

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		14-0294		FROM 1/1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2011 TIME 15:27

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:  
 CROSSROADS COMMUNITY HOSPITAL 14-0294

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	310,648	-206,185		0
3	SWING BED - SNF	0	0	0		0
100	TOTAL	0	310,648	-206,185		0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 8 DOCTORS PARK RD      P.O. BOX:  
 1.01 CITY: MT VERNON      STATE: IL      ZIP CODE: 62864-      COUNTY: JEFFERSON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	CROSSROADS COMMUNITY HOSPITAL	14-0294	2.01	7/1/1966	4	5	6
04.00 SWING BED - SNF	SWING BED - SNF	14-U294		4/12/1989	N	N	N

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

18 TYPE OF CONTROL 4

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. 2 Y

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

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y 14

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

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

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

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

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

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











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 60,076
17.01	GROSS MEDICAID REVENUES 3,213,428
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 3,273,504
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) .161094
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 24,954,233

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,019,977
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	3,765,032
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	606,524
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,019,977

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0294

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

PREPARED 5/27/2011  
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					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		458,409	458,409	144,306	602,715
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		856,958	856,958	809,310	1,666,268
5	0500 EMPLOYEE BENEFITS	99,361	57,760	157,121	1,540,190	1,697,311
6	0600 ADMINISTRATIVE & GENERAL	1,403,064	9,170,941	10,574,005	-1,934,849	8,639,156
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	130,853	980,305	1,111,158	-30,182	1,080,976
9	0900 LAUNDRY & LINEN SERVICE		97,745	97,745		97,745
10	1000 HOUSEKEEPING	208,850	52,410	261,260		261,260
11	1100 DIETARY	243,908	154,235	398,143	-946	397,197
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	592,260	111,899	704,159	-642	703,517
15	1500 CENTRAL SERVICES & SUPPLY	103,975	2,251,342	2,355,317	-2,130,707	224,610
16	1600 PHARMACY	326,212	579,829	906,041	-577,811	328,230
17	1700 MEDICAL RECORDS & LIBRARY	255,745	141,253	396,998	-5,247	391,751
19	1080 INSERVICE EDUCATION					
19.01	1950 QA / UR					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,086,414	638,052	1,724,466	-13,511	1,710,955
26	2600 INTENSIVE CARE UNIT	354,796	79,067	433,863	-3,760	430,103
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	978,599	920,099	1,898,698	-304,155	1,594,543
38	3800 RECOVERY ROOM	54,693	9,656	64,349	-64,349	
40	4000 ANESTHESIOLOGY		595,778	595,778		595,778
41	4100 RADIOLOGY-DIAGNOSTIC	463,280	484,826	948,106	-237,007	711,099
41.01	3230 ULTRA-SOUND	104,295	61,548	165,843		165,843
41.02	3430 CAT SCAN	125,133	369,252	494,385	-118,294	376,091
41.03	4101 MRI		89,050	89,050		89,050
43	4300 RADIOISOTOPE	127	213,362	213,489		213,489
44	4400 LABORATORY	632,703	804,216	1,436,919	-144,398	1,292,521
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		134,802	134,802	73,115	207,917
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	260,665	67,115	327,780		327,780
49.01	4901 SLEEP LAB	47,144	53,051	100,195	-23,010	77,185
50	5000 PHYSICAL THERAPY	382,860	192,853	575,713	-191,797	383,916
51	5100 OCCUPATIONAL THERAPY	254,266	31,225	285,491	78,719	364,210
52	5200 SPEECH PATHOLOGY	20,542	3,169	23,711	-3,531	20,180
53	5300 ELECTROCARDIOLOGY	169,414	40,892	210,306		210,306
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,913,449	1,913,449
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				568,700	568,700
56	5600 DRUGS CHARGED TO PATIENTS				512,122	512,122
59	3950 SURGIDAY CENTER					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	3,139	246	3,385	-3,385	
61	6100 EMERGENCY	669,460	1,131,817	1,801,277	367	1,801,644
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC		2,965	2,965	-2,965	
63.51	6311 RHC II					
63.52	6312 RHC III					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	8,971,758	20,836,127	29,807,885	-150,268	29,657,617
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES		217,347	217,347		217,347
98.01	9801 NON-REIMBURSABLE - MARKETING				150,268	150,268
100	7950 SENIOR CIRCLE	41,586	26,194	67,780		67,780
101	TOTAL	9,013,344	21,079,668	30,093,012	-0-	30,093,012

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-0294	I FROM 1/ 1/2010	I 5/27/2011
I	I TO 12/31/2010	I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	115,182	717,897
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-57,363	1,608,905
5	0500 EMPLOYEE BENEFITS	-1,616	1,695,695
6	0600 ADMINISTRATIVE & GENERAL	-4,706,680	3,932,476
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT		1,080,976
9	0900 LAUNDRY & LINEN SERVICE		97,745
10	1000 HOUSEKEEPING		261,260
11	1100 DIETARY	-50,650	346,547
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-19,776	683,741
15	1500 CENTRAL SERVICES & SUPPLY		224,610
16	1600 PHARMACY		328,230
17	1700 MEDICAL RECORDS & LIBRARY	-351	391,400
19	1080 INSERVICE EDUCATION		
19.01	1950 QA / UR		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-393,709	1,317,246
26	2600 INTENSIVE CARE UNIT		430,103
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-38,750	1,555,793
38	3800 RECOVERY ROOM		
40	4000 ANESTHESIOLOGY	-566,379	29,399
41	4100 RADIOLOGY-DIAGNOSTIC		711,099
41.01	3230 ULTRA-SOUND		165,843
41.02	3430 CAT SCAN		376,091
41.03	4101 MRI		89,050
43	4300 RADIOISOTOPE		213,489
44	4400 LABORATORY	-8,300	1,284,221
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		207,917
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY	-8,496	319,284
49.01	4901 SLEEP LAB		77,185
50	5000 PHYSICAL THERAPY		383,916
51	5100 OCCUPATIONAL THERAPY		364,210
52	5200 SPEECH PATHOLOGY		20,180
53	5300 ELECTROCARDIOLOGY		210,306
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,913,449
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		568,700
56	5600 DRUGS CHARGED TO PATIENTS		512,122
59	3950 SURGIDAY CENTER		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY	-923,255	878,389
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RHC		
63.51	6311 RHC II		
63.52	6312 RHC III		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-6,660,143	22,997,474
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		217,347
98.01	9801 NON-REIMBURSABLE - MARKETING		150,268
100	7950 SENIOR CIRCLE		67,780
101	TOTAL	-6,660,143	23,432,869

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0294  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/27/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
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	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
19	INSERVICE EDUCATION	1080	INSERVICE EDUCATION
19.01	QA / UR	1950	OTHER GENERAL SERVICE COST CENTERS
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRA-SOUND	3230	CAT SCAN
41.02	CAT SCAN	3430	MAGNETIC RESONANCE IMAGING (MRI)
41.03	MRI	4101	RADIOLOGY-DIAGNOSTIC
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
59	SURGIDAY CENTER	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.51	RHC II	6311	RURAL HEALTH CLINIC #####
63.52	RHC III	6312	RURAL HEALTH CLINIC #####
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	NON-REIMBURSABLE - MARKETING	9801	PHYSICIANS' PRIVATE OFFICES
100	SENIOR CIRCLE	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
140294

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

PREPARED 5/27/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5		1,543,707
2 OXYGEN COSTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		30,152
3 RENTAL & LEASE EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4		801,374
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20 OTHER CAPITAL COSTS	D	NEW CAP REL COSTS-BLDG & FIXT	3		144,306
21		NEW CAP REL COSTS-MVBLE EQUIP	4		7,936
22 MARKETING DEPARTMENT	E	NON-REIMBURSABLE - MARKETING	98.01	73,910	76,358
23 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,883,297
24		IMPL. DEV. CHARGED TO PATIENT	55.30		568,700
25 COST OF DRUGS/IV SOLUTIONS	G	DRUGS CHARGED TO PATIENTS	56		512,122
26 LABORATORY	H	WHOLE BLOOD & PACKED RED BLOOD CELLS	46	32,194	40,921
27 PT, OT & ST COSTS	I	OCCUPATIONAL THERAPY	51	15,897	62,822
28		SPEECH PATHOLOGY	52		2,032
29 OPERATING ROOM	J	OPERATING ROOM	37	54,693	9,656
30 ER COSTS	K	EMERGENCY	61	3,139	3,211
31					
36 TOTAL RECLASSIFICATIONS				179,833	5,686,594

