

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		14-0291		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: 5/26/2011 TIME 11:51

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:
 GOOD SHEPHERD HOSPITAL 14-0291

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	244,824	204,118	0
2	SUBPROVIDER	0	-16,436	-1	0
100	TOTAL	0	228,388	204,117	0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0291
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	151	55,115					1,774
2 HMO						17,169	
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	151	55,115				17,169	1,774
6 INTENSIVE CARE UNIT	18	6,570				2,730	394
11 NURSERY							180
12 TOTAL	169	61,685				19,899	2,348
13 RPCH VISITS							
14 SUBPROVIDER		4,298				230	150
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							
25 TOTAL	169						
26 OBSERVATION BED DAYS							197
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	----- NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			35,575				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			35,575				
6 INTENSIVE CARE UNIT			5,565				
11 NURSERY			5,037				
12 TOTAL			46,177				
13 RPCH VISITS							
14 SUBPROVIDER			715				
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							
25 TOTAL			2,780				
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							

COMPONENT	I & R FTES NET 9	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	----- DISCHARGES TITLE V 12	TITLE XVIII 13	----- TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					4,451	602	11,256
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		1,179.00			4,451	602	11,256
13 RPCH VISITS							
14 SUBPROVIDER		14.00			26	24	111
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							
25 TOTAL		1,193.00					
26 OBSERVATION BED DAYS							

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		----- DISCHARGES -----			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX		
26 01 OBSERVATION BED DAYS-SUB I	9	10	11	12	13	14	15	
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								
29 LABOR & DELIVERY DAYS								

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	81,882,892		81,882,892	2,541,760.00	32.22	
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	1,777,738		1,777,738	49,920.00	35.61	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	287,358		287,358	5,072.00	56.66	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	137,599		137,599	6,677.00	20.61	
10 CONTRACT LABOR: PHYS PART A	954,618		954,618	9,159.00	104.23	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	7,217,878		7,217,878	108,094.00	66.77	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	22,203,450		22,203,450			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	492,751		492,751			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,532,939		1,532,939	12,480.00	122.83	
22 ADMINISTRATIVE & GENERAL	14,749,920	167	14,750,087	455,520.00	32.38	
22.01 A & G UNDER CONTRACT	974,182		974,182	6,448.00	151.08	
23 MAINTENANCE & REPAIRS	870,361		870,361	33,280.00	26.15	
24 OPERATION OF PLANT	556,813		556,813	16,640.00	33.46	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	1,587,782		1,587,782	101,920.00	15.58	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,467,768		1,467,768	91,520.00	16.04	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,227,282		1,227,282	31,200.00	39.34	
31 CENTRAL SERVICE AND SUPPLY	539,040		539,040	29,120.00	18.51	
32 PHARMACY	2,925,706		2,925,706	68,640.00	42.62	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,337,979		1,337,979	60,320.00	22.18	
34 SOCIAL SERVICE	395,886		395,886	10,400.00	38.07	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	82,857,074		82,857,074	2,548,208.00	32.52	
2 EXCLUDED AREA SALARIES	1,777,738		1,777,738	49,920.00	35.61	
3 SUBTOTAL SALARIES	81,079,336		81,079,336	2,498,288.00	32.45	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	8,597,453		8,597,453	129,002.00	66.65	
5 SUBTOTAL WAGE-RELATED COSTS	22,203,450		22,203,450		27.38	
6 TOTAL	111,880,239		111,880,239	2,627,290.00	42.58	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	28,165,658	167	28,165,825	917,488.00	30.70	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	18,951,834
17.01	GROSS MEDICAID REVENUES	7,133,151
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	26,084,985
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)	.322170
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	30,901,292

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	9,955,469
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	18,951,834
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	6,105,712
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	9,955,469

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0291
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT				143,176	143,176
2	0200	OLD CAP REL COSTS-MVBLE EQUIP				27,043	27,043
3	0300	NEW CAP REL COSTS-BLDG & FIXT				10,647,340	10,647,340
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				3,446,764	3,446,764
5	0500	EMPLOYEE BENEFITS	1,532,939	17,264,421	18,797,360	-78,124	18,719,236
6.01	0610	NONPATIENT TELEPHONES	208,610	536,614	745,224	-2,064	743,160
6.02	0620	DATA PROCESSING		1,201,446	1,201,446	-466	1,200,980
6.03	0630	PURCHASING RECEIVING AND STORES	455,295	1,016,034	1,471,329	-1,724	1,469,605
6.04	0640	ADMINISTRATIVE	2,110,778	301,830	2,412,608	-931	2,411,677
6.05	0650	CASHERING/ACCOUNTS RECEIVABLE	1,767,627	8,049,717	9,817,344	-118,518	9,698,826
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	10,207,610	48,651,083	58,858,693	-8,614,397	50,244,296
7	0700	MAINTENANCE & REPAIRS	870,361	4,643,072	5,513,433	-1,273,106	4,240,327
8	0800	OPERATION OF PLANT	556,813	3,296,969	3,853,782	-80,822	3,772,960
9	0900	LAUNDRY & LINEN SERVICE					
10	1000	HOUSEKEEPING	1,587,782	1,561,056	3,148,838	-28,704	3,120,134
11	1100	DIETARY	1,467,768	1,279,979	2,747,747	-8,418	2,739,329
12	1200	CAFETERIA					
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	1,227,282	262,013	1,489,295	-3,672	1,485,623
15	1500	CENTRAL SERVICES & SUPPLY	539,040	2,099,089	2,638,129	-91,210	2,546,919
16	1600	PHARMACY	2,925,706	10,481,895	13,407,601	-9,551,905	3,855,696
17	1700	MEDICAL RECORDS & LIBRARY	1,337,979	1,687,809	3,025,788	-5,345	3,020,443
18	1800	SOCIAL SERVICE	395,886	31,755	427,641		427,641
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400	PARAMEDICAL PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	15,375,762	3,463,901	18,839,663	-1,245,172	17,594,491
26	2600	INTENSIVE CARE UNIT	5,835,289	2,020,519	7,855,808	-464,983	7,390,825
31	3100	SUBPROVIDER	526,987	158,683	685,670	32,325	717,995
33	3300	NURSERY	1,036,332	219,209	1,255,541	-97,755	1,157,786
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	6,345,179	20,979,821	27,325,000	-17,289,282	10,035,718
38	3800	RECOVERY ROOM	936,395	129,292	1,065,687	-50,834	1,014,853
39	3900	DELIVERY ROOM & LABOR ROOM	1,878,986	1,402,958	3,281,944	-444,759	2,837,185
40	4000	ANESTHESIOLOGY	110,515	517,836	628,351	-418,913	209,438
41	4100	RADIOLOGY-DIAGNOSTIC	9,367,587	14,887,982	24,255,569	-8,599,169	15,656,400
44	4400	LABORATORY	167	7,494,467	7,494,634	-17,248	7,477,386
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		785,948	785,948	-2,052	783,896
46.30	4650	BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900	RESPIRATORY THERAPY	1,482,570	474,265	1,956,835	-267,601	1,689,234
50	5000	PHYSICAL THERAPY	1,747,285	436,175	2,183,460	-138,948	2,044,512
51	5100	OCCUPATIONAL THERAPY	135,121	21,074	156,195	-1,580	154,615
52	5200	SPEECH PATHOLOGY					
53	5300	ELECTROCARDIOLOGY	1,244,695	1,097,644	2,342,339	-99,613	2,242,726
54	5400	ELECTROENCEPHALOGRAPHY	94,615	17,003	111,618	-9,601	102,017
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				14,921,467	14,921,467
55.30	5530	IMPL. DEV. CHARGED TO PATIENT				12,090,743	12,090,743
56	5600	DRUGS CHARGED TO PATIENTS				9,474,087	9,474,087
59	3140	CARDIOLOGY					
59.97	3997	CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	597,560	71,081	668,641	-5,343	663,298
60	6000	CLINIC	2,550,466	1,460,538	4,011,004	-874,004	3,137,000
60.01	6001	WOMENS HEALTH					
60.02	6002	SPINE CENTER					
61	6100	EMERGENCY	4,175,154	1,946,158	6,121,312	-877,652	5,243,660
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310	RHC					
63.60	6320	FQHC					
		OTHER REIMBURS COST CNTRS					
69.10	6910	CMHC					
69.20	6920	OUTPATIENT PHYSICAL THERAPY					
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940	OUTPATIENT SPEECH PATHOLOGY					
71	7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					
85.01	8510	PANCREAS ACQUISITION					
85.02	8520	INTESTINAL ACQUISITION					
95		SUBTOTALS	80,632,141	159,949,336	240,581,477	19,030	240,600,507
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,927	15,085	28,012	-1,870	26,142
100	7950	OTHER NONREIMBURSABLE COST CENTERS	1,237,824	377,423	1,615,247	-17,160	1,598,087
101		TOTAL	81,882,892	160,341,844	242,224,736	-0-	242,224,736

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0291
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	65,980	209,156
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	-24,465	2,578
3	0300 NEW CAP REL COSTS-BLDG & FIXT	129,323	10,776,663
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	1,033,030	4,479,794
5	0500 EMPLOYEE BENEFITS	2,634,150	21,353,386
6.01	0610 NONPATIENT TELEPHONES	-375,468	367,692
6.02	0620 DATA PROCESSING	2,175,670	3,376,650
6.03	0630 PURCHASING RECEIVING AND STORES	-3,648	1,465,957
6.04	0640 ADMINISTRATION	-33,582	2,378,095
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	-314,339	9,384,487
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-33,966,515	16,277,781
7	0700 MAINTENANCE & REPAIRS	-4,348	4,235,979
8	0800 OPERATION OF PLANT	-1,211	3,771,749
9	0900 LAUNDRY & LINEN SERVICE		
10	1000 HOUSEKEEPING	-7,944	3,112,190
11	1100 DIETARY	-578,972	2,160,357
12	1200 CAFETERIA		
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-30,300	1,455,323
15	1500 CENTRAL SERVICES & SUPPLY	-26,282	2,520,637
16	1600 PHARMACY	-62,477	3,793,219
17	1700 MEDICAL RECORDS & LIBRARY	-71,700	2,948,743
18	1800 SOCIAL SERVICE	-898	426,743
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMEDICAL PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-74,375	17,520,116
26	2600 INTENSIVE CARE UNIT	-5,661	7,385,164
31	3100 SUBPROVIDER	-125,554	592,441
33	3300 NURSERY	-24,267	1,133,519
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-811,641	9,224,077
38	3800 RECOVERY ROOM	-175	1,014,678
39	3900 DELIVERY ROOM & LABOR ROOM	-732,603	2,104,582
40	4000 ANESTHESIOLOGY	-3,143	206,295
41	4100 RADIOLOGY-DIAGNOSTIC	-54,262	15,602,138
44	4400 LABORATORY	-294,240	7,183,146
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		783,896
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS		
49	4900 RESPIRATORY THERAPY	-1,241	1,687,993
50	5000 PHYSICAL THERAPY	-9,607	2,034,905
51	5100 OCCUPATIONAL THERAPY	-338	154,277
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY	-670,516	1,572,210
54	5400 ELECTROENCEPHALOGRAPHY		102,017
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		14,921,467
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		12,090,743
56	5600 DRUGS CHARGED TO PATIENTS		9,474,087
59	3140 CARDIOLOGY		
59.97	3997 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS		663,298
60	6000 CLINIC	-115,667	3,021,333
60.01	6001 WOMENS HEALTH		
60.02	6002 SPIRIT CENTER		
61	6100 EMERGENCY	-303,747	4,939,913
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RHC		
63.60	6320 FQHC OTHER REIMBURS COST CNTRS		
69.10	6910 CMHC		
69.20	6920 OUTPATIENT PHYSICAL THERAPY		
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY		
69.40	6940 OUTPATIENT SPEECH PATHOLOGY		
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		
85.01	8510 PANCREAS ACQUISITION		
85.02	8520 INTESTINAL ACQUISITION		
95	SUBTOTALS	-32,691,033	207,909,474
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		26,142
100	7950 OTHER NONREIMBURSABLE COST CENTERS	-51,478	1,546,609
101	TOTAL	-32,742,511	209,482,225

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMEDICAL PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC COST		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
59	CARDIOLOGY	3140	CARDIOLOGY
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	WOMENS HEALTH	6001	CLINIC
60.02	SPINE CENTER	6002	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140291

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

PREPARED 5/26/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RECLASS DEPRECIATION	A	OTHER ADMINISTRATIVE AND GENERAL	6.06		5,782,529
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34 DEPRECIATION EXPENSE	B	OLD CAP REL COSTS-BLDG & FIXT	1		6,259,799
35		OLD CAP REL COSTS-MVBLE EQUIP	2		3,473,807
1 RECLASS NEW DEPRECIATION	C	NEW CAP REL COSTS-BLDG & FIXT	3		10,647,340
2		NEW CAP REL COSTS-MVBLE EQUIP	4		3,446,764
3					
4 MEDICAL SUPPLY RECLASS	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		27,012,210
5					
6					
7		PURCHASING RECEIVING AND STORES	6.03		6,092
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:
140291

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

PREPARED 5/26/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 MEDICAL SUPPLY RECLASS	D				
2					
3					
4 DRUGS	F	DRUGS CHARGED TO PATIENTS	56		9,474,087
5 LAB SALARY RECLASS	I	OTHER ADMINISTRATIVE AND GENERAL	6.06	167	23
6 IMPLANTS	J	IMPL. DEV. CHARGED TO PATIENT	55.30		12,090,743
7 PHYSICIAN RECLASS	K	ANESTHESIOLOGY	40		13,440
8		EMERGENCY	61		2,220
9		ADULTS & PEDIATRICS	25		20,280
10		LABORATORY	44		3,300
11		SUBPROVIDER	31		33,540
12		RADIOLOGY-DIAGNOSTIC	41		17,993
13		OPERATING ROOM	37		25,860
14 CARDIAC REHAB	L	CARDIAC REHABILITATION	59.97	3,789	
36 TOTAL RECLASSIFICATIONS				3,956	78,310,027

(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:
140291

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

PREPARED 5/26/2011
WORKSHEET A-6

						----- DECREASE -----			
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER			A-7 REF	
	1	6	7	8	9			10	
1 RECLASS DEPRECIATION	A	PHARMACY	16		9,041				
2		EMPLOYEE BENEFITS	5		78,124				
3		NONPATIENT TELEPHONES	6.01		1,899				
4		DATA PROCESSING	6.02		462				
5		PURCHASING RECEIVING AND STORES	6.03		7,816				
6		ADMINISTRATIVE	6.04		468				
7		CASHIERING/ACCOUNTS RECEIVABLE	6.05		118,424				
8		MAINTENANCE & REPAIRS	7		1,213,404				
9		OPERATION OF PLANT	8		24,228				
10		HOUSEKEEPING	10		6,246				
11		DIETARY	11		7,436				
12		NURSING ADMINISTRATION	14		1,576				
13		CENTRAL SERVICES & SUPPLY	15		91,210				
14		MEDICAL RECORDS & LIBRARY	17		4,266				
15		LABORATORY	44		781				
16		ADULTS & PEDIATRICS	25		450,771				
17		INTENSIVE CARE UNIT	26		55,319				
18		SUBPROVIDER	31		70				
19		NURSERY	33		40,175				
20		OPERATING ROOM	37		574,810				
21		RECOVERY ROOM	38		10,755				
22		DELIVERY ROOM & LABOR ROOM	39		71,073				
23		ANESTHESIOLOGY	40		69,772				
24		RADIOLOGY-DIAGNOSTIC	41		1,810,201				
25		RESPIRATORY THERAPY	49		45,200				
26		PHYSICAL THERAPY	50		98,162				
27		ELECTROCARDIOLOGY	53		57,853				
28		CLINIC	60		712,980				
29		EMERGENCY	61		210,033				
30		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		1,362				
31		OTHER NONREIMBURSABLE COST CENTERS	100		30				
32		ELECTROENCEPHALOGRAPHY	54		7,544				
33		CARDIAC REHABILITATION	59.97		1,038				
34 DEPRECIATION EXPENSE	B	OTHER ADMINISTRATIVE AND GENERAL	6.06		9,733,606			9	
35								9	
1 RECLASS NEW DEPRECIATION	C	OLD CAP REL COSTS-BLDG & FIXT	1		6,116,623			9	
2		OLD CAP REL COSTS-MVBLE EQUIP	2		3,446,764			9	
3		OTHER ADMINISTRATIVE AND GENERAL	6.06		4,530,717				
4 MEDICAL SUPPLY RECLASS	D								
5		NONPATIENT TELEPHONES	6.01		165				
6		DATA PROCESSING	6.02		4				
7									
8		ADMINISTRATIVE	6.04		463				
9		CASHIERING/ACCOUNTS RECEIVABLE	6.05		94				
10		OTHER ADMINISTRATIVE AND GENERAL	6.06		16,160				
11		MAINTENANCE & REPAIRS	7		59,702				
12		OPERATION OF PLANT	8		56,594				
13		HOUSEKEEPING	10		22,458				
14		DIETARY	11		982				
15		NURSING ADMINISTRATION	14		2,096				
16		PHARMACY	16		68,777				
17		MEDICAL RECORDS & LIBRARY	17		1,079				
18		ADULTS & PEDIATRICS	25		814,681				
19		INTENSIVE CARE UNIT	26		409,664				
20		SUBPROVIDER	31		1,145				
21		NURSERY	33		57,580				
22		OPERATING ROOM	37		16,740,332				
23		RECOVERY ROOM	38		40,079				
24		DELIVERY ROOM & LABOR ROOM	39		373,686				
25		ANESTHESIOLOGY	40		362,581				
26		RADIOLOGY-DIAGNOSTIC	41		6,806,961				
27		RESPIRATORY THERAPY	49		222,401				
28		PHYSICAL THERAPY	50		40,786				
29		OCCUPATIONAL THERAPY	51		1,580				
30		ELECTROCARDIOLOGY	53		37,971				
31		ELECTROENCEPHALOGRAPHY	54		2,057				
32		EMERGENCY	61		669,839				
33		CLINIC	60		161,024				
34		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		508				
35		OTHER NONREIMBURSABLE COST CENTERS	100		17,130				

