

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		14-0289		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2011 TIME 10:48

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:
 ANDERSON HOSPITAL 14-0289
 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	295,169	-55,480	0	0
2	SUBPROVIDER	0	29,547	54	0	0
7	HOSPITAL-BASED HHA	0	0	0	0	0
100	TOTAL	0	324,716	-55,426	0	0

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 6800 STATE ROUTE 162
 1.01 CITY: MARYVILLE P. O. BOX: STATE: IL ZIP CODE: 62062-1000 COUNTY: MADISON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVII	XIX
02.00 HOSPITAL	ANDERSON HOSPITAL	14-0289		11/22/1976	N	P	N
03.00 SUBPROVIDER	THE REHABILITATION CENTER	14-T289		1/1/2005	N	P	N
09.00 HOSPITAL-BASED HHA	ANDERSON HOME HEALTH	14-7420		5/30/1985	N	P	N

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

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 5

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

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

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 41180

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 OR MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0289
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / TITLE 3	O/P VISITS / TITLE 4	NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	122	44,530			10,083		3,093
2 HMO					1,574		416
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	122	44,530			10,083		3,093
6 INTENSIVE CARE UNIT	12	4,380			858		114
11 NURSERY							1,534
12 TOTAL	134	48,910			10,941		4,741
13 RPCH VISITS							
14 SUBPROVIDER	15	5,475			3,106		231
18 HOME HEALTH AGENCY					4,413		
25 TOTAL	149						
26 OBSERVATION BED DAYS							322
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							305

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	O/P VISITS / TOTAL 6.02	INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			23,239				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			23,239				
6 INTENSIVE CARE UNIT			2,032				
11 NURSERY			4,053				
12 TOTAL			29,324				
13 RPCH VISITS							
14 SUBPROVIDER			4,051				
18 HOME HEALTH AGENCY			7,192				
25 TOTAL							
26 OBSERVATION BED DAYS			1,444				
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			659				

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES TITLE V 12	DISCHARGES TITLE XVII 13	DISCHARGES TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,609	1,052	7,483
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		855.20			2,609	1,052	7,483
13 RPCH VISITS							
14 SUBPROVIDER		19.55			269	14	341
18 HOME HEALTH AGENCY		12.04					
25 TOTAL		886.79					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	43,090,431		43,090,431	1,844,521.00	23.36	
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						
8.01 EXCLUDED AREA SALARIES	1,600,797		1,600,797	69,262.00	23.11	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	324,793		324,793	5,317.00	61.09	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	417,708		417,708	2,682.50	155.72	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	11,167,451		11,167,451			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	431,952		431,952			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	356,501		356,501	12,224.00	29.16	
22 ADMINISTRATIVE & GENERAL	5,658,319	158,481	5,816,800	265,512.00	21.91	
22.01 A & G UNDER CONTRACT	1,224,500		1,224,500	29,794.65	41.10	
23 MAINTENANCE & REPAIRS	863,445		863,445	33,583.00	25.71	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	46,537		46,537	4,052.00	11.48	
26 HOUSEKEEPING	1,007,429		1,007,429	78,994.00	12.75	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	751,387	-498,518	252,869	21,084.08	11.99	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		498,518	498,518	41,572.92	11.99	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	607,649		607,649	14,194.00	42.81	
31 CENTRAL SERVICE AND SUPPLY	746,002		746,002	48,469.00	15.39	
32 PHARMACY	1,069,350		1,069,350	33,595.00	31.83	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,611,646	-498,041	1,113,605	60,119.00	18.52	
34 SOCIAL SERVICE	285,807		285,807	12,103.00	23.61	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	44,314,931		44,314,931	1,874,315.65	23.64	
2 EXCLUDED AREA SALARIES	1,600,797		1,600,797	69,262.00	23.11	
3 SUBTOTAL SALARIES	42,714,134		42,714,134	1,805,053.65	23.66	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	742,501		742,501	7,999.50	92.82	
5 SUBTOTAL WAGE-RELATED COSTS	11,167,451		11,167,451		26.14	
6 TOTAL	54,624,086		54,624,086	1,813,053.15	30.13	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 14-0289 I FROM 1/ 1/2010 I WORKSHEET S-3
 I I TO 12/31/2010 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
13 TOTAL OVERHEAD COSTS	14,228,572	-339,560	13,889,012	655,296.65	21.19	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 14-0289
HHA NO: 14-7420
COUNTY: MADISON

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

PREPARED 5/27/2011
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,482	78	1,040
2 UNDUPLICATED CENSUS COUNT		273.00	13.00	195.00
TOTAL	5			

1 HOME HEALTH AIDE HOURS	2,600
2 UNDUPLICATED CENSUS COUNT	481.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	.94		.94
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	1.96		1.96
6 DIRECTING NURSING SERVICE	1.00		1.00
7 NURSING SUPERVISOR	4.56		4.56
8 PHYSICAL THERAPY SERVICE	1.36		1.36
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.46		.46
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.07		.07
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.10		.10
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.59		1.59
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	1	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	7040	41180	

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

	WITHOUT OUTLIERS 1	FULL EPI SODES WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	1,506	118	127	38
22 SKILLED NURSING VISIT CHARGES	226,350	17,700	19,200	5,850
23 PHYSICAL THERAPY VISITS	1,383	0	22	19
24 PHYSICAL THERAPY VISIT CHARGES	207,450	0	3,300	2,850
25 OCCUPATIONAL THERAPY VISITS	445	0	6	8
26 OCCUPATIONAL THERAPY VISIT CHARGES	66,750	0	900	1,200
27 SPEECH PATHOLOGY VISITS	58	0	3	1
28 SPEECH PATHOLOGY VISIT CHARGES	8,700	0	450	150
29 MEDICAL SOCIAL SERVICE VISITS	1	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	200	0	0	0
31 HOME HEALTH AIDE VISITS	626	26	1	25
32 HOME HEALTH AIDE VISIT CHARGES	50,080	2,080	80	2,000
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	4,019	144	159	91
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	559,530	19,780	23,930	12,050
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	252	0	58	6
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	3	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	15,588	787	1,515	121

HOSPITAL-BASED HOME HEALTH AGENCY
 STATISTICAL DATA
 HOME HEALTH AGENCY STATISTICAL DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/27/2011
I	14-0289	I	FROM 1/ 1/2010	I	WORKSHEET	S-4
I	HHA NO:	I	TO 12/31/2010	I		
I	14-7420	I		I		
	COUNTY:		MADISON			

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPI SODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	1,789
22 SKILLED NURSING VISIT CHARGES	0	0	269,100
23 PHYSICAL THERAPY VISITS	0	0	1,424
24 PHYSICAL THERAPY VISIT CHARGES	0	0	213,600
25 OCCUPATIONAL THERAPY VISITS	0	0	459
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	68,850
27 SPEECH PATHOLOGY VISITS	0	0	62
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	9,300
29 MEDICAL SOCIAL SERVICE VISITS	0	0	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	200
31 HOME HEALTH AIDE VISITS	0	0	678
32 HOME HEALTH AIDE VISIT CHARGES	0	0	54,240
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	4,413
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	615,290
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	0	0	316
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	0	3
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	18,011

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2010	5/27/2011
	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	
17.01	GROSS MEDICAID REVENUES	10,197,416
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	10,197,416
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)	.297496
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	

HOSPITAL UNCOMPENSATED CARE DATA

		IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
	PROVIDER NO:	PERIOD:
	14-0289	FROM 1/ 1/2010
		TO 12/31/2010

PREPARED 5/27/2011
WORKSHEET S-10

DESCRIPTION

27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	38,313,296
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	11,398,052
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	14,188,515
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	4,221,026
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	11,398,052

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0289
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,506,176	2,506,176	2,430,990	4,937,166
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		3,334,190	3,334,190	642,152	3,976,342
5	0500 EMPLOYEE BENEFITS	356,501	11,766,304	12,122,805	16,655	12,139,460
6	0600 ADMINISTRATIVE & GENERAL	5,658,319	17,246,869	22,905,188	-1,135,930	21,769,258
7	0700 MAINTENANCE & REPAIRS	863,445	461,863	1,325,308		1,325,308
8	0800 OPERATION OF PLANT		1,717,999	1,717,999	4,265	1,722,264
9	0900 LAUNDRY & LINEN SERVICE	46,537	476,395	522,932	-52	522,880
10	1000 HOUSEKEEPING	1,007,429	167,558	1,174,987	-7,776	1,167,211
11	1100 DIETARY	751,387	803,554	1,554,941	-1,031,647	523,294
12	1200 CAFETERIA				1,031,647	1,031,647
14	1400 NURSING ADMINISTRATION	607,649	172,689	780,338	-76	780,262
15	1500 CENTRAL SERVICES & SUPPLY	746,002	683,946	1,429,948	-466,203	963,745
16	1600 PHARMACY	1,069,350	3,890,765	4,960,115	-242,455	4,717,660
17	1700 MEDICAL RECORDS & LIBRARY	1,611,646	784,778	2,396,424	-750,476	1,645,948
18	1800 SOCIAL SERVICE	285,807	6,915	292,722	6	292,728
24	2400 PARAMED ED PRGM	64,084	-1,077	63,007		63,007
25	2500 INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,434,306	231,877	5,666,183	702,485	6,368,668
26	2600 INTENSIVE CARE UNIT	1,223,430	351,633	1,575,063	-4,688	1,570,375
31	3100 SUBPROVIDER	838,935	555,937	1,394,872	-1,240	1,393,632
33	3300 NURSERY				884,225	884,225
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,702,490	8,311,309	13,013,799	-6,415,262	6,598,537
39	3900 DELIVERY ROOM & LABOR ROOM	4,141,375	514,894	4,656,269	-2,003,596	2,652,673
40	4000 ANESTHESIOLOGY		247,183	247,183	-43,021	204,162
41	4100 RADIOLOGY-DIAGNOSTIC	2,792,479	3,197,874	5,990,353	-464,701	5,525,652
44	4400 LABORATORY	1,243,766	3,827,168	5,070,934	-708,796	4,362,138
49	4900 RESPIRATORY THERAPY	1,011,797	313,206	1,325,003	-109,663	1,215,340
50	5000 PHYSICAL THERAPY	1,362,840	124,933	1,487,773	89,550	1,577,323
51	5100 OCCUPATIONAL THERAPY	688,443	18,561	707,004	101,316	808,320
52	5200 SPEECH PATHOLOGY	506,918	20,332	527,250	55,399	582,649
52.01	5201 AUDIOLOGY	141,937	106,622	248,559	-83,471	165,088
53	5300 ELECTROCARDIOLOGY	302,262	233,267	535,529	-9,283	526,246
53.01	5301 EKG AND EEG					
53.02	5302 CARDIOPULMONARY	415,807	423	416,230	-790	415,440
53.03	5303 CARDIAC CATH LAB	488,096	1,190,805	1,678,901	-1,151,674	527,227
54	5400 ELECTROENCEPHALOGRAPHY	47,503	8,407	55,910	-4,492	51,418
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				10,708,579	10,708,579
56	5600 DRUGS CHARGED TO PATIENTS					
57	5700 RENAL DIALYSIS				169,857	169,857
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	3,982,113	524,224	4,506,337	-285,861	4,220,476
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	697,778	87,253	785,031	-5,469	779,562
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		1,910,504	1,910,504	-1,910,504	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	43,090,431	65,795,336	108,885,767	-0-	108,885,767
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 RENTED SPACE					
101	TOTAL	43,090,431	65,795,336	108,885,767	-0-	108,885,767

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-652,206	4,284,960
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-252,486	3,723,856
5	0500 EMPLOYEE BENEFITS	-69,055	12,070,405
6	0600 ADMINISTRATIVE & GENERAL	-1,516,808	20,252,450
7	0700 MAINTENANCE & REPAIRS		1,325,308
8	0800 OPERATION OF PLANT	-16,021	1,706,243
9	0900 LAUNDRY & LINEN SERVICE		522,880
10	1000 HOUSEKEEPING		1,167,211
11	1100 DIETARY	-557	522,737
12	1200 CAFETERIA		1,031,647
14	1400 NURSING ADMINISTRATION		780,262
15	1500 CENTRAL SERVICES & SUPPLY		963,745
16	1600 PHARMACY		4,717,660
17	1700 MEDICAL RECORDS & LIBRARY	-67,174	1,578,774
18	1800 SOCIAL SERVICE		292,728
24	2400 PARAMED ED PRGM	-2,069	60,938
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		6,368,668
26	2600 INTENSIVE CARE UNIT		1,570,375
31	3100 SUBPROVIDER		1,393,632
33	3300 NURSERY		884,225
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		6,598,537
39	3900 DELIVERY ROOM & LABOR ROOM	-45,886	2,606,787
40	4000 ANESTHESIOLOGY	-73,032	131,130
41	4100 RADIOLOGY-DIAGNOSTIC	-432,452	5,093,200
44	4400 LABORATORY	-132,730	4,229,408
49	4900 RESPIRATORY THERAPY	-9,426	1,205,914
50	5000 PHYSICAL THERAPY	-79,023	1,498,300
51	5100 OCCUPATIONAL THERAPY	-13,342	794,978
52	5200 SPEECH PATHOLOGY	-34,693	547,956
52.01	5201 AUDIOLOGY	-45,787	119,301
53	5300 ELECTROCARDIOLOGY	-146,490	379,756
53.01	5301 EKG AND EEG		
53.02	5302 CARDIOPULMONARY		415,440
53.03	5303 CARDIAC CATH LAB	-10,750	516,477
54	5400 ELECTROENCEPHALOGRAPHY		51,418
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		10,708,579
56	5600 DRUGS CHARGED TO PATIENTS		
57	5700 RENAL DIALYSIS		169,857
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY		4,220,476
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		779,562
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-3,599,987	105,285,780
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 RENTED SPACE		
101	TOTAL	-3,599,987	105,285,780

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
52.01	AUDIOLOGY	5201	SPEECH PATHOLOGY
53	ELECTROCARDIOLOGY	5300	
53.01	EKG AND EEG	5301	ELECTROCARDIOLOGY
53.02	CARDIOPULMONARY	3160	CARDIOPULMONARY
53.03	CARDIAC CATH LAB	5302	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	RENTED SPACE	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140289