(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:  
140294

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

PREPARED 5/27/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	----- DECREASE -----				A-7 REF 10
		COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 EMPLOYEE BENEFITS	A	ADMINISTRATIVE & GENERAL	6		1,543,707	
2 OXYGEN COSTS	B	OPERATION OF PLANT	8		30,152	
3 RENTAL & LEASE EXPENSE	C	EMPLOYEE BENEFITS	5		3,517	10
4		ADMINISTRATIVE & GENERAL	6		88,632	
5		OPERATION OF PLANT	8		30	
6		DIETARY	11		946	
7		NURSING ADMINISTRATION	14		642	
8		CENTRAL SERVICES & SUPPLY	15		1,795	
9		PHARMACY	16		65,689	
10		MEDICAL RECORDS & LIBRARY	17		5,247	
11		ADULTS & PEDIATRICS	25		13,511	
12		INTENSIVE CARE UNIT	26		3,760	
13		OPERATING ROOM	37		45,419	
14		RADIOLOGY-DIAGNOSTIC	41		237,007	
15		CAT SCAN	41.02		118,294	
16		LABORATORY	44		71,283	
17		SLEEP LAB	49.01		23,010	
18		PHYSICAL THERAPY	50		116,609	
19		EMERGENCY	61		5,983	
20 OTHER CAPITAL COSTS	D	ADMINISTRATIVE & GENERAL	6		152,242	13
21						12
22 MARKETING DEPARTMENT	E	ADMINISTRATIVE & GENERAL	6	73,910	76,358	
23 MEDICAL SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15		2,128,912	
24		OPERATING ROOM	37		323,085	
25 COST OF DRUGS/IV SOLUTIONS	G	PHARMACY	16		512,122	
26 LABORATORY	H	LABORATORY	44	32,194	40,921	
27 PT, OT & ST COSTS	I	PHYSICAL THERAPY	50	10,334	64,854	
28		SPEECH PATHOLOGY	52	5,563		
29 OPERATING ROOM	J	RECOVERY ROOM	38	54,693	9,656	
30 ER COSTS	K	CLINIC	60	3,139	246	
31		RHC	63.50		2,965	
36 TOTAL RECLASSIFICATIONS				179,833	5,686,594	

(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:  
140294

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

PREPARED 5/27/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	1,543,707
TOTAL RECLASSIFICATIONS FOR CODE A			1,543,707

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	1,543,707	
			1,543,707

RECLASS CODE: B  
EXPLANATION : OXYGEN COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	30,152
TOTAL RECLASSIFICATIONS FOR CODE B			30,152

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	30,152	
			30,152

RECLASS CODE: C  
EXPLANATION : RENTAL & LEASE EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	801,374
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			801,374

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	3,517	
ADMINISTRATIVE & GENERAL	6	88,632	
OPERATION OF PLANT	8	30	
DIETARY	11	946	
NURSING ADMINISTRATION	14	642	
CENTRAL SERVICES & SUPPLY	15	1,795	
PHARMACY	16	65,689	
MEDICAL RECORDS & LIBRARY	17	5,247	
ADULTS & PEDIATRICS	25	13,511	
INTENSIVE CARE UNIT	26	3,760	
OPERATING ROOM	37	45,419	
RADIOLOGY-DIAGNOSTIC	41	237,007	
CAT SCAN	41.02	118,294	
LABORATORY	44	71,283	
SLEEP LAB	49.01	23,010	
PHYSICAL THERAPY	50	116,609	
EMERGENCY	61	5,983	
			801,374

RECLASS CODE: D  
EXPLANATION : OTHER CAPITAL COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	144,306
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	7,936
TOTAL RECLASSIFICATIONS FOR CODE D			152,242

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	152,242	
			0
			152,242

RECLASS CODE: E  
EXPLANATION : MARKETING DEPARTMENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NON-REIMBURSABLE - MARKETING	98.01	150,268
TOTAL RECLASSIFICATIONS FOR CODE E			150,268

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	150,268	
			150,268

RECLASS CODE: F  
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,883,297
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	568,700
TOTAL RECLASSIFICATIONS FOR CODE F			2,451,997

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	2,128,912	
OPERATING ROOM	37	323,085	
			2,451,997

RECLASS CODE: G  
EXPLANATION : COST OF DRUGS/IV SOLUTIONS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	512,122
TOTAL RECLASSIFICATIONS FOR CODE G			512,122

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	512,122	
			512,122

RECLASS CODE: H  
EXPLANATION : LABORATORY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	WHOLE BLOOD & PACKED RED BLOOD	46	73,115
TOTAL RECLASSIFICATIONS FOR CODE H			73,115

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
LABORATORY	44	73,115	
			73,115

RECLASSIFICATIONS

PROVIDER NO:  
140294

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

PREPARED 5/27/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: I  
EXPLANATION : PT, OT & ST COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	78,719	PHYSICAL THERAPY	50	75,188	
2.00	SPEECH PATHOLOGY	52	2,032	SPEECH PATHOLOGY	52	5,563	
TOTAL RECLASSIFICATIONS FOR CODE I			80,751	80,751			

RECLASS CODE: J  
EXPLANATION : OPERATING ROOM

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	64,349	RECOVERY ROOM	38	64,349	
TOTAL RECLASSIFICATIONS FOR CODE J			64,349	64,349			

RECLASS CODE: K  
EXPLANATION : ER COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMERGENCY	61	6,350	CLINIC	60	3,385	
2.00			0	RHC	63.50	2,965	
TOTAL RECLASSIFICATIONS FOR CODE K			6,350	6,350			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	546,590	62,276		62,276		608,866	
2 LAND IMPROVEMENTS	274,313	61,813		61,813		336,126	
3 BUILDINGS & FIXTURE	9,268,272	762,963		762,963		10,031,235	
4 BUILDING IMPROVEMENT	3,700,828	1,058,315		1,058,315		4,759,143	
5 FIXED EQUIPMENT	978,697	127,518		127,518		1,106,215	
6 MOVABLE EQUIPMENT	8,823,633	2,042,514		2,042,514	197,685	10,668,462	
7 SUBTOTAL	23,592,333	4,115,399		4,115,399	197,685	27,510,047	
8 RECONCILING ITEMS							
9 TOTAL	23,592,333	4,115,399		4,115,399	197,685	27,510,047	



ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
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	-43,896	ADMINISTRATIVE & GENERAL		6	
10 TELEVISION AND RADIO SERVICE	A	-16,093	NEW CAP REL COSTS-MVBLE E		4	9
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,375,305				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-241,690				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-50,650	DIETARY		11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES	B	-20	ADMINISTRATIVE & GENERAL		6	
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-351	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)	B	-19,776	NURSING ADMINISTRATION		14	
22 VENDING MACHINES	B	-544	ADMINISTRATIVE & GENERAL		6	
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			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	19,098	NEW CAP REL COSTS-BLDG &		3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	-100,075	NEW CAP REL COSTS-MVBLE E		4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 MISCELLANEOUS REVENUE	B	-1,964	ADMINISTRATIVE & GENERAL		6	
38 RENTAL INCOME	B	-88,358	NEW CAP REL COSTS-BLDG &		3	10
39 PATIENT TELEPHONE EXPENSE	A	-6,459	ADMINISTRATIVE & GENERAL		6	
40 PATIENT TELEPHONE BENEFIT COSTS	A	-1,616	EMPLOYEE BENEFITS		5	
41 PATIENT TELEPHONE DEPRECIATION COST	A	-628	NEW CAP REL COSTS-MVBLE E		4	9
42 CRNA	A	-566,379	ANESTHESIOLOGY		40	
43 HOSPITAL BAD DEBT	A	-3,154,352	ADMINISTRATIVE & GENERAL		6	
44						
45 PHYSICIAN RECRUITING	A	-101,908	ADMINISTRATIVE & GENERAL		6	
46 LOBBYING EXPENSES	A	-13,853	ADMINISTRATIVE & GENERAL		6	
47 CHARITABLE CONTRIBUTIONS	A	-8,797	ADMINISTRATIVE & GENERAL		6	
48 COUNTRY CLUB DUES	A	-18,455	ADMINISTRATIVE & GENERAL		6	
48.01 0						
48.02 MEDICAL STAFF RELATIONS	A	-28,604	ADMINISTRATIVE & GENERAL		6	
48.03 ENTERTAINMENT - NON HOSPITAL	A	-3,421	ADMINISTRATIVE & GENERAL		6	
48.04 ILLINOIS PROVIDER TAX	A	-521,370	ADMINISTRATIVE & GENERAL		6	
48.05 GIFT SHOP	A	-2,637	ADMINISTRATIVE & GENERAL		6	
48.06 LEGAL EXPENSES	A	-141,527	ADMINISTRATIVE & GENERAL		6	
48.07 MARKETING EXPENSES	A	-111,001	ADMINISTRATIVE & GENERAL		6	
48.08 PENALTIES	A	-2,208	ADMINISTRATIVE & GENERAL		6	
48.09 HOSPITAL SALARIES - BONUSES	A	932	ADMINISTRATIVE & GENERAL		6	
49 SPECIAL EVENTS	A	-58,236	ADMINISTRATIVE & GENERAL		6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,660,143				