RECLASSIFICATIONS

PROVIDER NO:
140291

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

PREPARED 5/26/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 MEDICAL SUPPLY RECLASS	D	LABORATORY	44		19,577	
2		WHOLE BLOOD & PACKED RED BLOOD CELLS	46		2,052	
3		CARDIAC REHABILITATION	59.97		8,094	
4 DRUGS	F	PHARMACY	16		9,474,087	
5 LAB SALARY RECLASS	I	LABORATORY	44	167	23	
6 IMPLANTS	J	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		12,090,743	
7 PHYSICIAN RECLASS	K	OTHER ADMINISTRATIVE AND GENERAL	6.06		116,633	
8						
9						
10						
11						
12						
13						
14 CARDIAC REHAB	L	ELECTROCARDIOLOGY	53	3,789		
36 TOTAL RECLASSIFICATIONS				3,956	78,310,027	

(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:
140291

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

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

RECLASS CODE: A
EXPLANATION : RECLASS DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	5,782,529	PHARMACY	16	9,041	
2.00			0	EMPLOYEE BENEFITS	5	78,124	
3.00			0	NONPATIENT TELEPHONES	6.01	1,899	
4.00			0	DATA PROCESSING	6.02	462	
5.00			0	PURCHASING RECEIVING AND STORE	6.03	7,816	
6.00			0	ADMINISTRATIVE	6.04	468	
7.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.05	118,424	
8.00			0	MAINTENANCE & REPAIRS	7	1,213,404	
9.00			0	OPERATION OF PLANT	8	24,228	
10.00			0	HOUSEKEEPING	10	6,246	
11.00			0	DIETARY	11	7,436	
12.00			0	NURSING ADMINISTRATION	14	1,576	
13.00			0	CENTRAL SERVICES & SUPPLY	15	91,210	
14.00			0	MEDICAL RECORDS & LIBRARY	17	4,266	
15.00			0	LABORATORY	44	781	
16.00			0	ADULTS & PEDIATRICS	25	450,771	
17.00			0	INTENSIVE CARE UNIT	26	55,319	
18.00			0	SUBPROVIDER	31	70	
19.00			0	NURSERY	33	40,175	
20.00			0	OPERATING ROOM	37	574,810	
21.00			0	RECOVERY ROOM	38	10,755	
22.00			0	DELIVERY ROOM & LABOR ROOM	39	71,073	
23.00			0	ANESTHESIOLOGY	40	69,772	
24.00			0	RADIOLOGY-DIAGNOSTIC	41	1,810,201	
25.00			0	RESPIRATORY THERAPY	49	45,200	
26.00			0	PHYSICAL THERAPY	50	98,162	
27.00			0	ELECTROCARDIOLOGY	53	57,853	
28.00			0	CLINIC	60	712,980	
29.00			0	EMERGENCY	61	210,033	
30.00			0	GI FT, FLOWER, COFFEE SHOP & CA	96	1,362	
31.00			0	OTHER NONREIMBURSABLE COST CEN	100	30	
32.00			0	ELECTROENCEPHALOGRAPHY	54	7,544	
34.00			0	CARDIAC REHABILITATION	59.97	1,038	
TOTAL RECLASSIFICATIONS FOR CODE A			5,782,529	TOTAL RECLASSIFICATIONS FOR CODE A			5,782,529

RECLASS CODE: B
EXPLANATION : DEPRECIATION EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	6,259,799	OTHER ADMINISTRATIVE AND GENER	6.06	9,733,606	
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	3,473,807			0	
TOTAL RECLASSIFICATIONS FOR CODE B			9,733,606	TOTAL RECLASSIFICATIONS FOR CODE B			9,733,606

RECLASS CODE: C
EXPLANATION : RECLASS NEW DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	10,647,340	OLD CAP REL COSTS-BLDG & FIXT	1	6,116,623	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,446,764	OLD CAP REL COSTS-MVBLE EQUIP	2	3,446,764	
3.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	4,530,717	
TOTAL RECLASSIFICATIONS FOR CODE C			14,094,104	TOTAL RECLASSIFICATIONS FOR CODE C			14,094,104

RECLASS CODE: D
EXPLANATION : MEDICAL SUPPLY RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	27,012,210	NONPATIENT TELEPHONES	6.01	165	
2.00			0	DATA PROCESSING	6.02	4	
3.00			0	ADMINISTRATIVE	6.04	463	
4.00	PURCHASING RECEIVING AND STORE	6.03	6,092	CASHIERING/ACCOUNTS RECEIVABLE	6.05	94	
5.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	16,160	
6.00			0	MAINTENANCE & REPAIRS	7	59,702	
7.00			0	OPERATION OF PLANT	8	56,594	
8.00			0	HOUSEKEEPING	10	22,458	
9.00			0	DIETARY	11	982	
10.00			0	NURSING ADMINISTRATION	14	2,096	
11.00			0	PHARMACY	16	68,777	
12.00			0			0	
13.00			0			0	

RECLASSIFICATIONS

PROVIDER NO:
140291

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

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

RECLASS CODE: D
EXPLANATION : MEDICAL SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
14.00			0	MEDICAL RECORDS & LIBRARY	17	1,079		
15.00			0	ADULTS & PEDIATRICS	25	814,681		
16.00			0	INTENSIVE CARE UNIT	26	409,664		
17.00			0	SUBPROVIDER	31	1,145		
18.00			0	NURSERY	33	57,580		
19.00			0	OPERATING ROOM	37	16,740,332		
20.00			0	RECOVERY ROOM	38	40,079		
21.00			0	DELIVERY ROOM & LABOR ROOM	39	373,686		
22.00			0	ANESTHESIOLOGY	40	362,581		
23.00			0	RADIOLOGY-DIAGNOSTIC	41	6,806,961		
24.00			0	RESPIRATORY THERAPY	49	222,401		
25.00			0	PHYSICAL THERAPY	50	40,786		
26.00			0	OCCUPATIONAL THERAPY	51	1,580		
27.00			0	ELECTROCARDIOLOGY	53	37,971		
28.00			0	ELECTROENCEPHALOGRAPHY	54	2,057		
29.00			0	EMERGENCY	61	669,839		
30.00			0	CLINIC	60	161,024		
31.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	508		
32.00			0	OTHER NONREIMBURSABLE COST CEN	100	17,130		
33.00			0	LABORATORY	44	19,577		
34.00			0	WHOLE BLOOD & PACKED RED BLOOD	46	2,052		
35.00			0	CARDIAC REHABILITATION	59.97	8,094		
TOTAL RECLASSIFICATIONS FOR CODE D			27,018,302				27,018,302	

RECLASS CODE: F
EXPLANATION : DRUGS

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	DRUGS CHARGED TO PATIENTS	56	9,474,087	PHARMACY	16	9,474,087		
TOTAL RECLASSIFICATIONS FOR CODE F			9,474,087				9,474,087	

RECLASS CODE: I
EXPLANATION : LAB SALARY RECLASS

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	190	LABORATORY	44	190		
TOTAL RECLASSIFICATIONS FOR CODE I			190				190	

RECLASS CODE: J
EXPLANATION : IMPLANTS

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	12,090,743	MEDICAL SUPPLIES CHARGED TO PA	55	12,090,743		
TOTAL RECLASSIFICATIONS FOR CODE J			12,090,743				12,090,743	

RECLASS CODE: K
EXPLANATION : PHYSICIAN RECLASS

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	ANESTHESIOLOGY	40	13,440	OTHER ADMINISTRATIVE AND GENER	6.06	116,633		
2.00	EMERGENCY	61	2,220			0		
3.00	ADULTS & PEDIATRICS	25	20,280			0		
4.00	LABORATORY	44	3,300			0		
5.00	SUBPROVIDER	31	33,540			0		
6.00	RADIOLOGY-DIAGNOSTIC	41	17,993			0		
7.00	OPERATING ROOM	37	25,860			0		
TOTAL RECLASSIFICATIONS FOR CODE K			116,633				116,633	

RECLASS CODE: L
EXPLANATION : CARDIAC REHAB

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	CARDIAC REHABILITATION	59.97	3,789	ELECTROCARDIOLOGY	53	3,789		
TOTAL RECLASSIFICATIONS FOR CODE L			3,789				3,789	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	867,973						867,973	
2 LAND IMPROVEMENTS	1,831,197						1,831,197	1,831,197
3 BUILDINGS & FIXTURE	22,894,698						22,894,698	15,623,602
4 BUILDING IMPROVEMEN	328,716						328,716	328,716
5 FIXED EQUIPMENT	6,383,243					1,838,981	4,544,262	6,319,445
6 MOVABLE EQUIPMENT	36,435					10,064	26,371	36,435
7 SUBTOTAL	32,342,262					1,849,045	30,493,217	24,139,395
8 RECONCILING ITEMS								
9 TOTAL	32,342,262					1,849,045	30,493,217	24,139,395

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	4,808,923						4,808,923	
2 LAND IMPROVEMENTS	3,656,206						3,656,206	1,220,998
3 BUILDINGS & FIXTURE	105,891,787	4,208,951			4,208,951		110,100,738	7,855,872
4 BUILDING IMPROVEMEN	5,051,637	29,985			29,985		5,081,622	242,943
5 FIXED EQUIPMENT	52,998,694	1,526,606			1,526,606	9,006,624	45,518,676	27,188,011
6 MOVABLE EQUIPMENT	219,452						219,452	118,686
7 SUBTOTAL	172,626,699	5,765,542			5,765,542	9,006,624	169,385,617	36,626,510
8 RECONCILING ITEMS	4,348,439	3,778,774			3,778,774		8,127,213	
9 TOTAL	168,278,260	1,986,768			1,986,768	9,006,624	161,258,404	36,626,510

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
*									
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL	209,156						209,156
2	OLD CAP REL COSTS-MV	2,578						2,578
3	NEW CAP REL COSTS-BL	10,776,663						10,776,663
4	NEW CAP REL COSTS-MV	4,479,794						4,479,794
5	TOTAL	15,468,191						15,468,191

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

SUMMARY OF OLD AND NEW CAPITAL

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

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-374,380	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,732,096			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-4,210,053			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTTHS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	A	-2,030	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	A	63,122	OLD CAP REL COSTS-BLDG &	1	9
30 DEPRECIATION-OLD MOVABLE EQUIP	A	-25,362	OLD CAP REL COSTS-MVBLE E	2	9
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			NONPHYSICIAN ANESTHETISTS	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 INTERCOMPANY INTEREST	A	-2,607,593	OTHER ADMINISTRATIVE AND	6.06	
38 MEDICAL PROVIDER TAX	A	-6,526,286	OTHER ADMINISTRATIVE AND	6.06	
39 BAD DEBT EXPENSE	A	-11,607,834	OTHER ADMINISTRATIVE AND	6.06	
40 ELIMINATE AHA/IHS/MCHC LOBBYING	A	-27,905	OTHER ADMINISTRATIVE AND	6.06	
41 ELIMINATE CENTER 1090/1093/1099/1120	A	-362,924	OTHER ADMINISTRATIVE AND	6.06	
41.50 OTHER HOSPITAL PHYSICIAN OFFSET	A	-2,100	OTHER NONREIMBURSABLE COS	100	
42 OTHER HOSPITAL PHYSICIAN OFFSET	A	1,125	INTENSIVE CARE UNIT	26	
43 LOSS ON SALE OF ASSETS	A	72,966	NEW CAP REL COSTS-MVBLE E	4	9
43.02 MISC INCOME	B	-8,056	CLINIC	60	
43.03 MISC INCOME	B	-294,240	LABORATORY	44	
44 MISC INCOME	B	-17,908	EMPLOYEE BENEFITS	5	
45 MISC INCOME	B	-9,205	DATA PROCESSING	6.02	
46 MISC INCOME	B	-302,338	CASHIERING/ACCOUNTS RECEIV	6.05	
47 MISC INCOME	B	-458,859	OTHER ADMINISTRATIVE AND	6.06	
48					
49 MISC INCOME	B	-568,633	DIETARY	11	
49.01 MISC INCOME	B	-365	SOCIAL SERVICE	18	
49.02 MISC INCOME	B	3,963	NURSING ADMINISTRATION	14	
49.03 MISC INCOME	B	-4,558	MEDICAL RECORDS & LIBRARY	17	
49.04 MISC INCOME	B	-11,648	PHARMACY	16	
49.05 MISC INCOME	B	-6,771	ADULTS & PEDIATRICS	25	
49.06 MISC INCOME	B	-5,977	RADIOLOGY-DIAGNOSTIC	41	
49.08 MISC INCOME	B	-5,409	EMERGENCY	61	
49.09 MISC INCOME	B	-15,955	ELECTROCARDIOLOGY	53	
49.10 MISC INCOME	B	-49,378	OTHER NONREIMBURSABLE COS	100	
49.13 MISC INCOME	A	-5,106	SUBPROVIDER	31	
49.14					
49.16 NONALLOWABLE	A	-19,225	EMPLOYEE BENEFITS	5	
49.20 NONALLOWABLE	A	-1,088	NONPATIENT TELEPHONES	6.01	
49.21 NONALLOWABLE	A	-55	DATA PROCESSING	6.02	
49.22 NONALLOWABLE	A	-3,648	PURCHASING RECEIVING AND	6.03	
49.24 NONALLOWABLE	A	-33,582	ADMINITTING	6.04	
49.25 NONALLOWABLE	A	-12,001	CASHIERING/ACCOUNTS RECEIV	6.05	
49.26 NONALLOWABLE	A	-2,146,003	OTHER ADMINISTRATIVE AND	6.06	
49.28 NONALLOWABLE	A	-2,174	MAINTENANCE & REPAIRS	7	
49.29 NONALLOWABLE	A	-2,174	MAINTENANCE & REPAIRS	7	
49.30 NONALLOWABLE	A	-1,211	OPERATION OF PLANT	8	
49.32 NONALLOWABLE	A	-7,944	HOUSEKEEPING	10	
49.33 NONALLOWABLE	A	-10,339	DIETARY	11	
49.34 NONALLOWABLE	A	-18,303	NURSING ADMINISTRATION	14	
49.35 NONALLOWABLE	A	-26,282	CENTRAL SERVICES & SUPPLY	15	
49.36 NONALLOWABLE	A	-50,829	PHARMACY	16	
49.38 NONALLOWABLE	A	-65,112	MEDICAL RECORDS & LIBRARY	17	
49.39 NONALLOWABLE	A	-533	SOCIAL SERVICE	18	
49.40 NONALLOWABLE	A	-57,517	ADULTS & PEDIATRICS	25	
49.41 NONALLOWABLE	A	-3,539	INTENSIVE CARE UNIT	26	
49.42 NONALLOWABLE	A	-2,796	SUBPROVIDER	31	
49.43 NONALLOWABLE	A	-24,267	NURSERY	33	
49.44 NONALLOWABLE	A	-32,502	OPERATING ROOM	37	

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
14-0291

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

PREPARED 5/26/2011
WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
49.45 NONALLOWABLE	A	-175	RECOVERY ROOM	38	
49.46 NONALLOWABLE	A	-14,940	DELIVERY ROOM & LABOR ROO	39	
49.47 NONALLOWABLE	A	-488	ANESTHESIOLOGY	40	
49.48 NONALLOWABLE	A	-40,847	RADIOLOGY-DIAGNOSTIC	41	
49.49 NONALLOWABLE	A	-1,241	RESPIRATORY THERAPY	49	
49.50 NONALLOWABLE	A	-9,607	PHYSICAL THERAPY	50	
49.51 NONALLOWABLE	A	-338	OCCUPATIONAL THERAPY	51	
49.52 NONALLOWABLE	A	-15,759	ELECTROCARDIOLOGY	53	
49.53 NONALLOWABLE	A	-27,511	EMERGENCY	61	
49.54 NONALLOWABLE	A	-8,688	CLINIC	60	
49.55					
49.56					
50 TOTAL (SUM OF LINES 1 THRU 49)		-32,742,511			

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	5	EMPLOYEE BENEFITS	EMPL BENEFITS	2,671,283		2,671,283	
2	6 2	DATA PROCESSING	DATA PROCESSING	2,184,930		2,184,930	
3	1	OLD CAP REL COSTS-BLDG &	OLD BLDG	2,858		2,858	9
4	2	OLD CAP REL COSTS-MVBLE E	OLD EQUIP	897		897	9
4.01	3	NEW CAP REL COSTS-BLDG &	NEW BLDG	129,323		129,323	9
4.02	4	NEW CAP REL COSTS-MVBLE E	NEW EQUIP	960,064		960,064	9
4.03	6 6	OTHER ADMINISTRATIVE AND	A&G	4,249,305	14,408,713	-10,159,408	
5		TOTALS		10,198,660	14,408,713	-4,210,053	

