC		2				
5	RVB						
6	RVA						
6.01	RVX		4				
6.02	RVL		14				
7	RHC						
8	RHB						
9	RHA		59				
9.01	RHX		6				
9.02	RHL		2				
10	RMC						
11	RMB						
12	RMA		40				
12.01	RMX		295				
12.02	RML		581				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		525				
16	SE2		127				
17	SE1						
18	SSC						
19	SSB						
20	SSA		293				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1		21				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA		3				
45.01	ES3						
45.02	ES2						
45.03	ES1						
45.04	HE2						
45.05	HE1						
45.06	HD2						
45.07	HD1						
45.08	HC2						
45.09	HC1						
45.10	HB2						
45.11	HB1						
45.12	LE2						
45.13	LE1						
45.14	LD2						
45.15	LD1						
45.16	LC2						
45.17	LC1						
45.18	LB2						
45.19	LB1						
45.20	CE2						
45.21	CE1						
45.22	CD2						
45.23	CD1						
46	TOTAL		1,996				

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01): 1.0399
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1600
 SNF CBSA Code : 16974

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs	DAYS	SWING BED SNF DAYS	TOTAL
1	2	4.05		4.06	5
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA				
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	AAA				
45 .01	ES3				
45 .02	ES2				
45 .03	ES1				
45 .04	HE2				
45 .05	HE1				
45 .06	HD2				
45 .07	HD1				
45 .08	HC2				
45 .09	HC1				
45 .10	HB2				
45 .11	HB1				
45 .12	LE2				
45 .13	LE1				
45 .14	LD2				
45 .15	LD1				
45 .16	LC2				
45 .17	LC1				

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 2/24/2011
14-0197	FROM 10/ 1/2009	WORKSHEET S-7
	TO 9/30/2010	

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)	SWING BED SNF	TOTAL
		RUGs DAYS	DAYS	
1	2	4.05	4.06	5
45 .18 LB2				
45 .19 LB1				
45 .20 CE2				
45 .21 CE1				
45 .22 CD2				
45 .23 CD1				
46 TOTAL				

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

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 1.0399
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1600
 SNF CBSA Code : 16974

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE
17.01	GROSS MEDICAID REVENUES 11,081,307
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 11,081,307
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .493792
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	31,019,490
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	15,317,176
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	717,880
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	354,483
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	15,317,176

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0197

PERIOD: FROM 10/1/2009 TO 9/30/2010

PREPARED 2/24/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		1,466,016	1,466,016	-1,466,016	
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				1,066,241	1,066,241
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				522,630	522,630
5	0500 EMPLOYEE BENEFITS	165,953	1,182,074	1,348,027	615,048	1,963,075
6.01	0610 NONPATIENT TELEPHONES	111,397	226,477	337,874		337,874
6.02	0620 DATA PROCESSING	184,346	159,468	343,814		343,814
6.03	0630 PURCHASING, RECEIVING AND STORES	268,653	-16,673	251,980		251,980
6.04	0640 ADMINITTING	268,396	56,632	325,028		325,028
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	334,015	186,054	520,069		520,069
6.06	0660 ADMINISTRATIVE AND GENERAL	649,873	5,013,734	5,663,607	-646,870	5,016,737
8	0800 OPERATION OF PLANT	1,356,204	1,537,972	2,894,176		2,894,176
9	0900 LAUNDRY & LINEN SERVICE		259,137	259,137		259,137
10	1000 HOUSEKEEPING	441,311	203,003	644,314		644,314
11	1100 DIETARY	890,628	259,098	1,149,726	-152,316	997,410
12	1200 CAFETERIA	48,931	19,111	68,042	152,316	220,358
14	1400 NURSING ADMINISTRATION	619,944	107,515	727,459	-3,894	723,565
15	1500 CENTRAL SERVICES & SUPPLY	105,945	278,411	384,356	-180,295	204,061
16	1600 PHARMACY	411,346	2,054,078	2,465,424	-2,001,704	463,720
17	1700 MEDICAL RECORDS & LIBRARY	558,017	127,962	685,979		685,979
18	1800 SOCIAL SERVICE	278,753	55,494	334,247		334,247
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	7,381,579	1,307,489	8,689,068	-981,370	7,707,698
26	2600 INTENSIVE CARE UNIT	55,386	18,143	73,529	870,431	943,960
31	3100 SUBPROVIDER					
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	562,799	172,098	734,897	-12,155	722,742
37	3700 OPERATING ROOM	899,617	662,174	1,561,791	-22,000	1,539,791
40	4000 ANESTHESIOLOGY	72,654	161,395	234,049	-12,149	221,900
41	4100 RADIOLOGY-DIAGNOSTIC	517,945	568,078	1,086,023	-3,852	1,082,171
44	4400 LABORATORY	802,562	1,160,471	1,963,033	-156	1,962,877
49	4900 RESPIRATORY THERAPY	639,272	156,956	796,228	-22,051	774,177
50	5000 PHYSICAL THERAPY	277,026	28,309	305,335	-2	305,333
53	5300 ELECTROCARDIOLOGY	150,650	100,327	250,977	-1,401	249,576
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				363,202	363,202
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				22,000	22,000
56	5600 DRUGS CHARGED TO PATIENTS				2,001,581	2,001,581
57	5700 RENAL DIALYSIS		37,704	37,704		37,704
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.01	6001 PARTIAL HOSPITALIZATION	133,522	29,185	162,707	-767	161,940
61	6100 EMERGENCY	1,223,573	165,550	1,389,123	764,722	2,153,845
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
70	7000 I&R SERVICES-NOT APPRVD PRGM SPEC PURPOSE COST CENTERS	463,578	316,562	780,140	-780,140	
88	8800 INTEREST EXPENSE		91,033	91,033	-91,033	
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS NONREIMBURS COST CENTERS	19,873,875	18,151,037	38,024,912	-0-	38,024,912
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
101	TOTAL	19,873,875	18,151,037	38,024,912	-0-	38,024,912

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0197

PERIOD: FROM 10/1/2009 TO 9/30/2010

PREPARED 2/24/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,066,241
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		431,597
5	0500 EMPLOYEE BENEFITS	-91,033	1,974,874
6.01	0610 NONPATIENT TELEPHONES	11,799	268,664
6.02	0620 DATA PROCESSING	-69,210	343,814
6.03	0630 PURCHASING, RECEIVING AND STORES		251,980
6.04	0640 ADMITTING		325,028
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE		520,069
6.06	0660 ADMINISTRATIVE AND GENERAL	417,327	5,434,064
8	0800 OPERATION OF PLANT		2,894,176
9	0900 LAUNDRY & LINEN SERVICE		259,137
10	1000 HOUSEKEEPING		644,314
11	1100 DIETARY	-134,562	862,848
12	1200 CAFETERIA	-1,156	219,202
14	1400 NURSING ADMINISTRATION		723,565
15	1500 CENTRAL SERVICES & SUPPLY		204,061
16	1600 PHARMACY		463,720
17	1700 MEDICAL RECORDS & LIBRARY	-6,139	679,840
18	1800 SOCIAL SERVICE		334,247
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-112,400	7,595,298
26	2600 INTENSIVE CARE UNIT	-18,000	925,960
31	3100 SUBPROVIDER		
34	3400 SKILLED NURSING FACILITY		722,742
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-15,000	1,524,791
40	4000 ANESTHESIOLOGY	-125,000	96,900
41	4100 RADIOLOGY-DIAGNOSTIC		1,082,171
44	4400 LABORATORY	-159,996	1,802,881
49	4900 RESPIRATORY THERAPY		774,177
50	5000 PHYSICAL THERAPY		305,333
53	5300 ELECTROCARDIOLOGY	-59,743	189,833
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		363,202
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		22,000
56	5600 DRUGS CHARGED TO PATIENTS		2,001,581
57	5700 RENAL DIALYSIS		37,704
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 PARTIAL HOSPITALIZATION		161,940
61	6100 EMERGENCY	-773,232	1,380,613
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-1,136,345	36,888,567
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
101	TOTAL	-1,136,345	36,888,567