(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	1	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS - BLDG			11
2	2	OLD CAP REL COSTS-MVBLE E	OLD CAP REL COSTS - MOVE			11
3	3	NEW CAP REL COSTS-BLDG &	NEW CAP REL COST - BLDG	10,602	10,602	11
4	4	NEW CAP REL COSTS-MVBLE E	NEW CAP REL COSTS - MOVE	59,433	59,433	11
4.01	3	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS - BLDG	192,213	37,737	11
4.02	6	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	529,549	539,623	
4.03	6	ADMINISTRATIVE & GENERAL	NON CAPITAL A & G	78,443	281,373	
4.04	6	ADMINISTRATIVE & GENERAL	PASI - OPERATING	212,243	313,950	
4.05	3	NEW CAP REL COSTS-BLDG &	PASI - CAPITAL	19,364		14
4.06	6	ADMINISTRATIVE & GENERAL	MALPRACTICE	546,831	717,685	14
5		TOTALS		1,648,678	1,890,368	

\* 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, REQUESTS THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0294  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 5/27/2011  
 WORKSHEET: A-8-2  
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	GENERAL & ADMINISTRATION	17,250	1,500	15,750	142,500	211	14,455	723
2 25	ADULTS & PEDIATRICS	393,709	393,709		142,500			
3 26	ICU	13,750		13,750	182,900	181	15,916	796
4 37	OPERATING ROOM	38,750	38,750		182,900			
5 44	LABORATORY	15,000	1,000	14,000	208,000	67	6,700	335
6 49	RESPIRATORY THERAPY	20,280		20,280	142,500	172	11,784	589
7 61	EMERGENCY ROOM	923,255	923,255		182,900			
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,421,994	1,358,214	63,780		631	48,855	2,443

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0294  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 5/27/2011  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	GENERAL & ADMINISTRATION					14,455	1,295	2,795
2 25	ADULTS & PEDIATRICS							393,709
3 26	ICU					15,916		
4 37	OPERATING ROOM							38,750
5 44	LABORATORY					6,700	7,300	8,300
6 49	RESPIRATORY THERAPY					11,784	8,496	8,496
7 61	EMERGENCY ROOM							923,255
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101	TOTAL					48,855	17,091	1,375,305

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0294  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/27/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	4	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	4	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	6	SQUARE FEET	ENTERED
11	DIETARY	7	MEALS SERVED	ENTERED
12	CAFETERIA	8	DEPT FTE'S	ENTERED
14	NURSING ADMINISTRATION	9	NURSING SALARIES	ENTERED
15	CENTRAL SERVICES & SUPPLY	10	COSTED REQUISITIO	ENTERED
16	PHARMACY	11	COSTED REQUISITIO	ENTERED
17	MEDICAL RECORDS & LIBRARY	12	GROSS CHARGES	ENTERED
19	INSERVICE EDUCATION	-13	ACCUM. COST	NOT ENTERED
19.01	QA / UR	-14	ACCUM. COST	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	717,897			717,897			
005 NEW CAP REL COSTS-MVBLE E	1,608,905				1,608,905		
006 EMPLOYEE BENEFITS	1,695,695			7,410	16,607	1,719,712	
007 ADMINISTRATIVE & GENERAL	3,932,476			131,932	295,678	256,448	4,616,534
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,080,976			151,443	339,403	25,247	1,597,069
010 LAUNDRY & LINEN SERVICE	97,745			3,096	6,938		107,779
011 HOUSEKEEPING	261,260			8,216	18,413	40,297	328,186
012 DIETARY	346,547			33,120	74,227	47,061	500,955
014 CAFETERIA							
015 NURSING ADMINISTRATION	683,741			8,335	18,680	114,274	825,030
016 CENTRAL SERVICES & SUPPLY	224,610			5,129	11,495	20,061	261,295
017 PHARMACY	328,230			5,129	11,495	62,941	407,795
019 MEDICAL RECORDS & LIBRARY	391,400			12,200	27,343	49,345	480,288
019 INSERVICE EDUCATION							
019 01 QA / UR							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,317,246			56,972	127,681	209,618	1,711,517
026 INTENSIVE CARE UNIT	430,103			39,477	88,474	68,456	626,510
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,555,793			101,523	227,527	199,368	2,084,211
040 RECOVERY ROOM							
041 ANESTHESIOLOGY	29,399			2,913	6,528		38,840
041 RADIOLOGY-DIAGNOSTIC	711,099			30,391	68,110	89,195	898,795
041 01 ULTRA-SOUND	165,843					20,123	185,966
041 02 CAT SCAN	376,091			5,065	11,352	24,144	416,652
041 03 MRI	89,050						89,050
043 RADIOISOTOPE	213,489					25	213,514
044 LABORATORY	1,284,221			23,888	53,536	115,865	1,477,510
046 WHOLE BLOOD & PACKED RED	207,917					6,212	214,129
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	319,284			5,303	11,885	50,294	386,766
049 01 SLEEP LAB	77,185			20,151	45,161	9,096	151,593
050 PHYSICAL THERAPY	383,916			7,886	17,674	71,877	481,353
051 OCCUPATIONAL THERAPY	364,210			1,896	4,249	52,127	422,482
052 SPEECH PATHOLOGY	20,180					2,890	23,070
053 ELECTROCARDIOLOGY	210,306					32,688	242,994
055 MEDICAL SUPPLIES CHARGED	1,913,449						1,913,449
055 30 IMPL. DEV. CHARGED TO PAT	568,700						568,700
056 DRUGS CHARGED TO PATIENTS	512,122						512,122
059 SURGIDAY CENTER							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	878,389			52,859	118,464	129,775	1,179,487
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 51 RHC II							
063 52 RHC III							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	22,997,474			714,334	1,600,920	1,697,427	22,963,641
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFICE	217,347						217,347
100 01 NON-REIMBURSABLE - MARKET	150,268			1,649	3,695	14,261	169,873
101 SENIOR CIRCLE	67,780			1,914	4,290	8,024	82,008
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	23,432,869			717,897	1,608,905	1,719,712	23,432,869

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
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							
007 ADMINISTRATIVE & GENERAL	4,616,534						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	391,836		1,988,905				
010 LAUNDRY & LINEN SERVICE	26,443		14,416	148,638			
011 HOUSEKEEPING	80,519		38,259	1,310	448,274		
012 DIETARY	122,908		154,230		35,707	813,800	
014 CAFETERIA							
015 NURSING ADMINISTRATION	202,419		38,813		8,986		
016 CENTRAL SERVICES & SUPPLY	64,108		23,885		5,530		
017 PHARMACY	100,051		23,885		5,530		
019 MEDICAL RECORDS & LIBRARY	117,837		56,812		13,153		
019 INSERVICE EDUCATION							
019 01 QA / UR							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	419,916		265,295	62,497	61,421	462,141	
037 INTENSIVE CARE UNIT	153,712		183,830	8,592	42,560	46,720	
038 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	511,357		482,183	33,140	111,636		
041 RECOVERY ROOM							
041 ANESTHESIOLOGY	9,529		13,563		3,140		
041 RADIOLOGY-DIAGNOSTIC	220,517		141,519	6,638	32,764		
041 01 ULTRA-SOUND	45,626						
041 02 CAT SCAN	102,224		23,587	5,498	5,461		
041 03 MRI	21,848						
043 RADIOISOTOPE	52,385						
044 LABORATORY	362,503		111,236		25,753		
046 WHOLE BLOOD & PACKED RED	52,536						
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	94,892		24,696		5,717		
049 01 SLEEP LAB	37,193		93,834		21,724		
050 PHYSICAL THERAPY	118,099		27,297		6,320		
051 OCCUPATIONAL THERAPY	103,655		8,829		2,044		
052 SPEECH PATHOLOGY	5,660						
053 ELECTROCARDIOLOGY	59,618						
055 MEDICAL SUPPLIES CHARGED	469,459						
055 30 IMPL. DEV. CHARGED TO PAT	139,529						
056 DRUGS CHARGED TO PATIENTS	125,648						
059 SURGIDAY CENTER							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	289,384		246,145	30,963	56,987		
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 51 RHC II							
063 52 RHC III							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	4,501,411		1,972,314	148,638	444,433	508,861	
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC	53,325						
100 NON-REIMBURSABLE - MARKET	41,678		7,677		1,777	304,939	
101 SENIOR CIRCLE	20,120		8,914		2,064		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	4,616,534		1,988,905	148,638	448,274	813,800	

