

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		14-0250		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2011 TIME 11:28

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:  
 SOUTH SUBURBAN HOSPITAL 14-0250  
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	1,232,567	300,232		0
5	HOSPITAL-BASED SNF	0	45,693	0		0
100	TOTAL	0	1,278,260	300,232		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.







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

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.		N			
IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.					

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).		Y		4/26/2011
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MI SCELLANEOUS DATA

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

PROVIDER NO: 14-0250  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET S-3  
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	62,525,326		62,525,326	2,156,960.00	28.99	
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	1,239,921		1,239,921	45,760.00	27.10	
8.01 EXCLUDED AREA SALARIES	261,083	82,196	343,279	8,837.23	38.84	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	4,045,794		4,045,794	68,221.00	59.30	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	1,094,304		1,094,304	9,629.00	113.65	
10 CONTRACT LABOR: PHYS PART A	1,095,477		1,095,477	12,146.00	90.19	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	5,840,212		5,840,212	87,463.00	66.77	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	16,658,333		16,658,333			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	421,805		421,805			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,235,020		1,235,020	16,640.00	74.22	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	7,601,114	-44,033	7,557,081	258,544.00	29.23	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,938,488		1,938,488	79,040.00	24.53	
25 LAUNDRY & LINEN SERVICE	113,051		113,051	8,361.60	13.52	
26 HOUSEKEEPING	1,439,864		1,439,864	101,920.00	14.13	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,877,874	-969,694	908,180	53,312.06	17.04	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		969,694	969,694	56,927.94	17.03	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	3,327,070		3,327,070	81,120.00	41.01	
31 CENTRAL SERVICE AND SUPPLY	411,294	32,018	443,312	20,800.00	21.31	
32 PHARMACY	2,345,885		2,345,885	58,240.00	40.28	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,710,904		1,710,904	76,960.00	22.23	
34 SOCIAL SERVICE	399,362		399,362	12,480.00	32.00	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	62,525,326		62,525,326	2,156,960.00	28.99	
2 EXCLUDED AREA SALARIES	1,501,004	82,196	1,583,200	54,597.23	29.00	
3 SUBTOTAL SALARIES	61,024,322	-82,196	60,942,126	2,102,362.77	28.99	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	12,075,787		12,075,787	177,459.00	68.05	
5 SUBTOTAL WAGE-RELATED COSTS	16,658,333		16,658,333		27.33	
6 TOTAL	89,758,442	-82,196	89,676,246	2,279,821.77	39.33	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	22,399,926	-12,015	22,387,911	824,345.60	27.16	

HOSPITAL RENAL DIALYSIS DEPARTMENT  
 STATISTICAL DATA

PROVIDER NO: 14-0250  
 SATELLITE NO:  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----	----- HOME -----		
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD						
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS						
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP						
4 CAPD EXCHANGES PER DAY						
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED						
6 NUMBER OF STATIONS						
7 TREATMENT CAPACITY PER DAY PER STATION						
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST						
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [ ] INITIAL METHOD [X]						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0250  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/26/2011  
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		494				
3	RUA		215				
3.01	RUX						
3.02	RUL		994				
4	RVC		13				
5	RVB		390				
6	RVA		345				
6.01	RVX		7				
6.02	RVL		856				
7	RHC						
8	RHB		49				
9	RHA		52				
9.01	RHX						
9.02	RHL						
10	RMC						
11	RMB		10				
12	RMA		1				
12.01	RMX		23				
12.02	RML		249				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3						
16	SE2		3				
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1		2				
25	CA2						
26	CA1		2				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1		1				
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1		4				
45	AAA						
45.01	ES3						
45.02	ES2						
45.03	ES1						
45.04	HE2						
45.05	HE1						
45.06	HD2						
45.07	HD1						
45.08	HC2						
45.09	HC1						
45.10	HB2						
45.11	HB1						
45.12	LE2						
45.13	LE1						
45.14	LD2						
45.15	LD1						
45.16	LC2						
45.17	LC1						
45.18	LB2						
45.19	LB1						
45.20	CE2						
45.21	CE1						
45.22	CD2						
45.23	CD1						
46	TOTAL		3,710				

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



PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0250  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/26/2011  
WORKSHEET S-7

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

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.
- (4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 1.0475  
 Wage Index Factor (after 10/01) : 1.0781  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 1600  
 SNF CBSA Code : 29404

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0250  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET S-7  
 NOT A CMS WORKSHEET  
 SERVICES THROUGH 12/31/2005

GROUP(1)	M3PI REVENUE CODE	SERVICES BASE RATE	PRIOR TO RATE	OCTOBER 1ST DAYS	SERVICES BASE RATE	ON OR AFTER RATE	OCTOBER 1ST DAYS
1		3a	3	3.01	4a	4	4.01
1	RUC	546.13			668.60		
2	RUB	501.21	501.21	425	668.60	668.60	69
3	RUA	478.76	478.76	133	540.51	540.51	82
3.01	RUX	637.54			916.48		
3.02	RUL	563.76	563.76	871	893.20	893.20	123
4	RVC	435.02	435.02	13	581.36		
5	RVB	414.17	414.17	290	493.19	493.19	100
6	RVA	375.68	375.68	171	491.52	491.52	174
6.01	RVX	483.13	483.13	7	829.24		
6.02	RVL	451.06	451.06	656	736.08	736.08	200
7	RHC	376.63			514.16		
8	RHB	360.60	360.60	27	457.60	457.60	22
9	RHA	336.54	336.54	22	396.05	396.05	30
9.01	RHX	408.71			762.04		
9.02	RHL	399.08			672.21		
10	RMC	346.49			458.26		
11	RMB	336.86	336.86	4	424.99	424.99	6
12	RMA	330.44	330.44	1	341.81		
12.01	RMX	463.55	463.55	23	704.48		
12.02	RML	426.67	426.67	209	644.59	644.59	40
13	RLB	303.79			454.38		
14	RLA	260.49			278.04		
14.01	RLX	329.46			625.73		
15	SE3	373.62					
16	SE2	319.09	319.09	3			
17	SE1	285.40					
18	SSC	280.59					
19	SSB	266.16					
20	SSA	261.34					
21	CC2	278.99			316.02		
22	CC1	256.54			292.72		
23	CB2	243.71			292.72		
24	CB1	232.47			271.10	271.10	2
25	CA2	230.87			247.81		
26	CA1	218.04	218.04	2	231.17		
27	IB2	208.42					
28	IB1	205.21					
29	IA2	189.17					
30	IA1	182.76					
31	BB2	206.82			262.78		
32	BB1	202.01			251.14		
33	BA2	187.57			217.86		
34	BA1	174.74			207.87		
35	PE2	224.46			350.95		
36	PE1	221.25			334.32		
37	PD2	213.24			330.99		
38	PD1	210.02	210.02	1	314.35		
39	PC2	203.61			284.40		
40	PC1	202.01			271.10		
41	PB2	181.16			241.15		
42	PB1	177.95			231.17		
43	PA2	176.34			199.56		
44	PA1	171.54			191.24	191.24	4
45	AAA	171.54			191.24		
45.01	ES3				696.99		
45.02	ES2				545.60		
45.03	ES1				487.37		
45.04	HE2				470.73		
45.05	HE1				390.88		
45.06	HD2				440.78		
45.07	HD1				367.59		
45.08	HC2				415.83		
45.09	HC1				347.62		
45.10	HB2				410.85		
45.11	HB1				344.30		
45.12	LE2				427.48		
45.13	LE1				357.60		
45.14	LD2				410.85		
45.15	LD1				344.30		
45.16	LC2				360.93		
45.17	LC1				304.37		
45.18	LB2				342.64		
45.19	LB1				291.06		
45.20	CE2				380.90		
45.21	CE1				350.95		
45.22	CD2				360.93		
45.23	CD1				330.99		
46	TOTAL			2,858			852

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

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0250  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/26/2011  
WORKSHEET S-7  
NOT A CMS WORKSHEET  
SERVICES THROUGH 12/31/2005

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1ST BASE RATE 3a	RATE 3	OCTOBER 1ST DAYS 3.01	SERVICES ON OR AFTER OCTOBER 1ST BASE RATE 4a	RATE 4	OCTOBER 1ST DAYS 4.01
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Worksheet S-2 reference data:

Transition Period : 100% Federal  
Wage Index Factor (before 10/01): 1.0475  
Wage Index Factor (after 10/01): 1.0781  
SNF Facility Specific Rate : 0.00  
Urban/Rural Designation : URBAN  
SNF MSA Code : 1600  
SNF CBSA Code : 29404

Non-CMS S-7 options selected:

- Calculate Total Days from this worksheet.
- Transfer total to settlement worksheet.

GROUP(1)	M3PI REVENUE CODE	A I D S SERV PRIOR TO OCT. 1ST RATE 4.02	DIAGNOSIS OCT. 1ST DAYS 4.03	CODE SERV ON/AFTER OCT. 1ST RATE 4.04	O42 DAYS 4.05	SWING BED SNF DAYS 4.06	TOTAL 5
1	RUC	1,245.18		1,524.41			
2	RUB	1,142.76		1,524.41			259,147
3	RUA	1,091.57		1,232.36			107,997
3.01	RUX	1,453.59		2,089.57			
3.02	RUL	1,285.37		2,036.50			600,899
4	RVC	991.85		1,325.50			5,655
5	RVB	944.31		1,124.47			169,428
6	RVA	856.55		1,120.67			149,765
6.01	RVX	1,101.54		1,890.67			3,382
6.02	RVL	1,028.42		1,678.26			443,111
7	RHC	858.72		1,172.28			
8	RHB	822.17		1,043.33			19,803
9	RHA	767.31		902.99			19,286
9.01	RHX	931.86		1,737.45			
9.02	RHL	909.90		1,532.64			
10	RMC	790.00		1,044.83			
11	RMB	768.04		968.98			3,897
12	RMA	753.40		779.33			330
12.01	RMX	1,056.89		1,606.21			10,662
12.02	RML	972.81		1,469.67			114,958
13	RLB	692.64		1,035.99			
14	RLA	593.92		633.93			
14.01	RLX	751.17		1,426.66			
15	SE3	851.85					
16	SE2	727.53					957
17	SE1	650.71					
18	SSC	639.75					
19	SSB	606.84					
20	SSA	595.86					
21	CC2	636.10		720.53			
22	CC1	584.91		667.40			
23	CB2	555.66		667.40			
24	CB1	530.03		618.11			542
25	CA2	526.38		565.01			
26	CA1	497.13		527.07			436
27	IB2	475.20					
28	IB1	467.88					
29	IA2	431.31					
30	IA1	416.69					
31	BB2	471.55		599.14			
32	BB1	460.58		572.60			
33	BA2	427.66		496.72			
34	BA1	398.41		473.94			
35	PE2	511.77		800.17			
36	PE1	504.45		762.25			
37	PD2	486.19		754.66			
38	PD1	478.85		716.72			210
39	PC2	464.23		648.43			
40	PC1	460.58		618.11			
41	PB2	413.04		549.82			
42	PB1	405.73		527.07			
43	PA2	402.06		455.00			
44	PA1	391.11		436.03			765
45	AAA	391.11		436.03			
45.01	ES3			1,589.14			
45.02	ES2			1,243.97			
45.03	ES1			1,111.20			
45.04	HE2			1,073.26			
45.05	HE1			891.21			
45.06	HD2			1,004.98			
45.07	HD1			838.11			
45.08	HC2			948.09			
45.09	HC1			792.57			
45.10	HB2			936.74			
45.11	HB1			785.00			
45.12	LE2			974.65			
45.13	LE1			815.33			

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0250  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/26/2011  
WORKSHEET S-7  
NOT A CMS WORKSHEET  
SERVICES THROUGH 12/31/2005

GROUP(1)	M3PI REVENUE CODE	A I D S D I A G N O S I S		C O D E 042		S W I N G B E D S N F D A Y S	T O T A L
		SERV PRI OR TO	OCT. 1ST	SERV ON/AFTER	OCT. 1ST		
1	2	4.02	4.03	4.04	4.05	4.06	5
45 .14	LD2			936.74			
45 .15	LD1			785.00			
45 .16	LC2			822.92			
45 .17	LC1			693.96			
45 .18	LB2			781.22			
45 .19	LB1			663.62			
45 .20	CE2			868.45			
45 .21	CE1			800.17			
45 .22	CD2			822.92			
45 .23	CD1			754.66			
46	TOTAL						1,911,230

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.
- (4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

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

Worksheet S-2 reference data:

Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 1.0475  
 Wage Index Factor (after 10/01): 1.0781  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 1600  
 SNF CBSA Code : 29404

Non-CMS S-7 options selected:

- [x] Calculate Total Days from this worksheet.
- [x] Transfer total to settlement worksheet.

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
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	24,999,351
17.01	GROSS MEDICAID REVENUES	22,307,085
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	47,306,436
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)	.263298
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	22,307,085

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	5,873,411
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	24,999,351
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	6,582,279
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	5,873,411

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-0250  
II PERIOD:  
I FROM 1/ 1/2010  
I TO 12/31/2010 II PREPARED 5/26/2011  
I WORKSHEET A  
I

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		4,544,602	4,544,602	-4,426,093	118,509
3	0300 NEW CAP REL COSTS-BLDG & FIXT				6,743,108	6,743,108
5	0500 EMPLOYEE BENEFITS	1,235,020	12,375,781	13,610,801	-4,259	13,606,542
6.01	0660 COMMUNICATIONS	419,988	483,813	903,801	-1,704	902,097
6.02	0661 DATA PROCESSING		1,470,383	1,470,383	-6,399	1,463,984
6.03	0662 PURCHASING	194,051	319,432	513,483	-42,306	471,177
6.04	0663 REGISTRATION	1,461,169	244,774	1,705,943	-25,874	1,680,069
6.05	0664 PATIENT ACCOUNTING	821,786	710,245	1,532,031	-51,167	1,480,864
6.06	0665 ADMINISTRATION & GENERAL	4,704,120	28,899,645	33,603,765	-724,513	32,879,252
8	0800 OPERATION OF PLANT	1,938,488	4,533,817	6,472,305	-129,551	6,342,754
9	0900 LAUNDRY & LINEN SERVICE	113,051	822,991	936,042	-18	936,024
10	1000 HOUSEKEEPING	1,439,864	954,269	2,394,133	-28,469	2,365,664
11	1100 DIETARY	1,877,874	1,335,180	3,213,054	-1,692,370	1,520,684
12	1200 CAFETERIA				1,659,152	1,659,152
14	1400 NURSING ADMINISTRATION	3,327,070	813,830	4,140,900	-6,577	4,134,323
15	1500 CENTRAL SERVICES & SUPPLY	411,294	334,088	745,382	-80,647	664,735
16	1600 PHARMACY	2,345,885	7,312,608	9,658,493	-6,519,824	3,138,669
17	1700 MEDICAL RECORDS & LIBRARY	1,710,904	776,587	2,487,491	-9,178	2,478,313
18	1800 SOCIAL SERVICE	399,362	42,554	441,916	-906	441,010
24	2400 PARAMED ED PRGM-(SPECIFY)	72,118	59,755	131,873	79,334	211,207
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	15,857,881	4,536,037	20,393,918	-1,928,820	18,465,098
26	2600 INTENSIVE CARE UNIT	3,589,781	1,504,427	5,094,208	-573,586	4,520,622
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
33	3300 NURSERY	679,389	611,491	1,290,880	-54,831	1,236,049
34	3400 SKILLED NURSING FACILITY	1,239,921	174,665	1,414,586	-53,891	1,360,695
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,212,489	10,346,542	13,559,031	-8,188,634	5,370,397
40	4000 ANESTHESIOLOGY	38,558	313,385	351,943	423,669	775,612
41	4100 RADIOLOGY-DIAGNOSTIC	3,767,515	2,463,765	6,231,280	-706,524	5,524,756
43	4300 RADIOISOTOPE	420,847	475,687	896,534	-39,053	857,481
43.01	3630 ULTRASOUND	569,983	141,280	711,263	-88,707	622,556
43.02	3120 CARDIAC CATH LAB	757,897	4,822,194	5,580,091	-4,012,509	1,567,582
44	4400 LABORATORY		6,887,389	6,887,389	-13,297	6,874,092
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		693,223	693,223	-1,085	692,138
48	4800 INTRAVENOUS THERAPY	373,276	231,262	604,538	-143,810	460,728
49	4900 RESPIRATORY THERAPY	1,181,773	412,677	1,594,450	-201,158	1,393,292
50	5000 PHYSICAL THERAPY	81,145	2,730,514	2,811,659	-800,224	2,011,435
51	5100 OCCUPATIONAL THERAPY		654	654	785,542	786,196
52	5200 SPEECH PATHOLOGY	143,020	13,268	156,288	-989	155,299
53	5300 ELECTROCARDIOLOGY	785,896	482,302	1,268,198	-23,304	1,244,894
54	5400 ELECTROENCEPHALOGRAPHY	122,723	48,510	171,233	-32,708	138,525
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				7,801,235	7,801,235
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				7,886,766	7,886,766
56	5600 DRUGS CHARGED TO PATIENTS				6,483,173	6,483,173
57	5700 RENAL DIALYSIS	342,943	255,809	598,752	-144,873	453,879
58	5800 ASC (NON-DISTINCT PART)	1,095,933	446,422	1,542,355	-248,698	1,293,657
59	3560 PULMONARY FUNCTION TESTING	116,372	25,014	141,386	-14,243	127,143
59.97	3997 CARDIAC REHABILITATION	211,817	24,162	235,979	-2,652	233,327
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	283,651	879,191	1,162,842	-172,514	990,328
61	6100 EMERGENCY	4,842,763	1,530,503	6,373,266	-687,178	5,686,088
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 SLEEP LAB	148,744	24,505	173,249	-6,556	166,693
	OTHER REIMBURS COST CNTRS					
70	7000 I&R SERVICES-NOT APPRVD PRGM	188,965	14,456	203,421		203,421
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
86	8600 OTHER ORGAN ACQUISITION (SPECIF					
88	8800 INTEREST EXPENSE		1,696,205	1,696,205		1,696,205
89	8900 UTILIZATION REVIEW-SNF				27,720	27,720
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	62,525,326	107,819,893	170,345,219	-0-	170,345,219
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		67,634	67,634		67,634
96.01	9601 NONREIMBURSABLE HHA		20,447	20,447		20,447
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 FUND RAISING					
101	TOTAL	62,525,326	107,907,974	170,433,300	-0-	170,433,300