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

PREPARED 5/27/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS INTEREST EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		1,377,312
2		NEW CAP REL COSTS-MVBLE EQUIP	4		533,192
3 RECLASS CAFETERIA EXPENSE	B	CAFETERIA	12	498,518	533,129
4 RECLASS POST PARTUM & NURSERY EXPENS	C	ADULTS & PEDIATRICS	25	828,275	102,979
5		NURSERY	33	828,275	102,979
6 RECLASS UTILIZATION REVIEW EXPENSE	D	ADMINISTRATIVE & GENERAL	6	498,041	249,766
7 RECLASS ELECTRICITY EXPENSE	E	OPERATION OF PLANT	8		3,477
8 RECLASS TELEPHONE EXPENSE	F	ADMINISTRATIVE & GENERAL	6		366
9 RECLASS RENAL DIALYSIS EXPENSE	G	RENAL DIALYSIS	57		169,857
10 RECLASS PROPERTY INSURANCE EXPENSE	H	OTHER CAPITAL RELATED COSTS	90		88,000
11 RECLASS EXECUTIVE BENEFITS	I	EMPLOYEE BENEFITS	5		4,000
12 RECLASS BILLABLE MEDICAL SUPPLIES	J	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		10,708,579
13		EMPLOYEE BENEFITS	5		2,155
14		OPERATION OF PLANT	8		788
15		SOCIAL SERVICE	18		6
16		SPEECH PATHOLOGY	52		201
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 RECLASS BILLABLE MEDICAL SUPPLIES	J				
2					
3					
4 RECLASS REAL ESTATE TAXES	K	OTHER CAPITAL RELATED COSTS	90		265,598
5 RECLASS BUILDING OFFICE LEASE	L	NEW CAP REL COSTS-BLDG & FIXT	3		809,040
6					
7					
8					
9 RECLASS PHYSICIAN RENUMERATION	M	RADIOLOGY-DIAGNOSTIC	41		455,000
10		ANESTHESIOLOGY	40		145,833
11 RECLASS PENSION PLAN AUDIT COSTS	N	EMPLOYEE BENEFITS	5		10,500
12 RECLASS REHAB ADMINISTRATIVE EXPENSE	O	SPEECH PATHOLOGY	52	52,968	2,230
13		AUDIOLOGY	52.01	15,059	634
14		OCCUPATIONAL THERAPY	51	98,270	4,136
15		PHYSICAL THERAPY	50	173,263	7,293
36 TOTAL RECLASSIFICATIONS				2,992,669	15,577,050

(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:
140289

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

PREPARED 5/27/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 TO RECLASS INTEREST EXPENSE	A	INTEREST EXPENSE	88		1,910,504	11
2						11
3 RECLASS CAFETERIA EXPENSE	B	DIETARY	11	498,518	533,129	
4 RECLASS POST PARTUM & NURSERY EXPENS	C	DELIVERY ROOM & LABOR ROOM	39	1,656,550	205,958	
5						
6 RECLASS UTILIZATION REVIEW EXPENSE	D	MEDICAL RECORDS & LIBRARY	17	498,041	249,766	
7 RECLASS ELECTRICITY EXPENSE	E	ADMINISTRATIVE & GENERAL	6		3,477	
8 RECLASS TELEPHONE EXPENSE	F	HOME HEALTH AGENCY	71		366	
9 RECLASS RENAL DIALYSIS EXPENSE	G	ADULTS & PEDIATRICS	25		169,857	
10 RECLASS PROPERTY INSURANCE EXPENSE	H	ADMINISTRATIVE & GENERAL	6		88,000	12
11 RECLASS EXECUTIVE BENEFITS	I	ADMINISTRATIVE & GENERAL	6		4,000	
12 RECLASS BILLABLE MEDICAL SUPPLIES	J	ADMINISTRATIVE & GENERAL	6		2,535	
13		LAUNDRY & LINEN SERVICE	9		52	
14		HOUSEKEEPING	10		7,776	
15		NURSING ADMINISTRATION	14		76	
16		CENTRAL SERVICES & SUPPLY	15		466,203	
17		PHARMACY	16		242,455	
18		MEDICAL RECORDS & LIBRARY	17		2,669	
19		ADULTS & PEDIATRICS	25		58,806	
20		INTENSIVE CARE UNIT	26		4,688	
21		SUBPROVIDER	31		1,240	
22		NURSERY	33		47,029	
23		OPERATING ROOM	37		6,415,262	
24		DELIVERY ROOM & LABOR ROOM	39		141,088	
25		ANESTHESIOLOGY	40		188,854	
26		RADIOLOGY-DIAGNOSTIC	41		919,701	
27		LABORATORY	44		708,796	
28		RESPIRATORY THERAPY	49		109,663	
29		PHYSICAL THERAPY	50		6,233	
30		OCCUPATIONAL THERAPY	51		1,090	
31		AUDIOLOGY	52.01		99,164	
32		ELECTROCARDIOLOGY	53		9,283	
33		CARDIOPULMONARY	53.02		790	
34		ADULTS & PEDIATRICS	25		106	
35		ELECTROENCEPHALOGRAPHY	54		4,492	
1 RECLASS BILLABLE MEDICAL SUPPLIES	J	EMERGENCY	61		116,901	
2		HOME HEALTH AGENCY	71		5,103	
3		CARDIAC CATH LAB	53.03		1,151,674	
4 RECLASS REAL ESTATE TAXES	K	ADMINISTRATIVE & GENERAL	6		265,598	
5 RECLASS BUILDING OFFICE LEASE	L	ADMINISTRATIVE & GENERAL	6		538,207	10
6		ADMINISTRATIVE & GENERAL	6		17,100	10
7		PHYSICAL THERAPY	50		84,773	10
8		EMERGENCY	61		168,960	10
9 RECLASS PHYSICIAN RENUMERATION	M	ADMINISTRATIVE & GENERAL	6		600,833	
10						
11 RECLASS PENSION PLAN AUDIT COSTS	N	ADMINISTRATIVE & GENERAL	6		10,500	
12 RECLASS REHAB ADMINISTRATIVE EXPENSE	O	ADMINISTRATIVE & GENERAL	6	339,560	14,293	
13						
14						
15						
36 TOTAL RECLASSIFICATIONS				2,992,669	15,577,050	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140289	FROM 1/ 1/2010	5/27/2011
	TO 12/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS INTEREST EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,377,312	INTEREST EXPENSE	88	1,910,504	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	533,192			0	
TOTAL RECLASSIFICATIONS FOR CODE A			1,910,504	1,910,504			

RECLASS CODE: B
EXPLANATION : RECLASS CAFETERIA EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,031,647	DIETARY	11	1,031,647	
TOTAL RECLASSIFICATIONS FOR CODE B			1,031,647	1,031,647			

RECLASS CODE: C
EXPLANATION : RECLASS POST PARTUM & NURSERY EXPENS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	931,254	DELIVERY ROOM & LABOR ROOM	39	1,862,508	
2.00	NURSERY	33	931,254			0	
TOTAL RECLASSIFICATIONS FOR CODE C			1,862,508	1,862,508			

RECLASS CODE: D
EXPLANATION : RECLASS UTILIZATION REVIEW EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	747,807	MEDICAL RECORDS & LIBRARY	17	747,807	
TOTAL RECLASSIFICATIONS FOR CODE D			747,807	747,807			

RECLASS CODE: E
EXPLANATION : RECLASS ELECTRICITY EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	3,477	ADMINISTRATIVE & GENERAL	6	3,477	
TOTAL RECLASSIFICATIONS FOR CODE E			3,477	3,477			

RECLASS CODE: F
EXPLANATION : RECLASS TELEPHONE EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	366	HOME HEALTH AGENCY	71	366	
TOTAL RECLASSIFICATIONS FOR CODE F			366	366			

RECLASS CODE: G
EXPLANATION : RECLASS RENAL DIALYSIS EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	57	169,857	ADULTS & PEDIATRICS	25	169,857	
TOTAL RECLASSIFICATIONS FOR CODE G			169,857	169,857			

RECLASS CODE: H
EXPLANATION : RECLASS PROPERTY INSURANCE EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	88,000	ADMINISTRATIVE & GENERAL	6	88,000	
TOTAL RECLASSIFICATIONS FOR CODE H			88,000	88,000			

RECLASS CODE: I
EXPLANATION : RECLASS EXECUTIVE BENEFITS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	4,000	ADMINISTRATIVE & GENERAL	6	4,000	
TOTAL RECLASSIFICATIONS FOR CODE I			4,000	4,000			

RECLASSIFICATIONS

RECLASS CODE: J
 EXPLANATION: RECLASS BILLABLE MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	10,708,579	ADMINISTRATIVE & GENERAL	6	2,535	
2.00	EMPLOYEE BENEFITS	5	2,155	LAUNDRY & LINEN SERVICE	9	52	
3.00	OPERATION OF PLANT	8	788	HOUSEKEEPING	10	7,776	
4.00	SOCIAL SERVICE	18	6	NURSING ADMINISTRATIVE	14	76	
5.00	SPEECH PATHOLOGY	52	201	CENTRAL SERVICES & SUPPLY	15	466,203	
6.00			0	PHARMACY	16	242,455	
7.00			0	MEDICAL RECORDS & LIBRARY	17	2,669	
8.00			0	ADULTS & PEDIATRICS	25	58,806	
9.00			0	INTENSIVE CARE UNIT	26	4,688	
10.00			0	SUBPROVIDER	31	1,240	
11.00			0	NURSERY	33	47,029	
12.00			0	OPERATING ROOM	37	6,415,262	
13.00			0	DELIVERY ROOM & LABOR ROOM	39	141,088	
14.00			0	ANESTHESIOLOGY	40	188,854	
15.00			0	RADIOLOGY-DIAGNOSTIC	41	919,701	
16.00			0	LABORATORY	44	708,796	
17.00			0	RESPIRATORY THERAPY	49	109,663	
18.00			0	PHYSICAL THERAPY	50	6,233	
19.00			0	OCCUPATIONAL THERAPY	51	1,090	
20.00			0	AUDIOLOGY	52.01	99,164	
21.00			0	ELECTROCARDIOLOGY	53	9,283	
22.00			0	CARDIOPULMONARY	53.02	790	
23.00			0	ADULTS & PEDIATRICS	25	106	
24.00			0	ELECTROENCEPHALOGRAPHY	54	4,492	
25.00			0	EMERGENCY	61	116,901	
26.00			0	HOME HEALTH AGENCY	71	5,103	
27.00			0	CARDIAC CATH LAB	53.03	1,151,674	
TOTAL RECLASSIFICATIONS FOR CODE J			10,711,729	10,711,729			

RECLASS CODE: K
 EXPLANATION: RECLASS REAL ESTATE TAXES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	265,598	ADMINISTRATIVE & GENERAL	6	265,598	
TOTAL RECLASSIFICATIONS FOR CODE K			265,598	265,598			

RECLASS CODE: L
 EXPLANATION: RECLASS BUILDING OFFICE LEASE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	809,040	ADMINISTRATIVE & GENERAL	6	538,207	
2.00			0	ADMINISTRATIVE & GENERAL	6	17,100	
3.00			0	PHYSICAL THERAPY	50	84,773	
4.00			0	EMERGENCY	61	168,960	
TOTAL RECLASSIFICATIONS FOR CODE L			809,040	809,040			

RECLASS CODE: M
 EXPLANATION: RECLASS PHYSICIAN RENUMERATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	455,000	ADMINISTRATIVE & GENERAL	6	600,833	
2.00	ANESTHESIOLOGY	40	145,833			0	
TOTAL RECLASSIFICATIONS FOR CODE M			600,833	600,833			

RECLASS CODE: N
 EXPLANATION: RECLASS PENSION PLAN AUDIT COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	10,500	ADMINISTRATIVE & GENERAL	6	10,500	
TOTAL RECLASSIFICATIONS FOR CODE N			10,500	10,500			

RECLASS CODE: O
 EXPLANATION: RECLASS REHAB ADMINISTRATIVE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SPEECH PATHOLOGY	52	55,198	ADMINISTRATIVE & GENERAL	6	353,853	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140289	FROM 1/ 1/2010	5/27/2011
	TO 12/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: 0
 EXPLANATION : RECLASS REHAB ADMINISTRATIVE EXPENSE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
2.00	AUDIOLOGY	15,693	52.01		0
3.00	OCCUPATIONAL THERAPY	102,406	51		0
4.00	PHYSICAL THERAPY	180,556	50		0
TOTAL RECLASSIFICATIONS FOR CODE 0		353,853			353,853

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	32,331,415						32,331,415	
2 LAND IMPROVEMENTS								
3 BUILDINGS & FIXTURE								
4 BUILDING IMPROVEMEN								
5 FIXED EQUIPMENT								
6 MOVABLE EQUIPMENT								
7 SUBTOTAL	32,331,415						32,331,415	
8 RECONCILING ITEMS								
9 TOTAL	32,331,415						32,331,415	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	673,013						673,013	
2 LAND IMPROVEMENTS	2,402,694	5,900			5,900		2,408,594	
3 BUILDINGS & FIXTURE	79,091,225	1,902,682			1,902,682	81,483	80,912,424	
4 BUILDING IMPROVEMEN	24,000						24,000	
5 FIXED EQUIPMENT	4,702,839	140,114			140,114	52,995	4,789,958	
6 MOVABLE EQUIPMENT	30,400,530	5,004,083			5,004,083	3,073,198	32,331,415	
7 SUBTOTAL	117,294,301	7,052,779			7,052,779	3,207,676	121,139,404	
8 RECONCILING ITEMS								
9 TOTAL	117,294,301	7,052,779			7,052,779	3,207,676	121,139,404	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL	83,345,018		83,345,018	.691853	60,883	183,755		244,638
4	NEW CAP REL COSTS-MV	37,121,373		37,121,373	.308147	27,117	81,843		108,960
5	TOTAL	120,466,391		120,466,391	1.000000	88,000	265,598		353,598

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	2,506,176	809,040	725,106	60,883	183,755		4,284,960
4	NEW CAP REL COSTS-MV	3,297,310		280,706	27,117	81,843	36,880	3,723,856
5	TOTAL	5,803,486	809,040	1,005,812	88,000	265,598	36,880	8,008,816

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

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	2,506,176						2,506,176
4	NEW CAP REL COSTS-MV	3,297,310					36,880	3,334,190
5	TOTAL	5,803,486					36,880	5,840,366