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	INSERVICE EDUCATION	SUBTOTAL
	14	15	16	17	18a.00	19	19a.00
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							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION	1,075,248						
016 CENTRAL SERVICES & SUPPLY		354,818					
017 PHARMACY		450	537,711				
019 MEDICAL RECORDS & LIBRARY		1,125		669,215			
019 INSERVICE EDUCATION							
019 01 QA / UR							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	371,187	6,911		23,761	3,384,646		3,384,646
026 INTENSIVE CARE UNIT	121,221	1,040		3,674	1,187,859		1,187,859
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	353,037	30,629		96,597	3,702,790		3,702,790
040 RECOVERY ROOM							
041 ANESTHESIOLOGY		2,704		49,208	116,984		116,984
041 RADIOLOGY-DIAGNOSTIC		2,994		25,146	1,328,373		1,328,373
041 01 ULTRA-SOUND		377		8,606	240,575		240,575
041 02 CAT SCAN		2,208		74,449	630,079		630,079
041 03 MRI		106		5,324	116,328		116,328
043 RADIOISOTOPE		23		4,666	270,588		270,588
044 LABORATORY		34,365		116,993	2,128,360		2,128,360
046 WHOLE BLOOD & PACKED RED		12,498		2,656	281,819		281,819
048 INTRAVENOUS THERAPY		1,092		4,145	5,237		5,237
049 RESPIRATORY THERAPY		2,478		6,742	521,291		521,291
049 01 SLEEP LAB		252		7,952	312,548		312,548
050 PHYSICAL THERAPY		842		12,258	646,169		646,169
051 OCCUPATIONAL THERAPY		763		9,252	547,025		547,025
052 SPEECH PATHOLOGY		28		513	29,271		29,271
053 ELECTROCARDIOLOGY		207		23,151	325,970		325,970
055 MEDICAL SUPPLIES CHARGED		148,845		91,440	2,623,193		2,623,193
055 30 IMPL. DEV. CHARGED TO PAT		53,225		39,948	801,402		801,402
056 DRUGS CHARGED TO PATIENTS		46,391	537,711	25,931	1,247,803		1,247,803
059 SURGIDAY CENTER							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	229,803	4,245		36,803	2,073,817		2,073,817
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 51 RHC II							
063 52 RHC III							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,075,248	353,798	537,711	669,215	22,522,127		22,522,127
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP					270,672		270,672
098 01 PHYSICIANS' PRIVATE OFFIC		702			526,646		526,646
100 NON-REIMBURSABLE - MARKET		318			113,424		113,424
101 SENIOR CIRCLE							
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,075,248	354,818	537,711	669,215	23,432,869		23,432,869

COST CENTER DESCRIPTION	QA / UR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	19.01	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				
007 ADMINISTRATIVE & GENERAL				
008 MAINTENANCE & REPAIRS				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
019 MEDICAL RECORDS & LIBRARY				
019 INSERVICE EDUCATION				
019 01 QA / UR				
025 INPAT ROUTINE SRVC CNTRS				
026 ADULTS & PEDIATRICS		3,384,646		3,384,646
026 INTENSIVE CARE UNIT		1,187,859		1,187,859
037 ANCILLARY SRVC COST CNTRS				
038 OPERATING ROOM		3,702,790		3,702,790
040 RECOVERY ROOM				
041 ANESTHESIOLOGY		116,984		116,984
041 RADIOLOGY-DIAGNOSTIC		1,328,373		1,328,373
041 01 ULTRA-SOUND		240,575		240,575
041 02 CAT SCAN		630,079		630,079
041 03 MRI		116,328		116,328
043 RADIOISOTOPE		270,588		270,588
044 LABORATORY		2,128,360		2,128,360
046 WHOLE BLOOD & PACKED RED		281,819		281,819
048 INTRAVENOUS THERAPY		5,237		5,237
049 RESPIRATORY THERAPY		521,291		521,291
049 01 SLEEP LAB		312,548		312,548
050 PHYSICAL THERAPY		646,169		646,169
051 OCCUPATIONAL THERAPY		547,025		547,025
052 SPEECH PATHOLOGY		29,271		29,271
053 ELECTROCARDIOLOGY		325,970		325,970
055 MEDICAL SUPPLIES CHARGED		2,623,193		2,623,193
055 30 IMPL. DEV. CHARGED TO PAT		801,402		801,402
056 DRUGS CHARGED TO PATIENTS		1,247,803		1,247,803
059 SURGIDAY CENTER				
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC				
062 EMERGENCY		2,073,817		2,073,817
062 OBSERVATION BEDS (NON-DIS				
063 50 RHC				
063 51 RHC II				
063 52 RHC III				
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS		22,522,127		22,522,127
096 NONREIMBURS COST CENTERS				
098 GIFT, FLOWER, COFFEE SHOP				
098 01 PHYSICIANS' PRIVATE OFFIC		270,672		270,672
098 NON-REIMBURSABLE - MARKET		526,646		526,646
100 SENIOR CIRCLE		113,424		113,424
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL		23,432,869		23,432,869

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0294  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/27/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				7,410	16,607	24,017	24,017
007 ADMINISTRATIVE & GENERAL				131,932	295,678	427,610	3,580
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				151,443	339,403	490,846	353
010 LAUNDRY & LINEN SERVICE				3,096	6,938	10,034	
011 HOUSEKEEPING				8,216	18,413	26,629	563
012 DIETARY				33,120	74,227	107,347	657
014 CAFETERIA							
015 NURSING ADMINISTRATION				8,335	18,680	27,015	1,596
016 CENTRAL SERVICES & SUPPLY				5,129	11,495	16,624	280
017 PHARMACY				5,129	11,495	16,624	879
019 MEDICAL RECORDS & LIBRARY				12,200	27,343	39,543	689
019 INSERVICE EDUCATION							
019 01 QA / UR							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				56,972	127,681	184,653	2,928
026 INTENSIVE CARE UNIT				39,477	88,474	127,951	956
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM				101,523	227,527	329,050	2,785
040 RECOVERY ROOM							
041 ANESTHESIOLOGY				2,913	6,528	9,441	
041 RADIOLOGY-DIAGNOSTIC				30,391	68,110	98,501	1,246
041 01 ULTRA-SOUND							281
041 02 CAT SCAN				5,065	11,352	16,417	337
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY				23,888	53,536	77,424	1,618
046 WHOLE BLOOD & PACKED RED							87
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				5,303	11,885	17,188	702
049 01 SLEEP LAB				20,151	45,161	65,312	127
050 PHYSICAL THERAPY				7,886	17,674	25,560	1,004
051 OCCUPATIONAL THERAPY				1,896	4,249	6,145	728
052 SPEECH PATHOLOGY							40
053 ELECTROCARDIOLOGY							457
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
059 SURGIDAY CENTER							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC				52,859	118,464	171,323	1,813
062 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 51 RHC II							
063 52 RHC III							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				714,334	1,600,920	2,315,254	23,706
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON-REIMBURSABLE - MARKET				1,649	3,695	5,344	199
100 SENIOR CIRCLE				1,914	4,290	6,204	112
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				717,897	1,608,905	2,326,802	24,017