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0250  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/26/2011  
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	3,947	122,456
3	0300 NEW CAP REL COSTS-BLDG & FIXT	881,457	7,624,565
5	0500 EMPLOYEE BENEFITS	2,039,228	15,645,770
6.01	0660 COMMUNICATIONS	-90,316	811,781
6.02	0661 DATA PROCESSING	1,980,403	3,444,387
6.03	0662 PURCHASING	-52	471,125
6.04	0663 REGISTRATION		1,680,069
6.05	0664 PATIENT ACCOUNTING	-30,862	1,450,002
6.06	0665 ADMINISTRATION & GENERAL	-18,728,898	14,150,354
8	0800 OPERATION OF PLANT	-75,910	6,266,844
9	0900 LAUNDRY & LINEN SERVICE		936,024
10	1000 HOUSEKEEPING	-7,491	2,358,173
11	1100 DIETARY	-5,986	1,514,698
12	1200 CAFETERIA	-612,215	1,046,937
14	1400 NURSING ADMINISTRATION	-67,885	4,066,438
15	1500 CENTRAL SERVICES & SUPPLY		664,735
16	1600 PHARMACY	-2,371	3,136,298
17	1700 MEDICAL RECORDS & LIBRARY	-65,832	2,412,481
18	1800 SOCIAL SERVICE	-11,145	429,865
24	2400 PARAMEDICAL PRGM-(SPECIFY)	-54,570	156,637
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,079,247	17,385,851
26	2600 INTENSIVE CARE UNIT	-13,317	4,507,305
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
33	3300 NURSERY	-486,173	749,876
34	3400 SKILLED NURSING FACILITY	-23	1,360,672
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-308,487	5,061,910
40	4000 ANESTHESIOLOGY	-650,000	125,612
41	4100 RADIOLOGY-DIAGNOSTIC	-257,287	5,267,469
43	4300 RADIOISOTOPE	-28,952	828,529
43.01	3630 ULTRASOUND	-817	621,739
43.02	3120 CARDIAC CATH LAB	-28,255	1,539,327
44	4400 LABORATORY	-379,788	6,494,304
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		692,138
48	4800 INTRAVENOUS THERAPY	-560	460,168
49	4900 RESPIRATORY THERAPY	-99,846	1,293,446
50	5000 PHYSICAL THERAPY	-7,754	2,003,681
51	5100 OCCUPATIONAL THERAPY		786,196
52	5200 SPEECH PATHOLOGY	-1,220	154,079
53	5300 ELECTROCARDIOLOGY	-18,514	1,226,380
54	5400 ELECTROENCEPHALOGRAPHY		138,525
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		7,801,235
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		7,886,766
56	5600 DRUGS CHARGED TO PATIENTS		6,483,173
57	5700 RENAL DIALYSIS	-400	453,479
58	5800 ASC (NON-DISTINCT PART)		1,293,657
59	3560 PULMONARY FUNCTION TESTING	-261	126,882
59.97	3997 CARDIAC REHABILITATION	-305	233,022
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-103,212	887,116
61	6100 EMERGENCY	-21,254	5,664,834
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 SLEEP LAB		166,693
	OTHER REIMBURS COST CNTRS		
70	7000 I&R SERVICES-NOT APPRVD PRGM	-188,965	14,456
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
86	8600 OTHER ORGAN ACQUISITION (SPECIF		
88	8800 INTEREST EXPENSE	-1,696,205	-0-
89	8900 UTILIZATION REVIEW-SNF	-27,720	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-20,247,060	150,098,159
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-66,058	1,576
96.01	9601 NONREIMBURSABLE HHA	-20,447	
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 FUNDRAISING		
101	TOTAL	-20,333,565	150,099,735

## COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0250  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 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	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	0660	OTHER ADMINISTRATIVE AND GENERAL
6.02	DATA PROCESSING	0661	OTHER ADMINISTRATIVE AND GENERAL
6.03	PURCHASING	0662	OTHER ADMINISTRATIVE AND GENERAL
6.04	REGISTRATION	0663	OTHER ADMINISTRATIVE AND GENERAL
6.05	PATIENT ACCOUNTING	0664	OTHER ADMINISTRATIVE AND GENERAL
6.06	ADMINISTRATION & GENERAL	0665	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	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
43.01	ULTRASOUND	3630	ULTRASOUND
43.02	CARDIAC CATH LAB	3120	CARDIAC CATHETERIZATION LABORATORY
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	PULMONARY FUNCTION TESTING	3560	PULMONARY FUNCTION TESTING
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	SLEEP LAB	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
86	OTHER ORGAN ACQUISITION (SPECIF	8600	
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	
96.01	NONREIMBURSABLE HHA	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	FUND RAISING	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
140250

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

PREPARED 5/26/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA COSTS	A	CAFETERIA	12	969,694	689,458
2 PATIENT CHARGABLE DRUGS	B	DRUGS CHARGED TO PATIENTS	56		6,483,173
3 UTILIZATION REVIEW	C	UTILIZATION REVIEW-SNF	89		27,720
4 CENTRAL PROCESSING COSTS	D	CENTRAL SERVICES & SUPPLY	15	32,018	
5 MEDICAL DIRECTORS/PHYSICIANS	E	RADIOLOGY-DIAGNOSTIC	41		219,940
6					
7		OPERATING ROOM	37		307,306
8		ANESTHESIOLOGY	40		650,000
9 EDUCATION COSTS	F	PARAMED ED PRGM-(SPECIFY)	24	82,196	
10					
11					
12					
13 NEW CAPITAL DEPRECIATION	G	NEW CAP REL COSTS-BLDG & FIXT	3		6,743,108
14 EQUIPMENT DEPRECIATION	H	OLD CAP REL COSTS-BLDG & FIXT	1		2,317,015
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 EQUIPMENT DEPRECIATION	H				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16 OT RECLASS	I	OCCUPATIONAL THERAPY	51		785,747
17 MEDICAL SUPPLY RECLASS	J	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		15,688,001
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:  
140250

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

PREPARED 5/26/2011  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 MEDICAL SUPPLY RECLASS	J				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20 IMPLANTS	K	IMPL. DEV. CHARGED TO PATIENT	55.30		7,886,766
36 TOTAL RECLASSIFICATIONS				1,083,908	41,798,234

(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.

PROVIDER NO:  
140250

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

PREPARED 5/26/2011  
WORKSHEET A-6

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO	7			
1 CAFETERIA COSTS	A	DIETARY	11		969,694	689,458	
2 PATIENT CHARGABLE DRUGS	B	PHARMACY	16			6,483,173	
3 UTILIZATION REVIEW	C	ADMINISTRATION & GENERAL	6.06			27,720	
4 CENTRAL PROCESSING COSTS	D	PURCHASING	6.03		32,018		
5 MEDICAL DIRECTORS/PHYSICIANS	E	ADMINISTRATION & GENERAL	6.06			527,246	
6		ADULTS & PEDIATRICS	25			650,000	
7							
8							
9 EDUCATION COSTS	F	ADULTS & PEDIATRICS	25		15,142		
10		INTENSIVE CARE UNIT	26		12,458		
11		EMERGENCY	61		42,581		
12		ADMINISTRATION & GENERAL	6.06		12,015		
13 NEW CAPITAL DEPRECIATION	G	OLD CAP REL COSTS-BLDG & FIXT	1			6,743,108	9
14 EQUIPMENT DEPRECIATION	H	EMPLOYEE BENEFITS	5			3,499	9
15		COMMUNICATIONS	6.01			1,251	9
16		DATA PROCESSING	6.02			6,399	9
17		PURCHASING	6.03			10,288	9
18		REGISTRATION	6.04			25,457	9
19		PATIENT ACCOUNTING	6.05			51,167	9
20		ADMINISTRATION & GENERAL	6.06			156,712	9
21		OPERATION OF PLANT	8			55,110	9
22		HOUSEKEEPING	10			23,093	9
23		DIETARY	11			31,650	9
24		NURSING ADMINISTRATION	14			6,352	9
25		CENTRAL SERVICES & SUPPLY	15			37,668	9
26		PHARMACY	16			17,861	9
27		MEDICAL RECORDS & LIBRARY	17			9,141	9
28		PARAMED PRGM-(SPECIFY)	24			2,862	9
29		ADULTS & PEDIATRICS	25			239,731	9
30		INTENSIVE CARE UNIT	26			268,350	9
31		NURSERY	33			13,064	9
32		SKILLED NURSING FACILITY	34			3,665	9
33		OPERATING ROOM	37			336,734	9
34		ANESTHESIOLOGY	40			9,886	9
35		RADIOLOGY-DIAGNOSTIC	41			402,938	9
1 EQUIPMENT DEPRECIATION	H	RADIOISOTOPE	43			34,552	9
2		ULTRASOUND	43.01			67,131	9
3		CARDIAC CATH LAB	43.02			153,100	9
4		RESPIRATORY THERAPY	49			19,095	9
5		PHYSICAL THERAPY	50			3,691	9
6		OCCUPATIONAL THERAPY	51			205	9
7		SOCIAL SERVICE	18			900	9
8		ELECTROENCEPHALOGRAPHY	54			21,618	9
9		ASC (NON-DISTINCT PART)	58			219,775	9
10		PULMONARY FUNCTION TESTING	59			10,290	9
11		CARDIAC REHABILITATION	59.97			1,619	9
12		CLINIC	60			2,548	9
13		EMERGENCY	61			53,045	9
14		LABORATORY	44			2,547	9
15		RENAL DIALYSIS	57			14,021	9
16 OT RECLASS	I	PHYSICAL THERAPY	50			785,747	
17 MEDICAL SUPPLY RECLASS	J	EMPLOYEE BENEFITS	5			760	
18		LAUNDRY & LINEN SERVICE	9			18	
19		REGISTRATION	6.04			417	
20		COMMUNICATIONS	6.01			453	
21		ADMINISTRATION & GENERAL	6.06			820	
22		OPERATION OF PLANT	8			74,441	
23		NURSING ADMINISTRATION	14			225	
24		HOUSEKEEPING	10			5,376	
25		DIETARY	11			1,568	
26		CENTRAL SERVICES & SUPPLY	15			74,997	
27		PHARMACY	16			18,790	
28		MEDICAL RECORDS & LIBRARY	17			37	
29		SOCIAL SERVICE	18			6	
30		ADULTS & PEDIATRICS	25			1,023,947	
31		INTENSIVE CARE UNIT	26			292,778	
32		NURSERY	33			41,767	
33		SKILLED NURSING FACILITY	34			50,226	
34		OPERATING ROOM	37			8,159,206	
35		ANESTHESIOLOGY	40			216,445	

RECLASSIFICATIONS

PROVIDER NO:  
140250

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

PREPARED 5/26/2011  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 MEDICAL SUPPLY RECLASS	J			41		523,526	
2				43		4,501	
3				43.01		21,576	
4				43.02		3,859,409	
5				48		143,810	
6				49		182,063	
7				52		989	
8				53		23,304	
9				54		11,090	
10				57		130,852	
11				58		28,923	
12				59		3,953	
13				59.97		1,033	
14				60		169,966	
15				61		591,552	
16				63		6,556	
17				50		10,786	
18				44		10,750	
19				46		1,085	
20 IMPLANTS	K			55		7,886,766	
36 TOTAL RECLASSIFICATIONS						1,083,908	41,798,234

(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:  
140250

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

PREPARED 5/26/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : CAFETERIA COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,659,152	DIETARY	11	1,659,152	
TOTAL RECLASSIFICATIONS FOR CODE A			1,659,152				1,659,152

RECLASS CODE: B  
EXPLANATION : PATIENT CHARGABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	6,483,173	PHARMACY	16	6,483,173	
TOTAL RECLASSIFICATIONS FOR CODE B			6,483,173				6,483,173

RECLASS CODE: C  
EXPLANATION : UTILIZATION REVIEW

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	UTILIZATION REVIEW-SNF	89	27,720	ADMINISTRATION & GENERAL	6.06	27,720	
TOTAL RECLASSIFICATIONS FOR CODE C			27,720				27,720

RECLASS CODE: D  
EXPLANATION : CENTRAL PROCESSING COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CENTRAL SERVICES & SUPPLY	15	32,018	PURCHASING	6.03	32,018	
TOTAL RECLASSIFICATIONS FOR CODE D			32,018				32,018

RECLASS CODE: E  
EXPLANATION : MEDICAL DIRECTORS/PHYSICIANS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	219,940	ADMINISTRATION & GENERAL	6.06	527,246	
2.00			0	ADULTS & PEDIATRICS	25	650,000	
3.00	OPERATING ROOM	37	307,306			0	
4.00	ANESTHESIOLOGY	40	650,000			0	
TOTAL RECLASSIFICATIONS FOR CODE E			1,177,246				1,177,246

RECLASS CODE: F  
EXPLANATION : EDUCATION COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED PRGM-(SPECIFY)	24	82,196	ADULTS & PEDIATRICS	25	15,142	
2.00			0	INTENSIVE CARE UNIT	26	12,458	
3.00			0	EMERGENCY	61	42,581	
4.00			0	ADMINISTRATION & GENERAL	6.06	12,015	
TOTAL RECLASSIFICATIONS FOR CODE F			82,196				82,196

RECLASS CODE: G  
EXPLANATION : NEW CAPITAL DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	6,743,108	OLD CAP REL COSTS-BLDG & FIXT	1	6,743,108	
TOTAL RECLASSIFICATIONS FOR CODE G			6,743,108				6,743,108

RECLASS CODE: H  
EXPLANATION : EQUIPMENT DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	2,317,015	EMPLOYEE BENEFITS	5	3,499	
2.00			0	COMMUNICATIONS	6.01	1,251	
3.00			0	DATA PROCESSING	6.02	6,399	
4.00			0	PURCHASING	6.03	10,288	
5.00			0	REGISTRATION	6.04	25,457	
6.00			0	PATIENT ACCOUNTING	6.05	51,167	

RECLASSIFICATIONS

PROVIDER NO:  
140250

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

PREPARED 5/26/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: H  
EXPLANATION : EQUIPMENT DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
7.00			0	ADMINISTRATION & GENERAL	6.06	156,712	
8.00			0	OPERATION OF PLANT	8	55,110	
9.00			0	HOUSEKEEPING	10	23,093	
10.00			0	DIETARY	11	31,650	
11.00			0	NURSING ADMINISTRATION	14	6,352	
12.00			0	CENTRAL SERVICES & SUPPLY	15	37,668	
13.00			0	PHARMACY	16	17,861	
14.00			0	MEDICAL RECORDS & LIBRARY	17	9,141	
15.00			0	PARAMED PRGM-(SPECIFY)	24	2,862	
16.00			0	ADULTS & PEDIATRICS	25	239,731	
17.00			0	INTENSIVE CARE UNIT	26	268,350	
18.00			0	NURSERY	33	13,064	
19.00			0	SKILLED NURSING FACILITY	34	3,665	
20.00			0	OPERATING ROOM	37	336,734	
21.00			0	ANESTHESIOLOGY	40	9,886	
22.00			0	RADIOLOGY-DIAGNOSTIC	41	402,938	
23.00			0	RADIOISOTOPE	43	34,552	
24.00			0	ULTRASOUND	43.01	67,131	
25.00			0	CARDIAC CATH LAB	43.02	153,100	
26.00			0	RESPIRATORY THERAPY	49	19,095	
27.00			0	PHYSICAL THERAPY	50	3,691	
28.00			0	OCCUPATIONAL THERAPY	51	205	
29.00			0	SOCIAL SERVICE	18	900	
30.00			0	ELECTROENCEPHALOGRAPHY	54	21,618	
31.00			0	ASC (NON-DISTINCT PART)	58	219,775	
32.00			0	PULMONARY FUNCTION TESTING	59	10,290	
33.00			0	CARDIAC REHABILITATION	59.97	1,619	
34.00			0	CLINIC	60	2,548	
35.00			0	EMERGENCY	61	53,045	
36.00			0	LABORATORY	44	2,547	
37.00			0	RENAL DIALYSIS	57	14,021	
TOTAL RECLASSIFICATIONS FOR CODE H			2,317,015	TOTAL RECLASSIFICATIONS FOR CODE H			2,317,015

RECLASS CODE: I  
EXPLANATION : OT RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	785,747	PHYSICAL THERAPY	50	785,747	
TOTAL RECLASSIFICATIONS FOR CODE I			785,747	TOTAL RECLASSIFICATIONS FOR CODE I			785,747