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-652,206	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-252,486	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-5,663	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,359,466			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
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	B	-66,774	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			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MANAGMENT FEES	B	-264,000	ADMINISTRATIVE & GENERAL	6	
38					
39 EMT CLASS REVENUE	B	-2,069	PARAMED ED PRGM	24	
40 SILVER INCOME	B	-3,110	RADIOLOGY-DIAGNOSTIC	41	
41 HEART FAIR FUNDS OFFSET	B	-200	ADMINISTRATIVE & GENERAL	6	
42 CANCER CENTER STUDIES OFFSET	B	-78,760	RADIOLOGY-DIAGNOSTIC	41	
43 OTHER MISCELLANEOUS INCOME	B	-12,503	ADMINISTRATIVE & GENERAL	6	
44 UNFUNDED MALPRACTICE SELF INSURANCE	A	-47,000	ADMINISTRATIVE & GENERAL	6	
45 OTHER REVENUE PROFESSION	B	-985	ADMINISTRATIVE & GENERAL	6	
46 EDUCATION CLASS-VARIOUS	B	-112	ADMINISTRATIVE & GENERAL	6	
47 CHILDBIRTH CLASSES	B	-18,558	DELIVERY ROOM & LABOR ROO	39	
48 OB LACTATION REVENUE	B	-27,328	DELIVERY ROOM & LABOR ROO	39	
49 OTHER REVENUE EDUCATION REIMB	B	-12	ADMINISTRATIVE & GENERAL	6	
49.01 FINANCIAL SERVICE DONATIONS	A	-15,145	ADMINISTRATIVE & GENERAL	6	
49.02 PATIENT TELEVISIONS	A	-16,021	OPERATION OF PLANT	8	
49.03 PATIENT TELEPHONES	A	-12,284	ADMINISTRATIVE & GENERAL	6	
49.04 SI SHA EMPLOYEE BENEFITS	A	-20,244	EMPLOYEE BENEFITS	5	
49.05 SI SHA EMPLOYEE BENEFITS	A	-9,425	EMPLOYEE BENEFITS	5	
49.06 SI SHA EMPLOYEE BENEFITS	A	-12,772	EMPLOYEE BENEFITS	5	
49.07 SI SHA EMPLOYEE BENEFITS	A	-3,462	EMPLOYEE BENEFITS	5	
49.08 SI SHA EMPLOYEE BENEFITS	A	-6,071	EMPLOYEE BENEFITS	5	
49.09 PHYSICIAN RECRUITMENT	A	-74,502	ADMINISTRATIVE & GENERAL	6	
49.10 LI FELINE EXPENSE	A	-28,657	ADMINISTRATIVE & GENERAL	6	
49.11 LOBBYING EXPENSE	A	-31,280	ADMINISTRATIVE & GENERAL	6	
49.12 PROMOTIONAL ITEMS	A	-16,654	ADMINISTRATIVE & GENERAL	6	
49.13 ALCOHOL EXPENSE	A	-11,586	ADMINISTRATIVE & GENERAL	6	
49.14 PUBLICITY SALARIES	A	-60,631	ADMINISTRATIVE & GENERAL	6	
49.15 PUBLICITY EXPENSES	A	-275,136	ADMINISTRATIVE & GENERAL	6	
49.16 PUBLICITY EMPLOYEE BENEFITS	A	-17,081	EMPLOYEE BENEFITS	5	
49.17 SI SHA PT SALARIES	A	-71,860	PHYSICAL THERAPY	50	
49.18 SI SHA OT SALARIES	A	-12,288	OCCUPATIONAL THERAPY	51	
49.19 SI SHA ST SALARIES	A	-33,454	SPEECH PATHOLOGY	52	
49.20 SI SHA AUDIOLOGY SALARIES	A	-45,337	AUDIOLOGY	52.01	
49.21 SI SHA OVERHEAD	A	-7,163	PHYSICAL THERAPY	50	
49.22 SI SHA OVERHEAD	A	-1,239	SPEECH PATHOLOGY	52	
49.23 SI SHA OVERHEAD	A	-450	AUDIOLOGY	52.01	
49.24 SI SHA OVERHEAD	A	-1,054	OCCUPATIONAL THERAPY	51	
49.25 SI SHA OVERHEAD	A	-2,453	ADMINISTRATIVE & GENERAL	6	
49.26 SI SHA DIRECTOR SALARIES	A	-21,549	ADMINISTRATIVE & GENERAL	6	
49.27 ALCOHOL EXPENSE	A	-557	DIETARY	11	
49.28 ALCOHOL EXPENSE	A	-400	MEDICAL RECORDS & LIBRARY	17	
50 TOTAL (SUM OF LINES 1 THRU 49)		-3,599,987			

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF.
			COST CENTER	LINE NO	
	1	2	3	4	5
50 TOTAL (SUM OF LINES 1 THRU 49)		-3,599,987			

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 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 44	LAB/AGGREGATE	137,500	126,042	11,458	215,700	46	4,770	239
2 37	OR/SHUN LIN	25,000		25,000	208,000	752	75,200	3,760
3 53	CARDIOLOGY/AGGREGATE	146,490	146,490					
4 6	ADMINISTRATIVE & GENERAL	636,456	636,456					
5 49	RESPIRATORY THERAPY	16,667		16,667	177,200	85	7,241	362
6 53 3	CARDIAC CATH LAB	18,750		18,750	208,000	80	8,000	400
7 41	RADIOLOGY-DIAGNOSTIC	200,000		200,000	225,300	964	104,418	5,221
8 41	RADIOLOGY-DIAGNOSTIC	255,000	255,000					
9 40	ANESTHESIOLOGY	145,833		145,833	200,300	756	72,801	3,640
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,581,696	1,163,988	417,708		2,683	272,430	13,622

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 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 44	LAB/AGGREGATE					4,770	6,688	132,730
2 37	OR/SHUN LIN					75,200		
3 53	CARDIOLOGY/AGGREGATE							146,490
4 6	ADMINISTRATIVE & GENERAL							636,456
5 49	RESPIRATORY THERAPY					7,241	9,426	9,426
6 53 3	CARDIAC CATH LAB					8,000	10,750	10,750
7 41	RADIOLOGY-DIAGNOSTIC					104,418	95,582	95,582
8 41	RADIOLOGY-DIAGNOSTIC							255,000
9 40	ANESTHESIOLOGY					72,801	73,032	73,032
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					272,430	195,478	1,359,466

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF SERVICE	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	MEALS SERVED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUI S.	ENTERED
16	PHARMACY	15	COSTED REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED
24	PARAMED ED PRGM	22	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	SUBTOTAL 5a.00	ADMINISTRATIVE MAINTENANCE & REPAIRS	
	0	3	4	5		6	7
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &	4,284,960	4,284,960					
004 NEW CAP REL COSTS-MVBLE	3,723,856		3,723,856				
005 EMPLOYEE BENEFITS	12,070,405	7,986	1,963	12,080,354			
006 ADMINISTRATIVE & GENERAL	20,252,450	303,645	1,226,210	1,630,456	23,412,761	23,412,761	
007 MAINTENANCE & REPAIRS	1,325,308	33,102	57,252	245,493	1,661,155	475,031	2,136,186
008 OPERATION OF PLANT	1,706,243	369,633	158,829		2,234,705	639,045	200,396
009 LAUNDRY & LINEN SERVICE	522,880	4,855	1,062	13,231	542,028	155,000	2,632
010 HOUSEKEEPING	1,167,211	40,850	40,067	286,430	1,534,558	438,828	22,147
011 DIETARY	522,737	120,065	1,632	71,895	716,329	204,844	65,093
012 CAFETERIA	1,031,647		3,219	141,738	1,176,604	336,466	
014 NURSING ADMINISTRATION	780,262	12,887	402	172,766	966,317	276,332	6,987
015 CENTRAL SERVICES & SUPPLY	963,745	119,554	64,975	212,102	1,360,376	389,019	64,816
016 PHARMACY	4,717,660	28,031	161,502	304,035	5,211,228	1,490,224	15,197
017 MEDICAL RECORDS & LIBRARY	1,578,774	100,168	72,058	316,618	2,067,618	591,264	54,306
018 SOCIAL SERVICE	292,728	7,884	486	81,260	382,358	109,341	4,274
024 PARAMED PRGM	60,938			18,220	79,158	22,636	
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	6,368,668	272,528	79,880	1,780,586	8,501,662	2,431,169	147,751
026 INTENSIVE CARE UNIT	1,570,375	100,565	30,840	347,843	2,049,623	586,118	54,521
031 SUBPROVIDER	1,393,632	78,920	4,444	238,524	1,715,520	490,577	42,786
033 NURSERY	884,225	11,594	16,977	235,493	1,148,289	328,369	6,285
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	6,598,537	355,419	582,161	1,337,003	8,873,120	2,537,393	192,690
039 DELIVERY ROOM & LABOR ROOM	2,606,787	358,913	50,930	706,480	3,723,110	1,064,675	194,584
040 ANESTHESIOLOGY	131,130		20,849		151,979	43,461	
041 RADIOLOGY-DIAGNOSTIC	5,093,200	252,438	670,923	793,952	6,810,513	1,947,562	136,859
044 LABORATORY	4,229,408	65,205	85,920	353,625	4,734,158	1,353,799	35,351
049 RESPIRATORY THERAPY	1,205,914	70,639	54,041	287,672	1,618,266	462,766	38,297
050 PHYSICAL THERAPY	1,498,300	80,179	15,956	416,311	2,010,746	575,001	43,469
051 OCCUPATIONAL THERAPY	794,978	38,751	3,938	220,183	1,057,850	302,507	21,009
052 SPEECH PATHOLOGY	547,956	14,702	226	149,674	712,558	203,766	7,971
052 01 AUDIOLOGY	119,301	5,400	2,355	31,747	158,803	45,412	2,927
053 ELECTROCARDIOLOGY	379,756		26,019	85,939	491,714	140,613	
053 01 EKG AND EEG							
053 02 CARDIOPULMONARY	415,440	3,029	2,320	118,221	539,010	154,137	1,642
053 03 CARDIAC CATH LAB	516,477		96,986	138,774	752,237	215,113	
054 ELECTROENCEPHALOGRAPHY	51,418		8,974	13,506	73,898	21,132	
055 MEDICAL SUPPLIES CHARGED	10,708,579				10,708,579	3,062,294	
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	169,857				169,857	48,573	
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	4,220,476	319,663	178,530	1,132,186	5,850,855	1,673,134	173,305
062 OBSERVATION BEDS (NON-DIS)							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	779,562	20,964	1,930	198,391	1,000,847	286,206	11,365
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	105,285,780	3,197,569	3,723,856	12,080,354	104,198,389	23,101,807	1,546,660
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		30,481			30,481	8,716	16,525
098 PHYSICIANS' PRIVATE OFFICE		612,316			612,316	175,100	331,965
100 RENTED SPACE		444,594			444,594	127,138	241,036
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	105,285,780	4,284,960	3,723,856	12,080,354	105,285,780	23,412,761	2,136,186

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	3,074,146						
010 LAUNDRY & LINEN SERVICE	4,180	703,840					
011 HOUSEKEEPING	35,170		2,030,703				
012 DIETARY	103,371			1,091,801			
014 CAFETERIA					2,164		
015 NURSING ADMINISTRATION	11,095				3,829	1,516,899	
016 CENTRAL SERVICES & SUPPLY	102,932	14,903			35,155	1,309,538	
017 PHARMACY	24,134				13,652		2,057,411
018 MEDICAL RECORDS & LIBRARY	86,240				5,994		5,828
024 SOCIAL SERVICE	6,788				12,154		
025 PARAMED ED PRGM		5,585			8,658		
026 INPAT ROUTINE SRVC CNTRS					6,327	13,746	
025 ADULTS & PEDIATRICS	234,637	215,504	531,442	870,286	243,007	445,216	75,928
026 INTENSIVE CARE UNIT	86,582	26,132	274,379	74,003	22,752	74,376	25,453
031 SUBPROVIDER	67,947	29,777	124,037	147,512			4,734
033 NURSERY	9,982	12,503	47,117		18,881	68,031	17,959
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	306,002	142,709	22,476		176,488	303,953	396,254
040 DELIVERY ROOM & LABOR ROO	309,010	68,071	141,518		56,644	159,830	53,876
041 ANESTHESIOLOGY					11,692		13,034
044 RADIOLOGY-DIAGNOSTIC	217,340	53,893	144,515		166,613		6,954
049 LABORATORY	56,139		19,480		97,250		9,978
050 RESPIRATORY THERAPY	60,818		61,935		60,515		7,023
051 PHYSICAL THERAPY	69,031	18,994	50,947		42,345		335
052 OCCUPATIONAL THERAPY	33,363		17,981		24,016		190
053 SPEECH PATHOLOGY	12,658		9,657		12,956		102
052 01 AUDIOLOGY	4,649		2,830		3,713		29
053 ELECTROCARDIOLOGY			40,957		27,018		968
053 01 EKG AND EEG							
053 02 CARDIOPULMONARY	2,608	2,225			39,264		2,233
053 03 CARDIAC CATH LAB		3,627				26,110	2,625
054 ELECTROENCEPHALOGRAPHY		1,304					939
055 MEDICAL SUPPLIES CHARGED							1,367,163
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	275,218	108,613	333,650		119,608	232,022	64,216
071 OBSERVATION BEDS (NON-DIS							
095 OTHER REIMBURS COST CNTRS							
096 HOME HEALTH AGENCY	18,049						1,590
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	2,137,943	703,840	1,875,699	1,091,801	1,477,872	1,309,538	2,057,411
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	26,243		7,326		39,027		
100 PHYSICIANS' PRIVATE OFFIC	527,181		147,678				
101 RENTED SPACE	382,779						
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 TOTAL	3,074,146	703,840	2,030,703	1,091,801	1,516,899	1,309,538	2,057,411