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
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							
007 ADMINISTRATIVE & GENERAL	431,190						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	36,598		527,797				
010 LAUNDRY & LINEN SERVICE	2,470		3,826	16,330			
011 HOUSEKEEPING	7,521		10,153	144	45,010		
012 DIETARY	11,480		40,928		3,585	163,997	
014 CAFETERIA							
015 NURSING ADMINISTRATION	18,906		10,300		902		
016 CENTRAL SERVICES & SUPPLY	5,988		6,338		555		
017 PHARMACY	9,345		6,338		555		
019 MEDICAL RECORDS & LIBRARY	11,006		15,076		1,321		
019 INSERVICE EDUCATION							
019 01 QA / UR							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	39,221		70,402	6,866	6,167	93,131	
037 INTENSIVE CARE UNIT	14,357		48,783	944	4,273	9,415	
038 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	47,755		127,957	3,641	11,211		
041 RECOVERY ROOM							
041 ANESTHESIOLOGY	890		3,599		315		
041 RADIOLOGY-DIAGNOSTIC	20,597		37,555	729	3,290		
041 01 ULTRA-SOUND	4,262						
041 02 CAT SCAN	9,548		6,259	604	548		
041 03 MRI	2,041						
043 RADIOISOTOPE	4,893						
044 LABORATORY	33,859		29,519		2,586		
046 WHOLE BLOOD & PACKED RED	4,907						
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	8,863		6,553		574		
049 01 SLEEP LAB	3,474		24,901		2,181		
050 PHYSICAL THERAPY	11,031		7,244		635		
051 OCCUPATIONAL THERAPY	9,682		2,343		205		
052 SPEECH PATHOLOGY	529						
053 ELECTROCARDIOLOGY	5,568						
055 MEDICAL SUPPLIES CHARGED	43,849						
055 30 IMPL. DEV. CHARGED TO PAT	13,032						
056 DRUGS CHARGED TO PATIENTS	11,736						
059 SURGIDAY CENTER							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	27,029		65,320	3,402	5,722		
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 51 RHC II							
063 52 RHC III							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	420,437		523,394	16,330	44,625	102,546	
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC	4,981						
100 NON-REIMBURSABLE - MARKET	3,893		2,037		178	61,451	
101 SENIOR CIRCLE	1,879		2,366		207		
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	431,190		527,797	16,330	45,010	163,997	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INSERVICE EDUCATION / QA / UR	SUBTOTAL
	14	15	16	17	19	19.01
001 GENERAL SERVICE COST CNTR						25
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						
007 ADMINISTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION	58,719					
016 CENTRAL SERVICES & SUPPLY		29,785				
017 PHARMACY			38			
019 MEDICAL RECORDS & LIBRARY				33,779		
019 INSERVICE EDUCATION					94	
019 01 QA / UR						
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS	20,271	580			2,403	426,622
026 INTENSIVE CARE UNIT	6,620	87			372	213,758
037 ANCILLARY SRVC COST CNTRS						
038 OPERATING ROOM	19,279	2,571			9,768	554,017
040 RECOVERY ROOM						
041 ANESTHESIOLOGY		227			4,976	19,448
041 RADIOLOGY-DIAGNOSTIC		251			2,543	164,712
041 01 ULTRA-SOUND		32			870	5,445
041 02 CAT SCAN		185			7,529	41,427
041 03 MRI		9			538	2,588
043 RADIOISOTOPE		2			472	5,367
044 LABORATORY		2,885			11,884	159,775
046 WHOLE BLOOD & PACKED RED		1,049			269	6,312
048 INTRAVENOUS THERAPY		92			419	511
049 RESPIRATORY THERAPY		208			682	34,770
049 01 SLEEP LAB		21			804	96,820
050 PHYSICAL THERAPY		71			1,240	46,785
051 OCCUPATIONAL THERAPY		64			936	20,103
052 SPEECH PATHOLOGY		2			52	623
053 ELECTROCARDIOLOGY		17			2,341	8,383
055 MEDICAL SUPPLIES CHARGED		12,496			9,247	65,592
055 30 IMPL. DEV. CHARGED TO PAT		4,468			4,040	21,540
056 DRUGS CHARGED TO PATIENTS		3,894			2,622	52,031
059 SURGIDAY CENTER						
060 OUTPAT SERVICE COST CNTRS						
061 CLINIC						
061 EMERGENCY	12,549	356			3,722	291,236
062 OBSERVATION BEDS (NON-DIS						
063 50 RHC						
063 51 RHC II						
063 52 RHC III						
095 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	58,719	29,699	33,779	67,729		2,237,865
096 NONREIMBURS COST CENTERS						
098 GIFT, FLOWER, COFFEE SHOP						4,981
098 01 PHYSICIANS' PRIVATE OFFIC						73,161
100 NON-REIMBURSABLE - MARKET		59				10,795
101 SENIOR CIRCLE		27				
102 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL	58,719	29,785	33,779	67,729		2,326,802

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT 26	TOTAL 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	
007	ADMINISTRATIVE & GENERAL	
008	MAINTENANCE & REPAIRS	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
014	CAFETERIA	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
019	MEDICAL RECORDS & LIBRARY	
019	INSERVICE EDUCATION	
019	01 QA / UR	
025	INPAT ROUTINE SRVC CNTRS	
026	ADULTS & PEDIATRICS	426,622
026	INTENSIVE CARE UNIT	213,758
037	ANCILLARY SRVC COST CNTRS	
038	OPERATING ROOM	554,017
040	RECOVERY ROOM	
041	ANESTHESIOLOGY	19,448
041	RADIOLOGY-DIAGNOSTIC	164,712
041	01 ULTRA-SOUND	5,445
041	02 CAT SCAN	41,427
041	03 MRI	2,588
043	RADIOISOTOPE	5,367
044	LABORATORY	159,775
046	WHOLE BLOOD & PACKED RED	6,312
048	INTRAVENOUS THERAPY	511
049	RESPIRATORY THERAPY	34,770
049	01 SLEEP LAB	96,820
050	PHYSICAL THERAPY	46,785
051	OCCUPATIONAL THERAPY	20,103
052	SPEECH PATHOLOGY	623
053	ELECTROCARDIOLOGY	8,383
055	MEDICAL SUPPLIES CHARGED	65,592
055	30 IMPL. DEV. CHARGED TO PAT	21,540
056	DRUGS CHARGED TO PATIENTS	52,031
059	SURGDAY CENTER	
060	OUTPAT SERVICE COST CNTRS	
061	CLINIC	
061	EMERGENCY	291,236
062	OBSERVATION BEDS (NON-DIS	
063	50 RHC	
063	51 RHC II	
063	52 RHC III	
095	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	2,237,865
096	NONREIMBURS COST CENTERS	
098	GIFT, FLOWER, COFFEE SHOP	
098	01 PHYSICIANS' PRIVATE OFFIC	4,981
098	NON-REIMBURSABLE - MARKET	73,161
100	SENIOR CIRCLE	10,795
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	2,326,802