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0197
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/24/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	PARTIAL HOSPITALIZATION	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
70	I&R SERVICES-NOT APPRVD PRGM	7000	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140197

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 2/24/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DRUGS	B	DRUGS CHARGED TO PATIENTS	56		2,001,581
2 EMPLOYEE MEALS	C	CAFETERIA	12	62,566	89,750
3 INTEREST EXPENSE	D	NEW CAP REL COSTS-MVBLE EQUIP	4		91,033
4 PROFESSIONAL & HOUSE STAFF	E	EMERGENCY	61	463,578	316,562
5 PROPERTY INSURANCE	F	NEW CAP REL COSTS-BLDG & FIXT	3		31,822
6 WORKER'S COMP INSURANCE	G	EMPLOYEE BENEFITS	5		39,011
7 DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3		1,034,419
8		NEW CAP REL COSTS-MVBLE EQUIP	4		431,597
9 MED SUPPLIES	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		363,202
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22 CORPORATE TRANSFERS (BENEFITS)	J	EMPLOYEE BENEFITS	5		544,514
23		EMPLOYEE BENEFITS	5		31,523
24 SHARED STAFF (TELEMETRY/ICU)	K	INTENSIVE CARE UNIT	26	781,556	88,875
25 IMPLANTABLE DEVICES	L	IMPL. DEV. CHARGED TO PATIENT	55.30		22,000
26				1,307,700	5,085,889
36 TOTAL RECLASSIFICATIONS					

(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:
140197

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 2/24/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF 10
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 DRUGS	B	PHARMACY	16		2,001,581	
2 EMPLOYEE MEALS	C	DIETARY	11	62,566	89,750	
3 INTEREST EXPENSE	D	INTEREST EXPENSE	88		91,033	11
4 PROFESSIONAL & HOUSE STAFF	E	I & R SERVICES-NOT APPRVD PRGM	70	463,578	316,562	
5 PROPERTY INSURANCE	F	ADMINISTRATIVE AND GENERAL	6.06		31,822	12
6 WORKER'S COMP INSURANCE	G	ADMINISTRATIVE AND GENERAL	6.06		39,011	
7 DEPRECIATION	H	OLD CAP REL COSTS-BLDG & FIXT	1		1,466,016	9
8						9
9 MED SUPPLIES	I	NURSING ADMINISTRATION	14		3,894	
10		CENTRAL SERVICES & SUPPLY	15		180,295	
11		PHARMACY	16		123	
12		ADULTS & PEDIATRICS	25		110,939	
13		SKILLED NURSING FACILITY	34		12,155	
14		ANESTHESIOLOGY	40		12,149	
15		RADIOLOGY-DIAGNOSTIC	41		3,852	
16		LABORATORY	44		156	
17		RESPIRATORY THERAPY	49		22,051	
18		PHYSICAL THERAPY	50		2	
19		ELECTROCARDIOLOGY	53		1,401	
20		PARTIAL HOSPITALIZATION	60.01		767	
21		EMERGENCY	61		15,418	
22 CORPORATE TRANSFERS (BENEFITS)	J	ADMINISTRATIVE AND GENERAL	6.06		576,037	
23						
24 SHARED STAFF (TELEMETRY/ICU)	K	ADULTS & PEDIATRICS	25	781,556	88,875	
25 IMPLANTABLE DEVICES	L	OPERATING ROOM	37		22,000	
36 TOTAL RECLASSIFICATIONS				1,307,700	5,085,889	

(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:
140197

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 2/24/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: B
EXPLANATION : DRUGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	2,001,581
TOTAL RECLASSIFICATIONS FOR CODE B			2,001,581

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	2,001,581	
			2,001,581

RECLASS CODE: C
EXPLANATION : EMPLOYEE MEALS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	152,316
TOTAL RECLASSIFICATIONS FOR CODE C			152,316

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	152,316	
			152,316

RECLASS CODE: D
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	91,033
TOTAL RECLASSIFICATIONS FOR CODE D			91,033

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	91,033	
			91,033

RECLASS CODE: E
EXPLANATION : PROFESSIONAL & HOUSE STAFF

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMERGENCY	61	780,140
TOTAL RECLASSIFICATIONS FOR CODE E			780,140

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
I & R SERVICES-NOT APPRVD PRGM	70	780,140	
			780,140

RECLASS CODE: F
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	31,822
TOTAL RECLASSIFICATIONS FOR CODE F			31,822

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE AND GENERAL	6.06	31,822	
			31,822

RECLASS CODE: G
EXPLANATION : WORKER'S COMP INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	39,011
TOTAL RECLASSIFICATIONS FOR CODE G			39,011

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE AND GENERAL	6.06	39,011	
			39,011

RECLASS CODE: H
EXPLANATION : DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,034,419
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	431,597
TOTAL RECLASSIFICATIONS FOR CODE H			1,466,016

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OLD CAP REL COSTS-BLDG & FIXT	1	1,466,016	
			0
			1,466,016

RECLASS CODE: I
EXPLANATION : MED SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	363,202
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NURSING ADMINISTRATION	14	3,894	
CENTRAL SERVICES & SUPPLY	15	180,295	
PHARMACY	16	123	
ADULTS & PEDIATRICS	25	110,939	
SKILLED NURSING FACILITY	34	12,155	
ANESTHESIOLOGY	40	12,149	
RADIOLOGY-DIAGNOSTIC	41	3,852	
LABORATORY	44	156	
RESPIRATORY THERAPY	49	22,051	
PHYSICAL THERAPY	50	2	

RECLASSIFICATIONS

PROVIDER NO:
140197

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 2/24/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : MED SUPPLIES

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
11.00		0
12.00		0
13.00		0
TOTAL RECLASSIFICATIONS FOR CODE I		363,202

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ELECTROCARDIOLOGY	53	1,401
PARTIAL HOSPITALIZATION	60.01	767
EMERGENCY	61	15,418
		363,202

RECLASS CODE: J
EXPLANATION : CORPORATE TRANSFERS (BENEFITS)

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	544,514
2.00	EMPLOYEE BENEFITS	31,523
TOTAL RECLASSIFICATIONS FOR CODE J		576,037

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE AND GENERAL	6.06	576,037
		0
		576,037

RECLASS CODE: K
EXPLANATION : SHARED STAFF (TELEMETRY/ICU)

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	INTENSIVE CARE UNIT	870,431
TOTAL RECLASSIFICATIONS FOR CODE K		870,431

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ADULTS & PEDIATRICS	25	870,431
		870,431

RECLASS CODE: L
EXPLANATION : IMPLANTABLE DEVICES

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	IMPL. DEV. CHARGED TO PATIENT	22,000
TOTAL RECLASSIFICATIONS FOR CODE L		22,000

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
OPERATING ROOM	37	22,000
		22,000

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	1,253,407						1,253,407	
2	LAND IMPROVEMENTS								
3	BUILDINGS & FIXTURE								
4	BUILDING IMPROVEMENT								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT								
7	SUBTOTAL	1,253,407						1,253,407	
8	RECONCILING ITEMS								
9	TOTAL	1,253,407						1,253,407	

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								
2	LAND IMPROVEMENTS	1,318,273						1,318,273	
3	BUILDINGS & FIXTURE	22,306,381	158,202			158,202		22,464,583	
4	BUILDING IMPROVEMENT								
5	FIXED EQUIPMENT	9,991,919	215,193			215,193		10,207,112	
6	MOVABLE EQUIPMENT	11,740,383	309,917			309,917		12,050,300	
7	SUBTOTAL	45,356,956	683,312			683,312		46,040,268	
8	RECONCILING ITEMS								
9	TOTAL	45,356,956	683,312			683,312		46,040,268	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	33,989,968		33,989,968	.738266				
4	NEW CAP REL COSTS-MV	12,050,300		12,050,300	.261734				
5	TOTAL	46,040,268		46,040,268	1.000000				