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PARAMED PRGM 24	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	6,806,166						
018 MEDICAL RECORDS & LIBRARY		2,947,523					
024 SOCIAL SERVICE			522,834				
PARAMED PRGM				107,379			
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	53,797	141,270	291,612		14,183,281		14,183,281
026 INTENSIVE CARE UNIT	15,117	24,793	91,238		3,405,087		3,405,087
031 SUBPROVIDER	5,344	34,370	110,439		2,773,043		2,773,043
033 NURSERY	2,951	35,731	2,808		1,698,906		1,698,906
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	13,800	430,520			13,395,405		13,395,405
039 DELIVERY ROOM & LABOR ROO	5,981	126,978	8,418		5,912,695		5,912,695
040 ANESTHESIOLOGY		77,004			297,170		297,170
041 RADIOLOGY-DIAGNOSTIC		659,148			10,143,397		10,143,397
044 LABORATORY		430,131			6,736,286		6,736,286
049 RESPIRATORY THERAPY		100,824			2,410,444		2,410,444
050 PHYSICAL THERAPY		77,441			2,888,309		2,888,309
051 OCCUPATIONAL THERAPY		46,572			1,503,488		1,503,488
052 SPEECH PATHOLOGY		15,410			975,078		975,078
052 01 AUDIOLOGY		5,104			223,467		223,467
053 ELECTROCARDIOLOGY		68,739			770,009		770,009
053 01 EKG AND EEG							
053 02 CARDIOPULMONARY		8,653			749,772		749,772
053 03 CARDIAC CATH LAB		81,087			1,080,799		1,080,799
054 ELECTROENCEPHALOGRAPHY		9,139			106,412		106,412
055 MEDICAL SUPPLIES CHARGED		136,895			15,274,931		15,274,931
056 DRUGS CHARGED TO PATIENTS	6,702,166	146,326			6,848,492		6,848,492
057 RENAL DIALYSIS		4,667			223,097		223,097
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	7,010	286,721	18,319	107,379	9,250,050		9,250,050
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY					1,318,057		1,318,057
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	6,806,166	2,947,523	522,834	107,379	102,167,675		102,167,675
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					128,318		128,318
098 PHYSICIANS' PRIVATE OFFIC					1,794,240		1,794,240
100 RENTED SPACE					1,195,547		1,195,547
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	6,806,166	2,947,523	522,834	107,379	105,285,780		105,285,780

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	4a	5	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		7,986	1,963	9,949	9,949		
007 ADMIN STRATIVE & GENERAL	147,367	303,645	1,226,210	1,677,222	1,342	1,678,564	
008 MAINTENANCE & REPAIRS		33,102	57,252	90,354	202	34,057	124,613
009 OPERATION OF PLANT		369,633	158,829	528,462		45,816	11,690
010 LAUNDRY & LINEN SERVICE		4,855	1,062	5,917	11	11,113	154
011 HOUSEKEEPING		40,850	40,067	80,917	236	31,462	1,292
012 DIETARY		120,065	1,632	121,697	59	14,686	3,797
014 CAFETERIA			3,219	3,219	117	24,123	
015 NURSING ADMINISTRATION		12,887	402	13,289	142	19,811	408
016 CENTRAL SERVICES & SUPPLY	96,770	119,554	64,975	281,299	175	27,890	3,781
017 PHARMACY	36,725	28,031	161,502	226,258	250	106,841	887
018 MEDICAL RECORDS & LIBRARY		100,168	72,058	172,226	261	42,390	3,168
024 SOCIAL SERVICE		7,884	486	8,370	67	7,839	249
025 PARAMED ED PRGM					15	1,623	
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	324	272,528	79,880	352,732	1,473	174,301	8,619
026 INTENSIVE CARE UNIT		100,565	30,840	131,405	286	42,021	3,180
031 SUBPROVIDER		78,920	4,444	83,364	196	35,172	2,496
033 NURSERY	324	11,594	16,977	28,895	194	23,542	367
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	149,133	355,419	582,161	1,086,713	1,100	181,917	11,240
040 DELIVERY ROOM & LABOR ROO	972	358,913	50,930	410,815	581	76,331	11,351
041 ANESTHESIOLOGY			20,849	20,849		3,116	
044 RADIOLOGY-DIAGNOSTIC	693,975	252,438	670,923	1,617,336	653	139,629	7,984
049 LABORATORY	39,709	65,205	85,920	190,834	291	97,060	2,062
050 RESPIRATORY THERAPY	9,591	70,639	54,041	134,271	237	33,178	2,234
051 PHYSICAL THERAPY		80,179	15,956	96,135	343	41,224	2,536
052 OCCUPATIONAL THERAPY		38,751	3,938	42,689	181	21,688	1,226
052 SPEECH PATHOLOGY		14,702	226	14,928	123	14,609	465
052 01 AUDIOLOGY		5,400	2,355	7,755	26	3,256	171
053 ELECTROCARDIOLOGY	15,701		26,019	41,720	71	10,081	
053 01 EKG AND EEG							
053 02 CARDIOPULMONARY		3,029	2,320	5,349	97	11,051	96
053 03 CARDIAC CATH LAB			96,986	96,986	114	15,422	
054 ELECTROENCEPHALOGRAPHY			8,974	8,974	11	1,515	
055 MEDICAL SUPPLIES CHARGED						219,551	
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS						3,482	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		319,663	178,530	498,193	932	119,954	10,110
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		20,964	1,930	22,894	163	20,519	663
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,190,591	3,197,569	3,723,856	8,112,016	9,949	1,656,270	90,226
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		30,481		30,481		625	964
098 PHYSICIANS' PRIVATE OFFIC		612,316		612,316		12,554	19,362
100 RENTED SPACE		444,594		444,594		9,115	14,061
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,190,591	4,284,960	3,723,856	9,199,407	9,949	1,678,564	124,613

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	585,968						
010 LAUNDRY & LINEN SERVICE	797	17,992					
011 HOUSEKEEPING	6,704		120,611				
012 DIETARY	19,704			160,072			
014 CAFETERIA					27,686		
015 NURSING ADMINISTRATION	2,115		811		642	37,218	
016 CENTRAL SERVICES & SUPPLY	19,620	381	356		2,179		335,681
017 PHARMACY	4,600		722		865		951
018 MEDICAL RECORDS & LIBRARY	16,438		514		2,545		
024 SOCIAL SERVICE	1,294		376		251		
025 PARAMEDICAL PRGM		143					
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	44,724	5,507	31,564	127,595	4,436	12,654	12,388
026 INTENSIVE CARE UNIT	16,504	668	16,296	10,850	415	2,114	4,153
031 SUBPROVIDER	12,952	761	7,367	21,627			772
033 NURSERY	1,903	320	2,798		345	1,933	2,930
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	58,328	3,648	1,335		3,221	8,639	64,652
040 DELIVERY ROOM & LABOR ROO	58,901	1,740	8,405		1,034	4,542	8,790
041 ANESTHESIOLOGY					213		2,127
044 RADIOLOGY-DIAGNOSTIC	41,427	1,378	8,583		3,041		1,135
049 LABORATORY	10,701		1,157		1,775		1,628
050 RESPIRATORY THERAPY	11,593		3,679		1,104		1,146
051 PHYSICAL THERAPY	13,158	486	3,026		773		55
052 OCCUPATIONAL THERAPY	6,359		1,068		438		31
052 SPEECH PATHOLOGY	2,413		574		236		17
053 01 AUDIOLOGY	886		168		68		5
053 02 ELECTROCARDIOLOGY			2,433		493		158
053 03 EKG AND EEG							
053 02 CARDIOPULMONARY	497	57			717		364
053 03 CARDIAC CATH LAB		93				742	428
054 ELECTROENCEPHALOGRAPHY		33					153
055 MEDICAL SUPPLIES CHARGED							223,062
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	52,460	2,777	19,817		2,183	6,594	10,477
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY	3,440						259
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	407,518	17,992	111,405	160,072	26,974	37,218	335,681
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	5,002		435		712		
100 PHYSICIANS' PRIVATE OFFIC	100,486		8,771				
101 RENTED SPACE	72,962						
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	585,968	17,992	120,611	160,072	27,686	37,218	335,681

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PARAMED ED PRGM 24	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	341,374						
018 MEDICAL RECORDS & LIBRARY		237,542					
024 SOCIAL SERVICE			18,446				
PARAMED ED PRGM				1,781			
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	2,698	11,385	10,289		800,365		800,365
026 INTENSIVE CARE UNIT	758	1,998	3,219		233,867		233,867
031 SUBPROVIDER	268	2,770	3,896		171,641		171,641
033 NURSERY	148	2,880	99		66,354		66,354
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	692	34,696			1,456,181		1,456,181
039 DELIVERY ROOM & LABOR ROO	300	10,233	297		593,320		593,320
040 ANESTHESIOLOGY		6,206			32,511		32,511
041 RADIOLOGY-DIAGNOSTIC		53,122			1,874,288		1,874,288
044 LABORATORY		34,664			340,172		340,172
049 RESPIRATORY THERAPY		8,125			195,567		195,567
050 PHYSICAL THERAPY		6,241			163,977		163,977
051 OCCUPATIONAL THERAPY		3,753			77,433		77,433
052 SPEECH PATHOLOGY		1,242			34,607		34,607
052 01 AUDIOLOGY		411			12,746		12,746
053 ELECTROCARDIOLOGY		5,540			60,496		60,496
053 01 EKG AND EEG							
053 02 CARDIOPULMONARY		697			18,925		18,925
053 03 CARDIAC CATH LAB		6,535			120,320		120,320
054 ELECTROENCEPHALOGRAPHY		737			11,423		11,423
055 MEDICAL SUPPLIES CHARGED		11,032			453,645		453,645
056 DRUGS CHARGED TO PATIENTS	336,158	11,792			347,950		347,950
057 RENAL DIALYSIS		376			3,858		3,858
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	352	23,107	646		747,602		747,602
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY					47,938		47,938
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	341,374	237,542	18,446		7,865,186		7,865,186
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					38,219		38,219
098 PHYSICIANS' PRIVATE OFFIC					753,489		753,489
100 RENTED SPACE					540,732		540,732
101 CROSS FOOT ADJUSTMENTS				1,781	1,781		1,781
102 NEGATIVE COST CENTER							
103 TOTAL	341,374	237,542	18,446	1,781	9,199,407		9,199,407

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	ADMINISTRATIVE MAINTENANCE & REPAIRS	
	OSTS-BLDG &	OSTS-MVBLE E	FITS	E & GENERAL	REPAIRS
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6	7
003 GENERAL SERVICE COST				6a.00	
004 NEW CAP REL COSTS-BLD	377,729				
005 NEW CAP REL COSTS-MVB		3,297,405			
006 EMPLOYEE BENEFITS	704	1,738	42,488,811		
007 ADMINISTRATIVE & GENE	26,767	1,085,788	5,734,621	-23,412,761	81,873,019
008 MAINTENANCE & REPAIRS	2,918	50,696	863,445		1,661,155
009 OPERATION OF PLANT	32,584	140,640			2,234,705
010 LAUNDRY & LINEN SERVI	428	940	46,537		542,028
011 HOUSEKEEPING	3,601	35,479	1,007,429		1,534,558
012 DIETARY	10,584	1,445	252,869		716,329
014 CAFETERIA		2,850	498,518		1,176,604
015 NURSING ADMINISTRATION	1,136	356	607,649		966,317
016 CENTRAL SERVICES & SU	10,539	57,534	746,002		1,360,376
017 PHARMACY	2,471	143,007	1,069,350		5,211,228
018 MEDICAL RECORDS & LIB	8,830	63,806	1,113,605		2,067,618
024 SOCIAL SERVICE	695	430	285,807		382,358
025 PARAMED PRGM			64,084		79,158
026 INPAT ROUTINE SRVC CN					
026 ADULTS & PEDIATRICS	24,024	70,732	6,262,581		8,501,662
031 INTENSIVE CARE UNIT	8,865	27,308	1,223,430		2,049,623
033 SUBPROVIDER	6,957	3,935	838,935		1,715,520
037 NURSERY	1,022	15,033	828,275		1,148,289
039 ANCILLARY SRVC COST C					
040 OPERATING ROOM	31,331	515,493	4,702,490		8,873,120
041 DELIVERY ROOM & LABOR	31,639	45,098	2,484,825		3,723,110
044 ANESTHESIOLOGY		18,461			151,979
049 RADIOLOGY-DIAGNOSTIC	22,253	594,090	2,792,479		6,810,513
050 LABORATORY	5,748	76,081	1,243,766		4,734,158
051 RESPIRATORY THERAPY	6,227	47,852	1,011,797		1,618,266
052 PHYSICAL THERAPY	7,068	14,129	1,464,243		2,010,746
053 OCCUPATIONAL THERAPY	3,416	3,487	774,424		1,057,850
055 SPEECH PATHOLOGY	1,296	200	526,432		712,558
056 01 AUDIOLOGY	476	2,085	111,659		158,803
057 ELECTROCARDIOLOGY		23,039	302,262		491,714
053 01 EKG AND EEG					
053 02 CARDIOPULMONARY	267	2,054	415,807		539,010
054 03 CARDIAC CATH LAB		85,879	488,096		752,237
055 ELECTROENCEPHALOGRAPH		7,946	47,503		73,898
056 MEDICAL SUPPLIES CHAR					10,708,579
057 DRUGS CHARGED TO PATI					
061 RENAL DIALYSIS					169,857
062 OUTPAT SERVICE COST C					
071 EMERGENCY	28,179	158,085	3,982,113		5,850,855
095 OBSERVATION BEDS (NON					
095 OTHER REIMBURS COST C					
095 HOME HEALTH AGENCY	1,848	1,709	697,778		1,000,847
095 SPEC PURPOSE COST CEN					
095 SUBTOTALS	281,873	3,297,405	42,488,811	-23,412,761	80,785,628
096 NONREIMBURS COST CENT					
096 GI FT, FLOWER, COFFEE	2,687				30,481
098 PHYSICIANS' PRIVATE O	53,977				612,316
100 RENTED SPACE	39,192				444,594
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	4,284,960	3,723,856	12,080,354		23,412,761
104 (WRKSHT B, PART I)					
104 UNIT COST MULTIPLIER	11.344006		.284318		.285964
105 (WRKSHT B, PT I)		1.129329			
105 COST TO BE ALLOCATED					
106 (WRKSHT B, PART II)					
106 UNIT COST MULTIPLIER					
106 (WRKSHT B, PT II)					
107 COST TO BE ALLOCATED			9,949		1,678,564
107 (WRKSHT B, PART III)					
108 UNIT COST MULTIPLIER			.000234		.020502
108 (WRKSHT B, PT III)					
					.358764