RECLASS CODE: J  
EXPLANATION : MEDICAL SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	15,688,001	EMPLOYEE BENEFITS	5	760	
3.00			0	LAUNDRY & LINEN SERVICE	9	18	
4.00			0	REGISTRATION	6.04	417	
5.00			0	COMMUNICATIONS	6.01	453	
6.00			0	ADMINISTRATION & GENERAL	6.06	820	
7.00			0	OPERATION OF PLANT	8	74,441	
8.00			0	NURSING ADMINISTRATION	14	225	
9.00			0	HOUSEKEEPING	10	5,376	
10.00			0	DIETARY	11	1,568	
11.00			0	CENTRAL SERVICES & SUPPLY	15	74,997	
12.00			0	PHARMACY	16	18,790	
13.00			0	MEDICAL RECORDS & LIBRARY	17	37	
14.00			0	SOCIAL SERVICE	18	6	
15.00			0	ADULTS & PEDIATRICS	25	1,023,947	
16.00			0	INTENSIVE CARE UNIT	26	292,778	
17.00			0	NURSERY	33	41,767	
18.00			0	SKILLED NURSING FACILITY	34	50,226	
19.00			0	OPERATING ROOM	37	8,159,206	
20.00			0	ANESTHESIOLOGY	40	216,445	
21.00			0	RADIOLOGY-DIAGNOSTIC	41	523,526	
22.00			0	RADIOISOTOPE	43	4,501	
23.00			0	ULTRASOUND	43.01	21,576	
24.00			0	CARDIAC CATH LAB	43.02	3,859,409	
25.00			0	INTRAVENOUS THERAPY	48	143,810	
26.00			0	RESPIRATORY THERAPY	49	182,063	
27.00			0	SPEECH PATHOLOGY	52	989	
28.00			0	ELECTROCARDIOLOGY	53	23,304	

RECLASSIFICATIONS

PROVIDER NO:  
140250

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

PREPARED 5/26/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: J  
EXPLANATION : MEDICAL SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
29.00			0	ELECTROENCEPHALOGRAPHY	54	11,090	
30.00			0	RENAL DIALYSIS	57	130,852	
31.00			0	ASC (NON-DISTINCT PART)	58	28,923	
32.00			0	PULMONARY FUNCTION TESTING	59	3,953	
33.00			0	CARDIAC REHABILITATION	59.97	1,033	
34.00			0	CLINIC	60	169,966	
35.00			0	EMERGENCY	61	591,552	
36.00			0	SLEEP LAB	63	6,556	
37.00			0	PHYSICAL THERAPY	50	10,786	
39.00			0	LABORATORY	44	10,750	
40.00			0	WHOLE BLOOD & PACKED RED BLOOD	46	1,085	
TOTAL RECLASSIFICATIONS FOR CODE J			15,688,001	15,688,001			

RECLASS CODE: K  
EXPLANATION : IMPLANTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	7,886,766	MEDICAL SUPPLIES CHARGED TO PA	55	7,886,766	
TOTAL RECLASSIFICATIONS FOR CODE K			7,886,766	7,886,766			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	714,843					714,843	
2	LAND IMPROVEMENTS	1,774,872					1,774,872	1,774,872
3	BUILDINGS & FIXTURE	31,290,964					31,290,964	30,032,292
4	BUILDING IMPROVEMENT	219					219	219
5	FIXED EQUIPMENT	6,138,450				18,728	6,119,722	6,091,060
6	MOVABLE EQUIPMENT							
7	SUBTOTAL	39,919,348				18,728	39,900,620	37,898,443
8	RECONCILING ITEMS	223,861					223,861	
9	TOTAL	39,695,487				18,728	39,676,759	37,898,443

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND							
2	LAND IMPROVEMENTS	1,677,095	866,167		866,167		2,543,262	636,031
3	BUILDINGS & FIXTURE	76,912,148	3,402,313		3,402,313		80,314,461	7,941,493
4	BUILDING IMPROVEMENT	269,661					269,661	16,235
5	FIXED EQUIPMENT	37,341,403	1,797,872		1,797,872	135,083	39,004,192	24,611,347
6	MOVABLE EQUIPMENT	18,666					18,666	18,666
7	SUBTOTAL	116,218,973	6,066,352		6,066,352	135,083	122,150,242	33,223,772
8	RECONCILING ITEMS	1,663,741				471,957	1,191,784	
9	TOTAL	114,555,232	6,066,352		6,066,352	-336,874	120,958,458	33,223,772

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	39,900,620		39,900,620	.246223				
3	NEW CAP REL COSTS-BL	122,150,242		122,150,242	.753777				
5	TOTAL	162,050,862		162,050,862	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	122,456						122,456
3	NEW CAP REL COSTS-BL	7,624,565						7,624,565
5	TOTAL	7,747,021						7,747,021

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	4,544,602						4,544,602
3	NEW CAP REL COSTS-BL							
5	TOTAL	4,544,602						4,544,602

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-90,316	COMMUNICATIONS	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,827,218			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	8,378,636			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-612,215	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	A	-3,763	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP	A	-27,720	UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 RESIDENTS NOT IN APPROVED PROGRAM	A	-188,965	I & R SERVICES-NOT APPRVD P	70	
38 EMPLOYED PHYSICIANS	A	-262,287	ADMINSTRATION & GENERAL	6.06	
38.05 AHA/HA LOBBYING EXPENSES	A	-28,225	ADMINSTRATION & GENERAL	6.06	
39 BAD DEBTS	A	-13,349,351	ADMINSTRATION & GENERAL	6.06	
40 EMPLOYED PHYSICIANS	A	-50,004	NURSING ADMINISTRATION	14	
40.05 AHP FEE	A	-946,309	ADMINSTRATION & GENERAL	6.06	
41 OTHER NONALLOWABLE EXPENSES	A	-218,931	ADMINSTRATION & GENERAL	6.06	
42 "	A	-30,392	EMPLOYEE BENEFITS	5	
43 "	A	-11,145	SOCIAL SERVICE	18	
43.05 "	A	-23	SKILLED NURSING FACILITY	34	
44 "	A	-5,986	DIETARY	11	
44.01 "	A	-66,058	GIFT, FLOWER, COFFEE SHOP	96	
44.02 "	A	-17,381	NURSING ADMINISTRATION	14	
44.03 "	A	-75,910	OPERATION OF PLANT	8	
45 ADVERTISING COSTS	A	-60,692	ADMINSTRATION & GENERAL	6.06	
46 OTHER NONALLOWABLE EXPENSES	A	-1,598	PATIENT ACCOUNTING	6.05	
47 OTHER NONALLOWABLE EXPENSES	A	-1,420	NURSERY	33	
48 OTHER NONALLOWABLE EXPENSES	A	-3,537	EMERGENCY	61	
49 OTHER NONALLOWABLE EXPENSES	A	-3,143	MEDICAL RECORDS & LIBRARY	17	
49.01 OTHER NONALLOWABLE EXPENSES	A	-15,635	PARAMED ED PRGM-(SPECIFY)	24	
49.02 BOOKED INTEREST EXPENSE	A	-1,696,205	INTEREST EXPENSE	88	
49.06 ADJUST BOOK DEPR TO MEDICARE DEPR	A	910	OLD CAP REL COSTS-BLDG &	1	9
49.07 HHA EXPENSES	A	-20,447	NONREIMBURSABLE HHA	96.01	
49.10 OTHER NONALLOWABLE EXPENSES	A	-7,491	HOUSEKEEPING	10	
49.11 "	A	-52	PURCHASING	6.03	
49.12 "	A	-14,628	ADULTS & PEDIATRICS	25	
49.13 OTHER INCOME	B	-1,264	RESPIRATORY THERAPY	49	
49.14 OTHER NONALLOWABLE EXPENSES	A	-1,017	INTENSIVE CARE UNIT	26	
49.15 PUBLIC AID ASSESSMENT	A	-6,140,064	ADMINSTRATION & GENERAL	6.06	
49.16 OTHER NONALLOWABLE EXPENSES	A	-261	PULMONARY FUNCTION TESTIN	59	
49.17 OTHER INCOME	B	-90,896	CLINIC	60	
49.18 OTHER INCOME	B	-500	NURSING ADMINISTRATION	14	
49.19 OTHER INCOME	B	-17,717	EMERGENCY	61	
49.20 OTHER NONALLOWABLE EXPENSES	A	-3,746	OPERATING ROOM	37	
49.21 OTHER NONALLOWABLE EXPENSES	A	-2,316	CLINIC	60	
49.22 OTHER NONALLOWABLE EXPENSES	A	-18,057	RADIOLOGY-DIAGNOSTIC	41	
49.23 OTHER INCOME	B	-5,873	EMPLOYEE BENEFITS	5	
49.24 OTHER INCOME	B	-29,264	PATIENT ACCOUNTING	6.05	
49.25 OTHER INCOME	B	-1,161,285	ADMINSTRATION & GENERAL	6.06	
49.26 OTHER INCOME	B	2,565	OPERATING ROOM	37	
49.27 OTHER INCOME	B	-379,788	LABORATORY	44	
49.28 OTHER INCOME	B	-28,255	CARDIAC CATH LAB	43.02	
49.29 OTHER INCOME	B	-19,290	RADIOLOGY-DIAGNOSTIC	41	
49.30 OTHER INCOME	B	-58,926	MEDICAL RECORDS & LIBRARY	17	
49.31 OTHER INCOME	B	-28,952	RADIOISOTOPE	43	
49.32 OTHER INCOME	B	-38,935	PARAMED ED PRGM-(SPECIFY)	24	
49.33 OTHER INCOME	B	-2,371	PHARMACY	16	
49.34 OTHER INCOME	B	-16,141	ELECTROCARDIOLOGY	53	
49.35 OTHER INCOME	B	-817	ULTRASOUND	43.01	

ADJUSTMENTS TO EXPENSES

PROVIDER NO:  
14-0250

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

PREPARED 5/26/2011  
WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
	BASIS/CODE	AMOUNT	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	
	1	2	COST CENTER	4	5
49.36 OTHER INCOME	B	-560	INTRAVENOUS THERAPY	48	
49.37 OTHER INCOME	B	-20,282	RESPIRATORY THERAPY	49	
49.38 OTHER INCOME	B	-7,754	PHYSICAL THERAPY	50	
49.39 OTHER INCOME	B	-400	RENAL DIALYSIS	57	
49.40 OTHER INCOME	B	-2,373	ELECTROCARDIOLOGY	53	
49.41 OTHER INCOME	B	-1,220	SPEECH PATHOLOGY	52	
49.42 OTHER INCOME	B	-305	CARDIAC REHABILITATION	59.97	
50 TOTAL (SUM OF LINES 1 THRU 49)		-20,333,565			

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
  - (2) Basis for adjustment (see instructions).
    - A. Costs - if cost, including applicable overhead, can be determined.
    - B. Amount Received - if cost cannot be determined.
  - (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
- Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATION & GENERAL	HOME OFFICE ALLOCATION	3,438,246	3,438,246	
2	1	OLD CAP REL COSTS-BLDG &	HOME OFFICE ALLOCATION	3,037	3,037	9
3						
4	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE DEPR	881,457	881,457	9
4.01	5	EMPLOYEE BENEFITS	HOME OFFICE PERSONNEL ALL	2,075,493	2,075,493	
4.02	6	2 DATA PROCESSING	HOME OFFICE DP ALLOC	1,980,403	1,980,403	
5		TOTALS		8,378,636	8,378,636	

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0250  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 5/26/2011  
 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	AGGREGATE	1,064,619	1,064,619		200,300	1	96	5
2 26	ICU	12,300	12,300		177,200	1	85	4
3 33	NURSERY	484,753	484,753		177,200	1	85	4
4 40	SSH	650,000	650,000		200,300	1	96	5
5 49	RT	78,300	78,300		177,200	1	85	4
6								
7 41	RADIOLOGY	219,940	219,940		225,300	1	108	5
8 37	OR	307,306	307,306		208,000	1	100	5
9 60	CLINIC	10,000	10,000		177,200	1	85	4
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,827,218	2,827,218			8	740	36

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0250  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 5/26/2011  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	AGGREGATE					96		1,064,619
2 26	ICU					85		12,300
3 33	NURSERY					85		484,753
4 40	SSH					96		650,000
5 49	RT					85		78,300
6								
7 41	RADIOLOGY					108		219,940
8 37	OR					100		307,306
9 60	CLINIC					85		10,000
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					740		2,827,218

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0250  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS	SALARI	ENTERED
6.01	COMMUNICATIONS	3	PHONE	EXTENS	ENTERED
6.02	DATA PROCESSING	4	CPU	TIME	ENTERED
6.03	PURCHASING	5	SUPPLY	REQUIS	ENTERED
6.04	REGISTRATION	6	GROSS	REVENU	ENTERED
6.05	PATIENT ACCOUNTING	6	GROSS	REVENU	ENTERED
6.06	ADMINISTRATION & GENERAL	-7	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	8	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS	OFLAUNDR	ENTERED
10	HOUSEKEEPING	10	SQUARE	FEET	ENTERED
11	DIETARY	11	MEALS	SERVED	ENTERED
12	CAFETERIA	12	FTES	SERVED	ENTERED
14	NURSING ADMINISTRATION	13	FTES	SUPERV	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	100%	SUPPLI	ENTERED
16	PHARMACY	15	COSTED	REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	18	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

14-0250

FROM 1/ 1/2010

WORKSHEET B

TO 12/31/2010

PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING
	0	1	3	5	6.01	6.02	6.03
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &	122,456	122,456					
005 NEW CAP REL COSTS-BLDG &	7,624,565		7,624,565				
006 EMPLOYEE BENEFITS	15,645,770	2,200	136,986	15,784,956			
006 01 COMMUNICATIONS	811,781	397	24,696	108,527	945,401		
006 02 DATA PROCESSING	3,444,387	840	52,295		12,278	3,509,800	
006 03 PURCHASING	471,125	1,719	107,058	58,418	8,541		646,861
006 04 REGISTRATION	1,680,069	953	59,317	377,575	55,518	200,356	18
006 05 PATIENT ACCOUNTING	1,450,002			212,354	29,360	1,359,557	
006 06 ADMINISTRATION & GENERAL	14,150,354	35,033	2,181,453	1,208,446	89,148	443,644	36
008 OPERATION OF PLANT	6,266,844	19,923	1,240,451	500,917	56,585		3,279
009 LAUNDRY & LINEN SERVICE	936,024	496	30,901	29,213			1
010 HOUSEKEEPING	2,358,173	1,124	70,005	372,069	29,360		237
011 DIETARY	1,514,698	1,956	121,761	234,679	13,346		33
012 CAFETERIA	1,046,937	2,088	130,017	250,575	14,413		36
014 NURSING ADMINISTRATION	4,066,438	799	49,758	859,735	20,819	654,733	10
015 CENTRAL SERVICES & SUPPLY	664,735	1,005	62,549	98,007	5,338		3,303
016 PHARMACY	3,136,298	1,117	69,570	606,191		429,333	828
017 MEDICAL RECORDS & LIBRARY	2,412,481	1,206	75,097	442,108	35,766	157,422	2
018 SOCIAL SERVICE	429,865	110	6,865	103,198	6,406		
024 PARAMED ED PRGM-(SPECIFY)	156,637	218	13,591	39,876			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	17,385,851	15,832	985,770	4,093,885	177,231		45,099
026 INTENSIVE CARE UNIT	4,507,305	2,748	171,119	924,402	52,315		12,895
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY	749,876	371	23,080	175,558	6,406		1,840
034 SKILLED NURSING FACILITY	1,360,672	2,237	139,263	320,403	24,556		2,212
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	5,061,910	5,284	328,978	830,126	47,510		359,361
041 ANESTHESIOLOGY	125,612			9,964			9,533
041 RADIOLOGY-DIAGNOSTIC	5,267,469	3,680	229,115	973,548	55,518	125,222	23,058
043 RADIOISOTOPE	828,529	764	47,568	108,749	3,737		198
043 01 ULTRASOUND	621,739	403	25,096	147,287	1,601		950
043 02 CARDIAC CATH LAB	1,539,327	645	40,147	195,845	17,082		125,940
044 LABORATORY	6,494,304	2,036	126,749		23,488	139,533	473
046 WHOLE BLOOD & PACKED RED	692,138	173	10,793				48
048 INTRAVENOUS THERAPY	460,168	188	11,714	96,457	2,669		6,334
049 RESPIRATORY THERAPY	1,293,446	466	29,024	305,377	11,210		8,019
050 PHYSICAL THERAPY	2,003,681	1,619	100,784	20,968	6,940		309
051 OCCUPATIONAL THERAPY	786,196	97	6,013		2,135		166
052 SPEECH PATHOLOGY	154,079	85	5,266	36,957	1,068		44
053 ELECTROCARDIOLOGY	1,226,380	672	41,815	203,080	16,549		1,026
054 ELECTROENCEPHALOGRAPHY	138,525	76	4,745	31,712	2,135		488
055 MEDICAL SUPPLIES CHARGED	7,801,235						
055 30 IMPL. DEV. CHARGED TO PAT	7,886,766						
056 DRUGS CHARGED TO PATIENTS	6,483,173						
057 RENAL DIALYSIS	453,479	421	26,208	88,619			5,763
058 ASC (NON-DISTINCT PART)	1,293,657	5,571	346,862	283,196	22,421		1,274
059 PULMONARY FUNCTION TESTIN	126,882	90	5,631	30,071	1,601		174
059 97 CARDIAC REHABILITATION	233,022	730	45,430	54,735	5,338		45
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	887,116	1,128	70,214	73,297	16,549		7,486
061 EMERGENCY	5,664,834	5,464	340,188	1,240,396	65,660		26,054
062 OBSERVATION BEDS (NON-DIS							
063 SLEEP LAB	166,693	228	14,182	38,436	2,135		289
070 OTHER REIMBURS COST CNTRS							
071 I&R SERVICES-NOT APPRVD P	14,456						
071 HOME HEALTH AGENCY							
086 SPEC PURPOSE COST CENTERS							
095 OTHER ORGAN ACQUISITION (							
095 SUBTOTALS	150,098,159	122,192	7,608,124	15,784,956	942,732	3,509,800	646,861
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	1,576	264	16,441		2,669		
098 NONREIMBURSABLE HHA							
100 PHYSICIANS' PRIVATE OFFIC							
101 FUND RAISING							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	150,099,735	122,456	7,624,565	15,784,956	945,401	3,509,800	646,861