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/26/2011
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6 6	AGGREGATE	42,386		42,386	171,400	365	30,077	1,504
2 6 6	AGGREGATE	57,394	57,394		171,400	1	82	4
3	AGGREGATE							
4 39	AGGREGATE	717,663	717,663		194,500	1	94	5
5 25	AGGREGATE	20,280		20,280	194,500	109	10,193	510
6 26	AGGREGATE	8,063		8,063	154,100	65	4,816	241
7	AGGREGATE							
8 31	AGGREGATE	43,524		43,524	142,500	287	19,662	983
9 31	AGGREGATE	93,790	93,790		142,500	1	69	3
10 60	AGGREGATE	98,923	98,923		136,700	1	66	3
11	AGGREGATE							
12	AGGREGATE							
13 14	AGGREGATE	13,679	13,679		171,400	1	82	4
14 14	AGGREGATE	7,225		7,225	171,400	60	4,944	247
15 37	AGGREGATE	27,919		27,919	204,100	226	22,176	1,109
16 37	AGGREGATE	773,396	773,396		204,100	1	98	5
17 40	AGGREGATE	13,440		13,440	200,300	112	10,785	539
18 41	AGGREGATE	17,993		17,993	231,100	95	10,555	528
19 53	AGGREGATE	102,225		102,225	171,400	375	30,901	1,545
20 53	AGGREGATE	567,478	567,478		171,400	1	82	4
21 61	AGGREGATE	7,960		7,960	171,400	47	3,873	194
22 61	AGGREGATE	266,740	266,740		171,400	1	82	4
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,880,078	2,589,063	291,015		1,749	148,637	7,432

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/26/2011
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	6 6	AGGREGATE				30,077	12,309	12,309
2	6 6	AGGREGATE				82		57,394
3		AGGREGATE						
4	39	AGGREGATE				94		717,663
5	25	AGGREGATE				10,193	10,087	10,087
6	26	AGGREGATE				4,816	3,247	3,247
7		AGGREGATE						
8	31	AGGREGATE				19,662	23,862	23,862
9	31	AGGREGATE				69		93,790
10	60	AGGREGATE				66		98,923
11		AGGREGATE						
12		AGGREGATE						
13	14	AGGREGATE				82		13,679
14	14	AGGREGATE				4,944	2,281	2,281
15	37	AGGREGATE				22,176	5,743	5,743
16	37	AGGREGATE				98		773,396
17	40	AGGREGATE				10,785	2,655	2,655
18	41	AGGREGATE				10,555	7,438	7,438
19	53	AGGREGATE				30,901	71,324	71,324
20	53	AGGREGATE				82		567,478
21	61	AGGREGATE				3,873	4,087	4,087
22	61	AGGREGATE				82		266,740
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					148,637	143,033	2,732,096

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	BLDG SOFT	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	BLDG SOFT	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	BLDG SOFT	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	BLDG SOFT	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	S	GROSS SALARIES	ENTERED
6.02	DATA PROCESSING	8	GROSS REVENUES	ENTERED
6.03	PURCHASING RECEIVING AND STORES	9	SUPPLY \$	ENTERED
6.04	ADMITTING	10	IP REVENUES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	8	GROSS REVENUES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	ENTERED
7	MAINTENANCE & REPAIRS	1	BLDG SOFT	ENTERED
8	OPERATION OF PLANT	1	BLDG SOFT	ENTERED
9	LAUNDRY & LINEN SERVICE	14	PATIENT DAYS	ENTERED
10	HOUSEKEEPING	1	BLDG SOFT	ENTERED
11	DIETARY	14	PATIENT DAYS	ENTERED
12	CAFETERIA	S	GROSS SALARIES	ENTERED
13	MAINTENANCE OF PERSONNEL	17	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	18	NURS. HOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	19	MED SUPPLY \$	ENTERED
16	PHARMACY	20	DRUG \$	ENTERED
17	MEDICAL RECORDS & LIBRARY	8	GROSS REVENUES	ENTERED
18	SOCIAL SERVICE	14	PATIENT DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	24	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	25	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	26	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	27	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	28	ASSIGNED TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	209,156	209,156					
003 OLD CAP REL COSTS-MVBLE E	2,578		2,578				
004 NEW CAP REL COSTS-BLDG &	10,776,663			10,776,663			
005 NEW CAP REL COSTS-MVBLE E	4,479,794				4,479,794		
006 EMPLOYEE BENEFITS	21,353,386	150	2	7,713	3,206	21,364,457	
006 01 NONPATIENT TELEPHONES	367,692	1,260	16	64,943	26,996	55,468	516,375
006 02 DATA PROCESSING	3,376,650	594	7	30,619	12,728		
006 03 PURCHASING RECEIVING AND	1,465,957	2,675	33	137,830	57,295	121,060	2,933
006 04 ADMINISTRATION	2,378,095	1,088	13	56,072	23,309	561,241	13,600
006 05 CASHIERING/ACCOUNTS RECEIV	9,384,487	129	2	6,647	2,763	470,000	11,389
006 06 OTHER ADMINISTRATIVE AND	16,277,781	6,859	85	353,412	146,911	2,714,176	65,769
007 MAINTENANCE & REPAIRS	4,235,979	70,471	868	3,630,794	1,509,298	231,423	5,608
008 OPERATION OF PLANT	3,771,749	31,656	390	1,631,035	678,012	148,053	3,588
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	3,112,190	4,843	60	249,535	103,730	422,180	10,230
011 DIETARY	2,160,357	5,673	70	292,290	121,503	390,269	9,457
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,455,323	512	6	26,380	10,966	326,326	7,907
015 CENTRAL SERVICES & SUPPLY	2,520,637	2,249	28	115,897	48,178	143,327	3,473
016 PHARMACY	3,793,219	1,368	17	70,479	29,298	777,925	18,850
017 MEDICAL RECORDS & LIBRARY	2,948,743	2,174	27	112,029	46,570	355,759	8,621
018 SOCIAL SERVICE	426,743	60	1	3,104	1,290	105,263	2,551
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	17,520,116	21,789	269	1,122,677	466,690	4,088,276	99,090
026 INTENSIVE CARE UNIT	7,385,164	6,590	81	339,538	141,144	1,551,562	37,597
031 SUBPROVIDER	592,441	2,724	34	140,355	58,345	140,122	3,395
033 NURSERY	1,133,519	1,356	17	69,876	29,047	275,553	6,677
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	9,224,077	11,701	144	602,878	250,613	1,687,139	40,882
038 RECOVERY ROOM	1,014,678	116	1	5,999	2,494	248,981	6,033
039 DELIVERY ROOM & LABOR ROO	2,104,582	552	7	28,465	11,833	499,609	12,106
040 ANESTHESIOLOGY	206,295	316	4	16,305	6,778	29,385	712
041 RADIOLOGY-DIAGNOSTIC	15,602,138	11,512	142	593,127	246,559	2,490,776	60,355
044 LABORATORY	7,183,146	3,507	43	180,701	75,116		
046 WHOLE BLOOD & PACKED RED	783,896	233	3	12,020	4,997		
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	1,687,993	183	2	9,426	3,919	394,205	9,552
050 PHYSICAL THERAPY	2,034,905	1,515	19	78,075	32,455	464,591	11,258
051 OCCUPATIONAL THERAPY	154,277	88	1	4,540	1,887	35,928	871
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	1,572,210	972	12	50,097	20,825	329,948	7,995
054 ELECTROENCEPHALOGRAPHY	102,017	106	1	5,466	2,272	25,157	610
055 MEDICAL SUPPLIES CHARGED	14,921,467						
055 30 IMPL. DEV. CHARGED TO PAT	12,090,743						
056 DRUGS CHARGED TO PATIENTS	9,474,087						
059 CARDIOLOGY							
059 97 CARDIAC REHABILITATION	663,298	515	6	26,542	11,034	159,894	3,874
060 OUTPAT SERVICE COST CNTRS							
060 01 WOMENS HEALTH	3,021,333	1,737	21	89,517	37,212	678,151	16,433
060 02 SPINE CENTER							
061 EMERGENCY	4,939,913	10,057	124	518,201	215,413	1,110,144	26,901
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	207,909,474	207,330	2,556	10,682,584	4,440,686	21,031,891	508,317
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	26,142	1,725	21	88,868	36,942	3,437	83
100 OTHER NONREIMBURSABLE COS	1,546,609	101	1	5,211	2,166	329,129	7,975
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	209,482,225	209,156	2,578	10,776,663	4,479,794	21,364,457	516,375

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	3,420,598						
006 03 PURCHASING RECEIVING AND		1,787,783					
006 04 ADMINISTRATIVE		1,845	3,035,263				
006 05 CASHIERING/ACCOUNTS RECEIV		3,312		9,878,729			
006 06 OTHER ADMINISTRATIVE AND		44,738			19,609,731	19,609,731	
007 MAINTENANCE & REPAIRS		23,821			9,708,262	1,002,650	10,710,912
008 OPERATION OF PLANT		4,665			6,269,148	647,465	2,692,384
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		16,427			3,919,195	404,767	411,913
011 DIETARY		78,250			3,057,869	315,811	482,489
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		2,718			1,830,138	189,013	43,546
015 CENTRAL SERVICES & SUPPLY		90,347			2,924,136	301,999	191,313
016 PHARMACY		9,332			4,700,488	485,457	116,340
017 MEDICAL RECORDS & LIBRARY		3,094			3,477,017	359,099	184,929
018 SOCIAL SERVICE		56			539,068	55,674	5,123
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	259,063	70,310	364,854	748,128	24,761,262	2,557,374	1,853,224
026 INTENSIVE CARE UNIT	85,929	26,552	144,091	248,147	9,966,395	1,029,309	560,482
031 SUBPROVIDER	5,456	454	9,190	15,755	968,271	100,001	231,686
033 NURSERY	51,200	4,331	86,235	147,856	1,805,667	186,486	115,346
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	440,832	907,057	294,718	1,273,047	14,733,088	1,521,604	995,181
038 RECOVERY ROOM	60,698	2,333	34,057	175,286	1,550,676	160,151	9,902
039 DELIVERY ROOM & LABOR ROO	64,246	22,872	97,166	185,532	3,026,970	312,619	46,987
040 ANESTHESIOLOGY	99,800	19,528	59,873	288,204	727,200	75,104	26,915
041 RADIOLOGY-DIAGNOSTIC	846,211	375,745	443,556	2,444,351	23,114,472	2,387,216	979,086
044 LABORATORY	281,698	1,038	265,031	813,496	8,803,776	909,236	298,287
046 WHOLE BLOOD & PACKED RED	33,845	109	45,433	97,738	978,274	101,034	19,842
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	81,947	12,928	121,704	236,648	2,558,507	264,237	15,560
050 PHYSICAL THERAPY	43,241	3,356	32,247	124,871	2,826,533	291,919	128,880
051 OCCUPATIONAL THERAPY	3,910	120	5,380	11,293	218,295	22,545	7,493
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	70,912	7,055	56,115	204,781	2,320,922	239,700	82,696
054 ELECTROENCEPHALOGRAPHY	2,719	122	2,895	7,851	149,216	15,411	9,023
055 MEDICAL SUPPLIES CHARGED	163,445		180,578	472,000	15,737,490	1,625,336	
055 30 IMPL. DEV. CHARGED TO PAT	179,908		228,011	519,543	13,018,205	1,344,494	
056 DRUGS CHARGED TO PATIENTS	376,902		434,780	1,088,428	11,374,197	1,174,704	
059 CARDIOLOGY							
059 97 CARDIAC REHABILITATION	5,316	1,022		15,351	886,852	91,592	43,814
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	45,945	11,581	432	132,681	4,035,043	416,731	147,767
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	217,375	41,272	128,917	627,742	7,836,059	809,293	855,405
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	3,420,598	1,786,390	3,035,263	9,878,729	207,432,422	19,398,031	10,555,613
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP		76			157,294	16,245	146,697
100 OTHER NONREIMBURSABLE COS		1,317			1,892,509	195,455	8,602
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,420,598	1,787,783	3,035,263	9,878,729	209,482,225	19,609,731	10,710,912

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	9,608,997						
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	493,615		5,229,490				
011 DIETARY	578,190		331,707	4,766,066			
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	52,184		29,938				2,144,819
015 CENTRAL SERVICES & SUPPLY	229,260		131,526				
016 PHARMACY	139,416		79,983				
017 MEDICAL RECORDS & LIBRARY	221,609		127,137				
018 SOCIAL SERVICE	6,139		3,522				
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,220,811		1,274,075	3,615,815			874,908
026 INTENSIVE CARE UNIT	671,653		385,327	565,622			285,734
031 SUBPROVIDER	277,641		159,283	72,672			7,449
033 NURSERY	138,225		79,300	511,957			48,677
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,192,574		684,179				316,712
038 RECOVERY ROOM	11,866		6,808				38,966
039 DELIVERY ROOM & LABOR ROO	56,307		32,303				102,111
040 ANESTHESIOLOGY	32,254		18,504				10,652
041 RADIOLOGY-DIAGNOSTIC	1,173,286		673,114				83,533
044 LABORATORY	357,452		205,070				39
046 WHOLE BLOOD & PACKED RED	23,778		13,642				
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	18,647		10,698				1,018
050 PHYSICAL THERAPY	154,444		88,604				2,000
051 OCCUPATIONAL THERAPY	8,980		5,152				
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	99,099		56,853				29,284
054 ELECTROENCEPHALOGRAPHY	10,812		6,203				
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
059 CARDIOLOGY							
059 97 CARDIAC REHABILITATION	52,504		30,122				22,886
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	177,076		101,589				59,562
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	1,025,073		588,084				220,904
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	9,422,895		5,122,723	4,766,066			2,104,435
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	175,794		100,853				
100 OTHER NONREIMBURSABLE COS	10,308		5,914				40,384
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	9,608,997		5,229,490	4,766,066			2,144,819

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	3,778,234						
016 PHARMACY		5,521,684					
017 MEDICAL RECORDS & LIBRARY			4,369,791				
018 SOCIAL SERVICE				609,526			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	109,126	76,376	330,936	462,422			
026 INTENSIVE CARE UNIT	54,874	43,642	109,768	72,337			
031 SUBPROVIDER	153		6,969	9,294			
033 NURSERY	7,713	1,925	65,404	65,473			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,242,361	83,607	563,134				
038 RECOVERY ROOM	5,369	2,774	77,538				
039 DELIVERY ROOM & LABOR ROO	50,055	13,199	82,070				
040 ANESTHESIOLOGY	48,567	22,283	127,487				
041 RADIOLOGY-DIAGNOSTIC	911,786	97,762	1,081,183				
044 LABORATORY	2,622		359,851				
046 WHOLE BLOOD & PACKED RED	275		43,235				
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	29,790	93	104,682				
050 PHYSICAL THERAPY	5,463	194	55,237				
051 OCCUPATIONAL THERAPY	212		4,995				
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	5,086	1,246	90,585				
054 ELECTROENCEPHALOGRAPHY	276		3,473				
055 MEDICAL SUPPLIES CHARGED	180,553	419	208,790				
055 30 IMPL. DEV. CHARGED TO PAT			229,821				
056 DRUGS CHARGED TO PATIENTS	9,213	5,087,290	481,468				
059 RADIOLOGY							
059 97 CARDIAC REHABILITATION	1,084		6,790				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	21,569	9,217	58,692				
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	89,724	81,657	277,683				
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	3,775,871	5,521,684	4,369,791	609,526			
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	68						
100 OTHER NONREIMBURSABLE COS	2,295						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,778,234	5,521,684	4,369,791	609,526			

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C		PARAMED ED PR GM-(SPECIFY)	POST STEP-DOWN ADJ	TOTAL
	23	24	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING RECEIVING AND					
006 04 ADMITTING					
006 05 CASHIERING/ACCOUNTS RECEIV					
006 06 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSONNEL					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
020 NONPHYSICIAN ANESTHETISTS					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C					
024 PARAMED ED PRGM-(SPECIFY)					
025 INPAT ROUTINE SRVC CNTRS					
ADULTS & PEDIATRICS			38,136,329		38,136,329
026 INTENSIVE CARE UNIT			13,745,143		13,745,143
031 SUBPROVIDER			1,833,419		1,833,419
033 NURSERY			3,026,173		3,026,173
037 ANCILLARY SRVC COST CNTRS					
OPERATING ROOM			22,332,440		22,332,440
038 RECOVERY ROOM			1,864,050		1,864,050
039 DELIVERY ROOM & LABOR ROO			3,722,621		3,722,621
040 ANESTHESIOLOGY			1,088,966		1,088,966
041 RADIOLOGY-DIAGNOSTIC			30,501,438		30,501,438
044 LABORATORY			10,936,333		10,936,333
046 WHOLE BLOOD & PACKED RED			1,180,080		1,180,080
046 30 BLOOD CLOTTING FACTORS AD					
049 RESPIRATORY THERAPY			3,003,232		3,003,232
050 PHYSICAL THERAPY			3,553,274		3,553,274
051 OCCUPATIONAL THERAPY			267,672		267,672
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY			2,925,471		2,925,471
054 ELECTROENCEPHALOGRAPHY			194,414		194,414
055 MEDICAL SUPPLIES CHARGED			17,752,588		17,752,588
055 30 IMPL. DEV. CHARGED TO PAT			14,592,520		14,592,520
056 DRUGS CHARGED TO PATIENTS			18,126,872		18,126,872
059 CARDIOLOGY					
059 97 CARDIAC REHABILITATION			1,135,644		1,135,644
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC			5,027,246		5,027,246
060 01 WOMENS HEALTH					
060 02 SPINE CENTER					
061 EMERGENCY			11,783,882		11,783,882
062 OBSERVATION BEDS (NON-DIS					
063 50 RHC					
063 60 FOHC					
069 OTHER REIMBURS COST CNTRS					
069 10 CMHC					
069 20 OUTPATIENT PHYSICAL THERA					
069 30 OUTPATIENT OCCUPATIONAL T					
069 40 OUTPATIENT SPEECH PATHOLO					
071 HOME HEALTH AGENCY					
085 SPEC PURPOSE COST CENTERS					
085 01 PANCREAS ACQUISITION					
085 02 INTTESTINAL ACQUISITION					
095 SUBTOTALS			206,729,807		206,729,807
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			596,951		596,951
100 OTHER NONREIMBURSABLE COS			2,155,467		2,155,467
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL			209,482,225		209,482,225