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(GROSS SALARIES	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	78,378					
002 OLD CAP REL COSTS-MVB		78,378				
003 NEW CAP REL COSTS-BLD			78,378			
004 NEW CAP REL COSTS-MVB				78,378		
005 EMPLOYEE BENEFITS	809	809	809	809	8,912,983	
006 ADMIN STRATIVE & GENE	14,404	14,404	14,404	14,404	1,329,154	-4,616,534
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	16,534	16,534	16,534	16,534	130,853	
009 LAUNDRY & LINEN SERVI	338	338	338	338		
010 HOUSEKEEPING	897	897	897	897	208,850	
011 DIETARY	3,616	3,616	3,616	3,616	243,908	
012 CAFETERIA						
014 NURSING ADMIN STRATIO	910	910	910	910	592,260	
015 CENTRAL SERVICES & SU	560	560	560	560	103,975	
016 PHARMACY	560	560	560	560	326,212	
017 MEDICAL RECORDS & LIB	1,332	1,332	1,332	1,332	255,745	
019 INSERVICE EDUCATION						
019 01 OA / UR						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	6,220	6,220	6,220	6,220	1,086,414	
026 INTENSIVE CARE UNIT	4,310	4,310	4,310	4,310	354,796	
ANCILLARY SRVC COST C						
037 OPERATING ROOM	11,084	11,084	11,084	11,084	1,033,291	
038 RECOVERY ROOM						
040 ANESTHESIOLOGY	318	318	318	318		
041 RADIOLOGY-DIAGNOSTIC	3,318	3,318	3,318	3,318	462,280	
041 01 ULTRA-SOUND					104,295	
041 02 CAT SCAN	553	553	553	553	125,133	
041 03 MRI						
043 RADIOISOTOPE					127	
044 LABORATORY	2,608	2,608	2,608	2,608	600,509	
046 WHOLE BLOOD & PACKED					32,194	
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	579	579	579	579	260,665	
049 01 SLEEP LAB	2,200	2,200	2,200	2,200	47,144	
050 PHYSICAL THERAPY	861	861	861	861	372,526	
051 OCCUPATIONAL THERAPY	207	207	207	207	270,163	
052 SPEECH PATHOLOGY					14,979	
053 ELECTROCARDIOLOGY					169,414	
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
059 SURGIDAY CENTER						
OUTPAT SERVICE COST C						
060 CLINIC						
061 EMERGENCY	5,771	5,771	5,771	5,771	672,600	
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 51 RHC II						
063 52 RHC III						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	77,989	77,989	77,989	77,989	8,797,487	-4,616,534
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 01 PHYSICIANS' PRIVATE O	180	180	180	180	73,910	
100 SENIOR CIRCLE	209	209	209	209	41,586	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			717,897	1,608,905	1,719,712	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			9.159420	20.527508	.192945	
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					24,017	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.002695	
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(DEPT FTE'S)
		6	7	8	9	10	11	12
	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	ADMINISTRATIVE & GENERAL	18,816,335						
007	MAINTENANCE & REPAIRS		63,165					
008	OPERATION OF PLANT	1,597,069	16,534	46,631				
009	LAUNDRY & LINEN SERVICE	107,779	338	338	180,111			
010	HOUSEKEEPING	328,186	897	897	1,587	45,396		
011	DIETARY	500,955	3,616	3,616		3,616	27,173	
012	CAFETERIA							13,767
014	NURSING ADMINISTRATIVE	825,030	910	910		910		835
015	CENTRAL SERVICES & SUPPLIES	261,295	560	560		560		405
016	PHARMACY	407,795	560	560		560		402
017	MEDICAL RECORDS & LIBRARY	480,288	1,332	1,332		1,332		845
019	INSERVICE EDUCATION							
019	01 OA / UR							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	1,711,517	6,220	6,220	75,732	6,220	15,431	2,462
026	INTENSIVE CARE UNIT	626,510	4,310	4,310	10,411	4,310	1,560	544
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	2,084,211	11,305	11,305	40,157	11,305		1,901
038	RECOVERY ROOM							
040	ANESTHESIOLOGY	38,840	318	318		318		
041	RADIOLOGY-DIAGNOSTIC	898,795	3,318	3,318	8,043	3,318		946
041	01 ULTRA-SOUND	185,966						204
041	02 CAT SCAN	416,652	553	553	6,662	553		267
041	03 MRI	89,050						
043	RADIOISOTOPE	213,514						
044	LABORATORY	1,477,510	2,608	2,608		2,608		1,408
046	WHOLE BLOOD & PACKED	214,129						75
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	386,766	579	579		579		505
049	01 SLEEP LAB	151,593	2,200	2,200		2,200		99
050	PHYSICAL THERAPY	481,353	640	640		640		575
051	OCCUPATIONAL THERAPY	422,482	207	207		207		399
052	SPEECH PATHOLOGY	23,070						22
053	ELECTROCARDIOLOGY	242,994						499
055	MEDICAL SUPPLIES CHAR	1,913,449						
055	30 IMPL. DEV. CHARGED TO	568,700						
056	DRUGS CHARGED TO PATI	512,122						
059	SURGICAL CENTER							
	OUTPAT SERVICE COST C							
060	CLINIC							
061	EMERGENCY	1,179,487	5,771	5,771	37,519	5,771		1,149
062	OBSERVATION BEDS (NON							
063	50 RHC							
063	51 RHC II							
063	52 RHC III							
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	18,347,107	62,776	46,242	180,111	45,007	16,991	13,542
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							
098	PHYSICIANS' PRIVATE O	217,347						
098	01 NON-REIMBURSABLE - MA	169,873	180	180		180	10,182	125
100	SENIOR CIRCLE	82,008	209	209		209		100
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	4,616,534		1,988,905	148,638	448,274	813,800	
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER				.825258		29.948846	
	(WRKSHT B, PT I)	.245347		42.651991		9.874747		
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	431,190		527,797	16,330	45,010	163,997	
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER				.090666		6.035292	
	(WRKSHT B, PT III)	.022916		11.318586		.991497		

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INSERVICE EDUCATION		
	(NURSING SALARIES)	(COSTED)REQUISITION	(COSTED)REQUISITION	(GROSS)CHARGES	(RECONCILIATION)	(ACCUM. COST)	RECONCILIATION
	14	15	16	17	19a.00	19	19a.01
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 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION	3,147,101						
015 CENTRAL SERVICES & SUPPLY		3,826,885					
016 PHARMACY		4,855	512,122				
017 MEDICAL RECORDS & LIBRARY		12,135		139,528,985			
019 INSERVICE EDUCATION						23,432,869	
019 01 OA / UR							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	1,086,414	74,544		4,954,346		3,384,646	
026 INTENSIVE CARE UNIT	354,796	11,215		766,051		1,187,859	
ANCILLARY SRVC COST C							
037 OPERATING ROOM	1,033,291	330,351		20,141,114		3,702,790	
038 RECOVERY ROOM							
040 ANESTHESIOLOGY		29,165		10,260,259		116,984	
041 RADIOLOGY-DIAGNOSTIC		32,293		5,243,120		1,328,373	
041 01 ULTRA-SOUND		4,063		1,794,448		240,575	
041 02 CAT SCAN		23,817		15,523,086		630,079	
041 03 MRI		1,140		1,110,147		116,328	
043 RADIOISOTOPE		250		972,881		270,588	
044 LABORATORY		370,641		24,386,807		2,128,360	
046 WHOLE BLOOD & PACKED		134,802		553,781		281,819	
048 INTRAVENOUS THERAPY		11,773		864,294		5,237	
049 RESPIRATORY THERAPY		26,726		1,405,776		521,291	
049 01 SLEEP LAB		2,723		1,658,012		312,548	
050 PHYSICAL THERAPY		9,082		2,555,776		646,169	
051 OCCUPATIONAL THERAPY		8,226		1,929,042		547,025	
052 SPEECH PATHOLOGY		305		106,954		29,271	
053 ELECTROCARDIOLOGY		2,236		4,827,135		325,970	
055 MEDICAL SUPPLIES CHAR		1,605,348		19,065,934		2,623,193	
055 30 IMPL. DEV. CHARGED TO		574,061		8,329,456		801,402	
056 DRUGS CHARGED TO PATIENT		500,349	512,122	5,406,863		1,247,803	
059 SURGICAL CENTER							
OUTPAT SERVICE COST C							
060 CLINIC							
061 EMERGENCY	672,600	45,786		7,673,703		2,073,817	
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 51 RHC II							
063 52 RHC III							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	3,147,101	3,815,886	512,122	139,528,985		22,522,127	
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O						270,672	
098 01 NON-REIMBURSABLE - MA		7,567				526,646	
100 SENIOR CIRCLE		3,432				113,424	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,075,248	354,818	537,711	669,215			
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.092717		.004796			
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	.341663		1.049967				
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	58,719	29,785	33,779	67,729			
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.007783		.000485			
(WRKSHT B, PT III)	.018658		.065959				



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	3,384,646		3,384,646		3,384,646
26	INTENSIVE CARE UNIT	1,187,859		1,187,859		1,187,859
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,702,790		3,702,790		3,702,790
38	RECOVERY ROOM					
40	ANESTHESIOLOGY	116,984		116,984		116,984
41	RADIOLOGY-DIAGNOSTIC	1,328,373		1,328,373		1,328,373
41 01	ULTRA-SOUND	240,575		240,575		240,575
41 02	CAT SCAN	630,079		630,079		630,079
41 03	MRI	116,328		116,328		116,328
43	RADIOISOTOPE	270,588		270,588		270,588
44	LABORATORY	2,128,360		2,128,360	7,300	2,135,660
46	WHOLE BLOOD & PACKED RED	281,819		281,819		281,819
48	INTRAVENOUS THERAPY	5,237		5,237		5,237
49	RESPIRATORY THERAPY	521,291		521,291	8,496	529,787
49 01	SLEEP LAB	312,548		312,548		312,548
50	PHYSICAL THERAPY	646,169		646,169		646,169
51	OCCUPATIONAL THERAPY	547,025		547,025		547,025
52	SPEECH PATHOLOGY	29,271		29,271		29,271
53	ELECTROCARDIOLOGY	325,970		325,970		325,970
55	MEDICAL SUPPLIES CHARGED	2,623,193		2,623,193		2,623,193
55 30	IMPL. DEV. CHARGED TO PAT	801,402		801,402		801,402
56	DRUGS CHARGED TO PATIENTS	1,247,803		1,247,803		1,247,803
59	SURGDAY CENTER					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	2,073,817		2,073,817		2,073,817
62	OBSERVATION BEDS (NON-DIS	197,330		197,330		197,330
63 50	RHC					
63 51	RHC II					
63 52	RHC III					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	22,719,457		22,719,457	15,796	22,735,253
102	LESS OBSERVATION BEDS	197,330		197,330		197,330
103	TOTAL	22,522,127		22,522,127	15,796	22,537,923