COST CENTER DESCRIPTION	REGISTRATION	PATIENT ACCOUNTING	SUBTOTAL	ADMINISTRATION & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.04	6.05	6a.05	6.06	8	9	10
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 REGISTRATION	2,373,806						
006 05 PATIENT ACCOUNTING		3,051,273					
006 06 ADMINISTRATION & GENERAL			18,108,114	18,108,114			
008 OPERATION OF PLANT			8,087,999	1,109,601	9,197,600		
009 LAUNDRY & LINEN SERVICE			996,635	136,729	74,357	1,207,721	
010 HOUSEKEEPING			2,830,968	388,383	168,453		3,387,804
011 DIETARY			1,886,473	258,807	292,994		110,846
012 CAFETERIA			1,444,066	198,113	312,858		118,362
014 NURSING ADMINISTRATION			5,652,292	775,444	119,732		45,297
015 CENTRAL SERVICES & SUPPLY			834,937	114,546	150,512		56,942
016 PHARMACY			4,243,337	582,148	167,407		63,334
017 MEDICAL RECORDS & LIBRARY			3,124,082	428,596	180,706		68,365
018 SOCIAL SERVICE			546,444	74,967	16,519		6,250
024 PARAMED ED PRGM-(SPECIFY)			210,322	28,854	32,704		12,373
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	273,794	351,892	23,329,354	3,200,630	2,372,053	600,386	897,403
026 INTENSIVE CARE UNIT	70,346	90,412	5,831,542	800,035	411,764	85,023	155,780
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY	12,398	15,935	985,464	135,197	55,537		21,011
034 SKILLED NURSING FACILITY	11,226	14,428	1,874,997	257,233	335,107	66,832	126,779
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	266,608	342,656	7,242,433	993,597	791,618	157,553	299,487
040 ANESTHESIOLOGY	48,797	62,716	256,622	35,206			
041 RADIOLOGY-DIAGNOSTIC	327,334	421,058	7,426,002	1,018,781	551,318	37,521	208,576
043 RADIOISOTOPE	32,703	42,032	1,064,280	146,010	114,462	7,638	43,304
043 01 ULTRASOUND	34,304	44,089	875,469	120,106	60,389	8,989	22,846
043 02 CARDIAC CATH LAB	80,065	102,903	2,101,954	288,369	96,605	6,976	36,548
044 LABORATORY	200,815	258,095	7,245,493	994,016	304,996		115,387
046 WHOLE BLOOD & PACKED RED	21,718	27,912	752,782	103,275	25,970		9,825
048 INTRAVENOUS THERAPY	2,996	3,851	584,377	80,171	28,187		10,664
049 RESPIRATORY THERAPY	49,847	64,066	1,761,455	241,656	69,840		26,422
050 PHYSICAL THERAPY	24,045	30,903	2,189,249	300,345	242,516		91,750
051 OCCUPATIONAL THERAPY	9,616	12,359	816,582	112,028	14,470		5,474
052 SPEECH PATHOLOGY	2,411	3,099	203,009	27,851	12,672		4,794
053 ELECTROCARDIOLOGY	60,963	78,353	1,628,838	223,462	100,620	7,620	38,067
054 ELECTROENCEPHALOGRAPHY	6,602	8,486	192,769	26,446	11,417	1,541	4,319
055 MEDICAL SUPPLIES CHARGED	105,584	135,701	8,042,520	1,103,361			
055 30 IMPL. DEV. CHARGED TO PAT	98,875	127,078	8,112,719	1,112,992			
056 DRUGS CHARGED TO PATIENTS	263,531	338,702	7,085,406	972,054			
057 RENAL DIALYSIS	11,544	14,837	600,871	82,434	63,065		23,859
058 ASC (NON-DISTINCT PART)	11,419	14,676	1,979,076	271,511	834,651	85,467	315,768
059 PULMONARY FUNCTION TESTIN	5,266	6,768	176,483	24,212	13,550		5,126
059 97 CARDIAC REHABILITATION	2,418	3,108	344,826	47,307	109,318	1,186	41,358
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	10,365	13,321	1,079,476	148,094	168,954		63,919
061 EMERGENCY	320,279	411,636	8,074,511	1,107,750	818,592	140,989	309,692
062 OBSERVATION BEDS (NON-DIS							
063 SLEEP LAB	7,937	10,201	240,101	32,940	34,125		12,910
070 OTHER REIMBURS COST CNTRS							
071 I&R SERVICES-NOT APPRVD P			14,456	1,983			
HOME HEALTH AGENCY							
086 SPEC PURPOSE COST CENTERS							
095 OTHER ORGAN ACQUISITION (							
SUBTOTALS	2,373,806	3,051,273	150,078,785	18,105,240	9,158,038	1,207,721	3,372,837
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			20,950	2,874	39,562		14,967
096 01 NONREIMBURSABLE HHA							
098 PHYSICIANS' PRIVATE OFFIC							
100 FUND RAISING							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,373,806	3,051,273	150,099,735	18,108,114	9,197,600	1,207,721	3,387,804

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0250  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	11	12	14	15	16	17	18
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 REGISTRATION							
006 05 PATIENT ACCOUNTING							
006 06 ADMINISTRATION & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	2,549,120						
012 CAFETERIA		2,073,399					
014 NURSING ADMINISTRATION			6,692,249				
015 CENTRAL SERVICES & SUPPLY				1,179,920			
016 PHARMACY					5,127,650		
017 MEDICAL RECORDS & LIBRARY						3,904,362	
018 SOCIAL SERVICE							708,376
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,850,781	670,320	3,527,357		90,271	519,784	487,027
027 INTENSIVE CARE UNIT	239,946	124,431	669,151		24,039		75,891
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 NURSERY		20,407	97,598		801	50,692	
037 SKILLED NURSING FACILITY	236,163	56,119	289,488		1,944	148,189	126,485
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		127,544	571,774		27,098	159,704	
043 ANESTHESIOLOGY		2,551	7,129		49,038	52,935	
044 RADIOLOGY-DIAGNOSTIC	1,200	173,459	2,352		4,929	2,000,180	
046 RADIOISOTOPE		12,754			266,418		
043 01 ULTRASOUND		20,407			1,396		
043 02 CARDIAC CATH LAB		25,509	136,403		7,900		
044 LABORATORY		113,565				173,610	
046 WHOLE BLOOD & PACKED RED		11,428				23,178	
048 INTRAVENOUS THERAPY		12,754	57,177		40,394		
049 RESPIRATORY THERAPY		51,017			141	6,879	
050 PHYSICAL THERAPY		2,551	7,423			9,421	
051 OCCUPATIONAL THERAPY					130	3,589	
052 SPEECH PATHOLOGY		5,102				748	
053 ELECTROCARDIOLOGY		35,712	109,504		3,757	270,958	
054 ELECTROENCEPHALOGRAPHY		7,653				14,206	
055 MEDICAL SUPPLIES CHARGED		2,525		1,179,920	169		
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS					4,429,182		
057 RENAL DIALYSIS		10,203	48,726		902		
058 ASC (NON-DISTINCT PART)	52,032	38,263	121,337		40,456	147,442	
059 PULMONARY FUNCTION TESTIN		5,102					
059 97 CARDIAC REHABILITATION		7,653	8,084				
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		10,203	28,221		16,662		
062 EMERGENCY	168,702	194,478	946,807		122,023	321,351	18,973
063 OBSERVATION BEDS (NON-DIS							
063 SLEEP LAB	296	7,653				449	
070 OTHER REIMBURS COST CNTRS							
071 I&R SERVICES-NOT APPRVD P							
086 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 OTHER ORGAN ACQUISITION (							
095 SUBTOTALS	2,549,120	2,073,399	6,692,249	1,179,920	5,127,650	3,904,362	708,376
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 01 NONREIMBURSABLE HHA							
098 PHYSICIANS' PRIVATE OFFIC							
100 FUND RAISING							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,549,120	2,073,399	6,692,249	1,179,920	5,127,650	3,904,362	708,376

COST CENTER DESCRIPTION	PARAMED ED PR	GM-(SPECIFY)	GM-(SPECIFY)	I&R COST POST STEP-DOWN ADJ	TOTAL
	24	25	26	27	
001 GENERAL SERVICE COST CNTR					
003 OLD CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-BLDG &					
006 EMPLOYEE BENEFITS					
006 01 COMMUNICATIONS					
006 02 DATA PROCESSING					
006 03 PURCHASING					
006 04 REGISTRATION					
006 05 PATIENT ACCOUNTING					
006 06 ADMINISTRATION & GENERAL					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
024 PARAMED ED PRGM-(SPECIFY)	312,354				
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	52,059	37,597,425			37,597,425
026 INTENSIVE CARE UNIT	52,059	8,469,661			8,469,661
027 CORONARY CARE UNIT					
028 BURN INTENSIVE CARE UNIT					
029 SURGICAL INTENSIVE CARE U					
033 NURSERY		1,366,707			1,366,707
034 SKILLED NURSING FACILITY		3,519,336			3,519,336
037 ANCILLARY SRVC COST CNTRS					
040 OPERATING ROOM		10,370,808			10,370,808
041 ANESTHESIOLOGY		403,481			403,481
041 RADIOLOGY-DIAGNOSTIC		11,424,318			11,424,318
043 RADIOISOTOPE		1,654,866			1,654,866
043 01 ULTRASOUND		1,109,602			1,109,602
043 02 CARDIAC CATH LAB		2,700,264			2,700,264
044 LABORATORY		8,947,067			8,947,067
046 WHOLE BLOOD & PACKED RED		926,458			926,458
048 INTRAVENOUS THERAPY		813,724			813,724
049 RESPIRATORY THERAPY		2,157,410			2,157,410
050 PHYSICAL THERAPY		2,843,255			2,843,255
051 OCCUPATIONAL THERAPY		952,273			952,273
052 SPEECH PATHOLOGY		254,176			254,176
053 ELECTROCARDIOLOGY		2,418,538			2,418,538
054 ELECTROENCEPHALOGRAPHY		258,351			258,351
055 MEDICAL SUPPLIES CHARGED		10,328,495			10,328,495
055 30 IMPL. DEV. CHARGED TO PAT		9,225,711			9,225,711
056 DRUGS CHARGED TO PATIENTS		12,486,642			12,486,642
057 RENAL DIALYSIS		830,060			830,060
058 ASC (NON-DISTINCT PART)		3,886,003			3,886,003
059 PULMONARY FUNCTION TESTIN		224,473			224,473
059 97 CARDIAC REHABILITATION		559,732			559,732
060 OUTPAT SERVICE COST CNTRS					
061 CLINIC		1,515,529			1,515,529
061 EMERGENCY	208,236	12,432,104			12,432,104
062 OBSERVATION BEDS (NON-DIS					
063 SLEEP LAB		328,474			328,474
070 OTHER REIMBURS COST CNTRS					
071 I&R SERVICES-NOT APPRVD P		16,439			16,439
071 HOME HEALTH AGENCY					
086 SPEC PURPOSE COST CENTERS					
095 OTHER ORGAN ACQUISITION (					
095 SUBTOTALS	312,354	150,021,382			150,021,382
096 NONREIMBURS COST CENTERS					
096 01 GIFT, FLOWER, COFFEE SHOP		78,353			78,353
096 01 NONREIMBURSABLE HHA					
098 PHYSICIANS' PRIVATE OFFIC					
100 FUND RAISING					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	312,354	150,099,735			150,099,735

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0250  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	SUBTOTAL	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING
	0	1	3	4a	5	6.01	6.02
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS		2,200		2,200	2,200		
006 01 COMMUNICATIONS		397		397	15	412	
006 02 DATA PROCESSING		840		840		5	845
006 03 PURCHASING		1,719		1,719	8	4	
006 04 REGISTRATION		953		953	53	24	48
006 05 PATIENT ACCOUNTING					30	13	327
006 06 ADMINISTRATION & GENERAL		35,033		35,033	168	39	107
008 OPERATION OF PLANT		19,923		19,923	70	25	
009 LAUNDRY & LINEN SERVICE		496		496	4		
010 HOUSEKEEPING		1,124		1,124	52	13	
011 DIETARY		1,956		1,956	33	6	
012 CAFETERIA		2,088		2,088	35	6	
014 NURSING ADMINISTRATION		799		799	120	9	158
015 CENTRAL SERVICES & SUPPLY		1,005		1,005	14	2	
016 PHARMACY		1,117		1,117	84		103
017 MEDICAL RECORDS & LIBRARY		1,206		1,206	62	16	38
018 SOCIAL SERVICE		110		110	14	3	
024 PARAMEDICAL PRGM-(SPECIFY)		218		218	6		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		15,832		15,832	571	76	
026 INTENSIVE CARE UNIT		2,748		2,748	129	23	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY		371		371	24	3	
034 SKILLED NURSING FACILITY		2,237		2,237	45	11	
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		5,284		5,284	116	21	
041 ANESTHESIOLOGY					1		
041 RADIOLOGY-DIAGNOSTIC		3,680		3,680	136	24	30
043 RADIOISOTOPE		764		764	15	2	
043 01 ULTRASOUND		403		403	21	1	
043 02 CARDIAC CATH LAB		645		645	27	7	
044 LABORATORY		2,036		2,036		10	34
046 WHOLE BLOOD & PACKED RED		173		173			
048 INTRAVENOUS THERAPY		188		188	13	1	
049 RESPIRATORY THERAPY		466		466	43	5	
050 PHYSICAL THERAPY		1,619		1,619	3	3	
051 OCCUPATIONAL THERAPY		97		97		1	
052 SPEECH PATHOLOGY		85		85	5		
053 ELECTROCARDIOLOGY		672		672	28	7	
054 ELECTROENCEPHALOGRAPHY		76		76	4	1	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		421		421	12		
058 ASC (NON-DISTINCT PART)		5,571		5,571	39	10	
059 PULMONARY FUNCTION TESTIN		90		90	4	1	
059 97 CARDIAC REHABILITATION		730		730	8	2	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		1,128		1,128	10	7	
061 EMERGENCY		5,464		5,464	173	29	
062 OBSERVATION BEDS (NON-DIS							
063 SLEEP LAB		228		228	5	1	
070 OTHER REIMBURS COST CNTRS							
071 I&R SERVICES-NOT APPRVD P							
086 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 OTHER ORGAN ACQUISITION (		122,192		122,192	2,200	411	845
095 SUBTOTALS							
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP		264		264		1	
098 NONREIMBURSABLE HHA							
100 PHYSICIANS' PRIVATE OFFIC							
101 FUND RAISING							
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		122,456		122,456	2,200	412	845

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0250

FROM 1/ 1/2010

WORKSHEET B

TO 12/31/2010

PART II

COST CENTER DESCRIPTION	PURCHASING 6.03	REGISTRATION 6.04	PATIENT ACCOUNTING 6.05	ADMINISTRATION & GENERAL 6.06	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING	1,731						
006 04 REGISTRATION		1,078					
006 05 PATIENT ACCOUNTING			370				
006 06 ADMINISTRATION & GENERAL				35,347			
008 OPERATION OF PLANT	9			2,168	22,195		
009 LAUNDRY & LINEN SERVICE				267	179	946	
010 HOUSEKEEPING	1			759	406		2,355
011 DIETARY				506	707		77
012 CAFETERIA				387	755		82
014 NURSING ADMINISTRATION				1,515	289		31
015 CENTRAL SERVICES & SUPPLY	9			224	363		40
016 PHARMACY	2			1,137	404		44
017 MEDICAL RECORDS & LIBRARY				837	436		48
018 SOCIAL SERVICE				146	40		4
024 PARAMED ED PRGM-(SPECIFY)				56	79		9
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	121	129	65	6,226	5,724	472	626
026 INTENSIVE CARE UNIT	35	33	17	1,563	994	67	108
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY	5	6	3	264	134		15
034 SKILLED NURSING FACILITY	6	5	3	502	809	52	88
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	961	126	63	1,941	1,910	123	208
040 ANESTHESIOLOGY	26	23	12	69			
041 RADIOLOGY-DIAGNOSTIC	62	114	-116	1,990	1,330	29	145
043 RADIOISOTOPE	1	15	8	285	276	6	30
043 01 ULTRASOUND	3	16	8	235	146	7	16
043 02 CARDIAC CATH LAB	337	38	19	563	233	5	25
044 LABORATORY	1	95	47	1,942	736		80
046 WHOLE BLOOD & PACKED RED		10	5	202	63		7
048 INTRAVENOUS THERAPY	17	1	1	157	68		7
049 RESPIRATORY THERAPY	21	24	12	472	169		18
050 PHYSICAL THERAPY	1	11	6	587	585		64
051 OCCUPATIONAL THERAPY		5	2	219	35		4
052 SPEECH PATHOLOGY		1	1	54	31		3
053 ELECTROCARDIOLOGY	3	29	14	437	243	6	26
054 ELECTROENCEPHALOGRAPHY	1	3	2	52	28	1	3
055 MEDICAL SUPPLIES CHARGED		50	25	2,155			
055 30 IMPL. DEV. CHARGED TO PAT		47	23	2,174			
056 DRUGS CHARGED TO PATIENTS		124	62	1,899			
057 RENAL DIALYSIS	15	5	3	161	152		17
058 ASC (NON-DISTINCT PART)	3	5	3	530	2,014	67	219
059 PULMONARY FUNCTION TESTIN		2	1	47	33		4
059 97 CARDIAC REHABILITATION		1	1	92	264	1	29
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	20	5	2	289	408		44
061 EMERGENCY	70	151	76	2,164	1,975	110	215
062 OBSERVATION BEDS (NON-DIS							
063 SLEEP LAB	1	4	2	64	82		9
070 OTHER REIMBURS COST CNTRS							
071 I&R SERVICES-NOT APPRVD P				4			
071 HOME HEALTH AGENCY							
086 SPEC PURPOSE COST CENTERS							
086 OTHER ORGAN ACQUISITION (							
095 SUBTOTALS	1,731	1,078	370	35,341	22,100	946	2,345
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP				6	95		10
096 01 NONREIMBURSABLE HHA							
098 PHYSICIANS' PRIVATE OFFIC							
100 FUND RAISING							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,731	1,078	370	35,347	22,195	946	2,355