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,034,419			31,822			1,066,241
4	NEW CAP REL COSTS-MV	431,597						431,597
5	TOTAL	1,466,016			31,822			1,497,838

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	1,466,016						1,466,016
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	1,466,016						1,466,016

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-6,073	ADMINISTRATIVE AND GENERA	6.06	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-46,478	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,263,371			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-126,756	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-6,139	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-1,156	CAFETERIA	12	
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			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 PASTORAL CARE	A	-1,398	ADMINISTRATIVE AND GENERA	6.06	
38 MEALS OFFSET (HOME)	B	-7,806	DIETARY	11	
39 COMM OUTREACH (PR)	A	-136,104	ADMINISTRATIVE AND GENERA	6.06	
40 MARKETING/ADVERTISING/PR	A	-21,076	EMPLOYEE BENEFITS	5	
41 MARKETING/ADVERTISING/PR	A	-22,732	NONPATIENT TELEPHONES	6.01	
42 NON ALLOWABLE LEGAL FEES	A	-39,086	ADMINISTRATIVE AND GENERA	6.06	
43 CORPORATE FINANCE EXP	A	611,459	ADMINISTRATIVE AND GENERA	6.06	
44 CORPORATE FINANCE BENEFITS	A	32,875	EMPLOYEE BENEFITS	5	
45 F/S AUDIT ADJUSTMENT (INTEREST)	A	39,887	NEW CAP REL COSTS-MVBLE E	4	11
46 MISC REVENUE	B	-11,471	ADMINISTRATIVE AND GENERA	6.06	
47 INTEREST EXPENSE	A	-130,920	NEW CAP REL COSTS-MVBLE E	4	11
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,136,345			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0197
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED: 2/24/2011
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS & Peds (AGGREGATE)	112,400	112,400					
2 26	ICU (AGGREGATE)	18,000	18,000					
3 37	OPERATING ROOM (AGGREGATE)	15,000	15,000					
4 40	ANESTHESIA (AGGREGATE)	125,000	125,000					
5 44	LABORATORY (AGGREGATE)	159,996	159,996					
6 53	EKG (AGGREGATE)	59,743	59,743					
7 61	EMERGENCY (AGGREGATE)	773,232	773,232					
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,263,371	1,263,371					

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-0197 I FROM 10/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 9/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	5	NUMBER OF	PHONES	ENTERED
6.02	DATA PROCESSING	6	MACHINE	TIME	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	7	SUPPLIES	EXPENSE	ENTERED
6.04	ADMITTING	8	INPATIENT	CHARGES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS	CHARGES	ENTERED
6.06	ADMINISTRATIVE AND GENERAL	-10	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	13	HOURS OF	SERVICE	ENTERED
11	DIETARY	14	MEALS	SERVED	ENTERED
12	CAFETERIA	15	FTE		ENTERED
14	NURSING ADMINISTRATION	16	DIRECT	NRSG SALAR	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED	REQUISTIO	ENTERED
16	PHARMACY	18	COSTED	REQUISTIO	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	19	PATIENT	DAYS	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	NONPATIENT TELEPHONES 6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	1,066,241			1,066,241			
005 NEW CAP REL COSTS-MVBLE E	431,597				431,597		
006 EMPLOYEE BENEFITS	1,974,874			10,987	1,454	1,987,315	
006 01 NONPATIENT TELEPHONES	268,664			5,915	1,837	11,233	287,649
006 02 DATA PROCESSING	343,814			5,475	53,521	18,589	7,016
006 03 PURCHASING, RECEIVING AND	251,980			12,818	4,455	27,090	10,524
006 04 ADMINITTING	325,028			7,306	1,240	27,065	5,262
006 05 CASHIERING/ACCOUNTS RECEI	520,069			10,319	399	33,681	17,540
006 06 ADMINISTRATIVE AND GENERA	5,434,064			128,082	4,927	65,532	50,859
008 OPERATION OF PLANT	2,894,176			132,284	39,139	136,757	15,786
009 LAUNDRY & LINEN SERVICE	259,137			2,435			1,754
010 HOUSEKEEPING	644,314			14,274	1,343	44,501	3,508
011 DIETARY	862,848			69,658	7,690	83,500	14,032
012 CAFETERIA	219,202			23,265	471	11,243	10,524
014 NURSING ADMINISTRATION	723,565			4,065	4,872	62,514	14,032
015 CENTRAL SERVICES & SUPPLY	204,061			31,313	1,428	10,683	3,508
016 PHARMACY	463,720			8,890		41,479	5,262
017 MEDICAL RECORDS & LIBRARY	679,840			15,666	181	56,269	15,786
018 SOCIAL SERVICE	334,247			11,170	980	28,109	8,770
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	7,595,298			318,419	42,675	665,540	19,294
031 INTENSIVE CARE UNIT	925,960			16,160	8,029	84,396	3,508
034 SUBPROVIDER							
034 SKILLED NURSING FACILITY	722,742			57,975	2,231	56,752	3,508
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	1,524,791			72,148	46,095	90,716	8,770
041 ANESTHESIOLOGY	96,900				4,798	7,326	3,508
044 RADIOLOGY-DIAGNOSTIC	1,082,171			33,199	162,329	52,229	19,294
049 LABORATORY	1,802,881			15,428	6,529	80,929	17,540
050 RESPIRATORY THERAPY	774,177			7,709	13,930	64,463	7,016
053 PHYSICAL THERAPY	305,333			11,353	969	27,935	3,508
055 ELECTROCARDIOLOGY	189,833			8,359	10,112	15,191	1,754
055 30 MEDICAL SUPPLIES CHARGED	363,202						
056 IMPL. DEV. CHARGED TO PAT	22,000						
056 DRUGS CHARGED TO PATIENTS	2,001,581						
057 RENAL DIALYSIS	37,704						
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 PARTIAL HOSPITALIZATION	161,940			9,989	658	13,464	
062 EMERGENCY	1,380,613			19,566	9,305	170,129	15,786
070 OBSERVATION BEDS (NON-DIS							
070 OTHER REIMBURS COST CNTRS							
070 I&R SERVICES-NOT APPRVD P							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	36,888,567			1,064,227	431,597	1,987,315	287,649
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP				2,014			
101 PHYSICIANS' PRIVATE OFFIC							
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	36,888,567			1,066,241	431,597	1,987,315	287,649