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	S(MEALS SERVED)	S(DIRECT)SING HRS	NR(COSTED)EQUI S.
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	314,756						
009 LAUNDRY & LINEN SERVICE	428	979,713					
010 HOUSEKEEPING	3,601		12,197				
011 DIETARY	10,584		13	88,447			
012 CAFETERIA			23		19,201		
014 NURSING ADMINISTRATION	1,136		82		445	25,178	
015 CENTRAL SERVICES & SUPPLY	10,539	20,745	36		1,511		3,252,854
016 PHARMACY	2,471		73		600		9,214
017 MEDICAL RECORDS & LIBRARY	8,830		52		1,765		
018 SOCIAL SERVICE	695		38		174		
024 PARAMEDICAL PROGRAM		7,774					
025 INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	24,024	299,971	3,192	70,502	3,076	8,560	120,045
026 INTENSIVE CARE UNIT	8,865	36,374	1,648	5,995	288	1,430	40,243
031 SUBPROVIDER	6,957	41,448	745	11,950			7,484
033 NURSERY	1,022	17,403	283		239	1,308	28,394
037 ANCILLARY SERVICE CENTER							
037 OPERATING ROOM	31,331	198,645	135		2,234	5,844	626,495
039 DELIVERY ROOM & LABOR	31,639	94,752	850		717	3,073	85,181
040 ANESTHESIOLOGY					148		20,607
041 RADIOLOGY-DIAGNOSTIC	22,253	75,017	868		2,109		10,994
044 LABORATORY	5,748		117		1,231		15,775
049 RESPIRATORY THERAPY	6,227		372		766		11,104
050 PHYSICAL THERAPY	7,068	26,439	306		536		530
051 OCCUPATIONAL THERAPY	3,416		108		304		300
052 SPEECH PATHOLOGY	1,296		58		164		162
052 01 AUDIOLOGY	476		17		47		46
053 ELECTROCARDIOLOGY			246		342		1,530
053 01 EKG AND EEG							
053 02 CARDIOPULMONARY	267	3,097			497		3,530
053 03 CARDIAC CATH LAB		5,048				502	4,151
054 ELECTROENCEPHALOGRAPH		1,815					1,484
055 MEDICAL SUPPLIES CHARGED TO PATIENT							2,161,542
056 DRUGS CHARGED TO PATIENT							
057 RENAL DIALYSIS							
061 OUTPATIENT SERVICE COST CENTER							
061 EMERGENCY	28,179	151,185	2,004		1,514	4,461	101,529
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
071 OTHER REIMBURSABLE COST CENTER							
071 HOME HEALTH AGENCY	1,848						2,514
095 SPECIAL PURPOSE COST CENTER							
095 SUBTOTALS	218,900	979,713	11,266	88,447	18,707	25,178	3,252,854
096 NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE	2,687		44		494		
098 PHYSICIANS' PRIVATE OFFICE	53,977		887				
100 RENTED SPACE	39,192						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	3,074,146	703,840	2,030,703	1,091,801	1,516,899	1,309,538	2,057,411
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.718414		12.344127		52.011200	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	9,766,759		166,492,006		79,001,042		632,494
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	585,968	17,992	120,611	160,072	27,686	37,218	335,681
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.861658	.018365	9.888579	1.809807	1.441904	1.478195	.103196

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PHARMACY (COSTED EQUI S.	MEDICAL RECORDS & LIBRARY R(TIME)SPENT	SOCIAL SERVICE (TIME)SPENT	PARAMED ED PRGM (ASSIGNED TIME)
GENERAL SERVICE COST	16	17	18	24
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPORT				
016 PHARMACY	1,302,997			
017 MEDICAL RECORDS & LIBRARY		60,632		
018 SOCIAL SERVICE			185,460	
024 PARAMED ED PRGM				100
INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS	10,299	2,906	103,441	
026 INTENSIVE CARE UNIT	2,894	510	32,364	
031 SUBPROVIDER	1,023	707	39,175	
033 NURSERY	565	735	996	
ANCILLARY SRVC COST C				
037 OPERATING ROOM	2,642	8,856		
039 DELIVERY ROOM & LABOR	1,145	2,612	2,986	
040 ANESTHESIOLOGY		1,584		
041 RADIOLOGY-DIAGNOSTIC		13,559		
044 LABORATORY		8,848		
049 RESPIRATORY THERAPY		2,074		
050 PHYSICAL THERAPY		1,593		
051 OCCUPATIONAL THERAPY		958		
052 SPEECH PATHOLOGY		317		
052 01 AUDIOLOGY		105		
053 ELECTROCARDIOLOGY		1,414		
053 01 EKG AND EEG				
053 02 CARDIOPULMONARY		178		
053 03 CARDIAC CATH LAB		1,668		
054 ELECTROENCEPHALOGRAPH		188		
055 MEDICAL SUPPLIES CHAR		2,816		
056 DRUGS CHARGED TO PATIENT	1,283,087	3,010		
057 RENAL DIALYSIS		96		
OUTPAT SERVICE COST C				
061 EMERGENCY	1,342	5,898	6,498	100
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C				
071 HOME HEALTH AGENCY				
SPEC PURPOSE COST CEN				
095 SUBTOTALS	1,302,997	60,632	185,460	100
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				
098 PHYSICIANS' PRIVATE O				
100 RENTED SPACE				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED (PER WRKSHT B, PART	6,806,166	2,947,523	522,834	107,379
UNIT COST MULTIPLIER (WRKSHT B, PT I)	5.223470	48.613323	2.819120	1,073.790000
105 COST TO BE ALLOCATED (PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)				
107 COST TO BE ALLOCATED (PER WRKSHT B, PART	341,374	237,542	18,446	1,781
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.261991	3.917766	.099461	17.810000

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	14,183,281		14,183,281		14,183,281
26	INTENSIVE CARE UNIT	3,405,087		3,405,087		3,405,087
31	SUBPROVIDER	2,773,043		2,773,043		2,773,043
33	NURSERY	1,698,906		1,698,906		1,698,906
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	13,395,405		13,395,405		13,395,405
39	DELIVERY ROOM & LABOR ROO	5,912,695		5,912,695		5,912,695
40	ANESTHESIOLOGY	297,170		297,170	73,032	370,202
41	RADIOLOGY-DIAGNOSTIC	10,143,397		10,143,397	95,582	10,238,979
44	LABORATORY	6,736,286		6,736,286	6,688	6,742,974
49	RESPIRATORY THERAPY	2,410,444		2,410,444	9,426	2,419,870
50	PHYSICAL THERAPY	2,888,309		2,888,309		2,888,309
51	OCCUPATIONAL THERAPY	1,503,488		1,503,488		1,503,488
52	SPEECH PATHOLOGY	975,078		975,078		975,078
52	01 AUDIOLOGY	223,467		223,467		223,467
53	ELECTROCARDIOLOGY	770,009		770,009		770,009
53	01 EKG AND EEG					
53	02 CARDIOPULMONARY	749,772		749,772		749,772
53	03 CARDIAC CATH LAB	1,080,799		1,080,799	10,750	1,091,549
54	ELECTROENCEPHALOGRAPHY	106,412		106,412		106,412
55	MEDICAL SUPPLIES CHARGED	15,274,931		15,274,931		15,274,931
56	DRUGS CHARGED TO PATIENTS	6,848,492		6,848,492		6,848,492
57	RENAL DIALYSIS	223,097		223,097		223,097
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	9,250,050		9,250,050		9,250,050
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	829,751		829,751		829,751
101	SUBTOTAL	101,679,369		101,679,369	195,478	101,874,847
102	LESS OBSERVATION BEDS	829,751		829,751		829,751
103	TOTAL	100,849,618		100,849,618	195,478	101,045,096

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	14,886,890		14,886,890			
26	INTENSIVE CARE UNIT	2,850,894		2,850,894			
31	SUBPROVIDER	4,107,714		4,107,714			
33	NURSERY	3,955,256		3,955,256			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	15,172,810	34,342,555	49,515,365	.270530	.270530	.270530
39	DELIVERY ROOM & LABOR ROO	12,411,517	2,191,540	14,603,057	.404894	.404894	.404894
40	ANESTHESIOLOGY	2,871,335	5,984,622	8,855,957	.033556	.033556	.041803
41	RADIOLOGY-DIAGNOSTIC	11,380,506	64,427,756	75,808,262	.133803	.133803	.135064
44	LABORATORY	18,428,464	31,037,645	49,466,109	.136180	.136180	.136315
49	RESPIRATORY THERAPY	7,011,074	4,586,873	11,597,947	.207834	.207834	.208646
50	PHYSICAL THERAPY	4,067,641	4,838,045	8,905,686	.324322	.324322	.324322
51	OCCUPATIONAL THERAPY	3,130,210	2,224,423	5,354,633	.280783	.280783	.280783
52	SPEECH PATHOLOGY	408,390	1,365,412	1,773,802	.549711	.549711	.549711
52	01 AUDIOLOGY		587,905	587,905	.380107	.380107	.380107
53	ELECTROCARDIOLOGY	3,525,564	4,379,907	7,905,471	.097402	.097402	.097402
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY	383,771	611,611	995,382	.753251	.753251	.753251
53	03 CARDIAC CATH LAB	5,915,688	3,410,850	9,326,538	.115884	.115884	.117037
54	ELECTROENCEPHALOGRAPHY	76,542	975,285	1,051,827	.101169	.101169	.101169
55	MEDICAL SUPPLIES CHARGED	10,387,876	5,358,465	15,746,341	.970062	.970062	.970062
56	DRUGS CHARGED TO PATIENTS	13,326,692	3,501,455	16,828,147	.406966	.406966	.406966
57	RENAL DIALYSIS	539,584	4,596	544,180	.409969	.409969	.409969
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,736,845	26,238,659	32,975,504	.280513	.280513	.280513
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	193,848	1,157,868	1,351,716	.613850	.613850	.613850
101	SUBTOTAL	141,769,111	197,225,472	338,994,583			
102	LESS OBSERVATION BEDS						
103	TOTAL	141,769,111	197,225,472	338,994,583			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0289
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/27/2011
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	14,183,281		14,183,281		14,183,281
26	INTENSIVE CARE UNIT	3,405,087		3,405,087		3,405,087
31	SUBPROVIDER	2,773,043		2,773,043		2,773,043
33	NURSERY	1,698,906		1,698,906		1,698,906
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	13,395,405		13,395,405		13,395,405
39	DELIVERY ROOM & LABOR ROOM	5,912,695		5,912,695		5,912,695
40	ANESTHESIOLOGY	297,170		297,170	73,032	370,202
41	RADIOLOGY-DIAGNOSTIC	10,143,397		10,143,397	95,582	10,238,979
44	LABORATORY	6,736,286		6,736,286	6,688	6,742,974
49	RESPIRATORY THERAPY	2,410,444		2,410,444	9,426	2,419,870
50	PHYSICAL THERAPY	2,888,309		2,888,309		2,888,309
51	OCCUPATIONAL THERAPY	1,503,488		1,503,488		1,503,488
52	SPEECH PATHOLOGY	975,078		975,078		975,078
52	01 AUDIOLOGY	223,467		223,467		223,467
53	ELECTROCARDIOLOGY	770,009		770,009		770,009
53	01 EKG AND EEG					
53	02 CARDIOPULMONARY	749,772		749,772		749,772
53	03 CARDIAC CATH LAB	1,080,799		1,080,799	10,750	1,091,549
54	ELECTROENCEPHALOGRAPHY	106,412		106,412		106,412
55	MEDICAL SUPPLIES CHARGED	15,274,931		15,274,931		15,274,931
56	DRUGS CHARGED TO PATIENTS	6,848,492		6,848,492		6,848,492
57	RENAL DIALYSIS	223,097		223,097		223,097
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	9,250,050		9,250,050		9,250,050
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)	829,751		829,751		829,751
101	SUBTOTAL	101,679,369		101,679,369	195,478	101,874,847
102	LESS OBSERVATION BEDS	829,751		829,751		829,751
103	TOTAL	100,849,618		100,849,618	195,478	101,045,096

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	14,886,890		14,886,890			
26	INTENSIVE CARE UNIT	2,850,894		2,850,894			
31	SUBPROVIDER	4,107,714		4,107,714			
33	NURSERY	3,955,256		3,955,256			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	15,172,810	34,342,555	49,515,365	.270530	.270530	.270530
39	DELIVERY ROOM & LABOR ROO	12,411,517	2,191,540	14,603,057	.404894	.404894	.404894
40	ANESTHESIOLOGY	2,871,335	5,984,622	8,855,957	.033556	.033556	.041803
41	RADIOLOGY-DIAGNOSTIC	11,380,506	64,427,756	75,808,262	.133803	.133803	.135064
44	LABORATORY	18,428,464	31,037,645	49,466,109	.136180	.136180	.136315
49	RESPIRATORY THERAPY	7,011,074	4,586,873	11,597,947	.207834	.207834	.208646
50	PHYSICAL THERAPY	4,067,641	4,838,045	8,905,686	.324322	.324322	.324322
51	OCCUPATIONAL THERAPY	3,130,210	2,224,423	5,354,633	.280783	.280783	.280783
52	SPEECH PATHOLOGY	408,390	1,365,412	1,773,802	.549711	.549711	.549711
52	01 AUDIOLOGY		587,905	587,905	.380107	.380107	.380107
53	ELECTROCARDIOLOGY	3,525,564	4,379,907	7,905,471	.097402	.097402	.097402
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY	383,771	611,611	995,382	.753251	.753251	.753251
53	03 CARDIAC CATH LAB	5,915,688	3,410,850	9,326,538	.115884	.115884	.117037
54	ELECTROENCEPHALOGRAPHY	76,542	975,285	1,051,827	.101169	.101169	.101169
55	MEDICAL SUPPLIES CHARGED	10,387,876	5,358,465	15,746,341	.970062	.970062	.970062
56	DRUGS CHARGED TO PATIENTS	13,326,692	3,501,455	16,828,147	.406966	.406966	.406966
57	RENAL DIALYSIS	539,584	4,596	544,180	.409969	.409969	.409969
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,736,845	26,238,659	32,975,504	.280513	.280513	.280513
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	193,848	1,157,868	1,351,716	.613850	.613850	.613850
101	SUBTOTAL	141,769,111	197,225,472	338,994,583			
102	LESS OBSERVATION BEDS						
103	TOTAL	141,769,111	197,225,472	338,994,583			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	13,395,405	1,456,181	11,939,224			13,395,405
39	DELIVERY ROOM & LABOR ROO	5,912,695	593,320	5,319,375			5,912,695
40	ANESTHESIOLOGY	297,170	32,511	264,659			297,170
41	RADIOLOGY-DIAGNOSTIC	10,143,397	1,874,288	8,269,109			10,143,397
44	LABORATORY	6,736,286	340,172	6,396,114			6,736,286
49	RESPIRATORY THERAPY	2,410,444	195,567	2,214,877			2,410,444
50	PHYSICAL THERAPY	2,888,309	163,977	2,724,332			2,888,309
51	OCCUPATIONAL THERAPY	1,503,488	77,433	1,426,055			1,503,488
52	SPEECH PATHOLOGY	975,078	34,607	940,471			975,078
52	01 AUDIOLOGY	223,467	12,746	210,721			223,467
53	ELECTROCARDIOLOGY	770,009	60,496	709,513			770,009
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY	749,772	18,925	730,847			749,772
53	03 CARDIAC CATH LAB	1,080,799	120,320	960,479			1,080,799
54	ELECTROENCEPHALOGRAPHY	106,412	11,423	94,989			106,412
55	MEDICAL SUPPLIES CHARGED	15,274,931	453,645	14,821,286			15,274,931
56	DRUGS CHARGED TO PATIENTS	6,848,492	347,950	6,500,542			6,848,492
57	RENAL DIALYSIS	223,097	3,858	219,239			223,097
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	9,250,050	747,602	8,502,448			9,250,050
62	OBSERVATION BEDS (NON-DIS	829,751	46,823	782,928			829,751
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	79,619,052	6,591,844	73,027,208			79,619,052
102	LESS OBSERVATION BEDS	829,751	46,823	782,928			829,751
103	TOTAL	78,789,301	6,545,021	72,244,280			78,789,301