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0250  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	11	12	14	15	16	17	18
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 REGISTRATION							
006 05 PATIENT ACCOUNTING							
006 06 ADMINISTRATION & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	3,285						
012 CAFETERIA		3,353					
014 NURSING ADMINISTRATION		161	3,082				
015 CENTRAL SERVICES & SUPPLY		37		1,694			
016 PHARMACY		116			3,007		
017 MEDICAL RECORDS & LIBRARY		153	4			2,800	
018 SOCIAL SERVICE		25	22			1	365
024 PARAMEDICAL PRGM-(SPECIFY)		33	4				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,386	1,083	1,626		53	373	251
026 INTENSIVE CARE UNIT	309	201	308		14		39
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY		33	45			36	
034 SKILLED NURSING FACILITY	304	91	133		1	106	65
037 OPERATING ROOM		206	263		16	115	
040 ANESTHESIOLOGY		4	3		29	38	
041 RADIOLOGY-DIAGNOSTIC	2	281	1		3	1,433	
043 RADIOISOTOPE		21			156		
043 01 ULTRASOUND		33			1		
043 02 CARDIAC CATH LAB		41	63		5		
044 LABORATORY		184				125	
046 WHOLE BLOOD & PACKED RED		18				17	
048 INTRAVENOUS THERAPY		21	26		24		
049 RESPIRATORY THERAPY		83				5	
050 PHYSICAL THERAPY		4	3			7	
051 OCCUPATIONAL THERAPY						3	
052 SPEECH PATHOLOGY		8				1	
053 ELECTROCARDIOLOGY		58	50		2	194	
054 ELECTROENCEPHALOGRAPHY		12				10	
055 MEDICAL SUPPLIES CHARGED		4		1,694			
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS					2,596		
057 RENAL DIALYSIS		17	22		1		
058 ASC (NON-DISTINCT PART)	67	62	56		24	106	
059 PULMONARY FUNCTION TESTIN		8					
059 97 CARDIAC REHABILITATION		12	4				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		17	13		10		
061 EMERGENCY	217	314	436		72	230	10
062 OBSERVATION BEDS (NON-DIS							
063 SLEEP LAB		12					
070 OTHER REIMBURS COST CNTRS							
071 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
086 SPEC PURPOSE COST CENTERS							
086 OTHER ORGAN ACQUISITION (							
095 SUBTOTALS	3,285	3,353	3,082	1,694	3,007	2,800	365
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 01 NONREIMBURSABLE HHA							
098 PHYSICIANS' PRIVATE OFFIC							
100 FUND RAISING							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,285	3,353	3,082	1,694	3,007	2,800	365

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		25	26	27
001 GENERAL SERVICE COST CNTR				
003 OLD CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-BLDG &				
006 EMPLOYEE BENEFITS				
006 01 COMMUNICATIONS				
006 02 DATA PROCESSING				
006 03 PURCHASING				
006 04 REGISTRATION				
006 05 PATIENT ACCOUNTING				
006 06 ADMINISTRATION & GENERAL				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
024 PARAMEDICAL PRGM-(SPECIFY)	405			
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		35,614		35,614
026 INTENSIVE CARE UNIT		6,588		6,588
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
033 NURSERY		939		939
034 SKILLED NURSING FACILITY		4,458		4,458
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		11,353		11,353
040 ANESTHESIOLOGY		205		205
041 RADIOLOGY-DIAGNOSTIC		9,144		9,144
043 RADIOISOTOPE		1,579		1,579
043 01 ULTRASOUND		890		890
043 02 CARDIAC CATH LAB		2,008		2,008
044 LABORATORY		5,290		5,290
046 WHOLE BLOOD & PACKED RED		495		495
048 INTRAVENOUS THERAPY		524		524
049 RESPIRATORY THERAPY		1,318		1,318
050 PHYSICAL THERAPY		2,893		2,893
051 OCCUPATIONAL THERAPY		366		366
052 SPEECH PATHOLOGY		189		189
053 ELECTROCARDIOLOGY		1,769		1,769
054 ELECTROENCEPHALOGRAPHY		193		193
055 MEDICAL SUPPLIES CHARGED		3,928		3,928
055 30 IMPL. DEV. CHARGED TO PAT		2,244		2,244
056 DRUGS CHARGED TO PATIENTS		4,681		4,681
057 RENAL DIALYSIS		826		826
058 ASC (NON-DISTINCT PART)		8,776		8,776
059 PULMONARY FUNCTION TESTIN		190		190
059 97 CARDIAC REHABILITATION		1,144		1,144
OUTPAT SERVICE COST CNTRS				
060 CLINIC		1,953		1,953
061 EMERGENCY		11,706		11,706
062 OBSERVATION BEDS (NON-DIS				
063 SLEEP LAB		408		408
OTHER REIMBURS COST CNTRS				
070 I&R SERVICES-NOT APPRVD P		4		4
071 HOME HEALTH AGENCY				
SPEC PURPOSE COST CENTERS				
086 OTHER ORGAN ACQUISITION (				
095 SUBTOTALS		121,675		121,675
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		376		376
096 01 NONREIMBURSABLE HHA				
098 PHYSICIANS' PRIVATE OFFIC				
100 FUND RAISING				
101 CROSS FOOT ADJUSTMENTS	405	405		405
102 NEGATIVE COST CENTER				
103 TOTAL	405	122,456		122,456

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0250  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	SUBTOTAL	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING
	0	1	3	4a	5	6.01	6.02
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS			136,986	136,986	136,986		
006 01 COMMUNICATIONS	51,707		24,696	76,403	942	77,345	
006 02 DATA PROCESSING			52,295	52,295		1,004	53,299
006 03 PURCHASING	191,530		107,058	298,588	507	699	
006 04 REGISTRATION			59,317	59,317	3,277	4,542	3,043
006 05 PATIENT ACCOUNTING					1,843	2,402	20,644
006 06 ADMINISTRATION & GENERAL	227,984		2,181,453	2,409,437	10,489	7,293	6,737
008 OPERATION OF PLANT	1,332		1,240,451	1,241,783	4,348	4,629	
009 LAUNDRY & LINEN SERVICE			30,901	30,901	254		
010 HOUSEKEEPING	283		70,005	70,288	3,230	2,402	
011 DIETARY	3,426		121,761	125,187	2,037	1,092	
012 CAFETERIA			130,017	130,017	2,175	1,179	
014 NURSING ADMINISTRATION			49,758	49,758	7,463	1,703	9,943
015 CENTRAL SERVICES & SUPPLY	184,346		62,549	246,895	851	437	
016 PHARMACY	489,828		69,570	559,398	5,262		6,520
017 MEDICAL RECORDS & LIBRARY			75,097	75,097	3,838	2,926	2,391
018 SOCIAL SERVICE			6,865	6,865	896	524	
024 PARAMEDICAL PRGM-(SPECIFY)			13,591	13,591	346		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS			985,770	985,770	35,505	14,499	
026 INTENSIVE CARE UNIT			171,119	171,119	8,024	4,280	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY	1,050		23,080	24,130	1,524	524	
034 SKILLED NURSING FACILITY			139,263	139,263	2,781	2,009	
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	145,831		328,978	474,809	7,206	3,887	
040 ANESTHESIOLOGY	9,705			9,705	86		
041 RADIOLOGY-DIAGNOSTIC	688,613		229,115	917,728	8,451	4,542	1,902
043 RADIOISOTOPE			47,568	47,568	944	306	
043 01 ULTRASOUND			25,096	25,096	1,278	131	
043 02 CARDIAC CATH LAB	153,635		40,147	193,782	1,700	1,398	
044 LABORATORY			126,749	126,749		1,922	2,119
046 WHOLE BLOOD & PACKED RED			10,793	10,793			
048 INTRAVENOUS THERAPY			11,714	11,714	837	218	
049 RESPIRATORY THERAPY	20,319		29,024	49,343	2,651	917	
050 PHYSICAL THERAPY			100,784	100,784	182	568	
051 OCCUPATIONAL THERAPY			6,013	6,013		175	
052 SPEECH PATHOLOGY			5,266	5,266	321	87	
053 ELECTROCARDIOLOGY	178,761		41,815	220,576	1,763	1,354	
054 ELECTROENCEPHALOGRAPHY			4,745	4,745	275	175	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS			26,208	26,208	769		
058 ASC (NON-DISTINCT PART)	21,234		346,862	368,096	2,458	1,834	
059 PULMONARY FUNCTION TESTIN			5,631	5,631	261	131	
059 97 CARDIAC REHABILITATION			45,430	45,430	475	437	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			70,214	70,214	636	1,354	
061 EMERGENCY			340,188	340,188	10,767	5,372	
062 OBSERVATION BEDS (NON-DIS							
063 SLEEP LAB	1,200		14,182	15,382	334	175	
070 OTHER REIMBURS COST CNTRS							
071 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
086 SPEC PURPOSE COST CENTERS							
095 OTHER ORGAN ACQUISITION (							
095 SUBTOTALS	2,370,784		7,608,124	9,978,908	136,986	77,127	53,299
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP			16,441	16,441		218	
096 01 NONREIMBURSABLE HHA							
098 PHYSICIANS' PRIVATE OFFIC							
100 FUND RAISING							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,370,784		7,624,565	9,995,349	136,986	77,345	53,299

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PURCHASING	REGISTRATION	PATIENT ACCOUNTING	ADMINISTRATION & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.03	6.04	6.05	6.06	8	9	10
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING	299,794						
006 04 REGISTRATION	8	70,187					
006 05 PATIENT ACCOUNTING			24,889				
006 06 ADMINISTRATION & GENERAL	17			2,433,973			
008 OPERATION OF PLANT	1,519			149,143	1,401,422		
009 LAUNDRY & LINEN SERVICE				18,378	11,330	60,863	
010 HOUSEKEEPING	110			52,203	25,667		153,900
011 DIETARY	15			34,787	44,643		5,035
012 CAFETERIA	17			26,629	47,670		5,377
014 NURSING ADMINISTRATION	5			104,228	18,243		2,058
015 CENTRAL SERVICES & SUPPLY	1,531			15,396	22,933		2,587
016 PHARMACY	384			78,247	25,508		2,877
017 MEDICAL RECORDS & LIBRARY	1			57,608	27,534		3,106
018 SOCIAL SERVICE				10,076	2,517		284
024 PARAMED ED PRGM-(SPECIFY)				3,878	4,983		562
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	20,901	8,081	2,845	430,241	361,424	30,255	40,767
026 INTENSIVE CARE UNIT	5,976	2,076	731	107,534	62,740	4,285	7,077
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY	853	366	129	18,172	8,462		954
034 SKILLED NURSING FACILITY	1,025	331	117	34,575	51,060	3,368	5,759
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	166,555	7,869	2,770	133,550	120,617	7,940	13,605
040 ANESTHESIOLOGY	4,418	1,440	507	4,732			
041 RADIOLOGY-DIAGNOSTIC	10,686	9,788	3,625	136,935	84,003	1,891	9,475
043 RADIOISOTOPE	92	965	340	19,625	17,440	385	1,967
043 01 ULTRASOUND	440	1,013	356	16,144	9,201	453	1,038
043 02 CARDIAC CATH LAB	58,366	2,363	832	38,760	14,720	352	1,660
044 LABORATORY	219	5,927	2,086	133,607	46,472		5,242
046 WHOLE BLOOD & PACKED RED	22	641	226	13,881	3,957		446
048 INTRAVENOUS THERAPY	2,935	88	31	10,776	4,295		484
049 RESPIRATORY THERAPY	3,716	1,471	518	32,481	10,641		1,200
050 PHYSICAL THERAPY	143	710	250	40,370	36,952		4,168
051 OCCUPATIONAL THERAPY	77	284	100	15,058	2,205		249
052 SPEECH PATHOLOGY	20	71	25	3,743	1,931		218
053 ELECTROCARDIOLOGY	476	1,799	633	30,036	15,331	384	1,729
054 ELECTROENCEPHALOGRAPHY	226	195	69	3,555	1,740	78	196
055 MEDICAL SUPPLIES CHARGED		3,116	1,097	148,304			
055 30 IMPL. DEV. CHARGED TO PAT		2,918	1,027	149,599			
056 DRUGS CHARGED TO PATIENTS		7,778	2,738	130,655			
057 RENAL DIALYSIS	2,671	341	120	11,080	9,609		1,084
058 ASC (NON-DISTINCT PART)	590	337	119	36,494	127,174	4,307	14,345
059 PULMONARY FUNCTION TESTIN	81	155	55	3,254	2,065		233
059 97 CARDIAC REHABILITATION	21	71	25	6,359	16,657	60	1,879
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	3,469	306	108	19,906	25,743		2,904
061 EMERGENCY	12,075	9,453	3,328	148,894	124,727	7,105	14,069
062 OBSERVATION BEDS (NON-DIS							
063 SLEEP LAB	134	234	82	4,427	5,200		586
070 OTHER REIMBURS COST CNTRS							
071 I&R SERVICES-NOT APPRVD P				267			
071 HOME HEALTH AGENCY							
086 SPEC PURPOSE COST CENTERS							
086 OTHER ORGAN ACQUISITION (							
095 SUBTOTALS	299,794	70,187	24,889	2,433,587	1,395,394	60,863	153,220
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				386	6,028		680
096 01 NONREIMBURSABLE HHA							
098 PHYSICIANS' PRIVATE OFFIC							
100 FUND RAISING							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	299,794	70,187	24,889	2,433,973	1,401,422	60,863	153,900

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0250  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 REGISTRATION							
006 05 PATIENT ACCOUNTING							
006 06 ADMINISTRATION & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	212,796						
012 CAFETERIA		213,064					
014 NURSING ADMINISTRATION		10,223	203,624				
015 CENTRAL SERVICES & SUPPLY		2,362		292,992			
016 PHARMACY		7,340			685,536		
017 MEDICAL RECORDS & LIBRARY		9,699	250			182,450	
018 SOCIAL SERVICE		1,573	1,456			49	24,240
024 PARAMEDICAL PRGM-(SPECIFY)		2,102	233				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	154,500	68,881	107,325		12,069	24,289	16,666
026 INTENSIVE CARE UNIT	20,030	12,787	20,360		3,214		2,597
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY		2,097	2,970		107	2,369	
034 SKILLED NURSING FACILITY	19,714	5,767	8,808		260	6,925	4,328
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		13,106	17,397		3,623	7,463	
040 ANESTHESIOLOGY		262	217		6,556	2,474	
041 RADIOLOGY-DIAGNOSTIC	100	17,825	72		659	93,467	
043 RADIOISOTOPE		1,311			35,618		
043 01 ULTRASOUND		2,097			187		
043 02 CARDIAC CATH LAB		2,621	4,150		1,056		
044 LABORATORY		11,670				8,113	
046 WHOLE BLOOD & PACKED RED		1,174				1,083	
048 INTRAVENOUS THERAPY		1,311	1,740		5,400		
049 RESPIRATORY THERAPY		5,243			19	321	
050 PHYSICAL THERAPY		262	226			440	
051 OCCUPATIONAL THERAPY					17	168	
052 SPEECH PATHOLOGY		524				35	
053 ELECTROCARDIOLOGY		3,670	3,332		502	12,662	
054 ELECTROENCEPHALOGRAPHY		786				664	
055 MEDICAL SUPPLIES CHARGED		260		292,992	23		
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS					592,154		
057 RENAL DIALYSIS		1,049	1,483		121		
058 ASC (NON-DISTINCT PART)	4,344	3,932	3,692		5,409	6,890	
059 PULMONARY FUNCTION TESTIN		524					
059 97 CARDIAC REHABILITATION		786	246				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		1,049	859		2,228		
061 EMERGENCY	14,083	19,985	28,808		16,314	15,017	649
062 OBSERVATION BEDS (NON-DIS							
063 SLEEP LAB	25	786				21	
070 OTHER REIMBURS COST CNTRS							
071 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
086 SPEC PURPOSE COST CENTERS							
086 OTHER ORGAN ACQUISITION (							
095 SUBTOTALS	212,796	213,064	203,624	292,992	685,536	182,450	24,240
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 01 NONREIMBURSABLE HHA							
098 PHYSICIANS' PRIVATE OFFIC							
100 FUND RAISING							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	212,796	213,064	203,624	292,992	685,536	182,450	24,240