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE
	OLD CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		150	2			152	152
006 01 NONPATIENT TELEPHONES		1,260	16			1,276	
006 02 DATA PROCESSING		594	7			601	
006 03 PURCHASING RECEIVING AND		2,675	33			2,708	1
006 04 ADMINISTRATION		1,088	13			1,101	4
006 05 CASHIERING/ACCOUNTS RECEIV		129	2			131	4
006 06 OTHER ADMINISTRATIVE AND		6,859	85			6,944	20
007 MAINTENANCE & REPAIRS		70,471	868			71,339	2
008 OPERATION OF PLANT		31,656	390			32,046	1
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		4,843	60			4,903	3
011 DIETARY		5,673	70			5,743	3
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		512	6			518	2
015 CENTRAL SERVICES & SUPPLY		2,249	28			2,277	1
016 PHARMACY		1,368	17			1,385	6
017 MEDICAL RECORDS & LIBRARY		2,174	27			2,201	3
018 SOCIAL SERVICE		60	1			61	1
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		21,789	269			22,058	24
026 INTENSIVE CARE UNIT		6,590	81			6,671	12
031 SUBPROVIDER		2,724	34			2,758	1
033 NURSERY		1,356	17			1,373	2
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		11,701	144			11,845	13
038 RECOVERY ROOM		116	1			117	2
039 DELIVERY ROOM & LABOR ROO		552	7			559	4
040 ANESTHESIOLOGY		316	4			320	
041 RADIOLOGY-DIAGNOSTIC		11,512	142			11,654	19
044 LABORATORY		3,507	43			3,550	
046 WHOLE BLOOD & PACKED RED		233	3			236	
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY		183	2			185	3
050 PHYSICAL THERAPY		1,515	19			1,534	3
051 OCCUPATIONAL THERAPY		88	1			89	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		972	12			984	2
054 ELECTROENCEPHALOGRAPHY		106	1			107	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
059 CARDIOLOGY							
059 97 CARDIAC REHABILITATION		515	6			521	1
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		1,737	21			1,758	5
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY		10,057	124			10,181	8
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
095 SUBTOTALS		207,330	2,556			209,886	150
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,725	21			1,746	
100 OTHER NONREIMBURSABLE COS		101	1			102	2
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		209,156	2,578			211,734	152

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHERY/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	1,276						
006 02 DATA PROCESSING		601					
006 03 PURCHASING RECEIVING AND	7		2,716				
006 04 ADMINISTRATIVE	34		3	1,142			
006 05 CASHIERING/ACCOUNTS RECEIV	28		5		168		
006 06 OTHER ADMINISTRATIVE AND	163		68			7,195	
007 MAINTENANCE & REPAIRS	14		36			369	71,760
008 OPERATION OF PLANT	9		7			238	18,039
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	25		25			149	2,760
011 DIETARY	23		120			116	3,233
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	20		4			70	292
015 CENTRAL SERVICES & SUPPLY	9		138			111	1,282
016 PHARMACY	47		14			179	779
017 MEDICAL RECORDS & LIBRARY	21		5			132	1,239
018 SOCIAL SERVICE	6					20	34
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	239	49	107	122		920	12,416
026 INTENSIVE CARE UNIT	93	16	41	48		379	3,755
031 SUBPROVIDER	8	1	1	3		37	1,552
033 NURSERY	17	10	7	29		69	773
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	102	83	1,369	98		560	6,667
038 RECOVERY ROOM	15	11	4	11		59	66
039 DELIVERY ROOM & LABOR ROO	30	12	35	32		115	315
040 ANESTHESIOLOGY	2	19	30	20		28	180
041 RADIOLOGY-DIAGNOSTIC	150	116	574	277	168	878	6,560
044 LABORATORY		53	2	89		335	1,998
046 WHOLE BLOOD & PACKED RED		6		15		37	133
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	24	15	20	41		97	104
050 PHYSICAL THERAPY	28	8	5	11		107	863
051 OCCUPATIONAL THERAPY	2	1		2		8	50
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	20	13	11	19		88	554
054 ELECTROENCEPHALOGRAPHY	2	1		1		6	60
055 MEDICAL SUPPLIES CHARGED		31		60		598	
055 30 IMPL. DEV. CHARGED TO PAT		34		76		495	
056 DRUGS CHARGED TO PATIENTS		71		145		432	
059 RADIOLOGY							
059 97 CARDIAC REHABILITATION	10	1	2			34	294
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	41	9	18			153	990
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	67	41	63	43		298	5,731
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	1,256	601	2,714	1,142	168	7,117	70,719
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						6	983
100 OTHER NONREIMBURSABLE COS	20		2			72	58
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,276	601	2,716	1,142	168	7,195	71,760

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	50,340						
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,586		10,451				
011 DIETARY	3,029		663	12,930			
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	273		60				1,239
015 CENTRAL SERVICES & SUPPLY	1,201		263				
016 PHARMACY	730		160				
017 MEDICAL RECORDS & LIBRARY	1,161		254				
018 SOCIAL SERVICE	32		7				
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	11,633		2,547	9,810			506
026 INTENSIVE CARE UNIT	3,519		770	1,534			165
031 SUBPROVIDER	1,455		318	197			4
033 NURSERY	724		158	1,389			28
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	6,248		1,367				183
038 RECOVERY ROOM	62		14				23
039 DELIVERY ROOM & LABOR ROO	295		65				59
040 ANESTHESIOLOGY	169		37				6
041 RADIOLOGY-DIAGNOSTIC	6,147		1,345				48
044 LABORATORY	1,873		410				
046 WHOLE BLOOD & PACKED RED	125		27				
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	98		21				1
050 PHYSICAL THERAPY	809		177				1
051 OCCUPATIONAL THERAPY	47		10				
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	519		114				17
054 ELECTROENCEPHALOGRAPHY	57		12				
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
059 CARDIOLOGY							
059 97 CARDIAC REHABILITATION	275		60				13
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	928		203				34
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	5,370		1,175				128
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	49,365		10,237	12,930			1,216
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	921		202				
100 OTHER NONREIMBURSABLE COS	54		12				23
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	50,340		10,451	12,930			1,239

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	5,282						
016 PHARMACY		3,300					
017 MEDICAL RECORDS & LIBRARY			5,016				
018 SOCIAL SERVICE				161			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	152	46	389	123			
026 INTENSIVE CARE UNIT	77	26	129	19			
031 SUBPROVIDER			8	2			
033 NURSERY	11	1	77	17			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,138	50	662				
038 RECOVERY ROOM	7	2	91				
039 DELIVERY ROOM & LABOR ROO	70	8	96				
040 ANESTHESIOLOGY	68	13	150				
041 RADIOLOGY-DIAGNOSTIC	1,273	58	1,152				
044 LABORATORY	4		423				
046 WHOLE BLOOD & PACKED RED			51				
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	42		123				
050 PHYSICAL THERAPY	8		65				
051 OCCUPATIONAL THERAPY			6				
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	7	1	106				
054 ELECTROENCEPHALOGRAPHY			4				
055 MEDICAL SUPPLIES CHARGED	252		245				
055 30 IMPL. DEV. CHARGED TO PAT			270				
056 DRUGS CHARGED TO PATIENTS	13	3,040	566				
059 RADIOLOGY							
059 97 CARDIAC REHABILITATION	2		8				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	30	6	69				
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	125	49	326				
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTRESTINAL ACQUISITION							
095 SUBTOTALS	5,279	3,300	5,016	161			
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	3						
101 OTHER NONREIMBURSABLE COS							
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	5,282	3,300	5,016	161			

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART II

	I&R SERVICES- OTHER PRGM C	PARAMED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24	25	26	27
001		GENERAL SERVICE COST CNTR			
002		OLD CAP REL COSTS-BLDG &			
003		OLD CAP REL COSTS-MVBLE E			
004		NEW CAP REL COSTS-BLDG &			
005		NEW CAP REL COSTS-MVBLE E			
006		EMPLOYEE BENEFITS			
006	01	NONPATIENT TELEPHONES			
006	02	DATA PROCESSING			
006	03	PURCHASING RECEIVING AND			
006	04	ADMINISTRATIVE			
006	05	CASHIERING/ACCOUNTS RECEIV			
006	06	OTHER ADMINISTRATIVE AND			
007		MAINTENANCE & REPAIRS			
008		OPERATION OF PLANT			
009		LAUNDRY & LINEN SERVICE			
010		HOUSEKEEPING			
011		DIETARY			
012		CAFETERIA			
013		MAINTENANCE OF PERSONNEL			
014		NURSING ADMINISTRATION			
015		CENTRAL SERVICES & SUPPLY			
016		PHARMACY			
017		MEDICAL RECORDS & LIBRARY			
018		SOCIAL SERVICE			
020		NONPHYSICIAN ANESTHETISTS			
021		NURSING SCHOOL			
022		I&R SERVICES-SALARY & FRI			
023		I&R SERVICES-OTHER PRGM C			
024		PARAMED PRGM-(SPECIFY)			
		INPAT ROUTINE SRVC CNTRS			
025		ADULTS & PEDIATRICS	61,141		61,141
026		INTENSIVE CARE UNIT	17,254		17,254
031		SUBPROVIDER	6,345		6,345
033		NURSERY	4,685		4,685
		ANCILLARY SRVC COST CNTRS			
037		OPERATING ROOM	32,385		32,385
038		RECOVERY ROOM	484		484
039		DELIVERY ROOM & LABOR ROO	1,695		1,695
040		ANESTHESIOLOGY	1,042		1,042
041		RADIOLOGY-DIAGNOSTIC	30,419		30,419
044		LABORATORY	8,737		8,737
046		WHOLE BLOOD & PACKED RED	630		630
046	30	BLOOD CLOTTING FACTORS AD			
049		RESPIRATORY THERAPY	774		774
050		PHYSICAL THERAPY	3,619		3,619
051		OCCUPATIONAL THERAPY	215		215
052		SPEECH PATHOLOGY			
053		ELECTROCARDIOLOGY	2,455		2,455
054		ELECTROENCEPHALOGRAPHY	250		250
055		MEDICAL SUPPLIES CHARGED	1,186		1,186
055	30	IMPL. DEV. CHARGED TO PAT	875		875
056		DRUGS CHARGED TO PATIENTS	4,267		4,267
059		CARDIOLOGY			
059	97	CARDIAC REHABILITATION	1,221		1,221
		OUTPAT SERVICE COST CNTRS			
060		CLINIC	4,244		4,244
060	01	WOMENS HEALTH			
060	02	SPINE CENTER			
061		EMERGENCY	23,605		23,605
062		OBSERVATION BEDS (NON-DIS			
063	50	RHC			
063	60	FQHC			
		OTHER REIMBURS COST CNTRS			
069	10	CMHC			
069	20	OUTPATIENT PHYSICAL THERA			
069	30	OUTPATIENT OCCUPATIONAL T			
069	40	OUTPATIENT SPEECH PATHOLO			
071		HOME HEALTH AGENCY			
		SPEC PURPOSE COST CENTERS			
085	01	PANCREAS ACQUISITION			
085	02	INTESTINAL ACQUISITION			
095		SUBTOTALS	207,528		207,528
		NONREIMBURS COST CENTERS			
096		GIFT, FLOWER, COFFEE SHOP	3,858		3,858
100		OTHER NONREIMBURSABLE COS	348		348
101		CROSS FOOT ADJUSTMENTS			
102		NEGATIVE COST CENTER			
103		TOTAL	211,734		211,734

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	76,345			7,713	3,206	87,264	87,264
006 01 NONPATIENT TELEPHONES				64,943	26,996	91,939	227
006 02 DATA PROCESSING				30,619	12,728	43,347	
006 03 PURCHASING RECEIVING AND	549,183			137,830	57,295	744,308	494
006 04 ADMINISTRATION				56,072	23,309	79,381	2,292
006 05 CASHIERING/ACCOUNTS RECEIV	73,269			6,647	2,763	82,679	1,920
006 06 OTHER ADMINISTRATIVE AND	613,405			353,412	146,911	1,113,728	11,086
007 MAINTENANCE & REPAIRS	1,180,361			3,630,794	1,509,298	6,320,453	945
008 OPERATION OF PLANT				1,631,035	678,012	2,309,047	605
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	924			249,535	103,730	354,189	1,724
011 DIETARY				292,290	121,503	413,793	1,594
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	2,851			26,380	10,966	40,197	1,333
015 CENTRAL SERVICES & SUPPLY	130,911			115,897	48,178	294,986	585
016 PHARMACY	420,781			70,479	29,298	520,558	3,177
017 MEDICAL RECORDS & LIBRARY				112,029	46,570	158,599	1,453
018 SOCIAL SERVICE				3,104	1,290	4,394	430
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	249,426			1,122,677	466,690	1,838,793	16,702
026 INTENSIVE CARE UNIT	334			339,538	141,144	481,016	6,337
031 SUBPROVIDER				140,355	58,345	198,700	572
033 NURSERY				69,876	29,047	98,923	1,125
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	889,725			602,878	250,613	1,743,216	6,891
038 RECOVERY ROOM				5,999	2,494	8,493	1,017
039 DELIVERY ROOM & LABOR ROO				28,465	11,833	40,298	2,041
040 ANESTHESIOLOGY	15,170			16,305	6,778	38,253	120
041 RADIOLOGY-DIAGNOSTIC	4,132,700			593,127	246,559	4,972,386	10,173
044 LABORATORY				180,701	75,116	255,817	
046 WHOLE BLOOD & PACKED RED				12,020	4,997	17,017	
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	54,304			9,426	3,919	67,649	1,610
050 PHYSICAL THERAPY	90,649			78,075	32,455	201,179	1,898
051 OCCUPATIONAL THERAPY				4,540	1,887	6,427	147
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY				50,097	20,825	70,922	1,348
054 ELECTROENCEPHALOGRAPHY				5,466	2,272	7,738	103
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
059 CARDIOLOGY							
059 97 CARDIAC REHABILITATION				26,542	11,034	37,576	653
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	680,560			89,517	37,212	807,289	2,770
060 01 WOMENS HEALTH							
060 02 SPIRIT CENTER							
061 EMERGENCY	650			518,201	215,413	734,264	4,534
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	9,161,548			10,682,584	4,440,686	24,284,818	85,906
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP				88,868	36,942	125,810	14
100 OTHER NONREIMBURSABLE COS	50			5,211	2,166	7,427	1,344
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	9,161,598			10,776,663	4,479,794	24,418,055	87,264

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	92,166						
006 02 DATA PROCESSING		43,347					
006 03 PURCHASING RECEIVING AND	524		745,326				
006 04 ADMINISTRATIVE	2,427		769	84,869			
006 05 CASHIERING/ACCOUNTS RECEIV	2,033		1,381		88,013		
006 06 OTHER ADMINISTRATIVE AND	11,739		18,651			1,155,204	
007 MAINTENANCE & REPAIRS	1,001		9,931			59,065	6,391,395
008 OPERATION OF PLANT	640		1,945			38,141	1,606,593
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	1,826		6,848			23,844	245,796
011 DIETARY	1,688		32,622			18,604	287,910
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,411		1,133			11,135	25,985
015 CENTRAL SERVICES & SUPPLY	620		37,665			17,790	114,160
016 PHARMACY	3,365		3,890			28,598	69,422
017 MEDICAL RECORDS & LIBRARY	1,539		1,290			21,154	110,350
018 SOCIAL SERVICE	455		23			3,280	3,057
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	17,685	3,304	29,312	10,198	6,658	150,667	1,105,852
026 INTENSIVE CARE UNIT	6,711	1,096	11,069	4,027	2,208	60,636	334,450
031 SUBPROVIDER	606	70	189	257	140	5,891	138,252
033 NURSERY	1,192	653	1,805	2,410	1,316	10,986	68,829
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	7,297	5,623	378,159	8,238	11,329	89,636	593,843
038 RECOVERY ROOM	1,077	774	973	952	1,560	9,434	5,909
039 DELIVERY ROOM & LABOR ROO	2,161	819	9,535	2,716	1,651	18,416	28,038
040 ANESTHESIOLOGY	127	1,273	8,141	1,674	2,565	4,424	16,061
041 RADIOLOGY-DIAGNOSTIC	10,773	10,508	156,645	12,429	21,855	140,628	584,238
044 LABORATORY		3,593	433	7,408	7,239	53,562	177,993
046 WHOLE BLOOD & PACKED RED		432	45	1,270	870	5,952	11,840
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	1,705	1,045	5,390	3,402	2,106	15,566	9,285
050 PHYSICAL THERAPY	2,009	552	1,399	901	1,111	17,197	76,905
051 OCCUPATIONAL THERAPY	155	50	50	150	100	1,328	4,472
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	1,427	905	2,941	1,568	1,822	14,120	49,346
054 ELECTROENCEPHALOGRAPHY	109	35	51	81	70	908	5,384
055 MEDICAL SUPPLIES CHARGED		2,085		5,047	4,200	95,747	
055 30 IMPL. DEV. CHARGED TO PAT		2,295		6,373	4,623	79,203	
056 DRUGS CHARGED TO PATIENTS		4,808		12,153	9,686	69,201	
059 RADIOLOGY							
059 97 CARDIAC REHABILITATION	692	68	426		137	5,396	26,145
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,933	586	4,828	12	1,181	24,549	88,175
060 01 WOMENS HEALTH							
060 02 SPIRIT CENTER							
061 EMERGENCY	4,801	2,773	17,206	3,603	5,586	47,675	510,436
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	90,728	43,347	744,745	84,869	88,013	1,142,733	6,298,726
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	15		32			957	87,536
100 OTHER NONREIMBURSABLE COS	1,423		549			11,514	5,133
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	92,166	43,347	745,326	84,869	88,013	1,155,204	6,391,395