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	49,515,365	.270530	.270530
39	DELIVERY ROOM & LABOR ROO	14,603,057	.404894	.404894
40	ANESTHESIOLOGY	8,855,957	.033556	.033556
41	RADIOLOGY-DIAGNOSTIC	75,808,262	.133803	.133803
44	LABORATORY	49,466,109	.136180	.136180
49	RESPIRATORY THERAPY	11,597,947	.207834	.207834
50	PHYSICAL THERAPY	8,905,686	.324322	.324322
51	OCCUPATIONAL THERAPY	5,354,633	.280783	.280783
52	SPEECH PATHOLOGY	1,773,802	.549711	.549711
52	01 AUDIOLOGY	587,905	.380107	.380107
53	ELECTROCARDIOLOGY	7,905,471	.097402	.097402
53	01 EKG AND EEG			
53	02 CARDIOPULMONARY	995,382	.753251	.753251
53	03 CARDIAC CATH LAB	9,326,538	.115884	.115884
54	ELECTROENCEPHALOGRAPHY	1,051,827	.101169	.101169
55	MEDICAL SUPPLIES CHARGED	15,746,341	.970062	.970062
56	DRUGS CHARGED TO PATIENTS	16,828,147	.406966	.406966
57	RENAL DIALYSIS	544,180	.409969	.409969
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	32,975,504	.280513	.280513
62	OBSERVATION BEDS (NON-DIS	1,351,716	.613850	.613850
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	313,193,829		
102	LESS OBSERVATION BEDS	1,351,716		
103	TOTAL	311,842,113		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	13,395,405	1,456,181	11,939,224	145,618	692,475	12,557,312
39	DELIVERY ROOM & LABOR ROO	5,912,695	593,320	5,319,375	59,332	308,524	5,544,839
40	ANESTHESIOLOGY	297,170	32,511	264,659	3,251	15,350	278,569
41	RADIOLOGY-DIAGNOSTIC	10,143,397	1,874,288	8,269,109	187,429	479,608	9,476,360
44	LABORATORY	6,736,286	340,172	6,396,114	34,017	370,975	6,331,294
49	RESPIRATORY THERAPY	2,410,444	195,567	2,214,877	19,557	128,463	2,262,424
50	PHYSICAL THERAPY	2,888,309	163,977	2,724,332	16,398	158,011	2,713,900
51	OCCUPATIONAL THERAPY	1,503,488	77,433	1,426,055	7,743	82,711	1,413,034
52	SPEECH PATHOLOGY	975,078	34,607	940,471	3,461	54,547	917,070
52	01 AUDIOLOGY	223,467	12,746	210,721	1,275	12,222	209,970
53	ELECTROCARDIOLOGY	770,009	60,496	709,513	6,050	41,152	722,807
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY	749,772	18,925	730,847	1,893	42,389	705,490
53	03 CARDIAC CATH LAB	1,080,799	120,320	960,479	12,032	55,708	1,013,059
54	ELECTROENCEPHALOGRAPHY	106,412	11,423	94,989	1,142	5,509	99,761
55	MEDICAL SUPPLIES CHARGED	15,274,931	453,645	14,821,286	45,365	859,635	14,369,931
56	DRUGS CHARGED TO PATIENTS	6,848,492	347,950	6,500,542	34,795	377,031	6,436,666
57	RENAL DIALYSIS	223,097	3,858	219,239	386	12,716	209,995
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	9,250,050	747,602	8,502,448	74,760	493,142	8,682,148
62	OBSERVATION BEDS (NON-DIS	829,751	46,823	782,928	4,682	45,410	779,659
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	79,619,052	6,591,844	73,027,208	659,186	4,235,578	74,724,288
102	LESS OBSERVATION BEDS	829,751	46,823	782,928	4,682	45,410	779,659
103	TOTAL	78,789,301	6,545,021	72,244,280	654,504	4,190,168	73,944,629

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS	49,515,365	.253604	.267589
39	OPERATING ROOM	14,603,057	.379704	.400831
40	DELIVERY ROOM & LABOR ROO	8,855,957	.031456	.033189
41	ANESTHESIOLOGY	75,808,262	.125004	.131331
44	RADIOLOGY-DIAGNOSTIC	49,466,109	.127993	.135492
49	LABORATORY	11,597,947	.195071	.206147
50	RESPIRATORY THERAPY	8,905,686	.304738	.322481
51	PHYSICAL THERAPY	5,354,633	.263890	.279337
52	OCCUPATIONAL THERAPY	1,773,802	.517008	.547760
52	SPEECH PATHOLOGY	587,905	.357150	.377939
53	01 AUDIOLOGY	7,905,471	.091431	.096637
53	ELECTROCARDIOLOGY			
53	01 EKG AND EEG			
53	02 CARDIOPULMONARY	995,382	.708763	.751349
53	03 CARDIAC CATH LAB	9,326,538	.108621	.114594
54	ELECTROENCEPHALOGRAPHY	1,051,827	.094845	.100083
55	MEDICAL SUPPLIES CHARGED	15,746,341	.912589	.967181
56	DRUGS CHARGED TO PATIENTS	16,828,147	.382494	.404899
57	RENAL DIALYSIS	544,180	.385893	.409260
61	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	32,975,504	.263291	.278246
62	OBSERVATION BEDS (NON-DIS	1,351,716	.576792	.610386
62	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	313,193,829		
102	LESS OBSERVATION BEDS	1,351,716		
103	TOTAL	311,842,113		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				800,365		800,365
26	INTENSIVE CARE UNIT				233,867		233,867
31	SUBPROVIDER				171,641		171,641
33	NURSERY				66,354		66,354
101	TOTAL				1,272,227		1,272,227

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 14-0289 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 12/31/2010 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	24,683	10,083			32.43	326,992
26	INTENSIVE CARE UNIT	2,032	858			115.09	98,747
31	SUBPROVIDER	4,051	3,106			42.37	131,601
33	NURSERY	4,053				16.37	
101	TOTAL	34,819	14,047				557,340

PROVIDER NO:	PERIOD:	PREPARED 5/27/2011
14-0289	FROM 1/ 1/2010	WORKSHEET D
COMPONENT NO:	TO 12/31/2010	PART II
14-0289		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	OLD CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,456,181	49,515,365	6,498,743		
39	DELIVERY ROOM & LABOR ROO		593,320	14,603,057	11,145		
40	ANESTHESIOLOGY		32,511	8,855,957	1,020,594		
41	RADIOLOGY-DIAGNOSTIC		1,874,288	75,808,262	7,773,745		
44	LABORATORY		340,172	49,466,109	10,805,012		
49	RESPIRATORY THERAPY		195,567	11,597,947	3,307,517		
50	PHYSICAL THERAPY		163,977	8,905,686	1,248,692		
51	OCCUPATIONAL THERAPY		77,433	5,354,633	607,651		
52	SPEECH PATHOLOGY		34,607	1,773,802	136,162		
52	01 AUDIOLOGY		12,746	587,905			
53	ELECTROCARDIOLOGY		60,496	7,905,471	2,062,097		
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY		18,925	995,382	232		
53	03 CARDIAC CATH LAB		120,320	9,326,538	1,359,991		
54	ELECTROENCEPHALOGRAPHY		11,423	1,051,827	50,515		
55	MEDICAL SUPPLIES CHARGED		453,645	15,746,341	5,763,925		
56	DRUGS CHARGED TO PATIENTS		347,950	16,828,147	6,406,364		
57	RENAL DIALYSIS		3,858	544,180	306,668		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		747,602	32,975,504	2,905,268		
62	OBSERVATION BEDS (NON-DIS		46,823	1,351,716	188,907		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		6,591,844	313,193,829	50,453,228		

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2010	5/27/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
14-0289		PART II

PPS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.029409	191,122
39	DELIVERY ROOM & LABOR ROO	.040630	453
40	ANESTHESIOLOGY	.003671	3,747
41	RADIOLOGY-DIAGNOSTIC	.024724	192,198
44	LABORATORY	.006877	74,306
49	RESPIRATORY THERAPY	.016862	55,771
50	PHYSICAL THERAPY	.018413	22,992
51	OCCUPATIONAL THERAPY	.014461	8,787
52	SPEECH PATHOLOGY	.019510	2,657
52	01 AUDIOLOGY	.021680	
53	ELECTROCARDIOLOGY	.007652	15,779
53	01 EKG AND EEG		
53	02 CARDIOPULMONARY	.019013	4
53	03 CARDIAC CATH LAB	.012901	17,545
54	ELECTROENCEPHALOGRAPHY	.010860	549
55	MEDICAL SUPPLIES CHARGED	.028810	166,059
56	DRUGS CHARGED TO PATIENTS	.020677	132,464
57	RENAL DIALYSIS	.007090	2,174
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.022671	65,865
62	OBSERVATION BEDS (NON-DIS	.034640	6,544
	OTHER REIMBURS COST CNTRS		
101	TOTAL		959,016

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

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET D
 PART III

PPS

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

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

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	24,683		10,083	
26	INTENSIVE CARE UNIT	2,032		858	
31	SUBPROVIDER	4,051		3,106	
33	NURSERY	4,053			
101	TOTAL	34,819		14,047	

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						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 AUDIOLOGY						
53	ELECTROCARDIOLOGY						
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY						
53	03 CARDIAC CATH LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY					107,379	
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL					107,379	

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			49,515,365			6,498,743	
	OPERATING ROOM						11,145	
39	DELIVERY ROOM & LABOR ROO			14,603,057				
40	ANESTHESIOLOGY			8,855,957			1,020,594	
41	RADIOLOGY-DIAGNOSTIC			75,808,262			7,773,745	
44	LABORATORY			49,466,109			10,805,012	
49	RESPIRATORY THERAPY			11,597,947			3,307,517	
50	PHYSICAL THERAPY			8,905,686			1,248,692	
51	OCCUPATIONAL THERAPY			5,354,633			607,651	
52	SPEECH PATHOLOGY			1,773,802			136,162	
52	01 AUDIOLOGY			587,905				
53	ELECTROCARDIOLOGY			7,905,471			2,062,097	
53	01 EKG AND EEG							
53	02 CARDIOPULMONARY			995,382			232	
53	03 CARDIAC CATH LAB			9,326,538			1,359,991	
54	ELECTROENCEPHALOGRAPHY			1,051,827			50,515	
55	MEDICAL SUPPLIES CHARGED			15,746,341			5,763,925	
56	DRUGS CHARGED TO PATIENTS			16,828,147			6,406,364	
57	RENAL DIALYSIS			544,180			306,668	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	107,379	107,379	32,975,504	.003256	.003256	2,905,268	9,460
62	OBSERVATION BEDS (NON-DIS			1,351,716			188,907	
	OTHER REIMBURS COST CNTRS							
101	TOTAL	107,379	107,379	313,193,829			50,453,228	9,460

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	7,130,248					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,306,892					
41	RADIOLOGY-DIAGNOSTIC	13,179,792					
44	LABORATORY	1,079,627					
49	RESPIRATORY THERAPY	364,841					
50	PHYSICAL THERAPY	1,615					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 AUDIOLOGY	63,030					
53	ELECTROCARDIOLOGY	1,450,557					
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY	136,184					
53	03 CARDIAC CATH LAB						
54	ELECTROENCEPHALOGRAPHY	884,516					
55	MEDICAL SUPPLIES CHARGED	2,150,865					
56	DRUGS CHARGED TO PATIENTS	1,332,049					
57	RENAL DIALYSIS	1,532					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,498,693			11,392		
62	OBSERVATION BEDS (NON-DIS	232,472					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	32,812,913			11,392		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 14-0289
 COMPONENT NO: 14-0289
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET D
 PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.270530	.270530			
39 DELIVERY ROOM & LABOR ROOM	.404894	.404894			
40 ANESTHESIOLOGY	.033556	.033556			
41 RADIOLOGY-DIAGNOSTIC	.133803	.133803			
44 LABORATORY	.136180	.136180			
49 RESPIRATORY THERAPY	.207834	.207834			
50 PHYSICAL THERAPY	.324322	.324322			
51 OCCUPATIONAL THERAPY	.280783	.280783			
52 SPEECH PATHOLOGY	.549711	.549711			
52 01 AUDIOLOGY	.380107	.380107			
53 ELECTROCARDIOLOGY	.097402	.097402			
53 01 EKG AND EEG					
53 02 CARDIOPULMONARY	.753251	.753251			
53 03 CARDIAC CATH LAB	.115884	.115884			
54 ELECTROENCEPHALOGRAPHY	.101169	.101169			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.970062	.970062			
56 DRUGS CHARGED TO PATIENTS	.406966	.406966			
57 RENAL DIALYSIS	.409969	.409969			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.280513	.280513			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.613850	.613850			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2010	5/27/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
14-0289		PART V

TITLE XVIII, PART B

HOSPITAL

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		7,130,248			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		1,306,892			
41	RADIOLOGY-DIAGNOSTIC		13,179,792			
44	LABORATORY		1,079,627			
49	RESPIRATORY THERAPY		364,841			
50	PHYSICAL THERAPY		1,615			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
52	01 AUDIOLOGY		63,030			
53	ELECTROCARDIOLOGY		1,450,557			
53	01 EKG AND EEG					
53	02 CARDIOPULMONARY		136,184			
53	03 CARDIAC CATH LAB					
54	ELECTROENCEPHALOGRAPHY		884,516			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,150,865			
56	DRUGS CHARGED TO PATIENTS		1,332,049			
57	RENAL DIALYSIS		1,532			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY		3,498,693			
62	OBSERVATION BEDS (NON-DISTINCT PART)		232,472			
101	SUBTOTAL		32,812,913			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		32,812,913			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2010	5/27/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
14-0289		PART V