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	25	26	27
001 GENERAL SERVICE COST CNTR				
003 OLD CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-BLDG &				
006 EMPLOYEE BENEFITS				
006 01 COMMUNICATIONS				
006 02 DATA PROCESSING				
006 03 PURCHASING				
006 04 REGISTRATION				
006 05 PATIENT ACCOUNTING				
006 06 ADMINISTRATION & GENERAL				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
024 PARAMED ED PRGM-(SPECIFY)	25, 695			
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		2, 314, 018		2, 314, 018
026 INTENSIVE CARE UNIT		432, 830		432, 830
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
033 NURSERY		62, 657		62, 657
034 SKILLED NURSING FACILITY		286, 090		286, 090
037 ANCILLARY SRVC COST CNTRS				
040 OPERATING ROOM		980, 397		980, 397
041 ANESTHESIOLOGY		30, 397		30, 397
041 RADIOLOGY-DIAGNOSTIC		1, 301, 149		1, 301, 149
043 RADIOISOTOPE		126, 561		126, 561
043 01 ULTRASOUND		57, 434		57, 434
043 02 CARDIAC CATH LAB		321, 760		321, 760
044 LABORATORY		344, 126		344, 126
046 WHOLE BLOOD & PACKED RED		32, 223		32, 223
048 INTRAVENOUS THERAPY		39, 829		39, 829
049 RESPIRATORY THERAPY		108, 521		108, 521
050 PHYSICAL THERAPY		185, 055		185, 055
051 OCCUPATIONAL THERAPY		24, 346		24, 346
052 SPEECH PATHOLOGY		12, 241		12, 241
053 ELECTROCARDIOLOGY		294, 247		294, 247
054 ELECTROENCEPHALOGRAPHY		12, 704		12, 704
055 MEDICAL SUPPLIES CHARGED		445, 792		445, 792
055 30 IMPL. DEV. CHARGED TO PAT		153, 544		153, 544
056 DRUGS CHARGED TO PATIENTS		733, 325		733, 325
057 RENAL DIALYSIS		54, 535		54, 535
058 ASC (NON-DISTINCT PART)		580, 021		580, 021
059 PULMONARY FUNCTION TESTIN		12, 390		12, 390
059 97 CARDIAC REHABILITATION		72, 446		72, 446
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC		128, 776		128, 776
061 EMERGENCY		770, 834		770, 834
062 OBSERVATION BEDS (NON-DIS				
063 SLEEP LAB		27, 386		27, 386
070 OTHER REIMBURS COST CNTRS				
071 I&R SERVICES-NOT APPRVD P		267		267
071 HOME HEALTH AGENCY				
086 SPEC PURPOSE COST CENTERS				
095 OTHER ORGAN ACQUISITION (				
095 SUBTOTALS		9, 945, 901		9, 945, 901
096 NONREIMBURS COST CENTERS				
096 01 GIFT, FLOWER, COFFEE SHOP		23, 753		23, 753
098 NONREIMBURSABLE HHA				
100 PHYSICIANS' PRIVATE OFFIC				
101 FUND RAISING				
101 CROSS FOOT ADJUSTMENTS	25, 695	25, 695		25, 695
102 NEGATIVE COST CENTER				
103 TOTAL	25, 695	9, 995, 349		9, 995, 349

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARY)	COMMUNICATIONS (PHONE EXTENS)	DATA PROCESSING (CPU TIME)	PURCHASING (SUPPLY REQUIS)
	1	3	5	6.01	6.02	6.03
001 GENERAL SERVICE COST						
003 OLD CAP REL COSTS-BLD	438,708					
005 NEW CAP REL COSTS-BLD		438,708				
006 EMPLOYEE BENEFITS	7,882	7,882	61,085,772			
006 01 COMMUNICATIONS	1,421	1,421	419,988	1,771		
006 02 DATA PROCESSING	3,009	3,009		23	981	
006 03 PURCHASING	6,160	6,160	226,069	16		14,686,787
006 04 REGISTRATION	3,413	3,413	1,461,169	104	56	416
006 05 PATIENT ACCOUNTING			821,786	55	380	
006 06 ADMINISTRATION & GENERAL OPERATION OF PLANT	125,518	125,518	4,676,540	167	124	821
008 LAUNDRY & LINEN SERVICE	71,374	71,374	1,938,487	106		74,441
009 HOUSEKEEPING	1,778	1,778	113,051			18
010 DIETARY	4,028	4,028	1,439,864	55		5,376
011 CAFETERIA	7,006	7,006	908,180	25		758
014 NURSING ADMINISTRATION	7,481	7,481	969,694	27		810
015 CENTRAL SERVICES & SURPHARMACY	2,863	2,863	3,327,071	39	183	225
016 MEDICAL RECORDS & LIBRARY	3,599	3,599	379,276	10		74,997
017 SOCIAL SERVICE	4,003	4,003	2,345,885		120	18,789
018 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CN)	4,321	4,321	1,710,904	67	44	37
024 ADULTS & PEDIATRICS INTENSIVE CARE UNIT	395	395	399,362	12		6
025 CORONARY CARE UNIT	782	782	154,314			
026 BURN INTENSIVE CARE UNIT	56,720	56,720	15,842,738	332		1,023,946
027 SURGICAL INTENSIVE CARE	9,846	9,846	3,577,323	98		292,778
028 NURSERY						
033 SKILLED NURSING FACILITY	1,328	1,328	679,389	12		41,767
034 ANCILLARY SRVC COST CENTER	8,013	8,013	1,239,921	46		50,226
037 OPERATING ROOM	18,929	18,929	3,212,489	89		8,159,207
040 ANESTHESIOLOGY			38,558			216,445
041 RADIOLOGY-DIAGNOSTIC	13,183	13,183	3,767,514	104	35	523,525
043 RADIOISOTOPE	2,737	2,737	420,847	7		4,501
043 01 ULTRASOUND	1,444	1,444	569,983	3		21,576
043 02 CARDIAC CATH LAB	2,310	2,310	757,896	32		2,859,409
044 LABORATORY	7,293	7,293		44	39	10,750
046 WHOLE BLOOD & PACKED	621	621				1,085
048 INTRAVENOUS THERAPY	674	674	373,276	5		143,810
049 RESPIRATORY THERAPY	1,670	1,670	1,181,773	21		182,063
050 PHYSICAL THERAPY	5,799	5,799	81,145	13		7,022
051 OCCUPATIONAL THERAPY	346	346		4		3,764
052 SPEECH PATHOLOGY	303	303	143,020	2		989
053 ELECTROCARDIOLOGY	2,406	2,406	785,896	31		23,304
054 ELECTROENCEPHALOGRAPH	273	273	122,723	4		11,090
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATIENT						
057 RENAL DIALYSIS	1,508	1,508	342,943			130,852
058 ASC (NON-DISTINCT PART)	19,958	19,958	1,095,933	42		28,923
059 PULMONARY FUNCTION TEST	324	324	116,372	3		3,953
059 97 CARDIAC REHABILITATION	2,614	2,614	211,817	10		1,033
060 OUTPAT SERVICE COST CENTER						
061 CLINIC	4,040	4,040	283,650	31		169,966
062 EMERGENCY	19,574	19,574	4,800,182	123		591,553
063 OBSERVATION BEDS (NON SLEEP LAB)	816	816	148,744	4		6,556
070 OTHER REIMBURS COST CENTER						
071 I&R SERVICES-NOT APPROPRIATE						
086 HOME HEALTH AGENCY						
095 SPEC PURPOSE COST CENTER						
095 OTHER ORGAN ACQUISITION						
096 SUBTOTALS	437,762	437,762	61,085,772	1,766	981	14,686,787
096 NONREIMBURS COST CENTER						
096 01 GIFT, FLOWER, COFFEE	946	946		5		
098 NONREIMBURSABLE HHA						
100 PHYSICIANS' PRIVATE OFFICE						
101 FUND RAISING						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	122,456	7,624,565	15,784,956	945,401	3,509,800	646,861
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.279129		.258406		3,577.777778	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		17.379590		533.823264		.044044
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)			2,200	412	845	1,731
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			.000036		.861366	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			136,986	.232637	77,345	53,299
			.002243	43.673066	54.331295	299,794
						.020412

COST CENTER DESCRIPTION	REGISTRATION	PATIENT ACCOUNTING	RECONCILIATION	ADMINISTRATION & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(GROSS REVENUE)	(GROSS REVENUE)	(GROSS REVENUE)	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)
	6.04	6.05	6a.06	6.06	8	9	10
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
003 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 REGISTRATION	560,541,329						
006 05 PATIENT ACCOUNTING		560,541,329					
006 06 ADMINISTRATION & GENERAL			-18,108,114	131,991,621			
008 OPERATION OF PLANT				8,087,999	219,931		
009 LAUNDRY & LINEN SERVICE				996,635	1,778	930,010	
010 HOUSEKEEPING				2,830,968	4,028		214,125
011 DIETARY				1,886,473	7,006		7,006
012 CAFETERIA				1,444,066	7,481		7,481
014 NURSING ADMINISTRATION				5,652,292	2,863		2,863
015 CENTRAL SERVICES & SUPPLY				834,937	3,599		3,599
016 PHARMACY				4,243,337	4,003		4,003
017 MEDICAL RECORDS & LIBRARY				3,124,082	4,321		4,321
018 SOCIAL SERVICE				546,444	395		395
024 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CN)				210,322	782		782
025 ADULTS & PEDIATRICS	64,650,384	64,650,384		23,329,354	56,720	462,330	56,720
026 INTENSIVE CARE UNIT	16,610,740	16,610,740		5,831,542	9,846	65,472	9,846
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
033 NURSERY	2,927,623	2,927,623		985,464	1,328		1,328
034 SKILLED NURSING FACILITY	2,650,662	2,650,662		1,874,997	8,013	51,464	8,013
ANCILLARY SRVC COST CENTER							
037 OPERATING ROOM	62,953,578	62,953,578		7,242,433	18,929	121,324	18,929
040 ANESTHESIOLOGY	11,522,327	11,522,327		256,622			
041 RADIOLOGY-DIAGNOSTIC	77,312,096	77,312,096		7,426,002	13,183	28,893	13,183
043 RADIOISOTOPE	7,722,143	7,722,143		1,064,280	2,737	5,882	2,737
043 01 ULTRASOUND	8,100,213	8,100,213		875,469	1,444	6,922	1,444
043 02 CARDIAC CATH LAB	18,905,594	18,905,594		2,101,954	2,310	5,372	2,310
044 LABORATORY	47,417,863	47,417,863		7,245,493	7,293		7,293
046 WHOLE BLOOD & PACKED	5,128,145	5,128,145		752,782	621		621
048 INTRAVENOUS THERAPY	707,502	707,502		584,377	674		674
049 RESPIRATORY THERAPY	11,770,317	11,770,317		1,761,455	1,670		1,670
050 PHYSICAL THERAPY	5,677,654	5,677,654		2,189,249	5,799		5,799
051 OCCUPATIONAL THERAPY	2,270,702	2,270,702		816,582	346		346
052 SPEECH PATHOLOGY	569,328	569,328		203,009	303		303
053 ELECTROCARDIOLOGY	14,395,104	14,395,104		1,628,838	2,406	5,868	2,406
054 ELECTROENCEPHALOGRAPH	1,558,986	1,558,986		192,769	273	1,187	273
055 MEDICAL SUPPLIES CHAR	24,931,288	24,931,288		8,042,520			
055 30 IMPL. DEV. CHARGED TO	23,347,132	23,347,132		8,112,719			
056 DRUGS CHARGED TO PATIENT	62,227,035	62,227,035		7,085,406			
057 RENAL DIALYSIS	2,725,880	2,725,880		600,871	1,508		1,508
058 ASC (NON-DIAGNOSTIC PAR)	2,696,256	2,696,256		1,979,076	19,958	65,814	19,958
059 PULMONARY FUNCTION TEST	1,243,454	1,243,454		176,483	324		324
059 97 CARDIAC REHABILITATION	571,053	571,053		344,826	2,614	913	2,614
OUTPAT SERVICE COST CENTER							
060 CLINIC	2,447,385	2,447,385		1,079,476	4,040		4,040
061 EMERGENCY	75,626,662	75,626,662		8,074,511	19,574	108,569	19,574
062 OBSERVATION BEDS (NON)							
063 SLEEP LAB	1,874,223	1,874,223		240,101	816		816
OTHER REIMBURS COST CENTER							
070 I&R SERVICES-NOT APPR				14,456			
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTER							
086 OTHER ORGAN ACQUISITION							
095 SUBTOTALS	560,541,329	560,541,329	-18,108,114	131,970,671	218,985	930,010	213,179
NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE				20,950	946		946
096 01 NONREIMBURSABLE HHA							
098 PHYSICIANS' PRIVATE OFFICE							
100 FUND RAISING							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2,373,806	3,051,273		18,108,114	9,197,600	1,207,721	3,387,804
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.005443		.137191		1.298611	
(WRKSHT B, PT I)	.004235				41.820389		15.821618
105 COST TO BE ALLOCATED	1,078	370		35,347	22,195	946	2,355
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.000001		.000268		.001017	
(WRKSHT B, PT II)	.000002				.100918		.010998
107 COST TO BE ALLOCATED	70,187	24,889		2,433,973	1,401,422	60,863	153,900
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.000044		.018440		.065443	
(WRKSHT B, PT III)	.000125				6.372099		.718739

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(MEALS SERVED)	(FTES SERVED)	(FTES SUPERV)	(100% SUPPLI)	(COSTED) REQUIS	(TIME) SPENT	(TIME) SPENT
	11	12	14	15	16	17	18
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
003 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 REGISTRATION							
006 05 PATIENT ACCOUNTING							
006 06 ADMINISTRATION & GENERAL OPERATION OF PLANT							
008 LAUNDRY & LINEN SERVICE							
009 HOUSEKEEPING							
010 DIETARY	180,582						
012 CAFETERIA		81,282					
014 NURSING ADMINISTRATION		3,900	91,060				
015 CENTRAL SERVICES & SUPPLY		901		100			
016 PHARMACY		2,800			7,505,550		
017 MEDICAL RECORDS & LIBRARY		3,700	112			26,110	
018 SOCIAL SERVICE		600	651			7	11,649
024 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CN)		802	104				
025 ADULTS & PEDIATRICS	131,111	26,278	47,996		132,133	3,476	8,009
026 INTENSIVE CARE UNIT	16,998	4,878	9,105		35,187		1,248
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
033 NURSERY		800	1,328		1,172	339	
034 SKILLED NURSING FACILITY	16,730	2,200	3,939		2,846	991	2,080
ANCILLARY SRVC COST CENTER							
037 OPERATING ROOM		5,000	7,780		39,664	1,068	
040 ANESTHESIOLOGY		100	97		71,779	354	
041 RADIOLOGY-DIAGNOSTIC	85	6,800	32		7,215	13,376	
043 RADIOISOTOPE		500			389,967		
043 01 ULTRASOUND		800			2,043		
043 02 CARDIAC CATH LAB		1,000	1,856		11,564		
044 LABORATORY		4,452				1,161	
046 WHOLE BLOOD & PACKED		448				155	
048 INTRAVENOUS THERAPY		500	778		59,127		
049 RESPIRATORY THERAPY		2,000			206	46	
050 PHYSICAL THERAPY		100	101			63	
051 OCCUPATIONAL THERAPY					190	24	
052 SPEECH PATHOLOGY		200				5	
053 ELECTROCARDIOLOGY		1,400	1,490		5,500	1,812	
054 ELECTROENCEPHALOGRAPH		300				95	
055 MEDICAL SUPPLIES CHAR		99		100	248		
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATIENT					6,483,173		
057 RENAL DIALYSIS		400	663		1,320		
058 ASC (NON-DISTINCT PULMONARY FUNCTION TEST)	3,686	1,500	1,651		59,217	986	
059 CARDIAC REHABILITATION		200					
059 97 OUTPAT SERVICE COST CENTER		300	110				
060 CLINIC		400	384		24,389		
061 EMERGENCY	11,951	7,624	12,883		178,610	2,149	312
062 OBSERVATION BEDS (NON)							
063 SLEEP LAB	21	300				3	
OTHER REIMBURS COST CENTER							
070 I&R SERVICES-NOT APPROPRIATE							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTER							
086 OTHER ORGAN ACQUISITION							
095 SUBTOTALS	180,582	81,282	91,060	100	7,505,550	26,110	11,649
NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE							
096 01 NONREIMBURSABLE HHA							
098 PHYSICIANS' PRIVATE OFFICE							
100 FUND RAISING							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,549,120	2,073,399	6,692,249	1,179,920	5,127,650	3,904,362	708,376
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	14.116136	25.508710	73.492741	11,799.200000	.683181	149.535121	60.810027
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	3,285	3,353	3,082	1,694	3,007	2,800	365
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.018191	.041251	.033846	16.940000	.000401	.107239	.031333
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	212,796	213,064	203,624	292,992	685,536	182,450	24,240
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.178390	2.621294	2.236152	2,929.920000	.091337	6.987744	2.080865



## COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:  
14-0250PERIOD:  
FROM 1/1/2010  
TO 12/31/2010PREPARED 5/26/2011  
WORKSHEET C  
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	37,597,425		37,597,425		37,597,425
26	INTENSIVE CARE UNIT	8,469,661		8,469,661		8,469,661
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY	1,366,707		1,366,707		1,366,707
34	SKILLED NURSING FACILITY	3,519,336		3,519,336		3,519,336
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	10,370,808		10,370,808		10,370,808
40	ANESTHESIOLOGY	403,481		403,481		403,481
41	RADIOLOGY-DIAGNOSTIC	11,424,318		11,424,318		11,424,318
43	RADIOISOTOPE	1,654,866		1,654,866		1,654,866
43	01 ULTRASOUND	1,109,602		1,109,602		1,109,602
43	02 CARDIAC CATH LAB	2,700,264		2,700,264		2,700,264
44	LABORATORY	8,947,067		8,947,067		8,947,067
46	WHOLE BLOOD & PACKED RED	926,458		926,458		926,458
48	INTRAVENOUS THERAPY	813,724		813,724		813,724
49	RESPIRATORY THERAPY	2,157,410		2,157,410		2,157,410
50	PHYSICAL THERAPY	2,843,255		2,843,255		2,843,255
51	OCCUPATIONAL THERAPY	952,273		952,273		952,273
52	SPEECH PATHOLOGY	254,176		254,176		254,176
53	ELECTROCARDIOLOGY	2,418,538		2,418,538		2,418,538
54	ELECTROENCEPHALOGRAPHY	258,351		258,351		258,351
55	MEDICAL SUPPLIES CHARGED	10,328,495		10,328,495		10,328,495
55	30 IMPL. DEV. CHARGED TO PAT	9,225,711		9,225,711		9,225,711
56	DRUGS CHARGED TO PATIENTS	12,486,642		12,486,642		12,486,642
57	RENAL DIALYSIS	830,060		830,060		830,060
58	ASC (NON-DISTINCT PART)	3,886,003		3,886,003		3,886,003
59	PULMONARY FUNCTION TESTIN	224,473		224,473		224,473
59	97 CARDIAC REHABILITATION	559,732		559,732		559,732
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,515,529		1,515,529		1,515,529
61	EMERGENCY	12,432,104		12,432,104		12,432,104
62	OBSERVATION BEDS (NON-DIS	2,832,055		2,832,055		2,832,055
63	SLEEP LAB	328,474		328,474		328,474
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	152,836,998		152,836,998		152,836,998
102	LESS OBSERVATION BEDS	2,832,055		2,832,055		2,832,055
103	TOTAL	150,004,943		150,004,943		150,004,943