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	4,954,346		4,954,346			
26	INTENSIVE CARE UNIT	766,051		766,051			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	6,613,637	13,527,477	20,141,114	.183842	.183842	.183842
38	RECOVERY ROOM						
40	ANESTHESIOLOGY	3,468,695	6,791,564	10,260,259	.011402	.011402	.011402
41	RADIOLOGY-DIAGNOSTIC	1,376,967	3,866,153	5,243,120	.253355	.253355	.253355
41 01	ULTRA-SOUND	370,125	1,424,323	1,794,448	.134066	.134066	.134066
41 02	CAT SCAN	5,513,011	10,010,075	15,523,086	.040590	.040590	.040590
41 03	MRI	26,432	1,083,715	1,110,147	.104786	.104786	.104786
43	RADIOISOTOPE	189,462	783,419	972,881	.278131	.278131	.278131
44	LABORATORY	6,917,903	17,468,904	24,386,807	.087275	.087275	.087574
46	WHOLE BLOOD & PACKED RED	370,875	182,906	553,781	.508900	.508900	.508900
48	INTRAVENOUS THERAPY	502,397	361,907	864,304	.006059	.006059	.006059
49	RESPIRATORY THERAPY	1,115,251	290,525	1,405,776	.370821	.370821	.376864
49 01	SLEEP LAB		1,658,012	1,658,012	.188508	.188508	.188508
50	PHYSICAL THERAPY	548,839	2,006,937	2,555,776	.252827	.252827	.252827
51	OCCUPATIONAL THERAPY	341,740	1,587,302	1,929,042	.283573	.283573	.283573
52	SPEECH PATHOLOGY	27,673	79,281	106,954	.273678	.273678	.273678
53	ELECTROCARDIOLOGY	1,764,721	3,062,414	4,827,135	.067529	.067529	.067529
55	MEDICAL SUPPLIES CHARGED	8,700,322	10,365,612	19,065,934	.137585	.137585	.137585
55 30	IMPL. DEV. CHARGED TO PAT	3,921,007	2,377,270	6,298,277	.127241	.127241	.127241
56	DRUGS CHARGED TO PATIENTS	4,709,644	2,728,398	7,438,042	.167760	.167760	.167760
59	SURGDAY CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,948,030	5,725,673	7,673,703	.270250	.270250	.270250
62	OBSERVATION BEDS (NON-DIS	17,506	260,934	278,440	.708698	.708698	.708698
63 50	RHC						
63 51	RHC II						
63 52	RHC III						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	54,164,634	85,642,801	139,807,435			
102	LESS OBSERVATION BEDS						
103	TOTAL	54,164,634	85,642,801	139,807,435			





WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,702,790	554,017	3,148,773			3,702,790
38	RECOVERY ROOM						
40	ANESTHESIOLOGY	116,984	19,448	97,536			116,984
41	RADIOLOGY-DIAGNOSTIC	1,328,373	164,712	1,163,661			1,328,373
41 01	ULTRA-SOUND	240,575	5,445	235,130			240,575
41 02	CAT SCAN	630,079	41,427	588,652			630,079
41 03	MRI	116,328	2,588	113,740			116,328
43	RADIOISOTOPE	270,588	5,367	265,221			270,588
44	LABORATORY	2,128,360	159,775	1,968,585			2,128,360
46	WHOLE BLOOD & PACKED RED	281,819	6,312	275,507			281,819
48	INTRAVENOUS THERAPY	5,237	511	4,726			5,237
49	RESPIRATORY THERAPY	521,291	34,770	486,521			521,291
49 01	SLEEP LAB	312,548	96,820	215,728			312,548
50	PHYSICAL THERAPY	646,169	46,785	599,384			646,169
51	OCCUPATIONAL THERAPY	547,025	20,103	526,922			547,025
52	SPEECH PATHOLOGY	29,271	623	28,648			29,271
53	ELECTROCARDIOLOGY	325,970	8,383	317,587			325,970
55	MEDICAL SUPPLIES CHARGED	2,623,193	65,592	2,557,601			2,623,193
55 30	IMPL. DEV. CHARGED TO PAT	801,402	21,540	779,862			801,402
56	DRUGS CHARGED TO PATIENTS	1,247,803	52,031	1,195,772			1,247,803
59	SURGDAY CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,073,817	291,236	1,782,581			2,073,817
62	OBSERVATION BEDS (NON-DIS	197,330	24,873	172,457			197,330
63 50	RHC						
63 51	RHC II						
63 52	RHC III						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	18,146,952	1,622,358	16,524,594			18,146,952
102	LESS OBSERVATION BEDS	197,330	24,873	172,457			197,330
103	TOTAL	17,949,622	1,597,485	16,352,137			17,949,622

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	20,141,114	.183842	.183842
38	RECOVERY ROOM			
40	ANESTHESIOLOGY	10,260,259	.011402	.011402
41	RADIOLOGY-DIAGNOSTIC	5,243,120	.253355	.253355
41 01	ULTRA-SOUND	1,794,448	.134066	.134066
41 02	CAT SCAN	15,523,086	.040590	.040590
41 03	MRI	1,110,147	.104786	.104786
43	RADIOISOTOPE	972,881	.278131	.278131
44	LABORATORY	24,386,807	.087275	.087275
46	WHOLE BLOOD & PACKED RED	553,781	.508900	.508900
48	INTRAVENOUS THERAPY	864,304	.006059	.006059
49	RESPIRATORY THERAPY	1,405,776	.370821	.370821
49 01	SLEEP LAB	1,658,012	.188508	.188508
50	PHYSICAL THERAPY	2,555,776	.252827	.252827
51	OCCUPATIONAL THERAPY	1,929,042	.283573	.283573
52	SPEECH PATHOLOGY	106,954	.273678	.273678
53	ELECTROCARDIOLOGY	4,827,135	.067529	.067529
55	MEDICAL SUPPLIES CHARGED	19,065,934	.137585	.137585
55 30	IMPL. DEV. CHARGED TO PAT	6,298,277	.127241	.127241
56	DRUGS CHARGED TO PATIENTS	7,438,042	.167760	.167760
59	SURGDAY CENTER			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	7,673,703	.270250	.270250
62	OBSERVATION BEDS (NON-DIS	278,440	.708698	.708698
63 50	RHC			
63 51	RHC II			
63 52	RHC III			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	134,087,038		
102	LESS OBSERVATION BEDS	278,440		
103	TOTAL	133,808,598		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,702,790	554,017	3,148,773	55,402	182,629	3,464,759
38	RECOVERY ROOM						
40	ANESTHESIOLOGY	116,984	19,448	97,536	1,945	5,657	109,382
41	RADIOLOGY-DIAGNOSTIC	1,328,373	164,712	1,163,661	16,471	67,492	1,244,410
41	01 ULTRA-SOUND	240,575	5,445	235,130	545	13,638	226,392
41	02 CAT SCAN	630,079	41,427	588,652	4,143	34,142	591,794
41	03 MRI	116,328	2,588	113,740	259	6,597	109,472
43	RADIOISOTOPE	270,588	5,367	265,221	537	15,383	254,668
44	LABORATORY	2,128,360	159,775	1,968,585	15,978	114,178	1,998,204
46	WHOLE BLOOD & PACKED RED	281,819	6,312	275,507	631	15,979	265,209
48	INTRAVENOUS THERAPY	5,237	511	4,726	51	274	4,912
49	RESPIRATORY THERAPY	521,291	34,770	486,521	3,477	28,218	489,596
49	01 SLEEP LAB	312,548	96,820	215,728	9,682	12,512	290,354
50	PHYSICAL THERAPY	646,169	46,785	599,384	4,679	34,764	606,726
51	OCCUPATIONAL THERAPY	547,025	20,103	526,922	2,010	30,561	514,454
52	SPEECH PATHOLOGY	29,271	623	28,648	62	1,662	27,547
53	ELECTROCARDIOLOGY	325,970	8,383	317,587	838	18,420	306,712
55	MEDICAL SUPPLIES CHARGED	2,623,193	65,592	2,557,601	6,559	148,341	2,468,293
55	30 IMPL. DEV. CHARGED TO PAT	801,402	21,540	779,862	2,154	45,232	754,016
56	DRUGS CHARGED TO PATIENTS	1,247,803	52,031	1,195,772	5,203	69,355	1,173,245
59	SURGDAY CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,073,817	291,236	1,782,581	29,124	103,390	1,941,303
62	OBSERVATION BEDS (NON-DIS	197,330	24,873	172,457	2,487	10,003	184,840
63	50 RHC						
63	51 RHC II						
63	52 RHC III						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	18,146,952	1,622,358	16,524,594	162,237	958,427	17,026,288
102	LESS OBSERVATION BEDS	197,330	24,873	172,457	2,487	10,003	184,840
103	TOTAL	17,949,622	1,597,485	16,352,137	159,750	948,424	16,841,448