TITLE XVIII, PART B

HOSPITAL

PPS Services
1/1 to FYE

Hospital I/P
Part B Charges

Hospital I/P
Part B Costs

Cost Center Description

9.03

10

11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 44 LABORATORY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 52 01 AUDIOLOGY
- 53 ELECTROCARDIOLOGY
- 53 01 EKG AND EEG
- 53 02 CARDIOPULMONARY
- 53 03 CARDIAC CATH LAB
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- OUTPAT SERVICE COST CNTRS
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
PROGRAM ONLY CHARGES
- 104 NET CHARGES

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2010	5/27/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
14-0289		PART VI

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.406966
3	PROGRAM COSTS	12,481
		5,079

PROVIDER NO: 14-0289
 COMPONENT NO: 14-T289
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,456,181	49,515,365	32,109		
39	DELIVERY ROOM & LABOR ROO		593,320	14,603,057			
40	ANESTHESIOLOGY		32,511	8,855,957	6,014		
41	RADIOLOGY-DIAGNOSTIC		1,874,288	75,808,262	140,144		
44	LABORATORY		340,172	49,466,109	312,265		
49	RESPIRATORY THERAPY		195,567	11,597,947	216,527		
50	PHYSICAL THERAPY		163,977	8,905,686	1,564,665		
51	OCCUPATIONAL THERAPY		77,433	5,354,633	1,690,788		
52	SPEECH PATHOLOGY		34,607	1,773,802	124,565		
52	01 AUDIOLOGY		12,746	587,905			
53	ELECTROCARDIOLOGY		60,496	7,905,471	15,080		
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY		18,925	995,382			
53	03 CARDIAC CATH LAB		120,320	9,326,538	491		
54	ELECTROENCEPHALOGRAPHY		11,423	1,051,827			
55	MEDICAL SUPPLIES CHARGED		453,645	15,746,341	78,871		
56	DRUGS CHARGED TO PATIENTS		347,950	16,828,147	452,047		
57	RENAL DIALYSIS		3,858	544,180	35,069		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		747,602	32,975,504	6,181		
62	OBSERVATION BEDS (NON-DIS		46,823	1,351,716			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		6,591,844	313,193,829	4,674,816		

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2010	5/27/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
14-T289		PART II

PPS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.029409	944
39	DELIVERY ROOM & LABOR ROO	.040630	
40	ANESTHESIOLOGY	.003671	22
41	RADIOLOGY-DIAGNOSTIC	.024724	3,465
44	LABORATORY	.006877	2,147
49	RESPIRATORY THERAPY	.016862	3,651
50	PHYSICAL THERAPY	.018413	28,810
51	OCCUPATIONAL THERAPY	.014461	24,450
52	SPEECH PATHOLOGY	.019510	2,430
52	01 AUDIOLOGY	.021680	
53	ELECTROCARDIOLOGY	.007652	115
53	01 EKG AND EEG		
53	02 CARDIOPULMONARY	.019013	
53	03 CARDIAC CATH LAB	.012901	6
54	ELECTROENCEPHALOGRAPHY	.010860	
55	MEDICAL SUPPLIES CHARGED	.028810	2,272
56	DRUGS CHARGED TO PATIENTS	.020677	9,347
57	RENAL DIALYSIS	.007090	249
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.022671	140
62	OBSERVATION BEDS (NON-DIS	.034640	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		78,048

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM											
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
44	LABORATORY											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
52	01 AUDIOLOGY											
53	ELECTROCARDIOLOGY											
53	01 EKG AND EEG											
53	02 CARDIOPULMONARY											
53	03 CARDIAC CATH LAB											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
	OUTPAT SERVICE COST CNTRS											
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
	OTHER REIMBURS COST CNTRS											
101	TOTAL											

107,379

107,379

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			49,515,365			32,109	
	OPERATING ROOM							
39	DELIVERY ROOM & LABOR ROO			14,603,057				
40	ANESTHESIOLOGY			8,855,957			6,014	
41	RADIOLOGY-DIAGNOSTIC			75,808,262			140,144	
44	LABORATORY			49,466,109			312,265	
49	RESPIRATORY THERAPY			11,597,947			216,527	
50	PHYSICAL THERAPY			8,905,686			1,564,665	
51	OCCUPATIONAL THERAPY			5,354,633			1,690,788	
52	SPEECH PATHOLOGY			1,773,802			124,565	
52	01 AUDIOLOGY			587,905				
53	ELECTROCARDIOLOGY			7,905,471			15,080	
53	01 EKG AND EEG							
53	02 CARDIOPULMONARY			995,382				
53	03 CARDIAC CATH LAB			9,326,538			491	
54	ELECTROENCEPHALOGRAPHY			1,051,827				
55	MEDICAL SUPPLIES CHARGED			15,746,341			78,871	
56	DRUGS CHARGED TO PATIENTS			16,828,147			452,047	
57	RENAL DIALYSIS			544,180			35,069	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	107,379	107,379	32,975,504	.003256	.003256	6,181	20
62	OBSERVATION BEDS (NON-DIS			1,351,716				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	107,379	107,379	313,193,829			4,674,816	20

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,305					
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 AUDIOLOGY						
53	ELECTROCARDIOLOGY						
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY						
53	03 CARDIAC CATH LAB						
54	ELECTROENCEPHALOGRAPHY	491					
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	1,072					
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	2,868					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 14-0289
 COMPONENT NO: 14-T289
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET D
 PART V

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt 1, col. 9)	Cost/Charge Ratio (C, Pt 11, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.270530	.270530			
39 DELIVERY ROOM & LABOR ROOM	.404894	.404894			
40 ANESTHESIOLOGY	.033556	.033556			
41 RADIOLOGY-DIAGNOSTIC	.133803	.133803			
44 LABORATORY	.136180	.136180			
49 RESPIRATORY THERAPY	.207834	.207834			
50 PHYSICAL THERAPY	.324322	.324322			
51 OCCUPATIONAL THERAPY	.280783	.280783			
52 SPEECH PATHOLOGY	.549711	.549711			
52 01 AUDIOLOGY	.380107	.380107			
53 ELECTROCARDIOLOGY	.097402	.097402			
53 01 EKG AND EEG					
53 02 CARDIOPULMONARY	.753251	.753251			
53 03 CARDIAC CATH LAB	.115884	.115884			
54 ELECTROENCEPHALOGRAPHY	.101169	.101169			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.970062	.970062			
56 DRUGS CHARGED TO PATIENTS	.406966	.406966			
57 RENAL DIALYSIS	.409969	.409969			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.280513	.280513			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.613850	.613850			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2010	5/27/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
14-T289		PART V

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				175	
44 LABORATORY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
52 01 AUDIOLOGY					
53 ELECTROCARDIOLOGY					
53 01 EKG AND EEG					
53 02 CARDIOPULMONARY					
53 03 CARDIAC CATH LAB					
54 ELECTROENCEPHALOGRAPHY				50	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS				436	
57 RENAL DIALYSIS					
61 OUTPAT SERVICE COST CNTRS					
62 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL				661	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				661	

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2010	5/27/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
14-T289		PART VI

TITLE XVIII, PART B

SUBPROVIDER 1

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2	PROGRAM VACCINE CHARGES
3	PROGRAM COSTS

1
.406966
558
227

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2010	5/27/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-0289		PART I

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	24,683
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	24,683
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24,683
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	10,083
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	14,183,281
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	14,183,281

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	16,238,606
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16,238,606
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.873430
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	657.89
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	14,183,281

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2010	5/27/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-0289		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,444
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	574.62
85	OBSERVATION BED COST	829,751

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	14,183,281		829,751	
87	NEW CAPITAL-RELATED COST	800,365	.056430	829,751	46,823
88	NON PHYSICIAN ANESTHETIST	14,183,281		829,751	
89	MEDICAL EDUCATION	14,183,281		829,751	
89.01	MEDICAL EDUCATION - ALLIED HEA	14,183,281		829,751	
89.02	MEDICAL EDUCATION - ALL OTHER	14,183,281		829,751	

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,051
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,051
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,051
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,106
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,773,043
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,773,043

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,107,714
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,107,714
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.675082
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,014.00
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,773,043

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2010	5/27/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-T289		PART III

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

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

684.53

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		2,773,043			
87 NEW CAPITAL-RELATED COST	171,641	2,773,043	.061896		
88 NON PHYSICIAN ANESTHETIST		2,773,043			
89 MEDICAL EDUCATION		2,773,043			
89.01 MEDICAL EDUCATION - ALLIED HEA		2,773,043			
89.02 MEDICAL EDUCATION - ALL OTHER		2,773,043			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2010	5/27/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-4
14-0289		

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		7,356,379	
26	INTENSIVE CARE UNIT		1,379,367	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.270530	6,498,743	1,758,105
39	DELIVERY ROOM & LABOR ROOM	.404894	11,145	4,513
40	ANESTHESIOLOGY	.041803	1,020,594	42,664
41	RADIOLOGY-DIAGNOSTIC	.135064	7,773,745	1,049,953
44	LABORATORY	.136315	10,805,012	1,472,885
49	RESPIRATORY THERAPY	.208646	3,307,517	690,100
50	PHYSICAL THERAPY	.324322	1,248,692	404,978
51	OCCUPATIONAL THERAPY	.280783	607,651	170,618
52	SPEECH PATHOLOGY	.549711	136,162	74,850
52	01 AUDIOLOGY	.380107		
53	ELECTROCARDIOLOGY	.097402	2,062,097	200,852
53	01 EKG AND EEG			
53	02 CARDIOPULMONARY	.753251	232	175
53	03 CARDIAC CATH LAB	.117037	1,359,991	159,169
54	ELECTROENCEPHALOGRAPHY	.101169	50,515	5,111
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.970062	5,763,925	5,591,365
56	DRUGS CHARGED TO PATIENTS	.406966	6,406,364	2,607,172
57	RENAL DIALYSIS	.409969	306,668	125,724
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.280513	2,905,268	814,965
62	OBSERVATION BEDS (NON-DISTINCT PART)	.613850	188,907	115,961
	OTHER REIMBURS COST CNTRS			
101	TOTAL		50,453,228	15,289,160
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		50,453,228	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	14-0289	I	FROM 1/ 1/2010	I	5/27/2011
I	COMPONENT NO:	I	TO 12/31/2010	I	WORKSHEET D-4
I	14-T289	I		I	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		3,146,348	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.270530	32,109	8,686
39	DELIVERY ROOM & LABOR ROOM	.404894		
40	ANESTHESIOLOGY	.041803	6,014	251
41	RADIOLOGY-DIAGNOSTIC	.135064	140,144	18,928
44	LABORATORY	.136315	312,265	42,566
49	RESPIRATORY THERAPY	.208646	216,527	45,177
50	PHYSICAL THERAPY	.324322	1,564,665	507,455
51	OCCUPATIONAL THERAPY	.280783	1,690,788	474,745
52	SPEECH PATHOLOGY	.549711	124,565	68,475
52	01 AUDIOLOGY	.380107		
53	ELECTROCARDIOLOGY	.097402	15,080	1,469
53	01 EKG AND EEG			
53	02 CARDIOPULMONARY	.753251		
53	03 CARDIAC CATH LAB	.117037	491	57
54	ELECTROENCEPHALOGRAPHY	.101169		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.970062	78,871	76,510
56	DRUGS CHARGED TO PATIENTS	.406966	452,047	183,968
57	RENAL DIALYSIS	.409969	35,069	14,377
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.280513	6,181	1,734
62	OBSERVATION BEDS (NON-DISTINCT PART)	.613850		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		4,674,816	1,444,398
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		4,674,816	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0289
 COMPONENT NO: 14-0289
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	4,276,235	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	12,828,706	
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	2,422,682	
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)	174,746	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	130.04	
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)	2.37	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	18.22	
4.02 SUM OF LINES 4 AND 4.01	20.59	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	6.20	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	1,060,506	
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGs 652, 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 5/27/2011
I 14-0289	I FROM 1/ 1/2010	I WORKSHEET E
I COMPONENT NO:	I TO 12/31/2010	I PART A
I 14-0289	I	I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		335.00
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	18,340,193	
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)	18,340,193	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		1,460,333
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		2,886
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		9,460
16 TOTAL	19,812,872	
17 PRIMARY PAYER PAYMENTS		48,782
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	19,764,090	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		2,011,100
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		22,801
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		282,723
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		197,906
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		263,515
22 SUBTOTAL	17,928,095	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	17,928,095	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	17,632,926	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		295,169
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		25,657
----- 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

I PROVIDER NO:	I PERIOD:	I PREPARED 5/27/2011
I 14-0289	I FROM 1/ 1/2010	I WORKSHEET E
I COMPONENT NO:	I TO 12/31/2010	I PART B
I 14-0289	I	I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,079
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	8,058,921
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	7,048,305
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.882
1.04	LINE 1.01 TIMES LINE 1.03.	7,107,968
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	99.16
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	11,392
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	5,079

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	12,481
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	12,481

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)	12,481
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	7,402
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	5,079
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	7,059,697

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,730,560
19	SUBTOTAL (SEE INSTRUCTIONS)	5,334,216
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	5,334,216
24	PRIMARY PAYER PAYMENTS	1,123
25	SUBTOTAL	5,333,093

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	181,590
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	127,113
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	165,378
28	SUBTOTAL	5,460,206
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	5,460,206
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,515,686
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-55,480
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-0289	I FROM 1/ 1/2010	I 5/27/2011
I COMPONENT NO:	I TO 12/31/2010	I WORKSHEET E
I 14-T289	I	I PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	227
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	661
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	722
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)	227
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	558
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	558
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)	558
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	331
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	227
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	722
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	121
19	SUBTOTAL (SEE INSTRUCTIONS)	828
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	828
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	828
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	828
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	828
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	774
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	54
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0289
 COMPONENT NO: 14-0289
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
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.		17,446,133		5,461,947
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)		NONE		NONE
ADJUSTMENTS TO PROVIDER .01	8/6/2010	186,793	8/6/2010	53,739
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				
SUBTOTAL .99		186,793		53,739
4 TOTAL INTERIM PAYMENTS		17,632,926		5,515,686
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		295,169		55,480
7 TOTAL MEDICARE PROGRAM LIABILITY		17,928,095		5,460,206