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-0250

FROM 1/1/2010

WORKSHEET C

TO 12/31/2010

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	64,650,384		64,650,384			
26	INTENSIVE CARE UNIT	16,610,740		16,610,740			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	2,924,158		2,924,158			
34	SKILLED NURSING FACILITY	2,650,662		2,650,662			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	32,540,561	30,413,017	62,953,578	.164737	.164737	.164737
40	ANESTHESIOLOGY	6,072,584	5,449,743	11,522,327	.035017	.035017	.035017
41	RADIOLOGY-DIAGNOSTIC	28,517,290	48,794,806	77,312,096	.147769	.147769	.147769
43	RADIOISOTOPE	3,474,001	4,248,142	7,722,143	.214301	.214301	.214301
43 01	ULTRASOUND	1,703,849	6,396,364	8,100,213	.136984	.136984	.136984
43 02	CARDIAC CATH LAB	12,662,242	6,243,352	18,905,594	.142829	.142829	.142829
44	LABORATORY	29,851,058	17,566,805	47,417,863	.188686	.188686	.188686
46	WHOLE BLOOD & PACKED RED	4,251,098	877,047	5,128,145	.180661	.180661	.180661
48	INTRAVENOUS THERAPY	672,494	35,008	707,502	1.150137	1.150137	1.150137
49	RESPIRATORY THERAPY	11,008,543	761,774	11,770,317	.183292	.183292	.183292
50	PHYSICAL THERAPY	2,694,910	2,982,744	5,677,654	.500780	.500780	.500780
51	OCCUPATIONAL THERAPY	1,399,485	871,217	2,270,702	.419374	.419374	.419374
52	SPEECH PATHOLOGY	427,378	141,950	569,328	.446449	.446449	.446449
53	ELECTROCARDIOLOGY	7,631,453	6,763,651	14,395,104	.168011	.168011	.168011
54	ELECTROENCEPHALOGRAPHY	711,422	847,564	1,558,986	.165717	.165717	.165717
55	MEDICAL SUPPLIES CHARGED	19,825,735	5,105,553	24,931,288	.414278	.414278	.414278
55 30	IMPL. DEV. CHARGED TO PAT	16,562,748	6,784,384	23,347,132	.395154	.395154	.395154
56	DRUGS CHARGED TO PATIENTS	50,628,890	11,598,145	62,227,035	.200663	.200663	.200663
57	RENAL DIALYSIS	2,701,988	23,892	2,725,880	.304511	.304511	.304511
58	ASC (NON-DISTINCT PART)	262,577	2,433,679	2,696,256	1.441259	1.441259	1.441259
59	PULMONARY FUNCTION TESTIN	552,467	690,987	1,243,454	.180524	.180524	.180524
59 97	CARDIAC REHABILITATION	18,048	553,005	571,053	.980175	.980175	.980175
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	38,563	2,408,822	2,447,385	.619244	.619244	.619244
61	EMERGENCY	22,177,806	53,448,856	75,626,662	.164388	.164388	.164388
62	OBSERVATION BEDS (NON-DIS	1,352,663	7,824,261	9,176,924	.308606	.308606	.308606
63	SLEEP LAB	3,862	1,870,361	1,874,223	.175259	.175259	.175259
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	344,579,659	225,135,129	569,714,788			
102	LESS OBSERVATION BEDS						
103	TOTAL	344,579,659	225,135,129	569,714,788			





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	10,370,808	991,750	9,379,058			10,370,808
40	ANESTHESIOLOGY	403,481	30,602	372,879			403,481
41	RADIOLOGY-DIAGNOSTIC	11,424,318	1,310,293	10,114,025			11,424,318
43	RADIOISOTOPE	1,654,866	128,140	1,526,726			1,654,866
43 01	ULTRASOUND	1,109,602	58,324	1,051,278			1,109,602
43 02	CARDIAC CATH LAB	2,700,264	323,768	2,376,496			2,700,264
44	LABORATORY	8,947,067	349,416	8,597,651			8,947,067
46	WHOLE BLOOD & PACKED RED	926,458	32,718	893,740			926,458
48	INTRAVENOUS THERAPY	813,724	40,353	773,371			813,724
49	RESPIRATORY THERAPY	2,157,410	109,839	2,047,571			2,157,410
50	PHYSICAL THERAPY	2,843,255	187,948	2,655,307			2,843,255
51	OCCUPATIONAL THERAPY	952,273	24,712	927,561			952,273
52	SPEECH PATHOLOGY	254,176	12,430	241,746			254,176
53	ELECTROCARDIOLOGY	2,418,538	296,016	2,122,522			2,418,538
54	ELECTROENCEPHALOGRAPHY	258,351	12,897	245,454			258,351
55	MEDICAL SUPPLIES CHARGED	10,328,495	449,720	9,878,775			10,328,495
55 30	IMPL. DEV. CHARGED TO PAT	9,225,711	155,788	9,069,923			9,225,711
56	DRUGS CHARGED TO PATIENTS	12,486,642	738,006	11,748,636			12,486,642
57	RENAL DIALYSIS	830,060	55,361	774,699			830,060
58	ASC (NON-DISTINCT PART)	3,886,003	588,797	3,297,206			3,886,003
59	PULMONARY FUNCTION TESTIN	224,473	12,580	211,893			224,473
59 97	CARDIAC REHABILITATION	559,732	73,590	486,142			559,732
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,515,529	130,729	1,384,800			1,515,529
61	EMERGENCY	12,432,104	782,540	11,649,564			12,432,104
62	OBSERVATION BEDS (NON-DIS	2,832,055	176,986	2,655,069			2,832,055
63	SLEEP LAB	328,474	27,794	300,680			328,474
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	101,883,869	7,101,097	94,782,772			101,883,869
102	LESS OBSERVATION BEDS	2,832,055	176,986	2,655,069			2,832,055
103	TOTAL	99,051,814	6,924,111	92,127,703			99,051,814

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	62,953,578	.164737	.164737
40	ANESTHESIOLOGY	11,522,327	.035017	.035017
41	RADIOLOGY-DIAGNOSTIC	77,312,096	.147769	.147769
43	RADIOISOTOPE	7,722,143	.214301	.214301
43 01	ULTRASOUND	8,100,213	.136984	.136984
43 02	CARDIAC CATH LAB	18,905,594	.142829	.142829
44	LABORATORY	47,417,863	.188686	.188686
46	WHOLE BLOOD & PACKED RED	5,128,145	.180661	.180661
48	INTRAVENOUS THERAPY	707,502	1.150137	1.150137
49	RESPIRATORY THERAPY	11,770,317	.183292	.183292
50	PHYSICAL THERAPY	5,677,654	.500780	.500780
51	OCCUPATIONAL THERAPY	2,270,702	.419374	.419374
52	SPEECH PATHOLOGY	569,328	.446449	.446449
53	ELECTROCARDIOLOGY	14,395,104	.168011	.168011
54	ELECTROENCEPHALOGRAPHY	1,558,986	.165717	.165717
55	MEDICAL SUPPLIES CHARGED	24,931,288	.414278	.414278
55 30	IMPL. DEV. CHARGED TO PAT	23,347,132	.395154	.395154
56	DRUGS CHARGED TO PATIENTS	62,227,035	.200663	.200663
57	RENAL DIALYSIS	2,725,880	.304511	.304511
58	ASC (NON-DIAGNOSTIC PART)	2,696,256	1.441259	1.441259
59	PULMONARY FUNCTION TESTIN	1,243,454	.180524	.180524
59 97	CARDIAC REHABILITATION	571,053	.980175	.980175
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,447,385	.619244	.619244
61	EMERGENCY	75,626,662	.164388	.164388
62	OBSERVATION BEDS (NON-DIS	9,176,924	.308606	.308606
63	SLEEP LAB	1,874,223	.175259	.175259
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	482,878,844		
102	LESS OBSERVATION BEDS	9,176,924		
103	TOTAL	473,701,920		

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	10,370,808	991,750	9,379,058	99,175	543,985	9,727,648
40	ANESTHESIOLOGY	403,481	30,602	372,879	3,060	21,627	378,794
41	RADIOLOGY-DIAGNOSTIC	11,424,318	1,310,293	10,114,025	131,029	586,613	10,706,676
43	RADIOISOTOPE	1,654,866	128,140	1,526,726	12,814	88,550	1,553,502
43 01	ULTRASOUND	1,109,602	58,324	1,051,278	5,832	60,974	1,042,796
43 02	CARDIAC CATH LAB	2,700,264	323,768	2,376,496	32,377	137,837	2,530,050
44	LABORATORY	8,947,067	349,416	8,597,651	34,942	498,664	8,413,461
46	WHOLE BLOOD & PACKED RED	926,458	32,718	893,740	3,272	51,837	871,349
48	INTRAVENOUS THERAPY	813,724	40,353	773,371	4,035	44,856	764,833
49	RESPIRATORY THERAPY	2,157,410	109,839	2,047,571	10,984	118,759	2,027,667
50	PHYSICAL THERAPY	2,843,255	187,948	2,655,307	18,795	154,008	2,670,452
51	OCCUPATIONAL THERAPY	952,273	24,712	927,561	2,471	53,799	896,003
52	SPEECH PATHOLOGY	254,176	12,430	241,746	1,243	14,021	238,912
53	ELECTROCARDIOLOGY	2,418,538	296,016	2,122,522	29,602	123,106	2,265,830
54	ELECTROENCEPHALOGRAPHY	258,351	12,897	245,454	1,290	14,236	242,825
55	MEDICAL SUPPLIES CHARGED	10,328,495	449,720	9,878,775	44,972	572,969	9,710,554
55 30	IMPL. DEV. CHARGED TO PAT	9,225,711	155,788	9,069,923	15,579	526,056	8,684,076
56	DRUGS CHARGED TO PATIENTS	12,486,642	738,006	11,748,636	73,801	681,421	11,731,420
57	RENAL DIALYSIS	830,060	55,361	774,699	5,536	44,933	779,591
58	ASC (NON-DISTINCT PART)	3,886,003	588,797	3,297,206	58,880	191,238	3,635,885
59	PULMONARY FUNCTION TESTIN	224,473	12,580	211,893	1,258	12,290	210,925
59 97	CARDIAC REHABILITATION	559,732	73,590	486,142	7,359	28,196	524,177
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,515,529	130,729	1,384,800	13,073	80,318	1,422,138
61	EMERGENCY	12,432,104	782,540	11,649,564	78,254	675,675	11,678,175
62	OBSERVATION BEDS (NON-DIS	2,832,055	176,986	2,655,069	17,699	153,994	2,660,362
63	SLEEP LAB	328,474	27,794	300,680	2,779	17,439	308,256
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	101,883,869	7,101,097	94,782,772	710,111	5,497,401	95,676,357
102	LESS OBSERVATION BEDS	2,832,055	176,986	2,655,069	17,699	153,994	2,660,362
103	TOTAL	99,051,814	6,924,111	92,127,703	692,412	5,343,407	93,015,995

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	62,953,578	.154521	.163162
40	ANESTHESIOLOGY	11,522,327	.032875	.034752
41	RADIOLOGY-DIAGNOSTIC	77,312,096	.138486	.146074
43	RADIOISOTOPE	7,722,143	.201175	.212642
43 01	ULTRASOUND	8,100,213	.128737	.136264
43 02	CARDIAC CATH LAB	18,905,594	.133825	.141116
44	LABORATORY	47,417,863	.177432	.187949
46	WHOLE BLOOD & PACKED RED	5,128,145	.169915	.180023
48	INTRAVENOUS THERAPY	707,502	1.081033	1.144434
49	RESPIRATORY THERAPY	11,770,317	.172270	.182359
50	PHYSICAL THERAPY	5,677,654	.470344	.497470
51	OCCUPATIONAL THERAPY	2,270,702	.394593	.418286
52	SPEECH PATHOLOGY	569,328	.419639	.444266
53	ELECTROCARDIOLOGY	14,395,104	.157403	.165955
54	ELECTROENCEPHALOGRAPHY	1,558,986	.155758	.164890
55	MEDICAL SUPPLIES CHARGED	24,931,288	.389493	.412475
55 30	IMPL. DEV. CHARGED TO PAT	23,347,132	.371955	.394487
56	DRUGS CHARGED TO PATIENTS	62,227,035	.188526	.199477
57	RENAL DIALYSIS	2,725,880	.285996	.302480
58	ASC (NON-DISTINCT PART)	2,696,256	1.348494	1.419421
59	PULMONARY FUNCTION TESTIN	1,243,454	.169628	.179512
59 97	CARDIAC REHABILITATION	571,053	.917913	.967289
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,447,385	.581085	.613903
61	EMERGENCY	75,626,662	.154419	.163353
62	OBSERVATION BEDS (NON-DIS	9,176,924	.289897	.306677
63	SLEEP LAB	1,874,223	.164471	.173776
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	482,878,844		
102	LESS OBSERVATION BEDS	9,176,924		
103	TOTAL	473,701,920		







APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0250  
 COMPONENT NO: 14-0250  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.015573	165,835
40	ANESTHESIOLOGY	.002638	3,904
41	RADIOLOGY-DIAGNOSTIC	.016830	221,581
43	RADIOISOTOPE	.016389	26,327
43 01	ULTRASOUND	.007090	4,645
43 02	CARDIAC CATH LAB	.017019	99,826
44	LABORATORY	.007257	99,068
46	WHOLE BLOOD & PACKED RED	.006284	11,173
48	INTRAVENOUS THERAPY	.056295	17,495
49	RESPIRATORY THERAPY	.009220	53,288
50	PHYSICAL THERAPY	.032594	33,991
51	OCCUPATIONAL THERAPY	.010722	1,877
52	SPEECH PATHOLOGY	.021501	5,899
53	ELECTROCARDIOLOGY	.020441	74,734
54	ELECTROENCEPHALOGRAPHY	.008149	3,156
55	MEDICAL SUPPLIES CHARGED	.017881	164,811
55 30	IMPL. DEV. CHARGED TO PAT	.006577	42,701
56	DRUGS CHARGED TO PATIENTS	.011785	262,318
57	RENAL DIALYSIS	.020006	33,341
58	ASC (NON-DISTINCT PART)	.215121	29,667
59	PULMONARY FUNCTION TESTIN	.009964	3,077
59 97	CARDIAC REHABILITATION	.126864	770
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.052618	1,020
61	EMERGENCY	.010193	106,754
62	OBSERVATION BEDS (NON-DIS	.018994	9,625
63	SLEEP LAB	.014612	54
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,476,937

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

PROVIDER NO: 14-0250  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/26/2011  
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		52,059		52,059	43,876	1.19
26	INTENSIVE CARE UNIT		52,059		52,059	5,260	9.90
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY					2,751	
34	SKILLED NURSING FACILITY					4,733	
101	TOTAL		104,118		104,118	56,620	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	18,859	22,442
26	INTENSIVE CARE UNIT	2,885	28,562
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
33	NURSERY		
34	SKILLED NURSING FACILITY	3,710	
101	TOTAL	25,454	51,004

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						
43	RADIOISOTOPE						
43 01	ULTRASOUND						
43 02	CARDIAC CATH LAB						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN						
59 97	CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY			208,236			
62	OBSERVATION BEDS (NON-DIS			3,922			
63	SLEEP LAB						
	OTHER REIMBURS COST CNTRS						
101	TOTAL			212,158			

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			62,953,578			10,648,862	
40	OPERATING ROOM			11,522,327			1,479,926	
41	ANESTHESIOLOGY			77,312,096			13,165,828	
43	RADIOLOGY-DIAGNOSTIC			7,722,143			1,606,368	
43	01 ULTRASOUND			8,100,213			655,194	
43	02 CARDIAC CATH LAB			18,905,594			5,865,538	
44	LABORATORY			47,417,863			13,651,351	
46	WHOLE BLOOD & PACKED RED			5,128,145			1,778,030	
48	INTRAVENOUS THERAPY			707,502			310,779	
49	RESPIRATORY THERAPY			11,770,317			5,779,557	
50	PHYSICAL THERAPY			5,677,654			1,042,865	
51	OCCUPATIONAL THERAPY			2,270,702			175,039	
52	SPEECH PATHOLOGY			569,328			274,350	
53	ELECTROCARDIOLOGY			14,395,104			3,656,098	
54	ELECTROENCEPHALOGRAPHY			1,558,986			387,283	
55	MEDICAL SUPPLIES CHARGED			24,931,288			9,217,111	
55	30 IMPL. DEV. CHARGED TO PAT			23,347,132			6,492,489	
56	DRUGS CHARGED TO PATIENTS			62,227,035			22,258,610	
57	RENAL DIALYSIS			2,725,880			1,666,571	
58	ASC (NON-DISTINCT PART)			2,696,256			137,909	
59	PULMONARY FUNCTION TESTIN			1,243,454			308,843	
59	97 CARDIAC REHABILITATION			571,053			6,070	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			2,447,385			19,376	
61	EMERGENCY	208,236	208,236	75,626,662	.002753	.002753	10,473,314	28,833
62	OBSERVATION BEDS (NON-DIS	3,922	3,922	9,176,924	.000427	.000427	506,761	216
63	SLEEP LAB			1,874,223			3,667	
	OTHER REIMBURS COST CNTRS							
101	TOTAL	212,158	212,158	482,878,844			111,567,789	29,049