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	3,956,971						
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	203,270		837,497				
011 DIETARY	238,098		53,123	1,047,432			
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	21,489		4,795				107,478
015 CENTRAL SERVICES & SUPPLY	94,409		21,064				
016 PHARMACY	57,411		12,809				
017 MEDICAL RECORDS & LIBRARY	91,258		20,361				
018 SOCIAL SERVICE	2,528		564				
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	914,526		204,042	794,643			43,841
026 INTENSIVE CARE UNIT	276,586		61,710	124,306			14,318
031 SUBPROVIDER	114,332		25,509	15,971			373
033 NURSERY	56,921		12,700	112,512			2,439
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	491,100		109,571				15,871
038 RECOVERY ROOM	4,886		1,090				1,953
039 DELIVERY ROOM & LABOR ROO	23,187		5,173				5,117
040 ANESTHESIOLOGY	13,282		2,963				534
041 RADIOLOGY-DIAGNOSTIC	483,157		107,798				4,186
044 LABORATORY	147,198		32,842				2
046 WHOLE BLOOD & PACKED RED	9,792		2,185				
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	7,679		1,713				51
050 PHYSICAL THERAPY	63,600		14,190				100
051 OCCUPATIONAL THERAPY	3,698		825				
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	40,809		9,105				1,467
054 ELECTROENCEPHALOGRAPHY	4,453		993				
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
059 CARDIOLOGY							
059 97 CARDIAC REHABILITATION	21,621		4,824				1,147
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	72,920		16,269				2,985
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	422,124		94,181				11,070
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	3,880,334		820,399	1,047,432			105,454
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	72,392		16,151				
100 OTHER NONREIMBURSABLE COS	4,245		947				2,024
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,956,971		837,497	1,047,432			107,478

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	581,279						
016 PHARMACY		699,230					
017 MEDICAL RECORDS & LIBRARY			406,004				
018 SOCIAL SERVICE				14,731			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	16,789	9,672	30,761	11,176			
026 INTENSIVE CARE UNIT	8,442	5,526	10,203	1,748			
031 SUBPROVIDER	24		648	225			
033 NURSERY	1,187	244	6,079	1,582			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	344,986	10,587	52,344				
038 RECOVERY ROOM	826	351	7,207				
039 DELIVERY ROOM & LABOR ROO	7,701	1,671	7,629				
040 ANESTHESIOLOGY	7,472	2,822	11,850				
041 RADIOLOGY-DIAGNOSTIC	140,278	12,380	100,325				
044 LABORATORY	403		33,449				
046 WHOLE BLOOD & PACKED RED	42		4,019				
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	4,583	12	9,730				
050 PHYSICAL THERAPY	841	25	5,134				
051 OCCUPATIONAL THERAPY	33		464				
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	783	158	8,420				
054 ELECTROENCEPHALOGRAPHY	42		323				
055 MEDICAL SUPPLIES CHARGED	27,778	53	19,407				
055 30 IMPL. DEV. CHARGED TO PAT			21,362				
056 DRUGS CHARGED TO PATIENTS	1,417	644,222	44,753				
059 RADIOLOGY							
059 97 CARDIAC REHABILITATION	167		631				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	3,318	1,167	5,455				
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	13,804	10,340	25,811				
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	580,916	699,230	406,004	14,731			
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	10						
100 OTHER NONREIMBURSABLE COS	353						
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	581,279	699,230	406,004	14,731			

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART III

	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24	25	26	27
001		GENERAL SERVICE COST CNTR			
002		OLD CAP REL COSTS-BLDG &			
003		OLD CAP REL COSTS-MVBLE E			
004		NEW CAP REL COSTS-BLDG &			
005		NEW CAP REL COSTS-MVBLE E			
006		EMPLOYEE BENEFITS			
006	01	NONPATIENT TELEPHONES			
006	02	DATA PROCESSING			
006	03	PURCHASING RECEIVING AND			
006	04	ADMINISTRATIVE			
006	05	CASHIERING/ACCOUNTS RECEIV			
006	06	OTHER ADMINISTRATIVE AND			
007		MAINTENANCE & REPAIRS			
008		OPERATION OF PLANT			
009		LAUNDRY & LINEN SERVICE			
010		HOUSEKEEPING			
011		DIETARY			
012		CAFETERIA			
013		MAINTENANCE OF PERSONNEL			
014		NURSING ADMINISTRATION			
015		CENTRAL SERVICES & SUPPLY			
016		PHARMACY			
017		MEDICAL RECORDS & LIBRARY			
018		SOCIAL SERVICE			
020		NONPHYSICIAN ANESTHETISTS			
021		NURSING SCHOOL			
022		I&R SERVICES-SALARY & FRI			
023		I&R SERVICES-OTHER PRGM C			
024		PARAMED ED PRGM-(SPECIFY)			
		INPAT ROUTINE SRVC CNTRS			
025		ADULTS & PEDIATRICS	5,204,621		5,204,621
026		INTENSIVE CARE UNIT	1,410,389		1,410,389
031		SUBPROVIDER	501,759		501,759
033		NURSERY	380,903		380,903
		ANCILLARY SRVC COST CNTRS			
037		OPERATING ROOM	3,868,691		3,868,691
038		RECOVERY ROOM	46,502		46,502
039		DELIVERY ROOM & LABOR ROO	156,153		156,153
040		ANESTHESIOLOGY	111,561		111,561
041		RADIOLOGY-DIAGNOSTIC	6,767,759		6,767,759
044		LABORATORY	719,939		719,939
046		WHOLE BLOOD & PACKED RED	53,464		53,464
046	30	BLOOD CLOTTING FACTORS AD			
049		RESPIRATORY THERAPY	131,526		131,526
050		PHYSICAL THERAPY	387,041		387,041
051		OCCUPATIONAL THERAPY	17,899		17,899
052		SPEECH PATHOLOGY			
053		ELECTROCARDIOLOGY	205,141		205,141
054		ELECTROENCEPHALOGRAPHY	20,290		20,290
055		MEDICAL SUPPLIES CHARGED	154,317		154,317
055	30	IMPL. DEV. CHARGED TO PAT	113,856		113,856
056		DRUGS CHARGED TO PATIENTS	786,240		786,240
059		CARDIOLOGY			
059	97	CARDIAC REHABILITATION	99,483		99,483
		OUTPAT SERVICE COST CNTRS			
060		CLINIC	1,034,437		1,034,437
060	01	WOMENS HEALTH			
060	02	SPINE CENTER			
061		EMERGENCY	1,908,208		1,908,208
062		OBSERVATION BEDS (NON-DIS			
063	50	RHC			
063	60	FQHC			
		OTHER REIMBURS COST CNTRS			
069	10	CMHC			
069	20	OUTPATIENT PHYSICAL THERA			
069	30	OUTPATIENT OCCUPATIONAL T			
069	40	OUTPATIENT SPEECH PATHOLO			
071		HOME HEALTH AGENCY			
		SPEC PURPOSE COST CENTERS			
085	01	PANCREAS ACQUISITION			
085	02	INTESTINAL ACQUISITION			
095		SUBTOTALS	24,080,179		24,080,179
		NONREIMBURS COST CENTERS			
096		GIFT, FLOWER, COFFEE SHOP	302,917		302,917
100		OTHER NONREIMBURSABLE COS	34,959		34,959
101		CROSS FOOT ADJUSTMENTS			
102		NEGATIVE COST CENTER			
103		TOTAL	24,418,055		24,418,055

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TE
	OSTS-BLDG & (BLDG SOFT)	OSTS-MVBLE E (BLDG)SOFT	OSTS-BLDG & (BLDG)SOFT	OSTS-MVBLE E (BLDG)SOFT	(GROSS SALARIES)	(GROSS SALARIES)
	1	2	3	4	5	6.01
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	465,296					
003 OLD CAP REL COSTS-MVB		465,296				
004 NEW CAP REL COSTS-BLD			465,296			
005 NEW CAP REL COSTS-MVB				465,296		
006 EMPLOYEE BENEFITS	333	333	333	333	80,349,953	
006 01 NONPATIENT TELEPHONES	2,804	2,804	2,804	2,804	208,610	80,141,343
006 02 DATA PROCESSING	1,322	1,322	1,322	1,322		
006 03 PURCHASING RECEIVING	5,951	5,951	5,951	5,951	455,295	455,295
006 04 ADMINITTING	2,421	2,421	2,421	2,421	2,110,778	2,110,778
006 05 CASHIERING/ACCOUNTS RE	287	287	287	287	1,767,627	1,767,627
006 06 OTHER ADMINISTRATION	15,259	15,259	15,259	15,259	10,207,777	10,207,777
007 MAINTENANCE & REPAIRS	156,764	156,764	156,764	156,764	870,361	870,361
008 OPERATION OF PLANT	70,422	70,422	70,422	70,422	556,813	556,813
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING	10,774	10,774	10,774	10,774	1,587,782	1,587,782
011 DIETARY	12,620	12,620	12,620	12,620	1,467,768	1,467,768
012 CAFETERIA						
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATION	1,139	1,139	1,139	1,139	1,227,282	1,227,282
015 CENTRAL SERVICES & SU	5,004	5,004	5,004	5,004	539,040	539,040
016 PHARMACY	3,043	3,043	3,043	3,043	2,925,706	2,925,706
017 MEDICAL RECORDS & LIB	4,837	4,837	4,837	4,837	1,337,979	1,337,979
018 SOCIAL SERVICE	134	134	134	134	395,886	395,886
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMEDICAL PRGM-(SPEC						
025 INPATIENT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	48,473	48,473	48,473	48,473	15,375,762	15,375,762
031 INTENSIVE CARE UNIT	14,660	14,660	14,660	14,660	5,835,289	5,835,289
033 SUBPROVIDER	6,060	6,060	6,060	6,060	526,987	526,987
037 NURSERY	3,017	3,017	3,017	3,017	1,036,332	1,036,332
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM	26,030	26,030	26,030	26,030	6,345,179	6,345,179
039 RECOVERY ROOM	259	259	259	259	936,395	936,395
040 DELIVERY ROOM & LABOR	1,229	1,229	1,229	1,229	1,878,986	1,878,986
041 ANESTHESIOLOGY	704	704	704	704	110,515	110,515
044 RADIOLOGY-DIAGNOSTIC	25,609	25,609	25,609	25,609	9,367,587	9,367,587
046 LABORATORY	7,802	7,802	7,802	7,802		
046 WHOLE BLOOD & PACKED	519	519	519	519		
046 30 BLOOD CLOTTING FACTOR						
049 RESPIRATORY THERAPY	407	407	407	407	1,482,570	1,482,570
050 PHYSICAL THERAPY	3,371	3,371	3,371	3,371	1,747,285	1,747,285
051 OCCUPATIONAL THERAPY	196	196	196	196	135,121	135,121
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	2,163	2,163	2,163	2,163	1,240,906	1,240,906
054 ELECTROENCEPHALOGRAPH	236	236	236	236	94,615	94,615
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
059 RADIOLOGY						
059 97 CARDIAC REHABILITATIO	1,146	1,146	1,146	1,146	601,349	601,349
060 OUTPAT SERVICE COST C						
060 01 CLINIC	3,865	3,865	3,865	3,865	2,550,466	2,550,466
060 02 WOMENS HEALTH						
061 SPINE CENTER						
061 EMERGENCY	22,374	22,374	22,374	22,374	4,175,154	4,175,154
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FOHC						
069 OTHER REIMBURS COST C						
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY						
085 SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
085 02 INTTESTINAL ACQUISITIO						
095 SUBTOTALS	461,234	461,234	461,234	461,234	79,099,202	78,890,592
096 NONREIMBURS COST CENT						
100 GI FT, FLOWER, COFFEE	3,837	3,837	3,837	3,837	12,927	12,927
101 OTHER NONREIMBURSABLE	225	225	225	225	1,237,824	1,237,824
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	209,156	2,578	10,776,663	4,479,794	21,364,457	516,375
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.449512	.005541	23.160876	9.627837	.265893	.006443
(WRKSHT B, PT I)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TE
	OSTS-BLDG & (BLDG SQFT	OSTS-MVBLE E (BLDG)SQFT	OSTS-BLDG & (BLDG)SQFT	OSTS-MVBLE E (BLDG)SQFT	FITS (GROSS SALARIES)	LEPHONES (GROSS SALARIES)
	1	2	3	4	5	6.01
105 COST TO BE ALLOCATED (WRKSHT B, PART II)					152	1,276
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000002	.000016
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					87,264	92,166
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.001086	.001150

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINITTING (IP) REVENUES	CASHERING/ACCOUNTS RECEIV	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	
	(GROSS REVENUES)	(SUPPLY \$)	(IP)REVENUES	(GROSS)REVENUES)	RECONCILIATION	(ACCUM. COST)	(BLDG)SOFT
	6.02	6.03	6.04	6.05	6a.06	6.06	7
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	641,680,561						
006 03 PURCHASING RECEIVING		33,710,722					
006 04 ADMINITTING		34,782	337,989,361				
006 05 CASHIERING/ACCOUNTS RE		62,459		641,680,561			
006 06 OTHER ADMINIS TRATIVE		843,588			-19,609,731	189,872,494	
007 MAINTENANCE & REPAIRS		449,169				9,708,262	280,155
008 OPERATION OF PLANT		87,955				6,269,148	70,422
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING		309,750				3,919,195	10,774
011 DIETARY		1,475,493				3,057,869	12,620
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINIS TRATIO		51,251				1,830,138	1,139
015 CENTRAL SERVICES & SU		1,703,605				2,924,136	5,004
016 PHARMACY		175,963				4,700,488	3,043
017 MEDICAL RECORDS & LIB		58,332				3,477,017	4,837
018 SOCIAL SERVICE		1,057				539,068	134
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRIS	48,595,546	1,325,786	40,629,662	48,595,546		24,761,262	48,473
026 INTENSIVE CARE UNIT	16,118,648	500,663	16,045,791	16,118,648		9,966,395	14,660
031 SUBPROVIDER	1,023,370	8,562	1,023,370	1,023,370		968,271	6,060
033 NURSERY	9,604,125	81,661	9,603,022	9,604,125		1,805,667	3,017
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	82,692,245	17,103,632	32,819,422	82,692,245		14,733,088	26,030
038 RECOVERY ROOM	11,385,918	43,990	3,792,549	11,385,918		1,550,676	259
039 DELIVERY ROOM & LABOR	12,051,431	431,286	10,820,276	12,051,431		3,026,970	1,229
040 ANESTHESIOLOGY	18,720,614	368,222	6,667,370	18,720,614		727,200	704
041 RADIOLOGY-DIAGNOSTIC	158,771,931	7,085,119	49,380,618	158,771,931		23,114,472	25,609
044 LABORATORY	52,841,568	19,577	29,513,432	52,841,568		8,803,776	7,802
046 WHOLE BLOOD & PACKED	6,348,686	2,052	5,059,333	6,348,686		978,274	519
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	15,371,760	243,770	13,552,731	15,371,760		2,558,507	407
050 PHYSICAL THERAPY	8,111,154	63,281	3,590,953	8,111,154		2,826,533	3,371
051 OCCUPATIONAL THERAPY	733,528	2,258	599,064	733,528		218,295	196
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	13,301,795	133,022	6,248,898	13,301,795		2,320,922	2,163
054 ELECTROENCEPHALOGRAPH	509,945	2,302	322,335	509,945		149,216	236
055 MEDICAL SUPPLIES CHAR	30,659,326		20,108,882	30,659,326		15,737,490	
055 30 IMPL. DEV. CHARGED TO	33,747,515		25,390,972	33,747,515		13,018,205	
056 DRUGS CHARGED TO PATI	70,700,111		48,416,497	70,700,111		11,374,197	
059 CARDIOLOGY							
059 97 CARDIAC REHABILITATIO	997,136	19,274		997,136		886,852	1,146
060 OUTPAT SERVICE COST C							
060 01 WOMENS HEALTH	8,618,475	218,366	48,147	8,618,475		4,035,043	3,865
060 02 SPINE CENTER							
061 EMERGENCY	40,775,734	778,224	14,356,037	40,775,734		7,836,059	22,374
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST C							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTES TINAL ACQUISITIO							
095 SUBTOTALS	641,680,561	33,684,451	337,989,361	641,680,561	-19,609,731	187,822,691	276,093
096 NONREIMBURS COST CENT							
100 GIFT, FLOWER, COFFEE		1,428				157,294	3,837
101 OTHER NONREIMBURSABLE		24,843				1,892,509	225
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	3,420,598	1,787,783	3,035,263	9,878,729		19,609,731	10,710,912
(WRKSH T B, PART I)							
104 UNIT COST MULTIPLIER		.005331	.053033	.015395		.103278	
(WRKSH T B, PT I)			.008980				38.232093