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT
	6.02	6.03	6.04	6.05	6a.05	6.06	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	428,415						
006 03 PURCHASING, RECEIVING AND	14,611	321,478					
006 04 ADMINISTRATION	42,789	2,678	411,368				
006 05 CASHIERING/ACCOUNTS RECEI	44,877	1,589		628,474			
006 06 ADMINISTRATIVE AND GENERA	164,896	2,164			5,850,524	5,850,524	
008 OPERATION OF PLANT		26,869			3,245,011	611,668	3,856,679
009 LAUNDRY & LINEN SERVICE					263,326	49,636	12,473
010 HOUSEKEEPING		10,277			718,217	135,380	73,103
011 DIETARY		109,070			1,146,798	216,166	356,746
012 CAFETERIA		1,417			266,122	50,163	119,150
014 NURSING ADMINISTRATION	43,833	2,359			855,240	161,208	20,820
015 CENTRAL SERVICES & SUPPLY		26,849			277,842	52,372	160,367
016 PHARMACY	22,438	909			542,698	102,296	45,531
017 MEDICAL RECORDS & LIBRARY	27,135	1,424			796,301	150,099	80,230
018 SOCIAL SERVICE		421			383,697	72,325	57,207
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		25,578	135,446	175,229	8,977,479	1,692,216	1,630,722
026 INTENSIVE CARE UNIT		2	15,768	20,066	1,073,889	202,423	82,762
031 SUBPROVIDER							
034 SKILLED NURSING FACILITY		2,490	7,004	8,914	861,616	162,410	296,913
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		56,057	10,032	37,015	1,845,624	347,891	369,500
040 ANESTHESIOLOGY		2,116	1,848	6,989	123,485	23,276	
041 RADIOLOGY-DIAGNOSTIC	16,698	2,193	19,393	42,230	1,429,736	269,498	170,026
044 LABORATORY	51,138	37,843	74,760	122,504	2,209,552	416,490	79,011
049 RESPIRATORY THERAPY		3,206	44,681	59,410	974,592	183,706	39,482
050 PHYSICAL THERAPY		110	3,593	5,006	357,807	67,445	58,145
053 ELECTROCARDIOLOGY		162	9,533	15,108	250,052	47,134	42,811
055 MEDICAL SUPPLIES CHARGED			12,493	16,543	392,238	73,935	
055 30 IMPL. DEV. CHARGED TO PAT			163	208	22,371	4,217	
056 DRUGS CHARGED TO PATIENTS			67,660	90,997	2,160,238	407,194	
057 RENAL DIALYSIS			367	467	38,538	7,264	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 PARTIAL HOSPITALIZATION		450		7,674	194,175	36,601	51,158
061 EMERGENCY		5,245	8,627	20,114	1,629,385	307,131	100,206
062 OBSERVATION BEDS (NON-DIS							
070 OTHER REIMBURS COST CNTRS							
070 I&R SERVICES-NOT APPRVD P							
070 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	428,415	321,478	411,368	628,474	36,886,553	5,850,144	3,846,363
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					2,014	380	10,316
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	428,415	321,478	411,368	628,474	36,888,567	5,850,524	3,856,679

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING								
006 03 PURCHASING, RECEIVING AND								
006 04 ADMINISTRATION								
006 05 CASHIERING/ACCOUNTS RECEI								
006 06 ADMINISTRATIVE AND GENERA								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	325,435							
010 HOUSEKEEPING	1,066	927,766						
011 DIETARY		26,759	1,746,469					
012 CAFETERIA	1,066	1,806		438,307				
014 NURSING ADMINISTRATION		13,513		11,943	1,062,724			
015 CENTRAL SERVICES & SUPPLY		15,498		6,514	10,561	523,154		
016 PHARMACY	1,066			9,268				700,859
017 MEDICAL RECORDS & LIBRARY		6,177		19,166	27,544			
018 SOCIAL SERVICE				10,952				
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS	199,284	436,366	1,516,835	202,797	601,661	37,626		
031 INTENSIVE CARE UNIT	18,958	30,772	81,872	22,328	111,645	14		
034 SUBPROVIDER								
034 SKILLED NURSING FACILITY	26,308	71,423	147,762	18,772	73,062	4,457		
037 ANCILLARY SRVC COST CNTRS								
040 OPERATING ROOM	20,299	148,867		20,409	87,132	440,218		
041 ANESTHESIOLOGY				834	11,060	6,244		
044 RADIOLOGY-DIAGNOSTIC	12,831	37,997		15,405	6,962	1,757		
049 LABORATORY		45,601		30,023	1,286	3,205		
050 RESPIRATORY THERAPY	1,066	12,153		19,181	2,426	2,994		
053 PHYSICAL THERAPY	9,478	14,093		5,523		134		
055 ELECTROCARDIOLOGY	21,602			4,972				
055 MEDICAL SUPPLIES CHARGED					29			
056 30 IMPL. DEV. CHARGED TO PAT							19,858	
057 DRUGS CHARGED TO PATIENTS								700,859
060 RENAL DIALYSIS								
060 OUTPAT SERVICE COST CNTRS								
060 01 CLINIC								
061 PARTIAL HOSPITALIZATION				4,532	13	477		
061 EMERGENCY	12,411	61,099		35,688	129,343	6,170		
062 OBSERVATION BEDS (NON-DIS								
070 OTHER REIMBURS COST CNTRS								
070 I&R SERVICES-NOT APPRVD P								
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	325,435	922,124	1,746,469	438,307	1,062,724	523,154	700,859	
096 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP		5,642						
101 PHYSICIANS' PRIVATE OFFIC								
102 CROSS FOOT ADJUSTMENT								
103 NEGATIVE COST CENTER								
103 TOTAL	325,435	927,766	1,746,469	438,307	1,062,724	523,154	700,859	

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	18	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMINISTRATION					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 ADMINISTRATIVE AND GENERA					
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	1,079,517				
018 SOCIAL SERVICE		524,181			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	300,970	456,500	16,052,456		16,052,456
026 INTENSIVE CARE UNIT	34,468	29,564	1,688,695		1,688,695
031 SUBPROVIDER					
034 SKILLED NURSING FACILITY	15,311	38,117	1,716,151		1,716,151
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	63,581		3,343,521		3,343,521
040 ANESTHESIOLOGY	12,006		176,905		176,905
041 RADIOLOGY-DIAGNOSTIC	72,539		2,016,751		2,016,751
044 LABORATORY	210,427		2,995,595		2,995,595
049 RESPIRATORY THERAPY	102,049		1,337,649		1,337,649
050 PHYSICAL THERAPY	8,599		521,224		521,224
053 ELECTROCARDIOLOGY	25,951		392,522		392,522
055 MEDICAL SUPPLIES CHARGED	28,417		494,619		494,619
055 30 IMPL. DEV. CHARGED TO PAT	357		46,803		46,803
056 DRUGS CHARGED TO PATIENTS	156,307		3,424,598		3,424,598
057 RENAL DIALYSIS	803		46,605		46,605
060 OUTPAT SERVICE COST CNTRS					
060 01 PARTIAL HOSPITALIZATION	13,181		300,137		300,137
061 EMERGENCY	34,551		2,315,984		2,315,984
062 OBSERVATION BEDS (NON-DIS					
070 OTHER REIMBURS COST CNTRS					
070 I&R SERVICES-NOT APPRVD P					
095 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	1,079,517	524,181	36,870,215		36,870,215
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			18,352		18,352
098 PHYSICIANS' PRIVATE OFFIC					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	1,079,517	524,181	36,888,567		36,888,567

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				10,987	1,454	12,441	12,441
006 01 NONPATIENT TELEPHONES	6,075			5,915	1,837	13,827	70
006 02 DATA PROCESSING				5,475	53,521	58,996	116
006 03 PURCHASING, RECEIVING AND	46,409			12,818	4,455	63,682	170
006 04 ADMINITTING	33			7,306	1,240	8,579	169
006 05 CASHIERING/ACCOUNTS RECEI				10,319	399	10,718	211
006 06 ADMINISTRATIVE AND GENERA				128,082	4,927	133,009	410
008 OPERATION OF PLANT	4,069			132,284	39,139	175,492	856
009 LAUNDRY & LINEN SERVICE				2,435		2,435	
010 HOUSEKEEPING				14,274	1,343	15,617	278
011 DIETARY				69,658	7,690	77,348	523
012 CAFETERIA				23,265	471	23,736	70
014 NURSING ADMINISTRATION				4,065	4,872	8,937	391
015 CENTRAL SERVICES & SUPPLY				31,313	1,428	32,741	67
016 PHARMACY				8,890		8,890	260
017 MEDICAL RECORDS & LIBRARY				15,666	181	15,847	352
018 SOCIAL SERVICE				11,170	980	12,150	176
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	5,228			318,419	42,675	366,322	4,170
026 INTENSIVE CARE UNIT	78,212			16,160	8,029	102,401	528
031 SUBPROVIDER							
034 SKILLED NURSING FACILITY	1,353			57,975	2,231	61,559	355
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,950			72,148	46,095	120,193	568
040 ANESTHESIOLOGY	195				4,798	4,993	46
041 RADIOLOGY-DIAGNOSTIC				33,199	162,329	195,528	327
044 LABORATORY	6,487			15,428	6,529	28,444	506
049 RESPIRATORY THERAPY	30,450			7,709	13,930	52,089	403
050 PHYSICAL THERAPY				11,353	969	12,322	175
053 ELECTROCARDIOLOGY				8,359	10,112	18,471	95
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 01 PARTIAL HOSPITALIZATION				9,989	658	10,647	84
061 EMERGENCY				19,566	9,305	28,871	1,065
062 OBSERVATION BEDS (NON-DIS							
070 OTHER REIMBURS COST CNTRS							
070 I&R SERVICES-NOT APPRVD P							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	180,461			1,064,227	431,597	1,676,285	12,441
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				2,014		2,014	
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	180,461			1,066,241	431,597	1,678,299	12,441