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	20,141,114	.172024	.181092
38	RECOVERY ROOM			
40	ANESTHESIOLOGY	10,260,259	.010661	.011212
41	RADIOLOGY-DIAGNOSTIC	5,243,120	.237342	.250214
41 01	ULTRA-SOUND	1,794,448	.126162	.133763
41 02	CAT SCAN	15,523,086	.038123	.040323
41 03	MRI	1,110,147	.098610	.104553
43	RADIOISOTOPE	972,881	.261767	.277579
44	LABORATORY	24,386,807	.081938	.086620
46	WHOLE BLOOD & PACKED RED	553,781	.478906	.507760
48	INTRAVENOUS THERAPY	864,304	.005683	.006000
49	RESPIRATORY THERAPY	1,405,776	.348275	.368347
49 01	SLEEP LAB	1,658,012	.175122	.182668
50	PHYSICAL THERAPY	2,555,776	.237394	.250996
51	OCCUPATIONAL THERAPY	1,929,042	.266689	.282531
52	SPEECH PATHOLOGY	106,954	.257559	.273099
53	ELECTROCARDIOLOGY	4,827,135	.063539	.067355
55	MEDICAL SUPPLIES CHARGED	19,065,934	.129461	.137241
55 30	IMPL. DEV. CHARGED TO PAT	6,298,277	.119718	.126899
56	DRUGS CHARGED TO PATIENTS	7,438,042	.157736	.167060
59	SURGDAY CENTER			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	7,673,703	.252981	.266455
62	OBSERVATION BEDS (NON-DIS	278,440	.663841	.699767
63 50	RHC			
63 51	RHC II			
63 52	RHC III			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	134,087,038		
102	LESS OBSERVATION BEDS	278,440		
103	TOTAL	133,808,598		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				426,622		426,622
26	INTENSIVE CARE UNIT				213,758		213,758
101	TOTAL				640,380		640,380

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	5,300	3,330			80.49	268,032
26	INTENSIVE CARE UNIT	468	288			456.75	131,544
101	TOTAL	5,768	3,618				399,576





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					5,300	
26	INTENSIVE CARE UNIT					468	
101	TOTAL					5,768	

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

PROVIDER NO:	PERIOD:	PREPARED
14-0294	FROM 1/ 1/2010	5/27/2011
	TO 12/31/2010	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS	PASS THRU COST
25	ADULTS & PEDIATRICS	7	3,330
26	INTENSIVE CARE UNIT		288
101	TOTAL		3,618

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						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA-SOUND						
41 02	CAT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	SURGDAY CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63 50	RHC						
63 51	RHC II						
63 52	RHC III						
	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			20,141,114			3,239,647	
38	RECOVERY ROOM							
40	ANESTHESIOLOGY			10,260,259			1,629,969	
41	RADIOLOGY-DIAGNOSTIC			5,243,120			913,307	
41 01	ULTRA-SOUND			1,794,448			240,281	
41 02	CAT SCAN			15,523,086			2,985,956	
41 03	MRI			1,110,147			12,607	
43	RADIOISOTOPE			972,881			127,918	
44	LABORATORY			24,386,807			4,499,630	
46	WHOLE BLOOD & PACKED RED			553,781			265,504	
48	INTRAVENOUS THERAPY			864,304			282,306	
49	RESPIRATORY THERAPY			1,405,776			796,038	
49 01	SLEEP LAB			1,658,012				
50	PHYSICAL THERAPY			2,555,776			423,639	
51	OCCUPATIONAL THERAPY			1,929,042			266,579	
52	SPEECH PATHOLOGY			106,954			22,056	
53	ELECTROCARDIOLOGY			4,827,135			1,220,342	
55	MEDICAL SUPPLIES CHARGED			19,065,934			4,943,982	
55 30	IMPL. DEV. CHARGED TO PAT			6,298,277			2,716,348	
56	DRUGS CHARGED TO PATIENTS			7,438,042			3,170,948	
59	SURGDAY CENTER							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			7,673,703			1,142,350	
62	OBSERVATION BEDS (NON-DIS			278,440			4,301	
63 50	RHC							
63 51	RHC II							
63 52	RHC III							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			134,087,038			28,903,708	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,557,763					
38	RECOVERY ROOM						
40	ANESTHESIOLOGY	1,754,053					
41	RADIOLOGY-DIAGNOSTIC	1,234,550					
41 01	ULTRA-SOUND	492,587					
41 02	CAT SCAN	2,979,181					
41 03	MRI	242,938					
43	RADIOISOTOPE	309,662					
44	LABORATORY	65,615					
46	WHOLE BLOOD & PACKED RED	121,833					
48	INTRAVENOUS THERAPY	123,389					
49	RESPIRATORY THERAPY	117,584					
49 01	SLEEP LAB	827,873					
50	PHYSICAL THERAPY	252					
51	OCCUPATIONAL THERAPY	1,362					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,419,071					
55	MEDICAL SUPPLIES CHARGED	3,063,669					
55 30	IMPL. DEV. CHARGED TO PAT	976,918					
56	DRUGS CHARGED TO PATIENTS	873,180					
59	SURGDAY CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,109,211					
62	OBSERVATION BEDS (NON-DIS	28,228					
63 50	RHC						
63 51	RHC II						
63 52	RHC III						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	19,298,919					













TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	309
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	638.61
85	OBSERVATION BED COST	197,330

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	3,384,646		197,330	
87	NEW CAPITAL-RELATED COST	426,622	.126046	197,330	24,873
88	NON PHYSICIAN ANESTHETIST	3,384,646		197,330	
89	MEDICAL EDUCATION	3,384,646		197,330	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				



PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	4,137,958	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1,283,421	
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)	51,373	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	56.15	
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)		5.86
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		11.58
4.02 SUM OF LINES 4 AND 4.01		17.44
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		4.08
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		221,192
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)		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	5,693,944	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	8,015,950	
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)	7,435,449	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	449,336	
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	7,884,785	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	7,884,785	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	740,204	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	7,975	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	231,696	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	162,187	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	185,898	
22 SUBTOTAL	7,298,793	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97 HCERA PAYMENTS		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	7,298,793	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	6,988,145	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	310,648	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	248,995	
----- 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)		









		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		58,910,200		
2	NET INCOME (LOSS)		8,171,324		
3	TOTAL		67,081,524		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		67,081,524		
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		67,081,524		

		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	4,954,340		4,954,340
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	4,954,340		4,954,340
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	766,051		766,051
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	766,051		766,051
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	5,720,391		5,720,391
17 00 ANCILLARY SERVICES	48,444,228		48,444,228
18 00 OUTPATIENT SERVICES		85,642,801	85,642,801
18 50 RHC			
18 51 RHC II			
18 52 RHC III			
24 00			
25 00 TOTAL PATIENT REVENUES	54,164,619	85,642,801	139,807,420

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		30,093,012	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		30,093,012	



CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 5/27/2011
14-0294	FROM 1/ 1/2010	WORKSHEET L
COMPONENT NO:	TO 12/31/2010	PARTS I-IV
14-0294		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	437,907
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	11,429
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	14.96
	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	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	449,336
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)	