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B-1

	COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	RE ADMITTING	CASHERING/ACCOUNTS RECEIV	RECONCILIATION	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
		(GROSS REVENUES)	(SUPPLY \$)	(IP) REVENUES	(GROSS) REVENUES		(ACCUM. COST)	(BLDG) SOFT
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	6.02 601	6.03 2,716	6.04 1,142	6.05 168	6a.06	6.06 7,195	7 71,760
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000001	.000081	.000003			.000038	.256144
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	43,347	745,326	84,869	88,013		1,155,204	6,391,395
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000068	.022109	.000251	.000137		.006084	22.813782

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
		(BLDG SQFT)	(PATIENT DAYS)	(BLDG SQFT)	(PATIENT DAYS)	(GROSS SALARIES)	(NUMBER HOUSED)	(NURS. HOURS)
		8	9	10	11	12	13	14
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING RECEIVING							
006 04	ADMINISTRATIVE							
006 05	CASHIERING/ACCOUNTS RE							
006 06	OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	209,733						
009	LAUNDRY & LINEN SERVI		46,892					
010	HOUSEKEEPING	10,774		198,959				
011	DIETARY	12,620		12,620	46,892			
012	CAFETERIA					61,117,142		
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATION			1,139		1,227,282		1,367,342
015	CENTRAL SERVICES & SU	5,004		5,004		539,040		
016	PHARMACY	3,043		3,043		2,925,706		
017	MEDICAL RECORDS & LIB	4,837		4,837		1,337,979		
018	SOCIAL SERVICE	134		134		395,886		
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &							
023	I&R SERVICES-OTHER PR							
024	PARAMEDICAL PRGM-(SPEC							
025	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	48,473	35,575	48,473	35,575	15,375,762		557,762
026	INTENSIVE CARE UNIT	14,660	5,565	14,660	5,565	5,835,289		182,158
031	SUBPROVIDER	6,060	715	6,060	715	526,987		4,749
033	NURSERY	3,017	5,037	3,017	5,037	1,036,332		31,032
037	ANCILLARY SRVC COST C							
037	OPERATING ROOM	26,030		26,030		6,345,179		201,907
038	RECOVERY ROOM	259		259		936,395		24,841
039	DELIVERY ROOM & LABOR	1,229		1,229		1,878,986		65,097
040	ANESTHESIOLOGY	704		704		110,515		6,791
041	RADIOLOGY-DIAGNOSTIC	25,609		25,609		9,367,587		53,253
044	LABORATORY	7,802		7,802				25
046	WHOLE BLOOD & PACKED	519		519				
046 30	BLOOD CLOTTING FACTOR							
049	RESPIRATORY THERAPY	407		407		1,482,570		649
050	PHYSICAL THERAPY	3,371		3,371		1,747,285		1,275
051	OCCUPATIONAL THERAPY	196		196		135,121		
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	2,163		2,163		1,240,906		18,669
054	ELECTROENCEPHALOGRAPH	236		236		94,615		
055	MEDICAL SUPPLIES CHAR							
055 30	IMPL. DEV. CHARGED TO							
056	DRUGS CHARGED TO PATI							
059	CARDIOLOGY							
059 97	CARDIAC REHABILITATIO	1,146		1,146		601,349		14,590
060	OUTPAT SERVICE COST C							
060 01	CLINIC	3,865		3,865		2,550,466		37,971
060 02	WOMENS HEALTH							
061	SPINE CENTER							
061	EMERGENCY	22,374		22,374		4,175,154		140,828
062	OBSERVATION BEDS (NON							
063 50	RHC							
063 60	FQHC							
069	OTHER REIMBURS COST C							
069 10	CMHC							
069 20	OUTPATIENT PHYSICAL T							
069 30	OUTPATIENT OCCUPATION							
069 40	OUTPATIENT SPEECH PAT							
071	HOME HEALTH AGENCY							
085	SPEC PURPOSE COST CEN							
085 01	PANCREAS ACQUISITION							
085 02	INTESTINAL ACQUISITIO							
095	SUBTOTALS	205,671	46,892	194,897	46,892	59,866,391		1,341,597
096	NONREIMBURS COST CENT							
100	GIFT, FLOWER, COFFEE	3,837		3,837		12,927		
101	OTHER NONREIMBURSABLE	225		225		1,237,824		25,745
102	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	9,608,997		5,229,490	4,766,066			2,144,819
104	(WRKSH B, PART I)							
104	UNIT COST MULTIPLIER				101.639214			
	(WRKSH B, PT I)	45.815380		26.284260				1.568605

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B-1

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
		(BLDG SQFT)	(PATIENT DAYS)	(BLDG SQFT)	(PATIENT DAYS)	(GROSS SALARIES)	(NUMBER HOUSED)	(NURS. HOURS)
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	8 50,340	9	10 10,451	11 12,930	12	13	14 1,239
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)				.275740			
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	.240019 3,956,971		.052528 837,497	1,047,432			.000906 107,478
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	18.866707		4.209395	22.337115			.078604

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (MED SUPPLY \$)	PHARMACY (DRUG \$)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RE							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU	28,206,425						
016 PHARMACY		10,409,812					
017 MEDICAL RECORDS & LIB			641,680,561				
018 SOCIAL SERVICE				46,892			
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	814,681	143,989	48,595,546		35,575		
026 INTENSIVE CARE UNIT	409,664	82,276	16,118,648		5,565		
031 SUBPROVIDER	1,145		1,023,370		715		
033 NURSERY	57,580	3,630	9,604,125		5,037		
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	16,740,332	157,620	82,692,245				
038 RECOVERY ROOM	40,079	5,230	11,385,918				
039 DELIVERY ROOM & LABOR	373,686	24,883	12,051,431				
040 ANESTHESIOLOGY	362,581	42,009	18,720,614				
041 RADIOLOGY-DIAGNOSTIC	6,806,961	184,306	158,771,931				
044 LABORATORY	19,577		52,841,568				
046 WHOLE BLOOD & PACKED	2,052		6,348,686				
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	222,401	176	15,371,760				
050 PHYSICAL THERAPY	40,786	366	8,111,154				
051 OCCUPATIONAL THERAPY	1,580		733,528				
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	37,971	2,349	13,301,795				
054 ELECTROENCEPHALOGRAPH	2,057		509,945				
055 MEDICAL SUPPLIES CHAR	1,347,920	790	30,659,326				
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATI	68,777	9,590,867	70,700,111				
059 RADIOLOGY							
059 97 CARDIAC REHABILITATIO	8,094		997,136				
060 OUTPAT SERVICE COST C							
060 CLINIC	161,024	17,377	8,618,475				
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	669,839	153,944	40,775,734				
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST C							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTRESTINAL ACQUISITIO							
095 SUBTOTALS	28,188,787	10,409,812	641,680,561	46,892			
096 NONREIMBURS COST CENT							
100 GIFT, FLOWER, COFFEE	508						
101 OTHER NONREIMBURSABLE	17,130						
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	3,778,234	5,521,684	4,369,791	609,526			
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		530431		12.998507			
(WRKSHT B, PT I)	133949		006810				

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B-1

	COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
		(MED SUPPLY \$)	(DRUG \$)	(GROSS REVENUES)	(PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	15 5,282	16 3,300	17 5,016	18 161	20	21	22
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)		.000317		.003433			
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	581,279	699,230	406,004	14,731			
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.020608	.067170	.000633	.314147			

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED PR GM-(SPECIFY)	(ASSIGNED TIME)	(ASSIGNED TIME)
			23	24
001		GENERAL SERVICE COST		
002		OLD CAP REL COSTS-BLD		
003		OLD CAP REL COSTS-MVB		
004		NEW CAP REL COSTS-BLD		
005		NEW CAP REL COSTS-MVB		
006		EMPLOYEE BENEFITS		
006	01	NONPATIENT TELEPHONES		
006	02	DATA PROCESSING		
006	03	PURCHASING RECEIVING		
006	04	ADMINISTRATIVE		
006	05	CASHIERING/ACCOUNTS RE		
006	06	OTHER ADMINISTRATIVE		
007		MAINTENANCE & REPAIRS		
008		OPERATION OF PLANT		
009		LAUNDRY & LINEN SERVI		
010		HOUSEKEEPING		
011		DIETARY		
012		CAFETERIA		
013		MAINTENANCE OF PERSON		
014		NURSING ADMINISTRATION		
015		CENTRAL SERVICES & SU		
016		PHARMACY		
017		MEDICAL RECORDS & LIB		
018		SOCIAL SERVICE		
020		NONPHYSICIAN ANESTHET		
021		NURSING SCHOOL		
022		I&R SERVICES-SALARY &		
023		I&R SERVICES-OTHER PR		
024		PARAMED PRGM-(SPEC		
025		INPAT ROUTINE SRVC CN		
026		ADULTS & PEDIATRICS		
031		INTENSIVE CARE UNIT		
033		SUBPROVIDER		
033		NURSERY		
037		ANCILLARY SRVC COST C		
037		OPERATING ROOM		
038		RECOVERY ROOM		
039		DELIVERY ROOM & LABOR		
040		ANESTHESIOLOGY		
041		RADIOLOGY-DIAGNOSTIC		
044		LABORATORY		
046		WHOLE BLOOD & PACKED		
046	30	BLOOD CLOTTING FACTOR		
049		RESPIRATORY THERAPY		
050		PHYSICAL THERAPY		
051		OCCUPATIONAL THERAPY		
052		SPEECH PATHOLOGY		
053		ELECTROCARDIOLOGY		
054		ELECTROENCEPHALOGRAPH		
055		MEDICAL SUPPLIES CHAR		
055	30	IMPL. DEV. CHARGED TO		
056		DRUGS CHARGED TO PATI		
059		CARDIOLOGY		
059	97	CARDIAC REHABILITATIO		
060		OUTPAT SERVICE COST C		
060		CLINIC		
060	01	WOMENS HEALTH		
060	02	SPINE CENTER		
061		EMERGENCY		
062		OBSERVATION BEDS (NON		
063	50	RHC		
063	60	FQHC		
069		OTHER REIMBURS COST C		
069	10	CMHC		
069	20	OUTPATIENT PHYSICAL T		
069	30	OUTPATIENT OCCUPATION		
069	40	OUTPATIENT SPEECH PAT		
071		HOME HEALTH AGENCY		
085		SPEC PURPOSE COST CEN		
085	01	PANCREAS ACQUISITION		
085	02	INTESTINAL ACQUISITIO		
095		SUBTOTALS		
096		NONREIMBURS COST CENT		
100		GIFT, FLOWER, COFFEE		
101		OTHER NONREIMBURSABLE		
102		CROSS FOOT ADJUSTMENT		
103		NEGATIVE COST CENTER		
103		COST TO BE ALLOCATED		
104		(PER WRKSHT B, PART		
104		UNIT COST MULTIPLIER		
		(WRKSHT B, PT I)		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	(ASSIGNED TIME	(ASSIGNED TIME)
105 COST TO BE ALLOCATED (PER WRKSHT B, PART 106 UNIT COST MULTIPLIER (WRKSHT B, PT I I)			23	24
107 COST TO BE ALLOCATED (PER WRKSHT B, PART 108 UNIT COST MULTIPLIER (WRKSHT B, PT I I I)				

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-0291

FROM 1/ 1/2010

WORKSHEET C

TO 12/31/2010

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	38,136,329		38,136,329	10,087	38,146,416
26	INTENSIVE CARE UNIT	13,745,143		13,745,143	3,247	13,748,390
31	SUBPROVIDER	1,833,419		1,833,419	23,862	1,857,281
33	NURSERY	3,026,173		3,026,173		3,026,173
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	22,332,440		22,332,440	5,743	22,338,183
38	RECOVERY ROOM	1,864,050		1,864,050		1,864,050
39	DELIVERY ROOM & LABOR ROO	3,722,621		3,722,621		3,722,621
40	ANESTHESIOLOGY	1,088,966		1,088,966	2,655	1,091,621
41	RADIOLOGY-DIAGNOSTIC	30,501,438		30,501,438	7,438	30,508,876
44	LABORATORY	10,936,333		10,936,333		10,936,333
46	WHOLE BLOOD & PACKED RED	1,180,080		1,180,080		1,180,080
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	3,003,232		3,003,232		3,003,232
50	PHYSICAL THERAPY	3,553,274		3,553,274		3,553,274
51	OCCUPATIONAL THERAPY	267,672		267,672		267,672
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	2,925,471		2,925,471	71,324	2,996,795
54	ELECTROENCEPHALOGRAPHY	194,414		194,414		194,414
55	MEDICAL SUPPLIES CHARGED	17,752,588		17,752,588		17,752,588
55	30 IMPL. DEV. CHARGED TO PAT	14,592,520		14,592,520		14,592,520
56	DRUGS CHARGED TO PATIENTS	18,126,872		18,126,872		18,126,872
59	CARDIOLOGY					
59	97 CARDIAC REHABILITATION	1,135,644		1,135,644		1,135,644
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	5,027,246		5,027,246		5,027,246
60	01 WOMENS HEALTH					
60	02 SPINE CENTER					
61	EMERGENCY	11,783,882		11,783,882	4,087	11,787,969
62	OBSERVATION BEDS (NON-DIS	2,764,877		2,764,877		2,764,877
63	50 RHC					
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	209,494,684		209,494,684	128,443	209,623,127
102	LESS OBSERVATION BEDS	2,764,877		2,764,877		2,764,877
103	TOTAL	206,729,807		206,729,807	128,443	206,858,250

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET C
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	45,267,714		45,267,714			
26	INTENSIVE CARE UNIT	16,118,648		16,118,648			
31	SUBPROVIDER	1,023,370		1,023,370			
33	NURSERY	9,604,125		9,604,125			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	32,819,422	49,872,823	82,692,245	.270067	.270067	.270136
38	RECOVERY ROOM	3,792,549	7,593,369	11,385,918	.163715	.163715	.163715
39	DELIVERY ROOM & LABOR ROO	10,820,276	1,231,155	12,051,431	.308895	.308895	.308895
40	ANESTHESIOLOGY	6,667,370	12,053,244	18,720,614	.058169	.058169	.058311
41	RADIOLOGY-DIAGNOSTIC	49,380,618	109,391,313	158,771,931	.192109	.192109	.192155
44	LABORATORY	29,513,432	23,327,162	52,840,594	.206968	.206968	.206968
46	WHOLE BLOOD & PACKED RED	5,059,333	1,289,353	6,348,686	.185878	.185878	.185878
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	13,552,731	1,819,029	15,371,760	.195373	.195373	.195373
50	PHYSICAL THERAPY	3,590,953	4,520,201	8,111,154	.438073	.438073	.438073
51	OCCUPATIONAL THERAPY	599,064	134,464	733,528	.364910	.364910	.364910
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	6,248,898	7,052,897	13,301,795	.219931	.219931	.225293
54	ELECTROENCEPHALOGRAPHY	322,335	187,610	509,945	.381245	.381245	.381245
55	MEDICAL SUPPLIES CHARGED	20,108,882	10,550,444	30,659,326	.579027	.579027	.579027
55 30	IMPL. DEV. CHARGED TO PAT	25,390,972	8,356,543	33,747,515	.432403	.432403	.432403
56	DRUGS CHARGED TO PATIENTS	48,416,497	22,283,615	70,700,112	.256391	.256391	.256391
59	CARDIOLOGY						
59 97	CARDIAC REHABILITATION	78,474	918,662	997,136	1.138906	1.138906	1.138906
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	48,147	8,570,328	8,618,475	.583310	.583310	.583310
60 01	WOMENS HEALTH						
60 02	SPI NE CENTER						
61	EMERGENCY	14,356,037	26,419,697	40,775,734	.288993	.288993	.289093
62	OBSERVATION BEDS (NON-DIS	614,439	2,713,393	3,327,832	.830834	.830834	.830834
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	343,394,286	298,285,302	641,679,588			
102	LESS OBSERVATION BEDS						
103	TOTAL	343,394,286	298,285,302	641,679,588			

PROVIDER NO:
14-0291

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

PREPARED 5/26/2011
WORKSHEET C
PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