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0197
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/24/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEI	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	6.06	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	13,897						
006 02 DATA PROCESSING	339	59,451					
006 03 PURCHASING, RECEIVING AND	508	2,028	66,388				
006 04 ADMINISTRATION	254	5,938	553	15,493			
006 05 CASHIERING/ACCOUNTS RECEI	847	6,228	328		18,332		
006 06 ADMINISTRATIVE AND GENERAL	2,460	22,882	447			159,208	
008 OPERATION OF PLANT	763		5,549			16,644	199,304
009 LAUNDRY & LINEN SERVICE	85					1,351	645
010 HOUSEKEEPING	169		2,122			3,684	3,778
011 DIETARY	678		22,524			5,882	18,436
012 CAFETERIA	508		293			1,365	6,157
014 NURSING ADMINISTRATION	678	6,083	487			4,387	1,076
015 CENTRAL SERVICES & SUPPLY	169		5,545			1,425	8,287
016 PHARMACY	254	3,114	188			2,783	2,353
017 MEDICAL RECORDS & LIBRARY	763	3,765	294			4,084	4,146
018 SOCIAL SERVICE	424		87			1,968	2,956
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	932		5,282	5,104	5,085	46,058	84,272
031 INTENSIVE CARE UNIT	169			594	586	5,508	4,277
034 SUBPROVIDER							
034 SKILLED NURSING FACILITY	169		514	264	261	4,419	15,344
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	424		11,576	378	1,082	9,466	19,095
040 ANESTHESIOLOGY	169		437	70	204	633	
041 RADIOLOGY-DIAGNOSTIC	932	2,317	453	730	1,234	7,333	8,787
044 LABORATORY	847	7,096	7,815	2,815	3,580	11,333	4,083
049 RESPIRATORY THERAPY	339		662	1,682	1,736	4,999	2,040
050 PHYSICAL THERAPY	169		23	135	146	1,835	3,005
053 ELECTROCARDIOLOGY	85		33	359	442	1,283	2,212
055 MEDICAL SUPPLIES CHARGED				470	484	2,012	
055 30 IMPL. DEV. CHARGED TO PAT				6	6	115	
056 DRUGS CHARGED TO PATIENTS				2,547	2,660	11,080	
057 RENAL DIALYSIS				14	14	198	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 01 PARTIAL HOSPITALIZATION			93		224	996	2,644
061 EMERGENCY	763		1,083	325	588	8,357	5,178
062 OBSERVATION BEDS (NON-DIS							
070 OTHER REIMBURS COST CNTRS							
070 I&R SERVICES-NOT APPRVD P							
070 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	13,897	59,451	66,388	15,493	18,332	159,198	198,771
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						10	533
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	13,897	59,451	66,388	15,493	18,332	159,208	199,304

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE AND GENERA							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	4,516						
010 HOUSEKEEPING	15	25,663					
011 DIETARY		740	126,131				
012 CAFETERIA	15	50		32,194			
014 NURSING ADMINISTRATION		374		877	23,290		
015 CENTRAL SERVICES & SUPPLY		429		478	231	49,372	
016 PHARMACY	15			681			18,538
017 MEDICAL RECORDS & LIBRARY		171		1,408	604		
018 SOCIAL SERVICE				804			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,764	12,070	109,547	14,897	13,188	3,551	
031 INTENSIVE CARE UNIT	263	851	5,913	1,640	2,446	1	
034 SUBPROVIDER							
034 SKILLED NURSING FACILITY	365	1,976	10,671	1,379	1,601	421	
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	282	4,118		1,499	1,909	41,545	
041 ANESTHESIOLOGY				61	242	589	
044 RADIOLOGY-DIAGNOSTIC	178	1,051		1,131	153	166	
049 LABORATORY		1,261		2,205	28	302	
050 RESPIRATORY THERAPY	15	336		1,409	53	283	
053 PHYSICAL THERAPY	132	390		406		13	
055 ELECTROCARDIOLOGY	300			365			
055 30 MEDICAL SUPPLIES CHARGED					1		
056 IMPL. DEV. CHARGED TO PAT						1,874	
057 DRUGS CHARGED TO PATIENTS							18,538
060 RENAL DIALYSIS							
060 01 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 PARTIAL HOSPITALIZATION				333		45	
062 EMERGENCY	172	1,690		2,621	2,834	582	
070 OBSERVATION BEDS (NON-DIS							
070 OTHER REIMBURS COST CNTRS							
095 I&R SERVICES-NOT APPRVD P							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	4,516	25,507	126,131	32,194	23,290	49,372	18,538
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		156					
101 PHYSICIANS' PRIVATE OFFIC							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
103 TOTAL	4,516	25,663	126,131	32,194	23,290	49,372	18,538

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	116,454					
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			116,454			
004 NEW CAP REL COSTS-MVB				407,499		
005 EMPLOYEE BENEFITS	1,200		1,200	1,373	19,707,922	
006 01 NONPATIENT TELEPHONES	646		646	1,734	111,397	164
006 02 DATA PROCESSING	598		598	50,533	184,346	4
006 03 PURCHASING, RECEIVING	1,400		1,400	4,206	268,653	6
006 04 ADMINITTING	798		798	1,171	268,396	3
006 05 CASHIERING/ACCOUNTS R	1,127		1,127	377	334,015	10
006 06 ADMINISTRATIVE AND GE	13,989		13,989	4,652	649,873	29
008 OPERATION OF PLANT	14,448		14,448	36,954	1,356,204	9
009 LAUNDRY & LINEN SERVI	266		266			1
010 HOUSEKEEPING	1,559		1,559	1,268	441,311	2
011 DIETARY	7,608		7,608	7,261	828,062	8
012 CAFETERIA	2,541		2,541	445	111,497	6
014 NURSING ADMINISTRATIO	444		444	4,600	619,944	8
015 CENTRAL SERVICES & SU	3,420		3,420	1,348	105,945	2
016 PHARMACY	971		971		411,346	3
017 MEDICAL RECORDS & LIB	1,711		1,711	171	558,017	9
018 SOCIAL SERVICE	1,220		1,220	925	278,753	5
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	34,777		34,777	40,292	6,600,023	11
031 INTENSIVE CARE UNIT	1,765		1,765	7,581	836,942	2
034 SUBPROVIDER						
034 SKILLED NURSING FACIL	6,332		6,332	2,106	562,799	2
037 ANCILLARY SRVC COST C						
040 OPERATING ROOM	7,880		7,880	43,521	899,617	5
041 ANESTHESIOLOGY				4,530	72,654	2
041 RADIOLOGY-DIAGNOSTIC	3,626		3,626	153,267	517,945	11
044 LABORATORY	1,685		1,685	6,164	802,562	10
049 RESPIRATORY THERAPY	842		842	13,152	639,272	4
050 PHYSICAL THERAPY	1,240		1,240	915	277,026	2
053 ELECTROCARDIOLOGY	913		913	9,547	150,650	1
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
060 OUTPAT SERVICE COST C						
060 01 CLINIC						
060 01 PARTIAL HOSPITALIZATI	1,091		1,091	621	133,522	
061 EMERGENCY	2,137		2,137	8,785	1,687,151	9
062 OBSERVATION BEDS (NON						
070 OTHER REIMBURS COST C						
070 I&R SERVICES-NOT APPR						
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	116,234		116,234	407,499	19,707,922	164
096 NONREIMBURS COST CENT						
096 GI FT, FLOWER, COFFEE	220		220			
098 PHYSICIANS' PRIVATE O						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			1,066,241	431,597	1,987,315	287,649
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			9.155898		.100838	
(WRKSHT B, PT I)				1.059136		1,753.957317
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					12,441	13,897
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000631	
(WRKSHT B, PT III)						84.737805