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,190,700					
40	ANESTHESIOLOGY	1,366,487					
41	RADIOLOGY-DIAGNOSTIC	11,796,295					
43	RADIOISOTOPE	1,416,114					
43 01	ULTRASOUND	740,513					
43 02	CARDIAC CATH LAB	2,938,063					
44	LABORATORY	101,454					
46	WHOLE BLOOD & PACKED RED	325,207					
48	INTRAVENOUS THERAPY	4,069					
49	RESPIRATORY THERAPY	193,548					
50	PHYSICAL THERAPY	6,177					
51	OCCUPATIONAL THERAPY	152					
52	SPEECH PATHOLOGY	2,876					
53	ELECTROCARDIOLOGY	1,913,279					
54	ELECTROENCEPHALOGRAPHY	228,621					
55	MEDICAL SUPPLIES CHARGED	1,575,856					
55 30	IMPL. DEV. CHARGED TO PAT	2,838,133					
56	DRUGS CHARGED TO PATIENTS	4,269,838					
57	RENAL DIALYSIS	10,848					
58	ASC (NON-DISTINCT PART)	1,086,617					
59	PULMONARY FUNCTION TESTIN	264,765					
59 97	CARDIAC REHABILITATION	198,527					
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	928,217					
61	EMERGENCY	7,992,741			22,004		
62	OBSERVATION BEDS (NON-DIS	1,677,364			716		
63	SLEEP LAB	406,904					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	49,473,365			22,720		









APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0250  
 COMPONENT NO: 14-5599  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
43	01 ULTRASOUND						
43	02 CARDIAC CATH LAB						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN						
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	SLEEP LAB						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0250  
 COMPONENT NO: 14-5599  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
43	RADIOISOTOPE		
43	01 ULTRASOUND		
43	02 CARDIAC CATH LAB		
44	LABORATORY		
46	WHOLE BLOOD & PACKED RED		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
55	30 IMPL. DEV. CHARGED TO PAT		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
59	PULMONARY FUNCTION TESTIN		
59	97 CARDIAC REHABILITATION		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
63	SLEEP LAB		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS											
37	OPERATING ROOM											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
43	RADIOISOTOPE											
43	01 ULTRASOUND											
43	02 CARDIAC CATH LAB											
44	LABORATORY											
46	WHOLE BLOOD & PACKED RED											
48	INTRAVENOUS THERAPY											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
55	30 IMPL. DEV. CHARGED TO PAT											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
58	ASC (NON-DISTINCT PART)											
59	PULMONARY FUNCTION TESTIN											
59	97 CARDIAC REHABILITATION											
60	OUTPAT SERVICE COST CNTRS											
60	CLINIC											
61	EMERGENCY						208,236					
62	OBSERVATION BEDS (NON-DIS											
63	SLEEP LAB											
	OTHER REIMBURS COST CNTRS											
101	TOTAL						208,236					

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			62,953,578				
40	ANESTHESIOLOGY			11,522,327				
41	RADIOLOGY-DIAGNOSTIC			77,312,096			104,561	
43	RADIOISOTOPE			7,722,143			3,851	
43 01	ULTRASOUND			8,100,213			7,969	
43 02	CARDIAC CATH LAB			18,905,594				
44	LABORATORY			47,417,863			256,924	
46	WHOLE BLOOD & PACKED RED			5,128,145			10,813	
48	INTRAVENOUS THERAPY			707,502			311	
49	RESPIRATORY THERAPY			11,770,317			272,086	
50	PHYSICAL THERAPY			5,677,654			609,751	
51	OCCUPATIONAL THERAPY			2,270,702			700,182	
52	SPEECH PATHOLOGY			569,328			9,806	
53	ELECTROCARDIOLOGY			14,395,104			9,143	
54	ELECTROENCEPHALOGRAPHY			1,558,986			3,435	
55	MEDICAL SUPPLIES CHARGED			24,931,288			367,835	
55 30	IMPL. DEV. CHARGED TO PAT			23,347,132				
56	DRUGS CHARGED TO PATIENTS			62,227,035			1,159,889	
57	RENAL DIALYSIS			2,725,880				
58	ASC (NON-DISTINCT PART)			2,696,256				
59	PULMONARY FUNCTION TESTIN			1,243,454			3,111	
59 97	CARDIAC REHABILITATION			571,053				
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			2,447,385				
61	EMERGENCY	208,236	208,236	75,626,662	.002753	.002753	971	3
62	OBSERVATION BEDS (NON-DIS			9,176,924				
63	SLEEP LAB			1,874,223				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	208,236	208,236	482,878,844			3,520,638	3

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
43 01	ULTRASOUND						
43 02	CARDIAC CATH LAB						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN						
59 97	CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	SLEEP LAB						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						











TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	3,305
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	856.90
85	OBSERVATION BED COST	2,832,055

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	35,614	.000947	2,832,055	2,682
87	NEW CAPITAL-RELATED COST	2,314,018	.061547	2,832,055	174,304
88	NON PHYSICIAN ANESTHETIST			2,832,055	
89	MEDICAL EDUCATION	52,059	.001385	2,832,055	3,922
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				



TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	3,519,336
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		743.57
68	PROGRAM ROUTINE SERVICE COST		2,758,645
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		2,758,645
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		290,548
72	PER DIEM CAPITAL-RELATED COSTS		61.39
73	PROGRAM CAPITAL-RELATED COSTS		227,757
74	INPATIENT ROUTINE SERVICE COST		2,530,888
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		2,530,888
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		2,758,645
80	PROGRAM INPATIENT ANCILLARY SERVICES		1,109,355
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		27,720
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		3,895,720

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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



TITLE XIX - I/P HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

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

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	1	2,751	3	4 1,254	5
43 INTENSIVE CARE UNIT		5,260		881	
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					5,603,374
49 TOTAL PROGRAM INPATIENT COSTS					5,603,374

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES  
 52 TOTAL PROGRAM EXCLUDABLE COST  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 5,603,374

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 2,114  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
 AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
 OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	3,305
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

PART I - NOT IN APPROVED TEACHING PROGRAM

COST CENTERS	PERCENT OF ASSIGNED TIME	EXPENSE ALLOCATION	TOTAL INPATIENT DAYS-ALL PATIENTS
	1	2	3
1 TOTAL COST OF SERVICES RENDERED	100.00	16,439	
HOSPITAL INPATIENT ROUTINE SERVICES:			
2 ADULTS & PEDIATRICS	100.00	16,439	43,876
3 INTENSIVE CARE UNIT			5,260
4 CORONARY CARE UNIT			
5 BURN INTENSIVE CARE UNIT			
6 SURGICAL INTENSIVE CARE UNIT			
8 NURSERY			2,751
9 SUBTOTAL	100.00	16,439	4,733
12 SKILLED NURSING FACILITY			
15 HOME HEALTH AGENCY			
17 ASC (NON-DISTINCT PART)			
19 SUBTOTAL	100.00	16,439	
			TOTAL CHARGES
HOSPITAL OUTPATIENT SERVICES:			
20 CLINIC			2,447,385
21 EMERGENCY			75,626,662
22 OBSERVATION BEDS (NON-DISTINCT PART)			9,176,924
23 SLEEP LAB			1,874,223
24 SUBTOTAL			
25 TOTAL	100.00	16,439	

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

COST CENTER	EXPENSES ALLOC TO COST CENTRS ON W/S B, PT 1 COLS 22 & 23	SWING BED AMOUNT	NET COST
	1	2	3
HOSPITAL INPATIENT ROUTINE SERVICES:			
26 ADULTS & PEDIATRICS			
27 SWING BED - SNF			
28 SWING BED - NF			
29 INTENSIVE CARE UNIT			
30 CORONARY CARE UNIT			
31 BURN INTENSIVE CARE UNIT			
32 SURGICAL INTENSIVE CARE UNIT			
34 SUBTOTAL			
37 SKILLED NURSING FACILITY			
38 TOTAL			

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

COST CENTERS	NOT IN APPROVED TEACHING PROGRAM (FROM PART I)	AMOUNT
	1	2
HOSPITAL		
39 INPATIENT	CL 9, LN 9	
40 OUTPATIENT	CL 9, LN 24	
41 TOTAL HOSPITAL		
44 SKILLED NURSING FACILITY	CL 9, LN 12	

PART I - NOT IN APPROVED TEACHING PROGRAM

COST CENTERS	AVERAGE COST PER DAY	HEALTH CARE PROGRAM TITLE V	INPATIENT DAYS PART B	TITLE XIX	TITLE V
	4	5	6	7	8
1 TOTAL COST OF SERVICES RENDERED					
2 HOSPITAL INPATIENT ROUTINE SERVICES:					
3 ADULTS & PEDIATRICS	.37		18,859		
4 INTENSIVE CARE UNIT			2,885		
5 CORONARY CARE UNIT					
6 BURN INTENSIVE CARE UNIT					
8 SURGICAL INTENSIVE CARE UNIT					
9 NURSERY					
9 SUBTOTAL					
12 SKILLED NURSING FACILITY			3,710		
15 HOME HEALTH AGENCY					
17 ASC (NON-DISTINCT PART)					
19 SUBTOTAL					

	RATIO OF COST TO CHARGES	OUTPATIENT CHARGES TITLE V	TITLE XIX	OUTPAT COST TITLE V
		TITLE XVIII PART B	TITLE XIX	TITLE V
20 HOSPITAL OUTPATIENT SERVICES:				
21 CLINIC			192,690	
21 EMERGENCY			21,310,896	
22 OBSERVATION BEDS (NON-DISTINCT PART)			1,435,794	
23 SLEEP LAB			325,140	
24 SUBTOTAL				
25 TOTAL				

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

COST CENTERS	TOTAL INPATIENT DAYS ALL PATIENTS	AVERAGE COST PER DAY	TITLE XVIII PART B INPATIENT DAYS	EXPENSES APPLICABLE TO TITLE XVIII
	4	5	6	7
26 HOSPITAL INPATIENT ROUTINE SERVICES:				
27 ADULTS & PEDIATRICS				
27 SWING BED - SNF				
28 SWING BED - NF				
29 INTENSIVE CARE UNIT				
30 CORONARY CARE UNIT				
31 BURN INTENSIVE CARE UNIT				
32 SURGICAL INTENSIVE CARE UNIT				
34 SUBTOTAL				
37 SKILLED NURSING FACILITY				
38 TOTAL				

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

	IN APPROVED TEACH PROG (PT II, COL. 7)	AMOUNT	TITLE XVIII COSTS (W/S E, PT B)	TITLE XVIII COSTS (COLS 2 + 4)
	3	4	5	6
39 HOSPITAL INPATIENT	LINE 34			
40 OUTPATIENT				
41 TOTAL HOSPITAL			LINE 2	
44 SKILLED NURSING FACILITY	LINE 37		LINE 2	

PART I -NOT IN APPROVED TEACHING PROGRAM

	COST CENTERS	TITLE XVIII	TITLE XIX
1	TOTAL COST OF SERVICES RENDERED	9	10
	HOSPITAL INPATIENT ROUTINE SERVICES:		
2	ADULTS & PEDIATRICS	6,978	
3	INTENSIVE CARE UNIT		
4	CORONARY CARE UNIT		
5	BURN INTENSIVE CARE UNIT		
6	SURGICAL INTENSIVE CARE UNIT		
8	NURSERY		
9	SUBTOTAL	6,978	
12	SKILLED NURSING FACILITY		
15	HOME HEALTH AGENCY		
17	ASC (NON-DISTINCT PART)		
19	SUBTOTAL		

OUTPATIENT COST  
 TITLE XVIII TITLE XIX  
 PART B

20	HOSPITAL OUTPATIENT SERVICES:		
21	CLINIC		
22	EMERGENCY		
23	OBSERVATION BEDS (NON-DISTINCT PART)		
24	SLEEP LAB		
25	SUBTOTAL		
	TOTAL		







CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	26,161,354	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	8,855,525	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	692,472	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	202.95	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		6.76
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		18.37
4.02 SUM OF LINES 4 AND 4.01		25.13
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		9.95
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		3,484,179
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	39,193,530	
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)	39,193,530	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,074,871	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	51,004	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	29,049	
16 TOTAL	42,348,454	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	42,348,454	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,465,632	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	155,239	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	752,538	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	526,777	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	681,115	
22 SUBTOTAL	39,254,360	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97 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	39,254,360	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	38,021,793	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	1,232,567	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	435,884	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
14-0250		PART B

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).	11,179,806
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	9,273,059
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.778
1.04	LINE 1.01 TIMES LINE 1.03.	8,697,889
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	22,720
2	INTERNS AND RESIDENTS	6,978
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	6,978

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)	6,978
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	9,295,779

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,196,096
19	SUBTOTAL (SEE INSTRUCTIONS)	7,106,661
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	7,106,661
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	7,106,661
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	434,214
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	303,950
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	407,438
28	SUBTOTAL	7,410,611
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	7,410,611
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	7,110,379
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	300,232
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	127,108

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
14-5599		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

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

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL
- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2

TO BE COMPLETED BY CONTRACTOR

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

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		37,847,738		7,110,379
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	8/6/2010	174,055		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		174,055		NONE
4 TOTAL INTERIM PAYMENTS		38,021,793		7,110,379
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		1,232,567		300,232
7 TOTAL MEDICARE PROGRAM LIABILITY		39,254,360		7,410,611

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

TITLE XVII I SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,846,174		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER		.49		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		1,846,174		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL			NONE	NONE
6 DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER	.01	45,693	
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM	.02		
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY			1,891,867	

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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			
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
14-5599		PART III

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

TITLE XVIII

SNF

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

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

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

- 1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.
- 2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)
- 3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)
- 4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)

COLUMN 1  
1.000000

COLUMN 1.01

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- 6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
- 9 MULTIPLY LINE 7 TIMES LINE 8
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 \* LN 10)
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5] )

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

- 13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)
- 14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)
- 15 PRORATED REDUCED ALLOWABLE IIME FTE CAP

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

- 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).
- 17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)
- 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
- 20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)
- 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
- 22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
- 23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	418,416,000			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	297,867,000			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY				
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	413,370,000			
10 DUE FROM OTHER FUNDS	38,446,000			
11 TOTAL CURRENT ASSETS	1168,099,000			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS	89,172,000			
13.01 LESS ACCUMULATED DEPRECIATION BUILDINGS	1671,566,000			
14.01 LESS ACCUMULATED DEPRECIATION LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION MAJOR MOVABLE EQUIPMENT	924,281,000			
18.01 LESS ACCUMULATED DEPRECIATION MINOR EQUIPMENT DEPRECIABLE	-1547,710,000			
19.01 LESS ACCUMULATED DEPRECIATION MINOR EQUIPMENT-NONDEPRECIABLE				
20.01 TOTAL FIXED ASSETS	1137,309,000			
OTHER ASSETS				
22 INVESTMENTS	2814,414,000			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	111,429,000			
26 TOTAL OTHER ASSETS	2925,843,000			
27 TOTAL ASSETS	5231,251,000			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	112,541,000			
29 SALARIES, WAGES & FEES PAYABLE	247,828,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	16,526,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	721,171,000			
36 TOTAL CURRENT LIABILITIES	1098,066,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66	859,482,000			
41 OTHER LONG TERM LIABILITIES	711,414,000			
42 TOTAL LONG-TERM LIABILITIES	1570,896,000			
43 TOTAL LIABILITIES	2668,962,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	2562,289,000			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	2562,289,000			
52 TOTAL LIABILITIES AND FUND BALANCES	5231,251,000			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		2,551,546,687		
2	NET INCOME (LOSS)		10,742,313		
3	TOTAL		2,562,289,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		2,562,289,000		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		2,562,289,000		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	57,691,393		57,691,393
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	2,650,662		2,650,662
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	60,342,055		60,342,055
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	17,074,749		17,074,749
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	17,074,749		17,074,749
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	77,416,804		77,416,804
17 00 ANCILLARY SERVICES	240,943,121	161,009,538	401,952,659
18 00 OUTPATIENT SERVICES	22,510,069	66,200,287	88,710,356
19 00 HOME HEALTH AGENCY			
24 00			
25 00 TOTAL PATIENT REVENUES	340,869,994	227,209,825	568,079,819

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	170,433,300		
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		170,433,300	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0250  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	568,079,819
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	377,937,045
3	NET PATIENT REVENUES	190,142,774
4	LESS: TOTAL OPERATING EXPENSES	170,433,300
5	NET INCOME FROM SERVICE TO PATIENTS	19,709,474
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
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	2,789,524
25	TOTAL OTHER INCOME	2,789,524
26	TOTAL	22,498,998
	OTHER EXPENSES	
27	CORPORATE EXPENSES	11,756,685
28		
29		
30	TOTAL OTHER EXPENSES	11,756,685
31	NET INCOME (OR LOSS) FOR THE PERIOD	10,742,313

CALCULATION OF REIMBURSABLE  
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/ 1/2010	5/26/2011
SATELLITE NO:	TO 12/31/2010	WORKSHEET 1-5

DESCRIPTION

- 1 TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)
- 2 TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)
- 3 DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS
- 4 COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS
- 5 BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES
- 5.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)
- 6 NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)
- 7 PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)
- 8 UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)
- 9 REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
14-0250		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	2,872,832
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	52,077
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	125.56
	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	6.76
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	18.37
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	25.13
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.22
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	149,962
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,074,871
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)	