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	38,136,329		38,136,329	10,087	38,146,416
26	INTENSIVE CARE UNIT	13,745,143		13,745,143	3,247	13,748,390
31	SUBPROVIDER	1,833,419		1,833,419	23,862	1,857,281
33	NURSERY	3,026,173		3,026,173		3,026,173
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	22,332,440		22,332,440	5,743	22,338,183
38	RECOVERY ROOM	1,864,050		1,864,050		1,864,050
39	DELIVERY ROOM & LABOR ROO	3,722,621		3,722,621		3,722,621
40	ANESTHESIOLOGY	1,088,966		1,088,966	2,655	1,091,621
41	RADIOLOGY-DIAGNOSTIC	30,501,438		30,501,438	7,438	30,508,876
44	LABORATORY	10,936,333		10,936,333		10,936,333
46	WHOLE BLOOD & PACKED RED	1,180,080		1,180,080		1,180,080
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	3,003,232		3,003,232		3,003,232
50	PHYSICAL THERAPY	3,553,274		3,553,274		3,553,274
51	OCCUPATIONAL THERAPY	267,672		267,672		267,672
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	2,925,471		2,925,471	71,324	2,996,795
54	ELECTROENCEPHALOGRAPHY	194,414		194,414		194,414
55	MEDICAL SUPPLIES CHARGED	17,752,588		17,752,588		17,752,588
55	30 IMPL. DEV. CHARGED TO PAT	14,592,520		14,592,520		14,592,520
56	DRUGS CHARGED TO PATIENTS	18,126,872		18,126,872		18,126,872
59	CARDIOLOGY					
59	97 CARDIAC REHABILITATION	1,135,644		1,135,644		1,135,644
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	5,027,246		5,027,246		5,027,246
60	01 WOMENS HEALTH					
60	02 SPINE CENTER					
61	EMERGENCY	11,783,882		11,783,882	4,087	11,787,969
62	OBSERVATION BEDS (NON-DIS	2,764,877		2,764,877		2,764,877
63	50 RHC					
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	209,494,684		209,494,684	128,443	209,623,127
102	LESS OBSERVATION BEDS	2,764,877		2,764,877		2,764,877
103	TOTAL	206,729,807		206,729,807	128,443	206,858,250

PROVIDER NO:
14-0291

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

PREPARED 5/26/2011
WORKSHEET C
PART I

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	45,267,714		45,267,714			
26	INTENSIVE CARE UNIT	16,118,648		16,118,648			
31	SUBPROVIDER	1,023,370		1,023,370			
33	NURSERY	9,604,125		9,604,125			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	32,819,422	49,872,823	82,692,245	.270067	.270067	.270136
38	RECOVERY ROOM	3,792,549	7,593,369	11,385,918	.163715	.163715	.163715
39	DELIVERY ROOM & LABOR ROO	10,820,276	1,231,155	12,051,431	.308895	.308895	.308895
40	ANESTHESIOLOGY	6,667,370	12,053,244	18,720,614	.058169	.058169	.058311
41	RADIOLOGY-DIAGNOSTIC	49,380,618	109,391,313	158,771,931	.192109	.192109	.192155
44	LABORATORY	29,513,432	23,327,162	52,840,594	.206968	.206968	.206968
46	WHOLE BLOOD & PACKED RED	5,059,333	1,289,353	6,348,686	.185878	.185878	.185878
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	13,552,731	1,819,029	15,371,760	.195373	.195373	.195373
50	PHYSICAL THERAPY	3,590,953	4,520,201	8,111,154	.438073	.438073	.438073
51	OCCUPATIONAL THERAPY	599,064	134,464	733,528	.364910	.364910	.364910
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	6,248,898	7,052,897	13,301,795	.219931	.219931	.225293
54	ELECTROENCEPHALOGRAPHY	322,335	187,610	509,945	.381245	.381245	.381245
55	MEDICAL SUPPLIES CHARGED	20,108,882	10,550,444	30,659,326	.579027	.579027	.579027
55	30 IMPL. DEV. CHARGED TO PAT	25,390,972	8,356,543	33,747,515	.432403	.432403	.432403
56	DRUGS CHARGED TO PATIENTS	48,416,497	22,283,615	70,700,112	.256391	.256391	.256391
59	CARDIOLOGY						
59	97 CARDIAC REHABILITATION	78,474	918,662	997,136	1.138906	1.138906	1.138906
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	48,147	8,570,328	8,618,475	.583310	.583310	.583310
60	01 WOMENS HEALTH						
60	02 SPINE CENTER						
61	EMERGENCY	14,356,037	26,419,697	40,775,734	.288993	.288993	.289093
62	OBSERVATION BEDS (NON-DIS	614,439	2,713,393	3,327,832	.830834	.830834	.830834
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	343,394,286	298,285,302	641,679,588			
102	LESS OBSERVATION BEDS						
103	TOTAL	343,394,286	298,285,302	641,679,588			

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	22,332,440	3,901,076	18,431,364			22,332,440
38	RECOVERY ROOM	1,864,050	46,986	1,817,064			1,864,050
39	DELIVERY ROOM & LABOR ROO	3,722,621	157,848	3,564,773			3,722,621
40	ANESTHESIOLOGY	1,088,966	112,603	976,363			1,088,966
41	RADIOLOGY-DIAGNOSTIC	30,501,438	6,798,178	23,703,260			30,501,438
44	LABORATORY	10,936,333	728,676	10,207,657			10,936,333
46	WHOLE BLOOD & PACKED RED	1,180,080	54,094	1,125,986			1,180,080
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	3,003,232	132,300	2,870,932			3,003,232
50	PHYSICAL THERAPY	3,553,274	390,660	3,162,614			3,553,274
51	OCCUPATIONAL THERAPY	267,672	18,114	249,558			267,672
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,925,471	207,596	2,717,875			2,925,471
54	ELECTROENCEPHALOGRAPHY	194,414	20,540	173,874			194,414
55	MEDICAL SUPPLIES CHARGED	17,752,588	155,503	17,597,085			17,752,588
55	30 IMPL. DEV. CHARGED TO PAT	14,592,520	114,731	14,477,789			14,592,520
56	DRUGS CHARGED TO PATIENTS	18,126,872	790,507	17,336,365			18,126,872
59	CARDIOLOGY						
59	97 CARDIAC REHABILITATION	1,135,644	100,704	1,034,940			1,135,644
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	5,027,246	1,038,681	3,988,565			5,027,246
60	01 WOMENS HEALTH						
60	02 SPINE CENTER						
61	EMERGENCY	11,783,882	1,931,813	9,852,069			11,783,882
62	OBSERVATION BEDS (NON-DIS	2,764,877	381,666	2,383,211			2,764,877
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	152,753,620	17,082,276	135,671,344			152,753,620
102	LESS OBSERVATION BEDS	2,764,877	381,666	2,383,211			2,764,877
103	TOTAL	149,988,743	16,700,610	133,288,133			149,988,743

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	82,692,245	.270067	.270067
38	RECOVERY ROOM	11,385,918	.163715	.163715
39	DELIVERY ROOM & LABOR ROO	12,051,431	.308895	.308895
40	ANESTHESIOLOGY	18,720,614	.058169	.058169
41	RADIOLOGY-DIAGNOSTIC	158,771,931	.192109	.192109
44	LABORATORY	52,840,594	.206968	.206968
46	WHOLE BLOOD & PACKED RED	6,348,686	.185878	.185878
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	15,371,760	.195373	.195373
50	PHYSICAL THERAPY	8,111,154	.438073	.438073
51	OCCUPATIONAL THERAPY	733,528	.364910	.364910
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	13,301,795	.219931	.219931
54	ELECTROENCEPHALOGRAPHY	509,945	.381245	.381245
55	MEDICAL SUPPLIES CHARGED	30,659,326	.579027	.579027
55	30 IMPL. DEV. CHARGED TO PAT	33,747,515	.432403	.432403
56	DRUGS CHARGED TO PATIENTS	70,700,112	.256391	.256391
59	CARDIOLOGY			
59	97 CARDIAC REHABILITATION	997,136	1.138906	1.138906
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	8,618,475	.583310	.583310
60	01 WOMENS HEALTH			
60	02 SPINE CENTER			
61	EMERGENCY	40,775,734	.288993	.288993
62	OBSERVATION BEDS (NON-DIS	3,327,832	.830834	.830834
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	569,665,731		
102	LESS OBSERVATION BEDS	3,327,832		
103	TOTAL	566,337,899		

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	22,332,440	3,901,076	18,431,364	390,108	1,069,019	20,873,313
38	OPERATING ROOM	1,864,050	46,986	1,817,064	4,699	105,390	1,753,961
39	DELIVERY ROOM & LABOR ROO	3,722,621	157,848	3,564,773	15,785	206,757	3,500,079
40	ANESTHESIOLOGY	1,088,966	112,603	976,363	11,260	56,629	1,021,077
41	RADIOLOGY-DIAGNOSTIC	30,501,438	6,798,178	23,703,260	679,818	1,374,789	28,446,831
44	LABORATORY	10,936,333	728,676	10,207,657	72,868	592,044	10,271,421
46	WHOLE BLOOD & PACKED RED	1,180,080	54,094	1,125,986	5,409	65,307	1,109,364
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	3,003,232	132,300	2,870,932	13,230	166,514	2,823,488
50	PHYSICAL THERAPY	3,553,274	390,660	3,162,614	39,066	183,432	3,330,776
51	OCCUPATIONAL THERAPY	267,672	18,114	249,558	1,811	14,474	251,387
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,925,471	207,596	2,717,875	20,760	157,637	2,747,074
54	ELECTROENCEPHALOGRAPHY	194,414	20,540	173,874	2,054	10,085	182,275
55	MEDICAL SUPPLIES CHARGED	17,752,588	155,503	17,597,085	15,550	1,020,631	16,716,407
55	30 IMPL. DEV. CHARGED TO PAT	14,592,520	114,731	14,477,789	11,473	839,712	13,741,335
56	DRUGS CHARGED TO PATIENTS	18,126,872	790,507	17,336,365	79,051	1,005,509	17,042,312
59	CARDIOLOGY						
59	97 CARDIAC REHABILITATION	1,135,644	100,704	1,034,940	10,070	60,027	1,065,547
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	5,027,246	1,038,681	3,988,565	103,868	231,337	4,692,041
60	01 WOMENS HEALTH						
60	02 SPINE CENTER						
61	EMERGENCY	11,783,882	1,931,813	9,852,069	193,181	571,420	11,019,281
62	OBSERVATION BEDS (NON-DIS	2,764,877	381,666	2,383,211	38,167	138,226	2,588,484
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	152,753,620	17,082,276	135,671,344	1,708,228	7,868,939	143,176,453
102	LESS OBSERVATION BEDS	2,764,877	381,666	2,383,211	38,167	138,226	2,588,484
103	TOTAL	149,988,743	16,700,610	133,288,133	1,670,061	7,730,713	140,587,969

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	82,692,245	.252422	.265349
38	RECOVERY ROOM	11,385,918	.154047	.163303
39	DELIVERY ROOM & LABOR ROO	12,051,431	.290428	.307585
40	ANESTHESIOLOGY	18,720,614	.054543	.057568
41	RADIOLOGY-DIAGNOSTIC	158,771,931	.179168	.187827
44	LABORATORY	52,840,594	.194385	.205589
46	WHOLE BLOOD & PACKED RED	6,348,686	.174739	.185026
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	15,371,760	.183680	.194513
50	PHYSICAL THERAPY	8,111,154	.410641	.433256
51	OCCUPATIONAL THERAPY	733,528	.342709	.362442
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	13,301,795	.206519	.218370
54	ELECTROENCEPHALOGRAPHY	509,945	.357441	.377217
55	MEDICAL SUPPLIES CHARGED	30,659,326	.545231	.578520
55	30 IMPL. DEV. CHARGED TO PAT	33,747,515	.407181	.432063
56	DRUGS CHARGED TO PATIENTS	70,700,112	.241051	.255273
59	CARDIOLOGY			
59	97 CARDIAC REHABILITATION	997,136	1.068607	1.128807
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	8,618,475	.544417	.571259
60	01 WOMENS HEALTH			
60	02 SPINE CENTER			
61	EMERGENCY	40,775,734	.270241	.284255
62	OBSERVATION BEDS (NON-DIS	3,327,832	.777829	.819365
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	569,665,731		
102	LESS OBSERVATION BEDS	3,327,832		
103	TOTAL	566,337,899		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0291
 COMPONENT NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	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	32,385	3,868,691	82,692,245	12,199,601	.000392	4,782
38	RECOVERY ROOM	484	46,502	11,385,918	1,519,802	.000043	65
39	DELIVERY ROOM & LABOR ROO	1,695	156,153	12,051,431		.000141	
40	ANESTHESIOLOGY	1,042	111,561	18,720,614	2,532,712	.000056	142
41	RADIOLOGY-DIAGNOSTIC	30,419	6,767,759	158,771,931	23,046,938	.000192	4,425
44	LABORATORY	8,737	719,939	52,840,594	15,726,672	.000165	2,595
46	WHOLE BLOOD & PACKED RED	630	53,464	6,348,686	2,625,667	.000099	260
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	774	131,526	15,371,760	8,383,500	.000050	419
50	PHYSICAL THERAPY	3,619	387,041	8,111,154	2,524,701	.000446	1,126
51	OCCUPATIONAL THERAPY	215	17,899	733,528	440,470	.000293	129
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,455	205,141	13,301,795	3,743,885	.000185	693
54	ELECTROENCEPHALOGRAPHY	250	20,290	509,945	177,290	.000490	87
55	MEDICAL SUPPLIES CHARGED	1,186	154,317	30,659,326	12,078,069	.000039	471
55	30 IMPL. DEV. CHARGED TO PAT	875	113,856	33,747,515	15,675,503	.000026	408
56	DRUGS CHARGED TO PATIENTS	4,267	786,240	70,700,112	24,298,194	.000060	1,458
59	CARDIOLOGY						
59	97 CARDIAC REHABILITATION	1,221	99,483	997,136	39,876	.001225	49
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	4,244	1,034,437	8,618,475	39,147	.000492	19
60	01 WOMENS HEALTH						
60	02 SPINE CENTER						
61	EMERGENCY	23,605	1,908,208	40,775,734	7,661,469	.000579	4,436
62	OBSERVATION BEDS (NON-DIS	4,432	377,234	3,327,832	257,402	.001332	343
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	122,535	16,959,741	569,665,731	132,970,898		21,907

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 14-0291
 PREPARED 5/26/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.046784	570,746
38	RECOVERY ROOM	.004084	6,207
39	DELIVERY ROOM & LABOR ROO	.012957	
40	ANESTHESIOLOGY	.005959	15,092
41	RADIOLOGY-DIAGNOSTIC	.042626	982,399
44	LABORATORY	.013625	214,276
46	WHOLE BLOOD & PACKED RED	.008421	22,111
46 30	BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY	.008556	71,729
50	PHYSICAL THERAPY	.047717	120,471
51	OCCUPATIONAL THERAPY	.024401	10,748
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.015422	57,738
54	ELECTROENCEPHALOGRAPHY	.039789	7,054
55	MEDICAL SUPPLIES CHARGED	.005033	60,789
55 30	IMPL. DEV. CHARGED TO PAT	.003374	52,889
56	DRUGS CHARGED TO PATIENTS	.011121	270,220
59	CARDIOLOGY		
59 97	CARDIAC REHABILITATION	.099769	3,978
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.120026	4,699
60 01	WOMENS HEALTH		
60 02	SPINE CENTER		
61	EMERGENCY	.046798	358,541
62	OBSERVATION BEDS (NON-DIS	.113357	29,178
63 50	RHC		
63 60	FOHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		2,858,865

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

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
14-0291	FROM 1/ 1/2010	WORKSHEET D
	TO 12/31/2010	PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					38,355	
26	INTENSIVE CARE UNIT					5,565	
31	SUBPROVIDER					715	
33	NURSERY					5,037	
101	TOTAL					49,672	

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

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	17,169	
26	INTENSIVE CARE UNIT	2,730	
31	SUBPROVIDER	230	
33	NURSERY		
101	TOTAL	20,129	