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE AND GENERAL	CASHIERING/ACCOUNTS RECEIVABLE	RECONCILIATION	OPERATION OF PLANT	
	(MACHINE TIME)	(SUPPLIES) EXPENSE	(INPATIENT) CHARGES	(GROSS) CHARGES		(ACCUM. COST)	(SQUARE FEET)
	6.02	6.03	6.04	6.05	6a.06	6.06	8
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	4,105						
006 03 PURCHASING, RECEIVING	140	2,992,347					
006 04 ADMINISTRATION	410	24,928	62,195,903				
006 05 CASHIERING/ACCOUNTS R	430	14,792		74,667,530			
006 06 ADMINISTRATIVE AND GE	1,580	20,144			-5,850,524	31,038,043	
008 OPERATION OF PLANT		250,099				3,245,011	82,248
009 LAUNDRY & LINEN SERVI						263,326	266
010 HOUSEKEEPING		95,656				718,217	1,559
011 DIETARY		1,015,225				1,146,798	7,608
012 CAFETERIA		13,188				266,122	2,541
014 NURSING ADMINISTRATION	420	21,955				855,240	444
015 CENTRAL SERVICES & SU		249,917				277,842	3,420
016 PHARMACY	215	8,465				542,698	971
017 MEDICAL RECORDS & LIB	260	13,253				796,301	1,711
018 SOCIAL SERVICE		3,921				383,697	1,220
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS		238,083	20,478,089	20,818,651		8,977,479	34,777
031 INTENSIVE CARE UNIT		22	2,383,975	2,383,975		1,073,889	1,765
034 SUBPROVIDER							
034 SKILLED NURSING FACIL		23,173	1,058,996	1,058,996		861,616	6,332
037 ANCILLARY SRVC COST C							
040 OPERATING ROOM		521,789	1,516,727	4,397,658		1,845,624	7,880
041 ANESTHESIOLOGY		19,693	279,412	830,371		123,485	
041 RADIOLOGY-DIAGNOSTIC	160	20,415	2,932,151	5,017,225		1,429,736	3,626
044 LABORATORY	490	352,250	11,303,306	14,554,349		2,209,552	1,685
049 RESPIRATORY THERAPY		29,839	6,755,447	7,058,340		974,592	842
050 PHYSICAL THERAPY		1,028	543,270	594,765		357,807	1,240
053 ELECTROCARDIOLOGY		1,505	1,441,284	1,794,943		250,052	913
055 MEDICAL SUPPLIES CHAR			1,888,899	1,965,483		392,238	
055 30 IMPL. DEV. CHARGED TO			24,700	24,700		22,371	
056 DRUGS CHARGED TO PATI			10,229,770	10,811,119		2,160,238	
057 RENAL DIALYSIS			55,520	55,520		38,538	
060 OUTPAT SERVICE COST C							
060 01 CLINIC							
060 PARTIAL HOSPITALIZATI		4,188		911,706		194,175	1,091
061 EMERGENCY		48,819	1,304,357	2,389,729		1,629,385	2,137
062 OBSERVATION BEDS (NON							
070 OTHER REIMBURS COST C							
095 I&R SERVICES-NOT APPR							
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	4,105	2,992,347	62,195,903	74,667,530	-5,850,524	31,036,029	82,028
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE						2,014	220
098 PHYSICIANS' PRIVATE O							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	428,415	321,478	411,368	628,474		5,850,524	3,856,679
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.107433		.008417		.188495	
105 (WRKSHT B, PT I)	104.364190		.006614				46.890854
105 COST TO BE ALLOCATED							
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
106 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	59,451	66,388	15,493	18,332		159,208	199,304
108 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.022186		.000246		.005129	
108 (WRKSHT B, PT III)	14.482582		.000249				2.423208

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE)	(DIRECT NRSNG SALAR)	(COSTED REQUISITION)	(COSTED REQUISITION)
	9	10	11	12	14	15	16
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 ADMINISTRATIVE AND GE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI	432,749						
010 HOUSEKEEPING	1,417	41,606					
011 DIETARY		1,200	87,204				
012 CAFETERIA	1,417	81		27,855			
014 NURSING ADMINISTRATION		606		759	6,982,568		
015 CENTRAL SERVICES & SU		695		414	69,390	579,579	
016 PHARMACY	1,417			589			100
017 MEDICAL RECORDS & LIB		277		1,218	180,978		
018 SOCIAL SERVICE				696			
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRCS	264,999	19,569	75,738	12,888	3,953,188	41,684	
031 INTENSIVE CARE UNIT	25,210	1,380	4,088	1,419	733,558	16	
034 SUBPROVIDER							
037 SKILLED NURSING FACIL	34,983	3,203	7,378	1,193	480,047	4,938	
040 ANCILLARY SRVC COST C							
041 OPERATING ROOM	26,993	6,676		1,297	572,498	487,695	
044 ANESTHESIOLOGY				53	72,671	6,918	
049 RADIOLOGY-DIAGNOSTIC	17,062	1,704		979	45,741	1,947	
050 LABORATORY		2,045		1,908	8,449	3,551	
053 RESPIRATORY THERAPY	1,417	545		1,219	15,937	3,317	
055 PHYSICAL THERAPY	12,604	632		351		149	
056 ELECTROCARDIOLOGY	28,726			316			
057 MEDICAL SUPPLIES CHAR					189		
060 30 IMPL. DEV. CHARGED TO						22,000	
061 DRUGS CHARGED TO PATI							100
062 RENAL DIALYSIS							
066 OUTPAT SERVICE COST C							
060 01 CLINIC							
061 PARTIAL HOSPITALIZATI				288	84	529	
062 EMERGENCY	16,504	2,740		2,268	849,838	6,835	
070 OBSERVATION BEDS (NON							
095 OTHER REIMBURS COST C							
096 I&R SERVICES-NOT APPR							
098 SPEC PURPOSE COST CEN							
095 SUBTOTALS	432,749	41,353	87,204	27,855	6,982,568	579,579	100
096 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE		253					
101 PHYSICIANS' PRIVATE O							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
104 COST TO BE ALLOCATED	325,435	927,766	1,746,469	438,307	1,062,724	523,154	700,859
105 (WRKSHT B, PART I)							
106 UNIT COST MULTIPLIER	.752018	22.298851	20.027396	15.735308	.152197	.902645	7,008.590000
107 (WRKSHT B, PT I)							
108 COST TO BE ALLOCATED							
109 (WRKSHT B, PART II)							
110 UNIT COST MULTIPLIER							
111 (WRKSHT B, PT II)							
112 COST TO BE ALLOCATED	4,516	25,663	126,131	32,194	23,290	49,372	18,538
113 (WRKSHT B, PART III)							
114 UNIT COST MULTIPLIER	.010436	.616810	1.446390	1.155771	.003335	.085186	185.380000
115 (WRKSHT B, PT III)							