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

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-0289	I FROM 1/ 1/2010	I 5/27/2011
I COMPONENT NO:	I TO 12/31/2010	I WORKSHEET E-3
I 14-T289	I	I PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	3,196,290
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	82,822
1.05	OUTLIER PAYMENTS	112,215
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	3,391,327
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	11.098630
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	3,391,327
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	3,391,327
7	DEDUCTIBLES	59,400
8	SUBTOTAL	3,331,927
9	COINSURANCE	1,925
10	SUBTOTAL	3,330,002
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	1,834
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,284
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,834
12	SUBTOTAL	3,331,286
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	20
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED	5/27/2011
14-0289	FROM 1/ 1/2010	WORKSHEET	E-3
COMPONENT NO:	TO 12/31/2010	PART	I
14-T289			

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,331,306
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,301,759
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	29,547
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

BALANCE SHEET

ASSETS		GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	4,252,853			
2	TEMPORARY INVESTMENTS	5,276,541			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	11,491,424			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	2,137,769			
8	PREPAID EXPENSES	3,492,659			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	22,000			
11	TOTAL CURRENT ASSETS	26,673,246			
FIXED ASSETS					
12	LAND	673,013			
12.01	LAND IMPROVEMENTS	2,432,594			
13	LESS ACCUMULATED DEPRECIATION	-1,916,461			
13.01	BUILDINGS	79,795,486			
14	LESS ACCUMULATED DEPRECIATION	-33,560,591			
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT	4,789,958			
16	LESS ACCUMULATED DEPRECIATION	-2,952,147			
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	32,247,749			
18	LESS ACCUMULATED DEPRECIATION	-21,744,871			
18.01	MINOR EQUIPMENT DEPRECIABLE	83,665			
19	LESS ACCUMULATED DEPRECIATION	-83,665			
19.01	MINOR EQUIPMENT-NONDEPRECIABLE	1,116,938			
20	TOTAL FIXED ASSETS	60,881,668			
21	OTHER ASSETS				
22	INVESTMENTS	45,691,590			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	917,690			
26	TOTAL OTHER ASSETS	46,609,280			
27	TOTAL ASSETS	134,164,194			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,254,588			
29 SALARIES, WAGES & FEES PAYABLE	7,135,401			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,028,861			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	3,882,586			
35 OTHER CURRENT LIABILITIES	4,288,268			
36 TOTAL CURRENT LIABILITIES	18,589,704			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	33,857,285			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	13,435,000			
42 TOTAL LONG-TERM LIABILITIES	47,292,285			
43 TOTAL LIABILITIES	65,881,989			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	68,282,205			
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	68,282,205			
52 TOTAL LIABILITIES AND FUND BALANCES	134,164,194			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		59,474,143		
2	NET INCOME (LOSS)		12,709,657		
3	TOTAL		72,183,800		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		72,183,800		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	INTERCOMPANY RECEIVABLES	3,800,000			
14	RELEASE FROM RESTRICTION	101,595			
15					
16					
17					
18	TOTAL DEDUCTIONS		3,901,595		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		68,282,205		

		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	INTERCOMPANY RECEIVABLES				
14	RELEASE FROM RESTRICTION				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	16,593,044		16,593,044
2 00 SUBPROVIDER	4,107,714		4,107,714
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	20,700,758		20,700,758
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,850,894		2,850,894
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,850,894		2,850,894
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	23,551,652		23,551,652
17 00 ANCILLARY SERVICES	119,005,712	195,085,503	314,091,215
18 00 OUTPATIENT SERVICES	193,849	1,157,867	1,351,716
19 00 HOME HEALTH AGENCY		1,041,657	1,041,657
24 00			
25 00 TOTAL PATIENT REVENUES	142,751,213	197,285,027	340,036,240

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		108,885,767	
ADD (SPECIFY)			
27 00 ALLOWANCE FOR BAD DEBT	9,287,913		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		9,287,913	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		118,173,680	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	340,036,240
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	218,196,388
3	NET PATIENT REVENUES	121,839,852
4	LESS: TOTAL OPERATING EXPENSES	118,173,680
5	NET INCOME FROM SERVICE TO PATIENTS	3,666,172
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	2,507,174
7	INCOME FROM INVESTMENTS	4,444,495
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	5,663
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	66,774
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	1,530,370
23	GOVERNMENTAL APPROPRIATIONS	
24	MANAGEMENT FEES	264,000
24.01	MISCELLANEOUS INCOME	225,009
25	TOTAL OTHER INCOME	9,043,485
26	TOTAL	12,709,657
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	12,709,657

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	144,483				49,212	193,695
HHA REIMBURSABLE SERVICES						
6	354,027		14,060			368,087
7	114,484		10,698			125,182
8	29,354		3,210			32,564
9	2,936		559			3,495
10			10			10
11	52,494		4,401			56,895
12					5,103	5,103
13. 20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23. 50						
24	697,778		32,938		54,315	785,031

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-366	193,329		193,329
HHA REIMBURSABLE SERVICES				
6		368,087		368,087
7		125,182		125,182
8		32,564		32,564
9		3,495		3,495
10		10		10
11		56,895		56,895
12	-5,103			
13				
13. 20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23. 50				
24	-5,469	779,562		779,562

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5						193,329	193,329
ADMINISTRATIVE & GENERAL							
6						193,329	193,329
HHA REIMBURSABLE SERVICES							
6						368,087	121,388
7						125,182	41,283
8						32,564	10,739
9						3,495	1,153
10						10	3
11						56,895	18,763
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24						779,562	779,562

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
ADMINISTRATIVE & GENERAL							
6						489,475	
7						166,465	
8						43,303	
9						4,648	
10						13	
11						75,658	
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24						779,562	779,562

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCI LIATIO N 5A	ADMINISTRATIV E & GENERAL (ACCUM. COST)	5
	1	2	3	4	5A		5
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL					-193,329	586,233
HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE						368,087
7	PHYSICAL THERAPY						125,182
8	OCCUPATIONAL THERAPY						32,564
9	SPEECH PATHOLOGY						3,495
10	MEDICAL SOCIAL SERVICES						10
11	HOME HEALTH AIDE						56,895
12	SUPPLIES						
13	DRUGS						
13. 20	COST ADMINISTERING DRUGS						
14	DME						
HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)					-193,329	586,233
25	COST TO BE ALLOCATED						193,329
26	UNIT COST MULTIPLIER						.329782

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL		20,964	1,930	41,079	63,973	18,294
2 SKILLED NURSING CARE	489,475			100,656	590,131	168,756
3 PHYSICAL THERAPY	166,465			32,550	199,015	56,911
4 OCCUPATIONAL THERAPY	43,303			8,346	51,649	14,770
5 SPEECH PATHOLOGY	4,648			835	5,483	1,568
6 MEDICAL SOCIAL SERVICES	13				13	4
7 HOME HEALTH AIDE	75,658			14,925	90,583	25,903
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	779,562	20,964	1,930	198,391	1,000,847	286,206
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	11,365	18,049				
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	11,365	18,049				
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PARAMEDICAL PROGRAM 24
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES		1,590				
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		1,590				
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	111,681		111,681		
2 SKILLED NURSING CARE	758,887		758,887	70,253	829,140
3 PHYSICAL THERAPY	255,926		255,926	23,693	279,619
4 OCCUPATIONAL THERAPY	66,419		66,419	6,149	72,568
5 SPEECH PATHOLOGY	7,051		7,051	653	7,704
6 MEDICAL SOCIAL SERVICES	17		17	2	19
7 HOME HEALTH AIDE	116,486		116,486	10,784	127,270
8 SUPPLIES	1,590		1,590	147	1,737
9 DRUGS					
9.20 COST ADMINISTERING DRUGS					
10 DME					
11 HOME DIALYSIS AIDE SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING					
14 CLINIC					
15 HEALTH PROM ACTIVITIES					
16 DAY CARE PROGRAM					
17 HOME DEL MEALS PROGRAM					
18 HOMEMAKER SERVICE					
19 ALL OTHER					
19.50 TELEMEDICINE					
20 TOTAL (SUM OF 1-19) (2)	1,318,057		1,318,057	111,681	1,318,057
21 UNIT COST MULTIPLIER				0.092576	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6	MAINTENANCE & REPAIRS (SQUARE FEET) 7
1 ADMIN & GENERAL	1,848	1,709	144,483		63,973	1,848
2 SKILLED NURSING CARE			354,027		590,131	
3 PHYSICAL THERAPY			114,484		199,015	
4 OCCUPATIONAL THERAPY			29,354		51,649	
5 SPEECH PATHOLOGY			2,936		5,483	
6 MEDICAL SOCIAL SERVICES					13	
7 HOME HEALTH AIDE			52,494		90,583	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,848	1,709	697,778		1,000,847	1,848
21 COST TO BE ALLOCATED	20,964	1,930	198,391		286,206	11,365
22 UNIT COST MULTIPLIER	11.344156	1.129315	0.284318		0.285964	6.149892

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS SERVED) 11	CAFETERIAS (MEALS SERVED) 12	NURSING ADMINISTRATION (DIRECT HRS) 14
1 ADMIN & GENERAL	1,848					
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,848					
21 COST TO BE ALLOCATED	18,049					
22 UNIT COST MULTIPLIER	9.766775					

HHA 1

HHH COST CENTER	CENTRAL SERVICES & SUPPL (COSTED EQUI S.)	PHARMACY (COSTED EQUI S.)	MEDICAL RECORDS & LIBRAR (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	PARAMED P RGM (ASSIGNED TIME)
	15	16	17	18	24
1 ADMIN & GENERAL					
2 SKILLED NURSING CARE					
3 PHYSICAL THERAPY					
4 OCCUPATIONAL THERAPY					
5 SPEECH PATHOLOGY					
6 MEDICAL SOCIAL SERVICES					
7 HOME HEALTH AIDE					
8 SUPPLIES	2,514				
9 DRUGS					
9.20 COST ADMINISTERING DRUGS					
10 DME					
11 HOME DIALYSIS AIDE SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING					
14 CLINIC					
15 HEALTH PROM ACTIVITIES					
16 DAY CARE PROGRAM					
17 HOME DEL MEALS PROGRAM					
18 HOMEMAKER SERVICE					
19 ALL OTHER					
19.50 TELEMEDICINE					
20 TOTAL (SUM OF 1-19)	2,514				
21 COST TO BE ALLOCATED	1,590				
22 UNIT COST MULTIPLIER	0.632458				

PROVIDER NO: 14-0289
 HHA NO: 14-7420
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET H-6
 PARTS I II & III
 HHA 1

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	829,140	2	829,140	4	270.08	6
2 PHYSICAL THERAPY	3	279,619		279,619	2,336	119.70	959
3 OCCUPATIONAL THERAPY	4	72,568		72,568	701	103.52	349
4 SPEECH PATHOLOGY	5	7,704		7,704	122	63.15	44
5 MEDICAL SOCIAL SERVICES	6	19		19	2	9.50	1
6 HOME HEALTH AIDE SERVICE	7	127,270		127,270	961	132.43	322
7 TOTAL		1,316,320		1,316,320	7,192		2,737

	PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	727	9	196,348	483,173
2 PHYSICAL THERAPY		465	10	55,661	170,453
3 OCCUPATIONAL THERAPY		110	11	11,387	47,515
4 SPEECH PATHOLOGY		18	12	1,137	3,916
5 MEDICAL SOCIAL SERVICES			13		10
6 HOME HEALTH AIDE SERVICES		356	14	47,145	89,787
7 TOTAL		1,676	15	311,678	794,854

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

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

PROVIDER NO: 14-0289
 HHA NO: 14-7420
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET H-6
 PARTS I, II & III
 HHA 1

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	1,737	17,472	19,209	18,011	1.066515	8,955
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES		9,056	9,551	9,658
16 COST OF DRUGS				
16.20 COST OF DRUGS				

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.324322			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.280783			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.549711			COL 2, LN 4
3.01 AUDIOLOGY	52.01	.380107			
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.970062	18,011	17,472	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.406966			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----			
		COST PER VISIT 2	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 3	PROGRAM COSTS PRIOR 1/1/1998 TO 12/31/1998 4	PROGRAM VISITS ON OR AFTER 1/1/1999 5
1 PHYSICAL THERAPY	2	119.70	2.01	3.01	
2 OCCUPATIONAL THERAPY	3	103.52			
3 SPEECH PATHOLOGY	4	63.15			
4 TOTAL (SUM OF LINES 1-3)					

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVIII HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES			
	CHARGES PART A	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1	REASONABLE COST OF SERVICES		
2	TOTAL CHARGES	397,396	633,301
	CUSTOMARY CHARGES		
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)		
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)		
6	TOTAL CUSTOMARY CHARGES	397,396	633,301
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	397,396	633,301
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
9	PRIMARY PAYOR AMOUNTS		

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10	TOTAL REASONABLE COST	
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	479,190
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	2,083
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	9,319
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	4,036
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE	
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES	
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES	
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE	
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES	
10.11	TOTAL OTHER PAYMENTS	
10.12	DME PAYMENTS	
10.13	OXYGEN PAYMENTS	
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS	
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)	
12	SUBTOTAL	494,628
13	EXCESS REASONABLE COST	275,646
14	SUBTOTAL	494,628
15	COINSURANCE BILLED TO PROGRAM PATIENTS	
16	NET COST	494,628
17	REIMBURSABLE BAD DEBTS	
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	494,628
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	275,646
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION	
21	OTHER ADJUSTMENTS (SPECIFY)	
22	SUBTOTAL	494,628
23	SEQUESTRATION ADJUSTMENT	
24	SUBTOTAL	494,628
25	INTERIM PAYMENTS	494,628
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	275,646
26	BALANCE DUE PROVIDER/PROGRAM	
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	PROVIDER NO: 14-0289	PERIOD: FROM 1/1/2010 TO 12/31/2010	PREPARED 5/27/2011 WORKSHEET H-8
	HHA NO: 14-7420		

TITLE XVII HHA 1

DESCRIPTION	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		494,628		275,646
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
ADJUSTMENTS TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		494,628		275,646
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)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY		494,628		275,646

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.

I PROVIDER NO:	I PERIOD:	I PREPARED 5/27/2011
I 14-0289	I FROM 1/ 1/2010	I WORKSHEET L
I COMPONENT NO:	I TO 12/31/2010	I PARTS I-IV
I 14-0289	I	I

FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,392,647
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	8,359
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	69.24
	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	2.37
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	18.22
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	20.59
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.26
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	59,327
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,460,333
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)	