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						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIOLOGY						
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOMENS HEALTH						
60	02 SPINE CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			82,692,245			12,199,601	
38	RECOVERY ROOM			11,385,918			1,519,802	
39	DELIVERY ROOM & LABOR ROO			12,051,431				
40	ANESTHESIOLOGY			18,720,614			2,532,712	
41	RADIOLOGY-DIAGNOSTIC			158,771,931			23,046,938	
44	LABORATORY			52,840,594			15,726,672	
46	WHOLE BLOOD & PACKED RED			6,348,686			2,625,667	
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			15,371,760			8,383,500	
50	PHYSICAL THERAPY			8,111,154			2,524,701	
51	OCCUPATIONAL THERAPY			733,528			440,470	
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			13,301,795			3,743,885	
54	ELECTROENCEPHALOGRAPHY			509,945			177,290	
55	MEDICAL SUPPLIES CHARGED			30,659,326			12,078,069	
55	30 IMPL. DEV. CHARGED TO PAT			33,747,515			15,675,503	
56	DRUGS CHARGED TO PATIENTS			70,700,112			24,298,194	
59	CARDIOLOGY							
59	97 CARDIAC REHABILITATION			997,136			39,876	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			8,618,475			39,147	
60	01 WOMENS HEALTH							
60	02 SPINE CENTER							
61	EMERGENCY			40,775,734			7,661,469	
62	OBSERVATION BEDS (NON-DIS			3,327,832			257,402	
63	50 RHC							
63	60 FOHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			569,665,731			132,970,898	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	10,903,641					
38	RECOVERY ROOM	1,094,302					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	2,485,223					
41	RADIOLOGY-DIAGNOSTIC	30,265,721					
44	LABORATORY	95,482					
46	WHOLE BLOOD & PACKED RED	648,375					
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	468,670					
50	PHYSICAL THERAPY	238,482					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,046,838					
54	ELECTROENCEPHALOGRAPHY	66,424					
55	MEDICAL SUPPLIES CHARGED	2,238,193					
55	30 IMPL. DEV. CHARGED TO PAT	2,842,306					
56	DRUGS CHARGED TO PATIENTS	8,204,249					
59	CARDIOLOGY						
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,810,624					
60	01 WOMENS HEALTH						
60	02 SPINE CENTER						
61	EMERGENCY	4,508,033					
62	OBSERVATION BEDS (NON-DIS	804,826					
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	68,721,389					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
14-0291		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	.270067	.270067			
38 RECOVERY ROOM	.163715	.163715			
39 DELIVERY ROOM & LABOR ROOM	.308895	.308895			
40 ANESTHESIOLOGY	.058169	.058169			
41 RADIOLOGY-DIAGNOSTIC	.192109	.192109			
44 LABORATORY	.206968	.206968			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.185878	.185878			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY	.195373	.195373			
50 PHYSICAL THERAPY	.438073	.438073			
51 OCCUPATIONAL THERAPY	.364910	.364910			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.219931	.219931			
54 ELECTROENCEPHALOGRAPHY	.381245	.381245			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.579027	.579027			
55 30 IMPL. DEV. CHARGED TO PATIENT	.432403	.432403			
56 DRUGS CHARGED TO PATIENTS	.256391	.256391			
59 RADIOLOGY					
59 97 CARDIAC REHABILITATION	1.138906	1.138906			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.583310	.583310			
60 01 WOMENS HEALTH					
60 02 SPINE CENTER					
61 EMERGENCY	.288993	.288993			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.830834	.830834			
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				2,944,714	
38 RECOVERY ROOM				179,154	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				144,563	
41 RADIOLOGY-DIAGNOSTIC				5,814,317	
44 LABORATORY				19,762	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				120,519	
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY				91,565	
50 PHYSICAL THERAPY				104,473	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				450,163	
54 ELECTROENCEPHALOGRAPHY				25,324	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,295,974	
55 30 IMPL. DEV. CHARGED TO PATIENT				1,229,022	
56 DRUGS CHARGED TO PATIENTS				2,103,496	
59 CARDIOLOGY					
59 97 CARDIAC REHABILITATION					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				1,056,155	
60 01 WOMENS HEALTH					
60 02 SPINE CENTER					
61 EMERGENCY				1,302,790	
62 OBSERVATION BEDS (NON-DISTINCT PART)				668,677	
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL				17,550,668	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				17,550,668	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0291
 COMPONENT NO: 14-S291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	32,385	3,868,691	82,692,245		.000392	
38	RECOVERY ROOM	484	46,502	11,385,918		.000043	
39	DELIVERY ROOM & LABOR ROO	1,695	156,153	12,051,431		.000141	
40	ANESTHESIOLOGY	1,042	111,561	18,720,614		.000056	
41	RADIOLOGY-DIAGNOSTIC	30,419	6,767,759	158,771,931	11,595	.000192	2
44	LABORATORY	8,737	719,939	52,840,594	47,024	.000165	8
46	WHOLE BLOOD & PACKED RED	630	53,464	6,348,686		.000099	
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	774	131,526	15,371,760	2,247	.000050	
50	PHYSICAL THERAPY	3,619	387,041	8,111,154	744	.000446	
51	OCCUPATIONAL THERAPY	215	17,899	733,528	1,111	.000293	
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,455	205,141	13,301,795	3,278	.000185	1
54	ELECTROENCEPHALOGRAPHY	250	20,290	509,945	1,650	.000490	1
55	MEDICAL SUPPLIES CHARGED	1,186	154,317	30,659,326	4,312	.000039	
55	30 IMPL. DEV. CHARGED TO PAT	875	113,856	33,747,515		.000026	
56	DRUGS CHARGED TO PATIENTS	4,267	786,240	70,700,112	47,101	.000060	3
59	CARDIOLOGY						
59	97 CARDIAC REHABILITATION	1,221	99,483	997,136		.001225	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	4,244	1,034,437	8,618,475		.000492	
60	01 WOMENS HEALTH						
60	02 SPINE CENTER						
61	EMERGENCY	23,605	1,908,208	40,775,734	16,642	.000579	10
62	OBSERVATION BEDS (NON-DIS	4,432	377,234	3,327,832		.001332	
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	122,535	16,959,741	569,665,731	135,704		25

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
14-S291		PART II

PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.046784	
38	RECOVERY ROOM	.004084	
39	DELIVERY ROOM & LABOR ROO	.012957	
40	ANESTHESIOLOGY	.005959	
41	RADIOLOGY-DIAGNOSTIC	.042626	494
44	LABORATORY	.013625	641
46	WHOLE BLOOD & PACKED RED	.008421	
46	30 BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY	.008556	19
50	PHYSICAL THERAPY	.047717	36
51	OCCUPATIONAL THERAPY	.024401	27
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.015422	51
54	ELECTROENCEPHALOGRAPHY	.039789	66
55	MEDICAL SUPPLIES CHARGED	.005033	22
55	30 IMPL. DEV. CHARGED TO PAT	.003374	
56	DRUGS CHARGED TO PATIENTS	.011121	524
59	CARDIOLOGY		
59	97 CARDIAC REHABILITATION	.099769	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.120026	
60	01 WOMENS HEALTH		
60	02 SPINE CENTER		
61	EMERGENCY	.046798	779
62	OBSERVATION BEDS (NON-DIS	.113357	
63	50 RHC		
63	60 FOHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		2,659

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			82,692,245				
38	RECOVERY ROOM			11,385,918				
39	DELIVERY ROOM & LABOR ROO			12,051,431				
40	ANESTHESIOLOGY			18,720,614				
41	RADIOLOGY-DIAGNOSTIC			158,771,931			11,595	
44	LABORATORY			52,840,594			47,024	
46	WHOLE BLOOD & PACKED RED			6,348,686				
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			15,371,760			2,247	
50	PHYSICAL THERAPY			8,111,154			744	
51	OCCUPATIONAL THERAPY			733,528			1,111	
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			13,301,795			3,278	
54	ELECTROENCEPHALOGRAPHY			509,945			1,650	
55	MEDICAL SUPPLIES CHARGED			30,659,326			4,312	
55	30 IMPL. DEV. CHARGED TO PAT			33,747,515				
56	DRUGS CHARGED TO PATIENTS			70,700,112			47,101	
59	CARDIOLOGY							
59	97 CARDIAC REHABILITATION			997,136				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			8,618,475				
60	01 WOMENS HEALTH							
60	02 SPINE CENTER							
61	EMERGENCY			40,775,734			16,642	
62	OBSERVATION BEDS (NON-DIS			3,327,832				
63	50 RHC							
63	60 FOHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			569,665,731			135,704	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V COL 5.03	OUTPAT PROG D, V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
LINE NO.		8	8.01	8.02	9		
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIOLOGY						
59	97 CARDIAC REHABILITATION						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOMENS HEALTH						
60	02 SPINE CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
14-S291		PART V

TITLE XVIII, PART B

SUBPROVIDER 1

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	.270067	.270067			
38 RECOVERY ROOM	.163715	.163715			
39 DELIVERY ROOM & LABOR ROOM	.308895	.308895			
40 ANESTHESIOLOGY	.058169	.058169			
41 RADIOLOGY-DIAGNOSTIC	.192109	.192109			
44 LABORATORY	.206968	.206968			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.185878	.185878			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY	.195373	.195373			
50 PHYSICAL THERAPY	.438073	.438073			
51 OCCUPATIONAL THERAPY	.364910	.364910			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.219931	.219931			
54 ELECTROENCEPHALOGRAPHY	.381245	.381245			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.579027	.579027			
55 30 IMPL. DEV. CHARGED TO PATIENT	.432403	.432403			
56 DRUGS CHARGED TO PATIENTS	.256391	.256391			
59 RADIOLOGY					
59 97 CARDIAC REHABILITATION	1.138906	1.138906			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.583310	.583310			
60 01 WOMENS HEALTH					
60 02 SPINE CENTER					
61 EMERGENCY	.288993	.288993			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.830834	.830834			
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XIX - O/P		HOSPITAL				
		Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center	Description	8	9	9.01	9.02	9.03
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		389,272			
38	RECOVERY ROOM		33,185			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		22,990			
41	RADIOLOGY-DIAGNOSTIC		761,492			
44	LABORATORY		253,480			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS		4,562			
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	RESPIRATORY THERAPY		14,358			
50	PHYSICAL THERAPY		79,990			
51	OCCUPATIONAL THERAPY		3,878			
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		53,012			
54	ELECTROENCEPHALOGRAPHY		6,940			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		145,098			
55	30 IMPL. DEV. CHARGED TO PATIENT		33,363			
56	DRUGS CHARGED TO PATIENTS		294,592			
59	CARDIOLOGY					
59	97 CARDIAC REHABILITATION		12,016			
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC		803,050			
60	01 WOMENS HEALTH					
60	02 SPINE CENTER					
61	EMERGENCY		802,577			
62	OBSERVATION BEDS (NON-DISTINCT PART)		137,579			
63	50 RHC					
63	60 FOHC					
101	SUBTOTAL		3,851,434			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		3,851,434			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0291
 COMPONENT NO: 14-S291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		329,540	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.270136		
38	RECOVERY ROOM	.163715		
39	DELIVERY ROOM & LABOR ROOM	.308895		
40	ANESTHESIOLOGY	.058311		
41	RADIOLOGY-DIAGNOSTIC	.192155	11,595	2,228
44	LABORATORY	.206968	47,024	9,732
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.185878		
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.195373	2,247	439
50	PHYSICAL THERAPY	.438073	744	326
51	OCCUPATIONAL THERAPY	.364910	1,111	405
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.225293	3,278	739
54	ELECTROENCEPHALOGRAPHY	.381245	1,650	629
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.579027	4,312	2,497
55	30 IMPL. DEV. CHARGED TO PATIENT	.432403		
56	DRUGS CHARGED TO PATIENTS	.256391	47,101	12,076
59	CARDIOLOGY			
59	97 CARDIAC REHABILITATION	1.138906		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.583310		
60	01 WOMENS HEALTH			
60	02 SPINE CENTER			
61	EMERGENCY	.289093	16,642	4,811
62	OBSERVATION BEDS (NON-DISTINCT PART)	.830834		
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		135,704	33,882
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		135,704	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0291
 COMPONENT NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D-4

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			2,959,798	
26	INTENSIVE CARE UNIT			885,119	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.270067	943,129	254,708
38	RECOVERY ROOM		.163715	104,405	17,093
39	DELIVERY ROOM & LABOR ROOM		.308895		
40	ANESTHESIOLOGY		.058169	225,560	13,121
41	RADIOLOGY-DIAGNOSTIC		.192109	2,181,536	419,093
44	LABORATORY		.206968	1,427,969	295,544
46	WHOLE BLOOD & PACKED RED BLOOD CELLS		.185878	209,321	38,908
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS				
49	RESPIRATORY THERAPY		.195373	624,186	121,949
50	PHYSICAL THERAPY		.438073	88,692	38,854
51	OCCUPATIONAL THERAPY		.364910	22,734	8,296
52	SPEECH PATHOLOGY				
53	ELECTROCARDIOLOGY		.219931	242,283	53,286
54	ELECTROENCEPHALOGRAPHY		.381245	21,450	8,178
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.579027	704,802	408,099
55	30 IMPL. DEV. CHARGED TO PATIENT		.432403	482,252	208,527
56	DRUGS CHARGED TO PATIENTS		.256391	2,331,702	597,827
59	CARDIOLOGY				
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS		1.138906	3,039	3,461
60	CLINIC		.583310	122	71
60	01 WOMENS HEALTH				
60	02 SPINE CENTER				
61	EMERGENCY		.288993	795,211	229,810
62	OBSERVATION BEDS (NON-DISTINCT PART)		.830834	53,213	44,211
63	50 RHC				
63	60 FOHC				
	OTHER REIMBURS COST CNTRS				
101	TOTAL			10,461,606	2,761,036
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			10,461,606	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		177,816	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.270067		
38	RECOVERY ROOM	.163715		
39	DELIVERY ROOM & LABOR ROOM	.308895		
40	ANESTHESIOLOGY	.058169		
41	RADIOLOGY-DIAGNOSTIC	.192109	12,365	2,375
44	LABORATORY	.206968	24,553	5,082
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.185878		
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.195373	926	181
50	PHYSICAL THERAPY	.438073	1,361	596
51	OCCUPATIONAL THERAPY	.364910		
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.219931	2,277	501
54	ELECTROENCEPHALOGRAPHY	.381245	1,650	629
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.579027	3,266	1,891
55	30 IMPL. DEV. CHARGED TO PATIENT	.432403		
56	DRUGS CHARGED TO PATIENTS	.256391	23,916	6,132
59	CARDIOLOGY			
59	97 CARDIAC REHABILITATION	1.138906		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.583310		
60	01 WOMENS HEALTH			
60	02 SPINE CENTER			
61	EMERGENCY	.288993	8,360	2,416
62	OBSERVATION BEDS (NON-DISTINCT PART)	.830834		
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		78,674	19,803
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		78,674	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 14-0291
 PREPARED 5/26/2011
 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	29,558,643	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9,946,616	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	2,481,750	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		161.38
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)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTR)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 14-0291
 PREPARED 5/26/2011
 WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	405.45	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	41,987,009	
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)	41,987,009	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,512,187	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	45,499,196	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	45,499,196	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,545,144	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	151,485	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	359,620	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	251,734	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	42,054,301	
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	42,054,301	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	41,809,477	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	244,824	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	428,475	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
14-0291		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	9,069
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	17,550,668
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	15,749,415
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.820
1.04	LINE 1.01 TIMES LINE 1.03.	14,391,548
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)	9,069
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	35,372
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	35,372
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)	35,372
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	26,303
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	9,069
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	15,749,415
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,731,931
19	SUBTOTAL (SEE INSTRUCTIONS)	12,026,553
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	12,026,553
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	12,026,553
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	285,927
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	200,149
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	12,226,702
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	12,226,702
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	12,022,584
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	204,118
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
14-S291		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO. .813
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101
- 2 INTERNS AND RESIDENTS
- 3 ORGAN ACQUISITIONS
- 4 COST OF TEACHING PHYSICIANS
- 5 TOTAL COST (SEE INSTRUCTIONS)

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL
- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS 1
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM -1
- 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: 14-0291
 COMPONENT NO: 14-S291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		180,654		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER		.49		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		180,654		1
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL			NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
		16,436		1
7 TOTAL MEDICARE PROGRAM LIABILITY		164,218		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
14-S291		PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	169,689
1.09	NET IPF PPS OUTLIER PAYMENTS	10,965
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)	1.958904
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
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)	180,654
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)	180,654
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	180,654
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	180,654
7	DEDUCTIBLES	16,436
8	SUBTOTAL	164,218
9	COINSURANCE	
10	SUBTOTAL	164,218
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	164,218
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
14-0291	FROM 1/ 1/2010	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2010	PART I
14-S291		

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

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	164,218
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	180,654
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-16,436
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

COLUMN 1
1.000000

COLUMN 1.01

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

38613, 711, 161

50810, 318, 848

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

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

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		1,849,722,000		
2	NET INCOME (LOSS)		29,946,371		
3	TOTAL		1,879,668,371		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		1,879,668,371		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		1,879,668,371		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	54,871,839		54,871,839
2 00 SUBPROVIDER	1,023,370		1,023,370
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	55,895,209		55,895,209
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	16,118,648		16,118,648
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	16,118,648		16,118,648
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	72,013,857		72,013,857
17 00 ANCILLARY SERVICES	270,432,676	287,282,925	557,715,601
18 00 OUTPATIENT SERVICES	48,147	8,570,328	8,618,475
18 50 RHC			
18 60 FQHC			
19 00 HOME HEALTH AGENCY			
21 10 CMHC			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
24 00 OBSERVATION	614,439	2,713,393	3,327,832
25 00 TOTAL PATIENT REVENUES	343,109,119	298,566,646	641,675,765

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		242,224,736	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 8400 REVENUE			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		242,224,736	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	641,675,765
2	LESS: ALLOWANCES AND DISCOUNTS ON	371,093,763
3	NET PATIENT REVENUES	270,582,002
4	LESS: TOTAL OPERATING EXPENSES	242,224,736
5	NET INCOME FROM SERVICE TO PATIENT	28,357,266
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	1,760,442
25	TOTAL OTHER INCOME	1,760,442
26	TOTAL	30,117,708
	OTHER EXPENSES	
27	INVESTMENT LOSS	
28	NET NON OPERATING	171,337
29		
30	TOTAL OTHER EXPENSES	171,337
31	NET INCOME (OR LOSS) FOR THE PERIO	29,946,371

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
14-0291		PARTS I-IV

FULLY PROSPECTIVE METHOD

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	3,240,932
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	237,549
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	112.71
	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	.01
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	5.08
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	5.09
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.04
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	33,706
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,512,187
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)	