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(GROSS CHARGES)	(PATIENT DAYS)
	17	18
GENERAL SERVICE COST		
001 OLD CAP REL COSTS-BLD		
002 OLD CAP REL COSTS-MVB		
003 NEW CAP REL COSTS-BLD		
004 NEW CAP REL COSTS-MVB		
005 EMPLOYEE BENEFITS		
006 01 NONPATIENT TELEPHONES		
006 02 DATA PROCESSING		
006 03 PURCHASING, RECEIVING		
006 04 ADMINISTRATION		
006 05 CASHIERING/ACCOUNTS R		
006 06 ADMINISTRATIVE AND GE		
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	74,667,530	
018 SOCIAL SERVICE		28,989
INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS	20,818,651	25,246
026 INTENSIVE CARE UNIT	2,383,975	1,635
031 SUBPROVIDER		
034 SKILLED NURSING FACIL	1,058,996	2,108
ANCILLARY SRVC COST C		
037 OPERATING ROOM	4,397,658	
040 ANESTHESIOLOGY	830,371	
041 RADIOLOGY-DIAGNOSTIC	5,017,225	
044 LABORATORY	14,554,349	
049 RESPIRATORY THERAPY	7,058,340	
050 PHYSICAL THERAPY	594,765	
053 ELECTROCARDIOLOGY	1,794,943	
055 MEDICAL SUPPLIES CHAR	1,965,483	
055 30 IMPL. DEV. CHARGED TO	24,700	
056 DRUGS CHARGED TO PATI	10,811,119	
057 RENAL DIALYSIS	55,520	
OUTPAT SERVICE COST C		
060 CLINIC		
060 01 PARTIAL HOSPITALIZATI	911,706	
061 EMERGENCY	2,389,729	
062 OBSERVATION BEDS (NON		
OTHER REIMBURS COST C		
070 I&R SERVICES-NOT APPR		
SPEC PURPOSE COST CEN		
095 SUBTOTALS	74,667,530	28,989
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
098 PHYSICIANS' PRIVATE O		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	1,079,517	524,181
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		18.082066
(WRKSHT B, PT I)	.014458	
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT II)		
107 COST TO BE ALLOCATED	31,434	18,565
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		.640415
(WRKSHT B, PT III)	.000421	

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	16,052,456		16,052,456		16,052,456
26	INTENSIVE CARE UNIT	1,688,695		1,688,695		1,688,695
31	SUBPROVIDER					
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	1,716,151		1,716,151		1,716,151
37	OPERATING ROOM	3,343,521		3,343,521		3,343,521
40	ANESTHESIOLOGY	176,905		176,905		176,905
41	RADIOLOGY-DIAGNOSTIC	2,016,751		2,016,751		2,016,751
44	LABORATORY	2,995,595		2,995,595		2,995,595
49	RESPIRATORY THERAPY	1,337,649		1,337,649		1,337,649
50	PHYSICAL THERAPY	521,224		521,224		521,224
53	ELECTROCARDIOLOGY	392,522		392,522		392,522
55	MEDICAL SUPPLIES CHARGED	494,619		494,619		494,619
55	30 IMPL. DEV. CHARGED TO PAT	46,803		46,803		46,803
56	DRUGS CHARGED TO PATIENTS	3,424,598		3,424,598		3,424,598
57	RENAL DIALYSIS	46,605		46,605		46,605
60	OUTPAT SERVICE COST CNTRS CLINIC					
60	01 PARTIAL HOSPITALIZATION	300,137		300,137		300,137
61	EMERGENCY	2,315,984		2,315,984		2,315,984
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	268,832		268,832		268,832
101	SUBTOTAL	37,139,047		37,139,047		37,139,047
102	LESS OBSERVATION BEDS	268,832		268,832		268,832
103	TOTAL	36,870,215		36,870,215		36,870,215

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	20,478,089		20,478,089			
26	INTENSIVE CARE UNIT	2,383,975		2,383,975			
31	SUBPROVIDER						
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	1,058,996		1,058,996			
37	OPERATING ROOM	1,516,727	2,880,931	4,397,658	.760296	.760296	.760296
40	ANESTHESIOLOGY	279,412	550,959	830,371	.213043	.213043	.213043
41	RADIOLOGY-DIAGNOSTIC	2,932,151	2,085,074	5,017,225	.401965	.401965	.401965
44	LABORATORY	11,303,306	3,251,043	14,554,349	.205821	.205821	.205821
49	RESPIRATORY THERAPY	6,755,447	302,893	7,058,340	.189513	.189513	.189513
50	PHYSICAL THERAPY	543,270	51,495	594,765	.876353	.876353	.876353
53	ELECTROCARDIOLOGY	1,441,284	353,659	1,794,943	.218682	.218682	.218682
55	MEDICAL SUPPLIES CHARGED	1,888,899	76,584	1,965,483	.251653	.251653	.251653
55	30 IMPL. DEV. CHARGED TO PAT	24,700		24,700	1.894858	1.894858	1.894858
56	DRUGS CHARGED TO PATIENTS	10,229,770	581,349	10,811,119	.316766	.316766	.316766
57	RENAL DIALYSIS	55,520		55,520	.839427	.839427	.839427
60	OUTPAT SERVICE COST CNTRS CLINIC						
60	01 PARTIAL HOSPITALIZATION		911,706	911,706	.329204	.329204	.329204
61	EMERGENCY	1,304,357	1,085,372	2,389,729	.969141	.969141	.969141
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		340,562	340,562	.789378	.789378	.789378
101	SUBTOTAL	62,195,903	12,471,627	74,667,530			
102	LESS OBSERVATION BEDS						
103	TOTAL	62,195,903	12,471,627	74,667,530			

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	3,343,521	213,986	3,129,535			3,343,521
40	ANESTHESIOLOGY	176,905	7,794	169,111			176,905
41	RADIOLOGY-DIAGNOSTIC	2,016,751	222,432	1,794,319			2,016,751
44	LABORATORY	2,995,595	76,442	2,919,153			2,995,595
49	RESPIRATORY THERAPY	1,337,649	69,018	1,268,631			1,337,649
50	PHYSICAL THERAPY	521,224	19,001	502,223			521,224
53	ELECTROCARDIOLOGY	392,522	24,401	368,121			392,522
55	MEDICAL SUPPLIES CHARGED	494,619	3,794	490,825			494,619
55	30 IMPL. DEV. CHARGED TO PAT	46,803	2,011	44,792			46,803
56	DRUGS CHARGED TO PATIENTS	3,424,598	39,376	3,385,222			3,424,598
57	RENAL DIALYSIS	46,605	249	46,356			46,605
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSPITALIZATION	300,137	15,450	284,687			300,137
61	EMERGENCY	2,315,984	55,135	2,260,849			2,315,984
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	268,832	11,692	257,140			268,832
101	SUBTOTAL	17,681,745	760,781	16,920,964			17,681,745
102	LESS OBSERVATION BEDS	268,832	11,692	257,140			268,832
103	TOTAL	17,412,913	749,089	16,663,824			17,412,913

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	3,343,521	213,986	3,129,535	21,399	181,513	3,140,609
40	ANESTHESIOLOGY	176,905	7,794	169,111	779	9,808	166,318
41	RADIOLOGY-DIAGNOSTIC	2,016,751	222,432	1,794,319	22,243	104,071	1,890,437
44	LABORATORY	2,995,595	76,442	2,919,153	7,644	169,311	2,818,640
49	RESPIRATORY THERAPY	1,337,649	69,018	1,268,631	6,902	73,581	1,257,166
50	PHYSICAL THERAPY	521,224	19,001	502,223	1,900	29,129	490,195
53	ELECTROCARDIOLOGY	392,522	24,401	368,121	2,440	21,351	368,731
55	MEDICAL SUPPLIES CHARGED	494,619	3,794	490,825	379	28,468	465,772
55	30 IMPL. DEV. CHARGED TO PAT	46,803	2,011	44,792	201	2,598	44,004
56	DRUGS CHARGED TO PATIENTS	3,424,598	39,376	3,385,222	3,938	196,343	3,224,317
57	RENAL DIALYSIS	46,605	249	46,356	25	2,689	43,891
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSPITALIZATION	300,137	15,450	284,687	1,545	16,512	282,080
61	EMERGENCY	2,315,984	55,135	2,260,849	5,514	131,129	2,179,341
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	268,832	11,692	257,140	1,169	14,914	252,749
101	SUBTOTAL	17,681,745	760,781	16,920,964	76,078	981,417	16,624,250
102	LESS OBSERVATION BEDS	268,832	11,692	257,140	1,169	14,914	252,749
103	TOTAL	17,412,913	749,089	16,663,824	74,909	966,503	16,371,501

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
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	4,397,658	.714155	.755430
40	ANESTHESIOLOGY	830,371	.200294	.212105
41	RADIOLOGY-DIAGNOSTIC	5,017,225	.376789	.397532
44	LABORATORY	14,554,349	.193663	.205296
49	RESPIRATORY THERAPY	7,058,340	.178111	.188535
50	PHYSICAL THERAPY	594,765	.824183	.873158
53	ELECTROCARDIOLOGY	1,794,943	.205428	.217323
55	MEDICAL SUPPLIES CHARGED	1,965,483	.236976	.251460
55	30 IMPL. DEV. CHARGED TO PAT	24,700	1.781538	1.886721
56	DRUGS CHARGED TO PATIENTS	10,811,119	.298241	.316402
57	RENAL DIALYSIS	55,520	.790544	.838977
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60	01 PARTIAL HOSPITALIZATION	911,706	.309398	.327509
61	EMERGENCY	2,389,729	.911962	.966833
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	340,562	.742153	.785945
101	SUBTOTAL	50,746,470		
102	LESS OBSERVATION BEDS	340,562		
103	TOTAL	50,405,908		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				698,175		698,175
26	INTENSIVE CARE UNIT				127,228		127,228
31	SUBPROVIDER						
101	TOTAL				825,403		825,403

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	25,676	12,782			27.19	347,543
26	INTENSIVE CARE UNIT	1,635	902			77.82	70,194
31	SUBPROVIDER						
101	TOTAL	27,311	13,684				417,737

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

PROVIDER NO: 14-0197
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/24/2011
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					25,676	
26	INTENSIVE CARE UNIT					1,635	
31	SUBPROVIDER						
34	SKILLED NURSING FACILITY					2,108	
101	TOTAL					29,419	

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

PROVIDER NO:	PERIOD:	PREPARED 2/24/2011
14-0197	FROM 10/ 1/2009	WORKSHEET D
	TO 9/30/2010	PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	12,782	
26	INTENSIVE CARE UNIT	902	
31	SUBPROVIDER		
34	SKILLED NURSING FACILITY	1,996	
101	TOTAL	15,680	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSPITALIZATION						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			4,397,658			748,514	
	OPERATING ROOM			830,371			120,763	
40	ANESTHESIOLOGY			5,017,225			1,564,657	
41	RADIOLOGY-DIAGNOSTIC			14,554,349			6,121,320	
44	LABORATORY			7,058,340			3,257,875	
49	RESPIRATORY THERAPY			594,765			127,248	
50	PHYSICAL THERAPY			1,794,943			793,351	
53	ELECTROCARDIOLOGY			1,965,483			585,633	
55	MEDICAL SUPPLIES CHARGED			24,700			16,450	
55	30 IMPL. DEV. CHARGED TO PAT			10,811,119			5,612,376	
56	DRUGS CHARGED TO PATIENTS			55,520			21,230	
57	RENAL DIALYSIS							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 PARTIAL HOSPITALIZATION			911,706				
61	EMERGENCY			2,389,729			548,530	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			340,562				
101	TOTAL			50,746,470			19,517,947	

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	426,963	1,280,889				
40	ANESTHESIOLOGY	53,938	161,815				
41	RADIOLOGY-DIAGNOSTIC	266,780	800,341				
44	LABORATORY	86,203	258,608				
49	RESPIRATORY THERAPY	26,748	80,243				
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	70,065	210,196				
55	MEDICAL SUPPLIES CHARGED	4,727	14,181				
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	77,388	232,165				
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSPITALIZATION	134,505	403,515				
61	EMERGENCY	115,977	347,932				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	28,859	86,576				
101	TOTAL	1,292,153	3,876,461				

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				324,618	
40 ANESTHESIOLOGY				11,491	
41 RADIOLOGY-DIAGNOSTIC				107,236	
44 LABORATORY				17,742	
49 RESPIRATORY THERAPY				5,069	
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY				15,322	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,190	
30 IMPL. DEV. CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS				24,514	
57 RENAL DIALYSIS					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 PARTIAL HOSPITALIZATION				44,280	
61 EMERGENCY				112,398	
62 OBSERVATION BEDS (NON-DISTINCT PART)				22,781	
101 SUBTOTAL				686,641	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				686,641	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSPITALIZATION						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			4,397,658			6,385	
40	ANESTHESIOLOGY			830,371			2,624	
41	RADIOLOGY-DIAGNOSTIC			5,017,225			125,967	
44	LABORATORY			14,554,349			494,983	
49	RESPIRATORY THERAPY			7,058,340			607,282	
50	PHYSICAL THERAPY			594,765			308,907	
53	ELECTROCARDIOLOGY			1,794,943			27,279	
55	MEDICAL SUPPLIES CHARGED			1,965,483			730,888	
55	30 IMPL. DEV. CHARGED TO PAT			24,700				
56	DRUGS CHARGED TO PATIENTS			10,811,119			1,087,390	
57	RENAL DIALYSIS			55,520				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 PARTIAL HOSPITALIZATION			911,706				
61	EMERGENCY			2,389,729			791	
62	OBSERVATION BEDS (NON-DIS			340,562				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			50,746,470			3,392,496	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSPITALIZATION						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS)						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

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)	17,608,597	
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)	17,608,597	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	1,164,747	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	18,773,344	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	18,773,344	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,253,018	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	269,785	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,185,753	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	830,027	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,158,768	
22 SUBTOTAL	18,080,568	
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	18,080,568	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	17,926,299	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	154,269	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	686,641	2,059,924
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	429,710	1,289,129
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.776	.776
1.04	LINE 1.01 TIMES LINE 1.03.	532,833	1,598,501
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	80.65	80.65
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)		

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES		
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES		
CUSTOMARY CHARGES			
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)		
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	1,718,839	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	447,122	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,271,717	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	1,271,717	
24	PRIMARY PAYER PAYMENTS		
25	SUBTOTAL	1,271,717	

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	362,848	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	253,994	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	356,113	
28	SUBTOTAL	1,525,711	
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	1,525,711	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	1,424,654	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	101,057	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

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

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	4,645,969			
29 SALARIES, WAGES & FEES PAYABLE	4,013,032			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	586,854			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	1,431			
35 OTHER CURRENT LIABILITIES	1,427,706			
36 TOTAL CURRENT LIABILITIES	10,674,992			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	28,922,231			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	37,583,016			
42 TOTAL LONG-TERM LIABILITIES	66,505,247			
43 TOTAL LIABILITIES	77,180,239			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	18,892,455			
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	18,892,455			
52 TOTAL LIABILITIES AND FUND BALANCES	96,072,694			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		16,294,441		
2 NET INCOME (LOSS)		2,598,014		
3 TOTAL		18,892,455		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		18,892,455		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		18,892,455		

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

DESCRIPTION

1	TOTAL PATIENT REVENUES	75,348,488
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	35,526,382
3	NET PATIENT REVENUES	39,822,106
4	LESS: TOTAL OPERATING EXPENSES	38,063,376
5	NET INCOME FROM SERVICE TO PATIENTS	1,758,730
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	580,204
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	MISC. INCOME	151,935
24.01	CONTRIBUTIONS	106,945
24.02	GAIN/LOSS ON ASSET DISPOSAL	200
24.03		
25	TOTAL OTHER INCOME	839,284
26	TOTAL	2,598,014
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	2,598,014

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0197	FROM 10/ 1/2009	2/24/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET L
14-0197		PARTS I-IV

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,022,534
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	5,091
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	73.65
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	14.56
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	47.57
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	62.13
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	13.41
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	137,122
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,164,747
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)	